



Queensland Government

Barrett Adolescent Strategy

Expert Clinical Reference Group

Proposed Service Model Elements Adolescent Extended Treatment and Rehabilitation Services (AETRS)	
Attribute	Details
Service Delivered	<p>The aim of this platform of services is to provide medium term, recovery oriented treatment and rehabilitation for young people aged 13 – 17 years with severe and persistent mental health problems, which significantly interfere with social, emotional, behavioural and psychological functioning and development.</p> <p>The AETRS continuum is offered across a range of environments tailored to the individual needs of the young person with regard to safety, security, structure, therapy, community participation, autonomy and family capacity to provide care for the young person.</p> <p>The AETRS functions as part of the broader, integrated continuum of care provided for young Queenslanders, that includes acute and sub acute inpatient, day program and community mental health services (public, private and other community-based providers).</p>
Over-arching Principles	<p>The delivery of an Adolescent Extended Treatment and Rehabilitation Service continuum will:</p> <ul style="list-style-type: none"> • develop/maintain stable networks • promote wellness and help young people and their families in a youth oriented environment • provide services either in, or as close to, the young person's local community • collaborate with the young person and their family and support people to develop a recovery based treatment plan that promotes holistic wellbeing • collaborate with other external services to offer continuity of care and seamless service delivery, enabling the young person and their family to transition to their community and services with ease • integrate with Child and Youth Mental Health Services (CYMHS), and as required, Adult Mental Health Services • recognise that young people need help with a variety of issues and not just illness • utilise and access community-based supports and services



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	<p>where they exist, rather than re-create all supports and services within the mental health setting</p> <ul style="list-style-type: none"> • treat consumers and their families/carers in a supportive therapeutic environment provided by a multidisciplinary team of clinicians and community-based staff • provide flexible and targeted programs that can be delivered across a range of contexts and environments • have the capacity to deliver services in a therapeutic milieu with family members; support and work with the family in their own environment and keep the family engaged with the young person's problems • have capacity to offer intensive family therapy and family support • have flexible options from 24 hour inpatient care to partial hospitalisation and day treatment with ambulant approaches; step up/step down • acknowledge the essential role that educational/vocational activities and networks have on the recovery process of a young person • engage with a range of educational or vocational support services appropriate to the educational needs of the young person and the requirements of their treatment environment, and encourage engagement/reengagement of positive and supportive social, family, educational and vocational connections.
<p>Key Distinguishing Features of an AETRS within the Public Sector</p>	<p>Services are accessed via a tiered, least-restrictive approach, and may involve combinations of service types across the tiers.</p> <p>Tier 1: Public Community Mental Health Services (Sessional)</p> <ul style="list-style-type: none"> • <u>Existing Locations</u>: Access at HHS level. • Access ambulatory care at a public community-based mental health service, within the local area. • Interventions should consider shared-care options with community-based service providers including General Practitioners and <i>headspace</i>. <p>Tier 2a: Day Program Services (Mon – Fri business hours)</p> <ul style="list-style-type: none"> • <u>Existing Locations</u>: Townsville, Mater, Toowoomba. • <u>Possible New Locations</u>: Gold Coast, The Prince Charles Hospital (TPCH), Sunshine Coast. Funds from existing operational funds from BAC and Redlands Facility. Final locations and budget to be determined through a planning process.



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	<ul style="list-style-type: none"> • Individual, family and group therapy and rehabilitation programs operating throughout school terms. • Core educational component for each young person – partnership with Education Queensland and vocational services required. This may be provided at the young person’s school/vocational setting, or from the day program site. • Flexible and targeted programs with attendance up to 5 days (during business hours) a week, in combination with integration into school, community and/or vocational programs. • Integrated with local CYMHS (acute inpatient and public community mental health teams). • Programs are delivered in a therapeutic milieu (from a range of settings including day program service location, the family home, school setting etc.). • Programs will support and work with the family, keeping them engaged with the young person's recovery. • Consumers may require admission to Adolescent Acute Inpatient Unit, (and attend the Day Program during business hours). • Proposal of 12 - 15 program places per Day Program (final places and budget should be determined as part of formal planning process). <p>Tier 2b: Day Program Service + ¹Community Residential Provider (24h/7d)</p> <ul style="list-style-type: none"> • <u>Existing Locations</u>: Nil service that includes both a Day Program and Community Residential Service for this age group. Note: Cairns TOHI for 18y+. • <u>Possible New Locations</u>: Townsville (for residential), Gold Coast (for day program + residential), Toowoomba (for residential), Sunshine Coast (for day program + residential). Funding from existing operational funds of BAC and Redlands Facility. Final locations and budget to be determined through a planning process. • Day Program attendance as in Tier 2a during business hours. • After-hours and weekend care and support provided by a
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¹ Note: The Department of Health takes a ‘provider agnostic’ view in determining non clinical support and accommodation services; decisions to utilise specific service providers will be determined by service merit, consumer need and formal planning processes.



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	<p>community-based service provider that provides 4-bed residential component.</p> <ul style="list-style-type: none"> • Integrated with local CYMHS (acute inpatient, day program and public community mental health teams). • Residential to be a partnership model for service delivery between a community-based service provider and QH – multidisciplinary staffing profile including clinical (Day Program) and community support staff (community-based provider). Partnership to include clinical governance, training and in-reach by CYMHS. • Residential component only provides accommodation; it is not the intervention service provider. • On-site extended hours visiting service from QH Day Program staff. <p>Tier 3: Statewide In-patient Extended Treatment and Rehabilitation Unit (24h/7d)²</p> <ul style="list-style-type: none"> • <u>Possible Location</u>: SE Qld. Source of capital funding and potential site not available at current time³. Acknowledge accessibility issues for young people outside SE Qld. • For young people whose needs could not be met by Tiers 1 and 2 above, due to risk, severity or need for inpatient extended treatment and care. • These young people's needs are not able to be met in an acute setting. • In-patient therapeutic milieu, with capacity for family/carer admissions. All other appropriate and less restrictive interventions considered/tested first. • Proposal for approximately 10 beds – this requires formal planning processes. • Medium term admissions, up to approximately 6 months. • Delivers integrated care with the local CYMHS of the young person. • Individualised, family and group rehabilitation programs delivered through day and evening sessions, available 7
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² The Department of Health acknowledges the dedicated school and expertise provided by the Department of Education Training and Employment (DETE). The Department of Health values and supports partnership with DETE to ensure that adolescents have access to appropriate educational and vocational options to meet their educational/vocational needs.

³ Until funding and location is available for Tier 3, all young people requiring extended treatment and rehabilitation will receive services through Tiers 1 and 2a/b (ie., utilising existing CYMHS community mental health, Day Programs and Acute Inpatient Units until the new Day Programs and residential service providers are established).



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	<p>days/week. These must include activity based programs that enhance the self esteem and self efficacy of young people to aid in their rehabilitation. As symptoms reduce, there is a focus on assisting young people to return to a typical developmental trajectory.</p> <ul style="list-style-type: none"> • Consumers will only access the day and evening sessions (i.e. Day Program components) of the service if they are an admitted consumer. • Programs maintain family engagement with the young person, and wherever possible adolescents will remain closely connected with their families. • Young people will have access to a range of educational or vocational support services delivered by on site school teachers and will be able to continue their current education option⁴. There is an intentional goal that young people are integrated back to mainstream community and educational/vocational activities. • Flexible and targeted programs that can be delivered across a range of contexts including individual, school, community, group and family.
<p>Service specifications and other descriptors to illustrate service elements</p>	
<p>Target Age</p>	<ul style="list-style-type: none"> • 13 - 17 years, with flexibility in upper age limit depending on presenting issue and developmental (as opposed to chronological) age.
<p>Diagnostic Profile</p>	<ul style="list-style-type: none"> • Severe and persistent mental health problems that significantly interfere with social, emotional, behavioural and psychological functioning and development. • Treatment refractory/non responsive to treatment - have not been able to remediate with multidisciplinary community, day program or acute inpatient treatment. • Mental illness is persistent and the consumer is a risk to themselves and/or others. • Medium to high level of acuity requiring extended treatment and rehabilitation.
<p>Suggested modelling attributes</p>	

⁴ The provision of education at this level requires focused consideration; an on site school is one option, however, other options may also need to be considered.



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% Occupancy	<ul style="list-style-type: none"> Staffing profile and funding to be based on a 95% occupancy rate.
Average Length of Stay	<p>Tier 2a: Day Program Services (Mon – Fri business hours)</p> <ul style="list-style-type: none"> 1 to 2 school terms. <p>Tier 2b: Day Program Service + Residential Provider (24h/7d)</p> <ul style="list-style-type: none"> 1 to 2 school terms in Day Program, but flexibility important. Up to 6 months in community residential. Day Program attendance may continue following discharge from community residential. <p>Tier 3: Statewide In-patient Extended Treatment and Rehabilitation Unit (24h/7d)</p> <ul style="list-style-type: none"> Up to 6 months. Young people may be discharged from this Unit to a Day Program in their local community.
Staffing Profile	<p>Tier 2a: Day Program Services (Mon – Fri business hours)</p> <ul style="list-style-type: none"> Multidisciplinary, clinical. Plus staffing from community sector. DETE. <p>Tier 2b: Day Program Service + Residential Provider (24h/7d)</p> <ul style="list-style-type: none"> Multidisciplinary, clinical. Plus staffing from community sector. DETE. <p>Tier 3: Statewide In-patient Extended Treatment and Rehabilitation Unit (24h/7d)</p> <ul style="list-style-type: none"> Multidisciplinary, clinical. DETE.
Reference	
Referral Sources and Pathways	<p>Tier 2a: Day Program Services (Mon – Fri business hours)</p> <ul style="list-style-type: none"> CYMHS <p>Tier 2b: Day Program Service + Residential Provider (24h/7d)</p> <ul style="list-style-type: none"> CYMHS <p>Tier 3: Statewide In-patient Extended Treatment and Rehabilitation Unit (24h/7d)</p>



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	<ul style="list-style-type: none"> • CYMHS • Statewide Clinical Referral Panel – all referrals to be received and assessed by the Panel, which has statewide representation from multidisciplinary mental health clinicians and community sector.
<p>Complexities of Presentation</p>	<ul style="list-style-type: none"> • Voluntary and involuntary mental health patients who present with the highest level of risk and complexity.

Preamble

Mental health disorders are the most prevalent illnesses affecting adolescents today and have the potential to carry the greatest burden of illness into adult life.

In the past 25 years, a range of child and youth mental health services have been established and provided by the Department of Health to address the mental health needs of children and adolescents. These services endeavour to deliver mental health assessment and treatment across the spectrum of mental illness and need. Child and Youth Mental Health Service (CYMHS) clinics are located across regional and rural Queensland. Adolescent acute mental health inpatient units are located at Royal Brisbane, Logan, Robina, Mater and Toowoomba, and a new unit in Townsville is due to open in June 2013. The Barrett Adolescent Centre (BAC) located at The Park Centre for Mental Health (TPCMH) provides a statewide specialist multidisciplinary assessment and integrated treatment and rehabilitation to adolescents between 13 and 17 years of age with severe, persistent mental illness.

The current policy context and direction for mental health services is informed by the National Mental Health Policy (2008) which articulates that 'non acute bed-based services should be community based wherever possible'.

The key principle for child and youth mental health services is that young people are treated in the least restrictive environment possible, which recognises the need for safety and cultural sensitivity, with the minimum possible disruption to their family, educational, social and community networks

Consistent with state and national mental health reforms, the decentralisation of services; including BAC at TPCMh will result in this site offering only forensic and secure services. Therefore, BAC can no longer operate into the future. In addition, alternative models of care need to be considered to align adolescent mental health services with the current policy and direction for mental health.

Accordingly, contemporary evidence based models of care including additional day programs and alternatives provided by community-based mental health services have been considered by an Expert Clinical Reference Group (ECRG). The ECRG comprises of consumer and carer representation and distinguished child and youth mental health clinicians across Queensland and New South Wales.

The attached model of service has been proposed by the ECRG as a way forward for adolescent extended treatment and rehabilitation services.