

**Nursing**

- access—during business hours—to a registered nurse who has training/experience in child and youth mental health

**Allied health**

- access—during business hours—to a multidisciplinary team of allied health professionals with training/experience in child and youth mental health

**Other**

- as per Level 3 service.

**Support service requirements**

A Level 4 service requires:

Service	On-site	Accessible
medical imaging		2
medication		2
pathology		2

## Section 1 Child and Youth Services

### Subsection 1.1: Level 5 Ambulatory Service

#### Service description

A Level 5 service is capable of providing short- to long-term or intermittent non-admitted mental health care to low-, moderate- and high-risk/complexity voluntary and, if authorised to do so, involuntary mental health patients up to 18 years. The service is accessible during business hours and patients have access to a limited extended-hours service. Day programs are delivered primarily during school terms and consist of block-based intervention periods.

This level of service is delivered predominantly by a comprehensive, multidisciplinary team of child and youth mental health professionals who provide a local mental health care service via a hospital-based outpatient clinic, a community mental health clinic, home-based care or a hospital- or community-based day program.

Service provision typically includes: multidisciplinary assessment and targeted interventions by mental health professionals; care coordination/case management; patient and carer education and information; documented frequent case review; group programs; primary and secondary prevention programs; consultation-liaison with lower and higher level mental health services; and referral, where appropriate.

#### Service requirements

As per Level 4, plus:

- care to low-, moderate- and high-risk/complexity voluntary and, if authorised to do so, involuntary mental health patients
- identification, ongoing assessment, monitoring and interventions for mental health problems ranging in risk and complexity (that may be associated with complex comorbidities and/or indicators of treatment resistance)
- targeted clinical programs for individuals/groups/families (e.g. group therapy for families/carers of patients with a psychotic illness)
- psychoeducation for patients, families/carers and groups (including information about available mental health services, mental health problems and illnesses, indicated treatment options and support services)
- separate clinical services for families/carers, if required
- consultation-liaison services to local paediatric health services as required
- mental health assessments/interventions conducted by a comprehensive, multidisciplinary team of mental health professionals with training/experience in child and youth mental health
- service is based within a health service district/local health and hospital network or is part of a service network that also includes a Level 5 or 6 child/adolescent acute inpatient mental health unit
- service provision may occur across a range of sites (e.g. the hospital, school, home, recreational venues), and service capacity and resources must be sufficient to transport patients individually and/or as a group.

### Workforce requirements

As per Level 4, plus:

#### Medical

- access—during business hours and limited extended hours—to a registered medical specialist with credentials in psychiatry and a certificate in child and adolescent psychiatry (or equivalent) for assessment, case management and review

#### Nursing

- access—during business hours—to a registered nurse with extensive experience in mental health and/or postgraduate qualifications in mental health and training/experience in child and youth mental health

#### Allied health

- access—during business hours—to a comprehensive multidisciplinary team of allied health professionals with child and youth mental health training/experience
- access to psychology, social work, occupational therapy, speech pathology and dietetic services
- access to dedicated pharmacy services for mental health

#### Other

- access to a range of visiting or local health/mental health specialties.

### Support service requirements

A Level 5 service requires:

Service	On-site	Accessible
medical imaging		2
medication		3
pathology		2

## Section 1 Child and Youth Services

### Subsection 1.1: Level 6 Ambulatory Service

#### Service description

A Level 6 service is capable of providing short- to long-term or intermittent non-admitted mental health care to the highest risk/complexity voluntary and involuntary mental health patients up to 18 years. The patient group accessing this level of service may be a targeted population with special care needs. They may demonstrate the most severe comorbidities and/or indicators of treatment resistance. The service is accessible during business hours and an extended-hours service is provided. Day programs are delivered primarily during school terms and consist of block-based intervention periods.

This level of service is delivered by a comprehensive, multidisciplinary team of child and youth mental health professionals. This team provides a specialist mental health care service either locally and/or across health service districts or service areas via a hospital-based outpatient clinic, a community mental health clinic, home-based care or through a hospital- or community-based day program.

Service provision includes: multidisciplinary assessment and specialised interventions by mental health professionals; care coordination/case management; patient and carer education; documented frequent case review; targeted group programs; all levels of prevention programs/services; consultation and liaison with lower level mental health services; extended-hours service; and referral, where appropriate.

#### Service requirements

As per Level 5, plus:

- care to the highest risk/complexity voluntary and involuntary mental health patients
- identification, ongoing assessment, monitoring and interventions for complex mental health problems (that may be associated with the most complex comorbidities and/or indicators of treatment resistance)
- extensive clinical data collection to inform assessment/diagnosis/intervention/recovery and broader service delivery in all levels of service
- an extensive range of primary (e.g. parenting support), secondary (e.g. weight management) and tertiary (e.g. psychosis treatment maintenance) prevention services
- statewide clinical forums to assist the dissemination of clinical expertise
- specialist consultation-liaison to other health and non-health services/agencies for the target population
- assertive outreach applicable to the service and target population
- may provide an extensive range of additional clinical programs and service components, such as an outreach service, telehealth services or extended treatment program.



### Workforce requirements

As per Level 5, plus:

#### Medical

- extended-hours access to a registered medical specialist with credentials in psychiatry and a certificate in child and adolescent psychiatry (or equivalent) for assessment, case management and review
- extended-hours access to a registered medical practitioner with credentials in psychiatry (psychiatry registrar)

#### Nursing

- extended-hours access to registered nurses with training/experience in child and youth mental health

#### Allied health

- extended-hours access to a comprehensive multidisciplinary team of allied health professionals with child and youth mental health training/experience. Some of these clinicians have:
  - demonstrated specialist training/experience in specific intervention areas relevant to the service being provided
  - postgraduate qualifications

#### Other

- access to an extensive range of visiting or local health/mental health specialties.

### Support service requirements

A Level 6 service requires:

Service	On-site	Accessible
medical imaging		2
medication		4
pathology		2

## Section 1 Child and Youth Services

### Subsection 1.2: Level 2 Acute Inpatient Service

#### Service description

A Level 2 service is capable of providing limited short-term (up to 72 hours) or intermittent inpatient mental health care to low-risk/complexity voluntary mental health patients up to 18 years. Time frames beyond this require specific consultation with a higher level child and youth mental health acute inpatient service that will contribute in an ongoing manner to case review and management. This service provides general healthcare and some limited mental health care 24 hours a day.

This level of service is delivered predominantly by a team of general health clinicians within a hospital that does not have dedicated mental health staff (on-site) or beds.

Service provision typically includes: assessment, brief interventions and monitoring; patient and carer education and information; documented case review; consultation-liaison with higher level mental health services; and referral, where appropriate.

#### Service requirements

As per module overview, plus:

- care to low-risk/complexity voluntary mental health patients
- identification, initial acute assessment, brief intervention and monitoring of uncomplicated mental health problems
- medication management
- forward referrals for expert assessment/diagnosis/intervention as required
- development of a care plan
- limited psychoeducation (including information about available mental health services, mental health problems and illnesses, indicated treatment options and support services)
- mental health assessments/interventions conducted by a team of general health clinicians
- additional mental health interventions may be directly provided by mental health clinicians using telehealth facilities, visiting and/or community-based workforce
- assessments and interventions conducted in consultation with a child and youth mental health clinician where clinically indicated, and associated with a documented review process
- documented processes with a Level 5 or 6 child/adolescent acute inpatient mental health service
- considers the necessity of a parent/carers being admitted with a child aged 5 years and younger.

### Workforce requirements

As per module overview, plus:

#### Medical

- patient admitted by a registered medical practitioner
- daily care coordinated by a registered medical practitioner who has access to a registered medical specialist with credentials in psychiatry and a certificate in child and adolescent psychiatry (or equivalent) to assist and guide assessment, treatment, case management and case review (may be via telehealth)
- medical services provided on-site or in close enough proximity to provide a rapid response at all times

#### Nursing

- a registered nurse in charge of the unit (however titled) with demonstrated clinical competencies, in addition to knowledge and skills in management processes
- a senior registered nurse in charge of each shift with demonstrated evidence of ongoing clinical competency appropriate to the service being provided
- majority of nursing staff supporting the senior registered nurse/s are registered nurses
- other nursing staff may complement the nursing team
- clinical staff providing mental health care have access—during business hours—to a registered nurse with extensive mental health experience and/or postgraduate qualifications in mental health who can provide advice, support and direction for nursing care

#### Allied health

- access—during business hours—to allied health professionals

#### Other

- assistants-in-nursing (AINs) or equivalent may complement the clinical team at the discretion of the nurse in charge (however titled)
- Bachelor of Nursing students (second or third year undergraduate) may complement the clinical team at the discretion of the nurse in charge (however titled) and under registered nurse supervision.

### Support service requirements

A Level 2 service requires:

Service	On-site	Accessible
medical imaging		1
medication	2	
pathology		1

## Section 1 Child and Youth Services

### Subsection 1.2: Level 3 Acute Inpatient Service

#### Service description

A Level 3 service is capable of providing short- and medium-term (1 week to 10 days) or intermittent inpatient mental health care to low-risk/complexity voluntary mental health patients up to 18 years. Time frames beyond this require specific consultation with a higher level acute inpatient service for child and youth mental health who will continually contribute to case review and management. This service will provide some mental health care 24 hours a day.

This level of service is delivered predominantly by a team of general and paediatric health professionals within a hospital that has a paediatric unit or beds. This service does not have dedicated mental health beds or staff on-site.

Service provision will typically include: assessment, interventions and monitoring; patient and carer education and information; documented case review; consultation-liaison with higher level mental health services; and referral, where appropriate.

#### Service requirements

As per Level 2, plus:

- care to low-risk/complexity voluntary mental health patients
- identification, acute assessment, intervention and monitoring of mental health problems (that may be associated with simple comorbidities and/or resistance to treatment)
- basic clinical data collection to inform assessment/diagnosis/intervention/recovery
- a limited range of primary (e.g. parenting support) and secondary (e.g. weight management) prevention services
- psychoeducation (including information about available mental health services, mental health problems and illnesses, indicated treatment options and support services)
- mental health assessments/interventions conducted by a team of general and paediatric health clinicians.

#### Workforce requirements

As per Level 2, plus:

##### Medical

- patient admitted by a registered medical practitioner or a registered medical specialist with credentials in paediatrics
- daily care coordinated by a registered medical practitioner or a registered medical specialist with credentials in paediatrics who has access to a registered medical specialist with credentials in psychiatry and a certificate in child and adolescent psychiatry (or equivalent) to assist and guide assessment, treatment, case management and case review (may be via telehealth)

- access to a registered medical specialist with credentials in paediatrics for medical consultation-liaison (may be via telehealth)

#### Nursing

- at least one nurse supporting the registered nurse in charge of the shift (however titled) is a registered nurse with training/experience in paediatric health

#### Allied health

- as per Level 2 service

#### Other

- as per Level 2 service.

### Support service requirements

A Level 3 service requires:

Service	On-site	Accessible
medical imaging		1
medication	2	
pathology		2

## Section 1 Child and Youth Services

### Subsection 1.2: Level 4 Acute Inpatient Service

#### Service description

A Level 4 service is capable of providing short- to long-term (4 to 6 weeks) or intermittent inpatient mental health care to low- and moderate-risk/complexity voluntary mental health patients up to 18 years. Time frames beyond this require specific consultation with a higher level child and youth mental health acute inpatient service that will contribute in an ongoing manner to case review and management. This service provides mental health care 24 hours a day.

This level of service is delivered predominantly by a team of mental health and general or paediatric health professionals within a hospital that has dedicated mental health beds for children and/or adolescents.

Service provision typically includes: multidisciplinary assessment, targeted interventions and monitoring; patient and carer education and information; documented weekly case review; some group programs; consultation-liaison with higher level mental health services; and referral, where appropriate.

#### Service requirements

As per Level 3, plus:

- care to low- and moderate-risk/complexity voluntary mental health patients
- identification, ongoing assessment, monitoring and interventions for mental health problems (that may be associated with comorbidities and/or indicators of treatment resistance)
- an integrated approach to the identification, assessment and intervention of any co-occurring substance-use disorders
- development of comprehensive individual mental health recovery plans within 1 week of assessment
- extensive clinical data collection to inform assessment/diagnosis/intervention/recovery
- a range of primary (e.g. parenting support) and secondary (e.g. weight management) prevention services
- psychoeducation for the patient and family/carers (including information about available mental health services, mental health problems and illnesses, indicated treatment options and support services)
- documented processes and collaborative partnerships established with schools, education networks and service providers
- mental health assessments/interventions conducted by general/paediatric health clinicians with mental health training/experience, and by mental health clinicians.

### Workforce requirements

As per Level 3, plus:

#### Medical

- patient admitted by/under a registered medical specialist with credentials in psychiatry and a certificate in child and adolescent psychiatry (or equivalent)
- daily care coordinated by a registered medical specialist with credentials in psychiatry who has access—24 hours—to a registered medical specialist with credentials in psychiatry and a certificate in child and adolescent psychiatry (or equivalent) to assist and guide assessment, treatment, case management and case review (may be via telehealth)

#### Nursing

- registered nurse in charge of each shift (however titled) has mental health experience and/or postgraduate qualifications in mental health
- two or more of the registered nurses supporting the registered nurse in charge of the shift have mental health experience and/or postgraduate qualifications in mental health
- if inpatient unit occupancy is low, only one of the nurses supporting the registered nurse in charge of the shift needs mental health experience and/or postgraduate qualifications in mental health

#### Allied health

- access—during business hours—to community- or hospital-based allied health staff with training/experience in mental health

#### Other

- access to some on-site and/or visiting specialties in health/mental health.

### Support service requirements

A Level 4 service requires:

Service	On-site	Accessible
medical imaging		2
medication	3	
pathology		2



## Section 1 Child and Youth Services

### Subsection 1.2: Level 5 Acute Inpatient Service

#### Service description

A Level 5 service is capable of providing short- to long-term and intermittent inpatient mental health care to low-, moderate- and high-risk/complexity voluntary and involuntary mental health patients up to 18 years. This service provides mental health care 24 hours a day.

This level of service is delivered predominantly by child and youth mental health professionals within a dedicated child and youth mental health unit.

Service provision will typically include: multidisciplinary assessment and targeted interventions by mental health professionals; patient and carer education and information; documented weekly case review; group programs; extensive primary and secondary prevention programs; consultation-liaison with higher and lower level mental health services; and referral, where appropriate.

#### Service requirements

As per Level 4, plus:

- care to low-, moderate- and high-risk/complexity voluntary and involuntary mental health patients
- identification, ongoing assessment, monitoring and interventions for mental health problems ranging in risk and complexity (that may be associated with complex comorbidities and/or indicators of treatment resistance)
- targeted clinical programs for individuals/groups/families (e.g. group therapy for families/carers of patients with a psychotic illness)
- an extensive range of primary (e.g. parenting support) and secondary (e.g. weight management) prevention services
- mental health assessments/interventions conducted by a comprehensive multidisciplinary team of child and youth mental health clinicians
- is an authorised mental health service under the *Mental Health Act 2000*
- as clinically indicated, ECT services may be facilitated and/or provided at this level of service by a mental health service authorised to provide ECT under the *Mental Health Act 2000*, and under the care of a registered medical specialist with credentials in psychiatry and a certificate in child and adolescent psychiatry (or equivalent), and in accordance with the *Mental Health Act 2000*
- may provide a range of additional clinical programs and service components, such as telehealth services or a day program.

### Workforce requirements

As per Level 4, plus:

#### Medical

- access—24 hours—to a registered medical specialist with credentials in psychiatry and a certificate in child and adolescent psychiatry (or equivalent) to assist and guide assessment, treatment, case management and review

#### Nursing

- the nurse in charge of the unit (however titled) is a registered nurse with demonstrated clinical competencies in child and youth mental health as well as knowledge and skills in management processes
- the nurse in charge of each shift is a registered nurse with extensive mental health experience and/or postgraduate qualifications in mental health, who has demonstrated clinical competencies relevant to the child and youth mental health service being provided
- the majority of nursing staff supporting the nurse in charge of the shift are registered nurses with mental health experience, and/or postgraduate qualifications in mental health, and/or training/experience in child and youth mental health, and/or training/experience in paediatric health
- nursing staff supporting the registered nurse/s may complement the nursing team

#### Allied health

- access—during business hours—to community- or hospital-based allied health staff with training/experience in child and youth mental health (postgraduate qualifications are desirable)
- access to psychology, social work, occupational therapy, speech pathology and dietetic services
- access to dedicated pharmacy services for mental health

#### Other

- access to an extensive range of on-site and/or visiting specialties in health/mental health
- may have a hospital-based school teacher dedicated to mental health patients.

### Support service requirements

A Level 5 service requires:

Service	On-site	Accessible
children's anaesthetic*	3	
medical imaging		2
medication	4	
pathology		2
perioperative (relevant section/s)*	3	

\* Required only in services where ECT is performed.

## Section 1 Child and Youth Services

### Subsection 1.2: Level 6 Acute Inpatient Service

#### Service description

A Level 6 service is capable of providing short- to long-term and intermittent inpatient mental health care to voluntary and involuntary mental health patients up to 18 years who present with the highest level of risk and complexity. The patient group accessing this level of service may be a targeted population with special care needs. They may demonstrate the most extreme comorbidities and/or indicators of treatment resistance. This service provides mental health care 24 hours a day.

This is a highly specialised and/or statewide inpatient service delivered from a child/adolescent hospital that incorporates a dedicated mental health unit. Alternatively, this service may be delivered from a purpose-designed and -built mental health facility.

This service demonstrates specialist expertise in the delivery of mental health services to a patient group that cannot be safely and effectively cared for in any other level of acute inpatient mental health service. This level of service is delivered by a highly specialised, comprehensive, multidisciplinary team of child and youth mental health professionals. A service at this level has statewide and/or interstate health service functions.

Service provision includes: multidisciplinary assessment and specialised interventions by mental health professionals; patient and carer education; documented daily case review; targeted group programs; all levels of prevention programs/services; consultation-liaison with lower level mental health services; and referral, where appropriate.

#### Service requirements

As per Level 5, plus:

- care to voluntary and involuntary mental health patients who present with the highest level of risk and complexity
- identification, ongoing assessment, monitoring and interventions for complex mental health problems (that may be associated with the most complex comorbidities and/or indicators of treatment resistance)
- extensive clinical data collection to inform assessment/diagnosis/intervention/recovery and broader service delivery in all levels of service
- an extensive range of primary (e.g. parenting support), secondary (e.g. weight management) and tertiary (e.g. psychosis treatment maintenance) prevention services
- statewide clinical forums to assist the dissemination of clinical expertise
- separate clinical services for families/carers, if required
- specialist consultation-liaison to other health and non-health services/agencies for the target population
- psychoeducation for patients, families/carers and groups (including information about available mental health services, mental health problems and illnesses, indicated treatment options and support services)
- forms part of an integrated mental health service and is based in a health service district, or is part of a service network that also includes a Level 5 or 6 child and youth ambulatory mental health service

- may provide an extensive range of additional clinical programs and service components, such as an outreach service, telehealth services or a day program.

### Workforce requirements

As per Level 5, plus:

#### Medical

- access—24 hours—to a registered medical practitioner (psychiatry registrar/principal house officer/senior medical officer/career medical officer) with credentials relevant to the discipline
- medical services provided on-site or in close enough proximity to provide a rapid response at all times

#### Nursing

- as per Level 5 service

#### Allied health

- extended-hours access to community- or hospital-based allied health staff with training/experience in child and youth mental health

#### Other

- access to an extensive range of on-site and/or visiting specialties in paediatric health
- access to an on-site school with school teachers who can provide a range of educational services dedicated to children and/or adolescents with mental illness.

### Support service requirements

A Level 6 service requires:

Service	On-site	Accessible
children's anaesthetic*	3	
medical imaging	2	
medication	5	
pathology		2
perioperative (relevant section/s)*	3	

\* Required only in services where ECT is performed

## Section 1 Child and Youth Services

### Subsection 1.3: Level 5 Non-Acute Inpatient Service

#### Service description

A Level 5 service is capable of providing medium- to long-term inpatient mental health care to low-, moderate- and high-risk/complexity voluntary and involuntary mental health inpatients up to 18 years. This service provides mental health care 24 hours a day.

The target population for this service includes those within the service-identified age range who require graduated entry back into the community post-hospitalisation, or extended and intensive clinical interventions, but do not need or would not benefit from a mental health acute inpatient admission.

This level of service is delivered predominantly by a comprehensive, multidisciplinary team of child and youth mental health professionals who provide inpatient care to patients across an extended period of time.

Service provision includes: multidisciplinary assessment and targeted interventions by mental health professionals; patient and carer education and information; documented frequent case review; group programs; ongoing support of educational needs and documented processes with educational providers; primary and secondary prevention programs; consultation-liaison with higher and lower level mental health services; and referral, where appropriate.

#### Service requirements

As per module overview, plus:

- care to low-, moderate- and high- risk/complexity voluntary and involuntary mental health inpatients
- the primary service site is co-located with a child/adolescent acute inpatient mental health unit or, alternatively, the primary service site may be a purpose-designed and -built mental health facility
- identification, ongoing assessment, monitoring, interventions and rehabilitation for mental health problems ranging in risk and complexity (that may be associated with complex comorbidities and/or indicators of treatment resistance)
- an integrated approach to the identification, assessment and intervention of any co-occurring substance-use disorders
- targeted clinical programs for individuals/groups/families (e.g. group therapy for families/carers of patients with a psychotic illness)
- medication management
- forward referrals for assessment/diagnosis/intervention as required
- development of a comprehensive individual mental health recovery plan within 1 week of assessment
- extensive clinical data collection to inform assessment/diagnosis/intervention/recovery
- an extensive range of primary (e.g. parenting support) and secondary (e.g. weight management) prevention services



- psychoeducation for the patient and family/carer (including information about available mental health services, mental health problems and illnesses, indicated treatment options and support services)
- is an authorised mental health service under the Mental Health Act 2000
- service provision occurs alongside ongoing consultation-liaison with the referring service/practitioner
- a range of additional programs and service components (e.g. partial hospitalisation, consultation-liaison services, rehabilitation programs and telehealth)
- service provision may occur across a range of sites (e.g. hospital, school, home, recreational venues) and service capacity and resources must be sufficient to transport patients individually and/or as a group
- service is based within a health service district/local health and hospital network or is part of a service network that also includes a Level 5 or 6 child/adolescent acute inpatient mental health unit
- as clinically indicated, ECT services may be facilitated and/or provided at this level of service by a mental health service authorised to provide ECT under the Mental Health Act 2000, and under the care of a registered medical specialist with credentials in psychiatry and a certificate in child and adolescent psychiatry (or equivalent), and in accordance with the Mental Health Act 2000
- mental health assessments/interventions are conducted by child and youth mental health clinicians of this service
- additional mental health interventions may be directly provided by child and youth mental health clinicians using telehealth facilities, visiting and/or community-based workforce.

### Workforce requirements

As per module overview, plus:

#### Medical

- patient admitted by/under a registered medical specialist with credentials in psychiatry
- access—24 hours—to a registered medical specialist with credentials in psychiatry and a certificate in child and adolescent psychiatry (or equivalent) for assessment, treatment, case management and case review
- access to medical support
- access to a registered medical specialist with credentials in paediatrics for medical consultation-liaison (may be via telehealth)

#### Nursing

- registered nurse in charge of the unit (however titled) has training/experience in child/adolescent mental health, and demonstrated knowledge and skills in management processes
- the registered nurse in charge of each shift has extensive mental health experience and/or postgraduate qualifications in mental health, and training/experience in child/adolescent mental health
- the majority of nursing staff supporting the registered nurse in charge of the shift are registered nurses with mental health experience and may have postgraduate qualifications in mental health

- all nursing staff providing mental health care have access—during business hours—to a registered nurse with extensive mental health experience and/or postgraduate qualifications in mental health who can provide advice, support and direction for nursing care

#### Allied health

- access to a comprehensive, multidisciplinary team of allied health professionals with training/experience in child/adolescent mental health
- access to psychology, social work, occupational therapy, speech pathology and dietetic services
- access to dedicated pharmacy services for mental health

#### Other

- access to a range of visiting or local health/mental health specialties
- access to a comprehensive range of specialist paediatric health service providers
- may have a program-based, qualified and registered teacher dedicated to mental health patients
- AINs or equivalent may complement the clinical team at the discretion of the nurse in charge
- Bachelor of Nursing students (second or third year undergraduate) may complement the clinical team at the discretion of the nurse in charge and under registered nurse supervision.

### Support service requirements

A Level 5 service requires:

Service	On-site	Accessible
children's anaesthetic*	3	
medical imaging		2
medication	3	
pathology		2
perioperative (relevant section/s)*	3	

\* Required only in services where ECT is performed



## Section 1 Child and Youth Services

### Subsection 1.3: Level 6 Non-Acute Inpatient Service

#### Service description

A Level 6 service is capable of providing medium- to long-term inpatient mental health care to voluntary and involuntary mental health patients up to 18 years old who present with the highest level of risk and complexity. This service will provide non-acute inpatient care 24 hours a day.

This service is a highly specialised and/or statewide extended care inpatient service provided by child and youth mental health professionals. The primary service site is co-located with a specialised child/adolescent mental health unit. Alternatively, the primary service site may be a purpose-designed and -built mental health facility.

This service demonstrates specialist mental health expertise in the delivery of child and youth mental health services to a targeted population requiring non-acute extended inpatient mental health treatment and rehabilitation.

Service provision includes multidisciplinary assessment and specialised interventions by mental health professionals; patient and carer education and information; documented frequent case review; targeted group programs; a school program; all levels of prevention programs/services; and referral, where appropriate.

#### Service requirements

As per Level 5, plus:

- care to voluntary and involuntary mental health patients who present with the highest level of risk and complexity
- identification, ongoing assessment, monitoring, interventions and rehabilitation of complex mental health problems (that may be associated with the most complex comorbidities and/or indicators of treatment resistance)
- extensive clinical data collection to inform assessment/diagnosis/intervention/recovery and broader service delivery in all levels of service
- statewide provision of clinical forums to assist the dissemination of clinical expertise
- separate clinical services for families/carers, if required
- may provide an extensive range of additional programs and service components (e.g. step-down programs, consultation-liaison services, rehabilitation programs and telehealth).

#### Workforce requirements

As per Level 5, plus:

##### Medical

- access—24 hours—to a registered medical practitioner (psychiatry registrar/principal house officer/senior medical officer/career medical officer) with credentials relevant to the discipline
- medical services provided on-site or in close enough proximity to provide a rapid response at all times

**Nursing**

- the majority of nursing staff supporting the registered nurse in charge of the shift have extensive mental health experience and/or postgraduate qualifications in mental health and training/experience in child and youth mental health

**Allied health**

- extended-hours access to community- or hospital-based allied health staff with training/experience in child and youth mental health. Some of these clinicians have:
  - demonstrated specialist training/experience in specific intervention areas relevant to the service being provided
  - postgraduate qualifications

**Other**

- access to an on-site school with teachers who can provide a range of educational services dedicated to children and/or adolescents with mental illness
- access to an extensive range of visiting or local health/mental health specialties.

**Support service requirements**

A Level 6 service requires:

Service	On-site	Accessible
children's anaesthetic*	3	
medical imaging		3
medication	4	
pathology		2
perioperative (relevant section/s)*	3	

\* Required only in services where ECT is performed

## Section 2 Adult Services

### Subsection 2.1: Level 1 Ambulatory Service

#### Service description

A Level 1 service is capable of providing limited short-term or intermittent non-admitted mental health care to low-risk/complexity voluntary adult mental health patients. Services may only be available for limited hours.

This level of service is delivered predominantly by one or more general health clinicians who provide a local community healthcare service that is non-specific to mental health. Typically, the service is delivered via a community clinic or home-based care.

Service provision will typically include basic screening and assessment; brief and/or basic assessment and intervention; patient and carer education; primary care and prevention programs; and referral, where appropriate.

#### Service requirements

As per module overview, plus:

- care to low-risk/complexity voluntary adult mental health patients
- identification, initial acute assessment and brief interventions of uncomplicated mental health problems
- forward referrals for expert assessment/diagnosis/intervention as required
- development of a care plan
- basic clinical data collection to inform assessment/diagnosis/intervention/recovery
- limited psychoeducation
- mental health assessments/interventions conducted in consultation with a mental health clinician where clinically indicated, and associated with a documented review process
- mental health assessments/interventions (and referrals to other mental health services) conducted by general health clinicians of this service
- documented processes with a Level 5 adult inpatient mental health service.

#### Workforce requirements

As per module overview, plus access to one or more of the following (may be on a visiting basis or via outreach services):

##### Medical

- a registered medical practitioner

##### Nursing

- a registered nurse

**Allied health**

- allied health professionals.

**Support service requirements**

A Level 1 service requires:

Service	On-site	Accessible
medical imaging		1
medication		1
pathology		1

## Section 2 Adult Services

### Subsection 2.1: Level 2 Ambulatory Service

#### Service description

A Level 2 service is capable of providing short- to medium-term or intermittent non-admitted mental health care to low-risk/complexity voluntary adult mental health patients. Services are accessible during business hours and may be delivered via a hospital-based outpatient clinic, a community clinic or home-based care.

This level service is delivered predominantly by a team of general health clinicians and visiting mental health professionals who provide a local community healthcare service. General health clinicians providing a mental health service have training/experience in mental health care. Some mental health specific services/programs are provided at this level.

Service provision typically includes: assessment; interventions, including counselling; patient and carer education and information; documented case review; primary prevention programs; consultation-liaison with higher level mental health services; and referral, where appropriate.

#### Service requirements

As per Level 1, plus:

- care to low-risk/complexity voluntary mental health patients
- identification, initial acute assessment and interventions of mental health problems (that may be associated with simple comorbidities and/or resistance to treatment)
- a range of primary prevention services (e.g. stress management)
- psychoeducation (including information about available mental health services, mental health problems and illnesses, indicated treatment options and support services)
- mental health assessments/interventions conducted by general health clinicians of this service with training/experience in mental health and/or visiting mental health clinicians.

#### Workforce requirements

As per module overview, plus access to one or more of the following clinicians with training/experience in mental health, and/or mental health professionals:

##### Medical

- a registered medical practitioner

##### Nursing

- registered nurse

##### Allied health

- allied health professionals

**Other**

- access to visiting mental health professionals.

**Support service requirements**

A Level 2 service requires:

Service	On-site	Accessible
medical imaging		1
medication		2
pathology		1

## Section 2 Adult Services

### Subsection 2.1: Level 3 Ambulatory Service

#### Service description

A Level 3 service is capable of providing short- to long-term or intermittent non-admitted mental health care to low- and moderate-risk/complexity voluntary adult mental health patients. Day programs will primarily consist of block-based intervention periods and may only be delivered at certain times of the year.

This level of service is delivered predominantly by a small team (not necessarily multidisciplinary) of mental health professionals who provide a local mental health care service via a hospital-based outpatient clinic or day program, a community mental health clinic or home-based care.

Service provision typically includes: assessment and targeted interventions by mental health professionals; care coordination/case management; patient and carer education and information; documented case review; primary and limited secondary prevention programs; consultation-liaison with higher level mental health services; and referral, where appropriate.

#### Service requirements

As per Level 2, plus:

- care to low- and moderate-risk/complexity voluntary adult mental health patients
- identification, ongoing assessment, monitoring and interventions of mental health problems (that may be associated with comorbidities and/or resistance to treatment)
- integrated identification, assessment and intervention of any co-occurring substance-use disorders
- development of an individual mental health recovery plan
- a range of primary (e.g. stress management) and some limited secondary (e.g. weight management) prevention services
- psychoeducation for the patient and family/carers (including information about available mental health services, mental health problems and illnesses, indicated treatment options and support services)
- mental health assessments/interventions conducted by mental health clinicians of this service.

#### Workforce requirements

As per Level 1, plus:

##### Medical

- limited access to registered medical specialist with credentials in psychiatry (may be via telehealth)

##### Nursing and allied health

- access to two or more nurses and/or allied health professionals with training/experience in mental health



**Other**

- access to some visiting specialties in health and/or mental health (e.g. Community Forensic Outreach Service).

**Support service requirements**

A Level 3 service requires:

Service	On-site	Accessible
medical imaging		1
medication		2
pathology		2

## Section 2 Adult Services

### Subsection 2.1: Level 4 Ambulatory Service

#### Service description

A Level 4 service is capable of providing short- to long-term or intermittent non-admitted mental health care to low- and moderate-risk/complexity voluntary and, if authorised to do so, involuntary adult mental health patients. Adolescent patients older than 14 years and older persons (aged 65 and older) may access this service where clinically and developmentally appropriate, and in line with policy and procedural documentation of the adult service.

This level of service is delivered predominantly by a multidisciplinary team of mental health professionals who provide a local mental health care service via a hospital-based outpatient clinic or day program, a community mental health clinic or home-based care.

Service provision typically includes: multidisciplinary assessment and targeted interventions by mental health professionals; care coordination/case management; patient and carer education and information; documented weekly case review; some group programs; primary and secondary prevention programs; consultation-liaison with lower and higher level mental health services; and referral, where appropriate.

#### Service requirements

As per Level 3, plus:

- care to low- and moderate-risk/complexity voluntary and, if authorised to do so, involuntary mental health patients
- development of a comprehensive individual mental health recovery plan within 1 week of assessment
- extensive clinical data collection to inform assessment/diagnosis/intervention/recovery
- an extensive range of primary (e.g. stress management) and secondary (e.g. weight management) prevention services
- assertive outreach applicable to the service and target population
- mental health assessments/interventions conducted by a team of mental health professionals
- may be an authorised mental health service under the Mental Health Act 2000.

#### Workforce requirements

As per Level 1, plus:

##### Medical

- access to a registered medical specialist with credentials in psychiatry for assessment, case management and review

##### Nursing

- access—during business hours—to a registered nurse who has training/experience in mental health

**Allied health**

- access—during business hours—to allied health professional/s with training/experience in mental health

**Other**

- as per Level 3 service.

**Support service requirements**

A Level 4 service requires:

Service	On-site	Accessible
medical imaging		2
medication		2
pathology		2

## Section 2 Adult Services

### Subsection 2.1: Level 5 Ambulatory Service

#### Service description

A Level 5 service is capable of providing short- to long-term or intermittent non-admitted mental health care to low-, moderate- and high-risk/complexity voluntary and involuntary adult mental health patients. Adolescent patients older than 14 years and older persons (aged 65 and older) may access this service where clinically and developmentally appropriate, and in line with policy and procedural documentation of the adult service. Services are accessible during business hours and patients have access to a limited extended-hours service.

This level service is delivered predominantly by a comprehensive, multidisciplinary team of mental health professionals who provide a local mental health care service via a hospital-based outpatient clinic, a community mental health clinic, home-based care, or a designated hospital- or community-based day program. The service delivered by community-based Acute Care Teams and Mobile Intensive Treatment Teams (or their equivalents) may be defined at this level of service.

Service provision typically includes: multidisciplinary assessment and targeted interventions by mental health professionals; care coordination/case management; patient and carer education and information; documented frequent case review; group programs; primary and secondary prevention programs; consultation-liaison with lower and higher level mental health services; and referral, where appropriate.

#### Service requirements

As per Level 4, plus:

- care to low-, moderate- and high-risk/complexity voluntary and involuntary mental health patients
- identification, ongoing assessment, monitoring and interventions of mental health problems ranging in risk and complexity (that may be associated with complex comorbidities and/or indicators of treatment resistance)
- targeted clinical programs for individuals/groups/families (e.g. group therapy for patients with Bipolar Affective Disorder)
- psychoeducation for patients, families/carers and groups (including information about available mental health services, mental health problems and illnesses, indicated treatment options and support services)
- separate clinical services for families/carers, if required
- mental health assessments/interventions conducted by a comprehensive, multidisciplinary team of mental health professionals
- service is based within a health service district/local health and hospital network or part of a service network that includes a Level 5 or 6 adult acute inpatient mental health unit
- consultation-liaison services to local health services as required.

### Workforce requirements

As per Level 1, plus:

#### Medical

- access—during business hours—to a registered medical specialist with credentials in psychiatry for assessment, case management and review

#### Nursing

- access—during business hours—to a registered nurse with extensive mental health experience and/or postgraduate qualifications in mental health

#### Allied health

- access—during business hours—to a comprehensive, multidisciplinary team of allied health professionals with training/experience in mental health
- access to psychology, social work, occupational therapy, speech pathology and dietetic services
- access to dedicated pharmacy services for mental health

#### Other

- access to a range of visiting or local health/mental health specialties.

### Support service requirements

A Level 5 service requires:

Service	On-site	Accessible
medical imaging		2
medication		3
pathology		2

## Section 2 Adult Services

### Subsection 2.1: Level 6 Ambulatory Service

#### Service description

A Level 6 service is capable of providing short- to long-term or intermittent non-admitted mental health care to the highest risk/complexity voluntary and involuntary adult mental health patients. Patients accessing this level of service may be a targeted population with special care needs and may demonstrate the most extreme comorbidities and/or indicators of treatment resistance. Services are accessible during business hours and an extended-hours service is provided.

This level service is delivered by a comprehensive, highly specialised multidisciplinary team of mental health professionals (medical practitioners, psychiatrists, nurses, allied health and other specialists) who provide a specialist mental health care service either locally and/or across health service districts or service areas via a hospital-based outpatient clinic, a community mental health clinic, home-based care or a hospital- or community-based day program.

Service provision includes: multidisciplinary assessment and specialised interventions by mental health professionals; care coordination/case management; patient and carer education; documented frequent case review; targeted group programs; all levels of prevention programs/services; consultation-liaison with lower level mental health services; extended-hours service; and referral, where appropriate.

#### Service requirements

As per Level 5, plus:

- care to the highest risk/complexity voluntary and involuntary mental health patients
- identification, ongoing assessment, monitoring and interventions of complex mental health problems (that may be associated with the most complex comorbidities and/or indicators of treatment resistance)
- extensive clinical data collection to inform assessment/diagnosis/intervention/recovery and broader service delivery across all levels of service
- an extensive range of primary (e.g. stress management), secondary (e.g. weight management) and tertiary (e.g. psychosis treatment maintenance) prevention services
- statewide clinical forums to assist the dissemination of clinical expertise
- services form part of an integrated mental health service and are based in a health service district/local health and hospital network or are part of a service network that also includes a Level 5 or 6 adult acute inpatient mental health unit
- assertive outreach applicable to the service and target population
- specialist consultation-liaison to other health and non-health services/agencies for the target population
- may provide an extensive range of additional clinical programs and service components, such as an outreach service, telehealth services or extended treatment program.

### Workforce requirements

As per Level 1, plus:

#### Medical

- extended-hours access to a registered medical specialist with credentials in psychiatry for assessment, case management and review
- extended-hours access to a registered medical practitioner with credentials in psychiatry (psychiatry registrar)

#### Nursing

- extended-hours access to registered nurses with extensive mental health experience and/or postgraduate qualifications in mental health

#### Allied health

As per Level 5, plus:

- extended-hours access to a comprehensive, multidisciplinary team of allied health professionals with mental health training/experience. Some of these clinicians have:
  - demonstrated specialist training/experience in specific intervention areas relevant to the service being provided
  - postgraduate qualifications

#### Other

- access to an extensive range of visiting or local health/mental health specialties.

### Support service requirements

A Level 6 service requires:

Service	On-site	Accessible
medical imaging		2
medication		4
pathology		2



## Section 2 Adult Services

### Subsection 2.2: Level 2 Acute Inpatient Service

#### Service description

A Level 2 service is capable of providing limited short-term or intermittent inpatient mental health care to low-risk/complexity voluntary adult mental health patients. This service provides general healthcare and some limited mental health care 24 hours a day.

This level of service is delivered predominantly by a team of general health clinicians within a facility that does not have dedicated mental health staff (on-site) or beds. Medical services are provided on-site or in close proximity to provide a rapid response at all times.

Service provision typically includes: assessment, brief interventions and monitoring; patient and carer education and information; documented case review; consultation-liaison with higher level mental health services; and referral, where appropriate.

#### Service requirements

As per module overview, plus:

- care to low-risk/complexity voluntary mental health patients
- identification, initial acute assessment, brief intervention and monitoring of uncomplicated mental health problems
- medication management
- forward referrals for expert assessment/diagnosis/intervention
- development of a care plan
- limited psychoeducation (including information about available mental health services, mental health problems and illnesses, indicated treatment options and support services)
- mental health assessments/interventions conducted in consultation with a mental health clinician where clinically indicated, and associated with a documented review process
- mental health assessments and brief interventions/monitoring (and referrals to other mental health services) conducted by general health clinicians of this service
- documented processes with a Level 5 acute inpatient mental health service
- additional mental health interventions may be directly provided by mental health clinicians using telehealth facilities, visiting and/or community-based workforce.

#### Workforce requirements

As per module overview, plus:

##### Medical

- patient admitted by a registered medical practitioner
- daily care coordinated by a registered medical practitioner who has access to a registered medical specialist with credentials in psychiatry to assist and guide assessment, treatment, case management and case review (may be via telehealth)

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## Mental Health Services

- medical services provided on-site or in close enough proximity to provide a rapid response at all times

## Nursing

- nurse in charge of the unit (however titled) is a registered nurse with demonstrated clinical competencies in addition to knowledge and skills in management processes
- nurse in charge of each shift is a registered nurse with demonstrated clinical competencies relevant to the service being provided
- the majority of nursing staff supporting the nurse in charge of the shift are registered nurses
- nursing staff supporting the registered nurse/s may complement the nursing team
- clinical staff providing mental health care have access—during business hours—to a registered nurse with extensive mental health experience and/or postgraduate qualifications in mental health who can provide advice, support and direction for nursing care

## Allied health

- access—during business hours—to allied health professionals

## Other

- AINs or equivalent may complement the clinical team at the discretion of the nurse in charge
- Bachelor of Nursing students (second or third year undergraduate) may complement the clinical team at the discretion of the nurse in charge and under registered nurse supervision.

## Support service requirements

A Level 2 service requires:

Service	On-site	Accessible
medical imaging		1
medication		2
pathology		1

## Section 2 Adult Services

### Subsection 2.2: Level 3 Acute Inpatient Service

#### Service description

A Level 3 service is capable of providing short- to medium-term or intermittent inpatient mental health care to low-risk/complexity voluntary adult mental health patients. This service provides general healthcare and mental health care 24 hours a day.

This level service is delivered predominantly by general and mental health professionals (on-site) within a general medical facility that has a limited number of dedicated mental health beds or may operate as a mental health special care suite/area.

Service provision typically includes: assessment and targeted interventions by general and mental health professionals; patient and carer education and information; documented case review; primary and limited secondary prevention programs; consultation-liaison with higher level mental health services; and referral, where appropriate.

If providing psychosurgery, an agreement with a public or suitable licensed private health facility that provide a higher level of mental health service for the transfer of the patient following the post-surgical recovery period.

#### Service requirements

As per Level 2, plus:

- care to low-risk/complexity voluntary mental health patients
- identification, acute assessment, brief intervention and monitoring of mental health problems (that may be associated with simple comorbidities and/or resistance to treatment)
- development of a comprehensive individual mental health recovery plan within 1 week of assessment
- a limited range of primary (e.g. stress management) and secondary (e.g. weight management) prevention services
- psychoeducation (including information about available mental health services, mental health problems and illnesses, indicated treatment options and support services)
- mental health assessments, interventions and monitoring conducted by general and mental health clinicians of this service
- an infant can only be admitted with his/her mother to an adult acute mental health inpatient unit as defined in Subsection 4.3, Perinatal and Infant Services, of this module
- if providing psychosurgery, on-site Level 6 surgical service.

#### Workforce requirements

As per Level 2, plus:

##### Medical

- patient admitted by/under a registered medical specialist with credentials in psychiatry

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## Mental Health Services

- daily care is coordinated by a registered medical specialist with credentials in psychiatry and/or a registered medical practitioner who has access to a registered medical specialist with credentials in psychiatry to assist and guide assessment, treatment, case management and case review (may be via telehealth)
- if providing psychosurgery, surgical service provided by a qualified and experienced specialist medical practitioner with credentials in neurosurgery

## Nursing

- at least one registered nurse (supporting the nurse in charge of the shift) with mental health experience and/or postgraduate qualifications in mental health

## Allied health

- access—during business hours—to community- or hospital-based allied health professionals with training/experience in mental health

## Other

- as per Level 2 service.

## Support service requirements

A Level 3 service requires:

Service	On-site	Accessible
medical imaging		1
medication		2
pathology		2
surgical*	6	
perioperative (relevant section/s)*	6	

\* Required only if psychosurgery is performed

## Section 2 Adult Services

### Subsection 2.2: Level 4 Acute Inpatient Service

#### Service description

A Level 4 service is capable of providing short- to medium-term and intermittent inpatient mental health care to low- and moderate-risk/complexity voluntary adult mental health patients. Adolescent patients older than 14 years and older persons (aged 65 and older) may access this service where clinically and developmentally appropriate, and in line with policy and procedural documentation of the adult service. This service provides mental health care 24 hours a day.

This level service is delivered predominantly by mental health professionals within a dedicated mental health hospital or a general hospital that has a dedicated mental health acute inpatient unit.

Service provision will typically include: multidisciplinary assessment and targeted interventions by mental health professionals; patient and carer education and information; documented weekly case review; some group programs; primary and secondary prevention programs; consultation-liaison with higher level mental health services; and referral, where appropriate.

#### Service requirements

As per Level 3, plus:

- care to low- and moderate-risk/complexity voluntary mental health patients
- identification, ongoing assessment, monitoring and interventions of mental health problems (that may be associated with comorbidities and/or indicators of treatment resistance)
- integrated approach to the identification, assessment and intervention of any co-occurring substance-use disorders
- extensive clinical data collection to inform assessment/diagnosis/intervention/recovery
- a range of primary (e.g. stress management) and secondary (e.g. weight management) prevention services
- psychoeducation for the patient and family/carer (including information about available mental health services, mental health problems and illnesses, indicated treatment options and support services)
- mental health assessments, interventions and monitoring conducted by a team of mental health professionals
- mental health assessments/interventions for adolescents conducted in consultation with a child and youth mental health clinician from an ambulatory service Level 4 or above, or an acute inpatient service Level 5 or above where clinically indicated, and associated with a documented review process
- documented processes outlining supervisory requirements to ensure the safety of adolescents admitted to the unit
- documented processes with a Level 5 or 6 child and youth acute inpatient mental health service

- documented processes with a Level 4, 5 or 6 child and youth acute inpatient mental health service
- as clinically indicated, ECT services may be facilitated and/or provided at this level of service by a mental health service authorised to provide ECT under the Mental Health Act 2000.

### Workforce requirements

As per Level 3, plus:

#### Medical

- access—24 hours—to a registered medical specialist with credentials in psychiatry for assessment, treatment, case management and case review
- access—24 hours—to a registered medical specialist with credentials in psychiatry and a certificate in child and adolescent psychiatry (or equivalent) to assist and guide assessment, treatment, case management and case review (may be via telehealth)

#### Nursing

- nurse in charge of each shift is a registered nurse with mental health experience and/or postgraduate qualifications in mental health
- two or more of the registered nurses supporting the nurse in charge of the shift have mental health experience and/or postgraduate qualifications in mental health
- if inpatient unit occupancy is low, only one of the registered nurses supporting the nurse in charge of the shift need have mental health experience and/or postgraduate qualifications in mental health
- access—during business hours—to community- or hospital-based nursing staff with training/experience in child and youth mental health

#### Allied health

- access—during business hours—to community- or hospital-based allied health staff with training/experience in child and youth mental health

#### Other

- access to some on-site and/or visiting specialties in health/mental health.

### Support service requirements

A Level 4 service requires:

Service	On-site	Accessible
anaesthetic*	3	
medical imaging		2
medication	3	
pathology		2
perioperative (relevant section/s)*	3	

\* Required only in services where ECT is performed



## Section 2 Adult Services

### Subsection 2.2: Level 5 Acute Inpatient Service

#### Service description

A Level 5 service is capable of providing short- to medium-term and intermittent inpatient mental health care to low-, moderate- and high-risk/complexity voluntary and involuntary adult mental health patients. Adolescent patients older than 14 years and older persons (aged 65 and older) may access this service where clinically and developmentally appropriate, and in line with policy and procedural documentation of the adult service. This service provides mental health care 24 hours a day.

This level service is delivered predominantly by a comprehensive, multidisciplinary team of mental health professionals (psychiatrist, nurses, allied health professionals) within a dedicated mental health hospital or a general hospital that has a dedicated mental health acute inpatient unit.

Service provision typically includes: multidisciplinary assessment and targeted interventions by mental health professionals; patient and carer education and information; documented weekly case review; group programs; extensive primary and secondary prevention programs; consultation-liaison with higher and lower level mental health services; and referral, where appropriate.

#### Service requirements

As per Level 4, plus:

- care to low-, moderate- and high-risk/complexity voluntary and involuntary mental health patients
- identification, ongoing assessment, monitoring and interventions of mental health problems ranging in risk and complexity (that may be associated with complex comorbidities and/or indicators of treatment resistance)
- targeted clinical programs for individuals/groups/families (e.g. group therapy for patients with Bipolar Affective Disorder)
- an extensive range of primary (e.g. stress management) and secondary (e.g. weight management) prevention services
- mental health assessments, interventions and monitoring conducted by a comprehensive multidisciplinary team of mental health professionals
- is an authorised mental health service under the Mental Health Act 2000
- may provide a range of additional clinical programs and service components, such as telehealth services or a day program.

#### Workforce requirements

As per Level 4, plus:

##### Medical

- as per Level 4 service



**Nursing**

- as per Level 4 service

**Allied health**

- access to allied health professionals (relevant postgraduate qualifications desirable)
- access to psychology, social work, occupational therapy, speech pathology and dietetic services
- access to dedicated pharmacy services for mental health

**Other**

- access to an extensive range of on-site and/or visiting specialties in health/mental health.

**Support service requirements**

A Level 5 service requires:

Service	On-site	Accessible
anaesthetic*	3	
medical imaging		2
medication	4	
pathology		2
perioperative (relevant section/s)*	3	

\* Required only in services where ECT is performed

## Section 2 Adult Services

### Subsection 2.2: Level 6 Acute Inpatient Service

#### Service description

A Level 6 service is capable of providing short- to medium-term and intermittent inpatient mental health care to voluntary and involuntary adult mental health patients who present with the highest level of risk and complexity. The patient group accessing this level of service may be a targeted population with special care needs. They may demonstrate the most extreme comorbidities and/or indicators of treatment resistance.

This service is a highly specialised and/or statewide inpatient service that is delivered from a large general hospital that incorporates a dedicated mental health unit. Alternatively, this service may be delivered from a purpose-designed and -built mental health facility. This service demonstrates specialist expertise in the delivery of mental health services to a patient group that cannot be safely and effectively cared for in any other level of acute inpatient mental health service. This service provides mental health care 24 hours a day.

This level service is delivered by a highly specialised, comprehensive, multidisciplinary team of mental health professionals (medical practitioners, psychiatrists, nurses, allied health and other specialists). Medical services are provided on-site or are in close proximity to provide a rapid response at all times.

Service provision includes: multidisciplinary assessment and specialised interventions by mental health professionals; patient and carer education; documented daily case review; targeted group programs; all levels of prevention programs/services; consultation-liaison with lower level mental health services; and referral, where appropriate.

#### Service requirements

As per Level 5, plus:

- care to voluntary and involuntary mental health patients presenting with the highest level of risk and complexity
- identification, ongoing assessment, monitoring and interventions of complex mental health problems (that may be associated with the most complex comorbidities and/or indicators of treatment resistance)
- extensive clinical data collection to inform assessment/diagnosis/intervention/recovery and broader service delivery in all levels of service
- an extensive range of primary (e.g. stress management), secondary (e.g. weight management) and tertiary (e.g. psychosis treatment maintenance) prevention services
- statewide clinical forums to assist the dissemination of clinical expertise
- psychoeducation for patients, families/carers and groups (including information about available mental health services, mental health problems and illnesses, indicated treatment options and support services)
- separate clinical services for families/carers, if required
- service forms part of an integrated mental health service and is based in a health service district/local health and hospital network or part of a service network that also includes a Level 5 or 6 adult ambulatory mental health service

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## Mental Health Services

- specialist consultation-liaison to other health and non-health services/agencies for the target population
- may provide an extensive range of additional clinical programs and service components, such as an outreach service, telehealth services or a day program.

### Workforce requirements

As per Level 5, plus:

#### Medical

- access—24 hours—to a registered medical practitioner (psychiatry registrar/principal house officer/senior medical officer/career medical officer) with credentials relevant to the discipline

#### Nursing

- the majority of registered nursing staff to support the nurse in charge of the shift have extensive mental health experience and/or postgraduate qualifications in mental health

#### Allied health

- extended-hours access to community- or hospital-based allied health professionals with relevant specialist mental health training/experience

#### Other

- as per Level 5 service.

### Support service requirements

A Level 6 service requires:

Service	On-site	Accessible
anaesthetic*	3	
medical imaging	2	
medication	5	
pathology		2
perioperative (relevant section/s)*	3	

\* Required only in services where ECT is performed

## Section 2 Adult Services

### Subsection 2.3: Level 4 Non-Acute Inpatient Service

#### Service description

A Level 4 service is capable of providing medium- to long-term inpatient mental health care to low- and moderate-risk/complexity voluntary adult mental health patients. This service provides mental health care 24 hours a day.

The target population for this service includes those within the service-identified age range who either require graduated entry back into the community post-hospitalisation, or require extended and intensive clinical interventions, but do not need or would not benefit from a mental health acute inpatient admission.

This level of service is delivered predominantly by mental health professionals who provide a supervised and structured living environment, such as that of a Community Care Unit. This service is based in the community or may be co-located with a hospital-based medical/mental health service. This service provides daily clinical care and rehabilitation to patients on an extended basis before they move to more independent living arrangements.

Service provision typically includes: multidisciplinary assessment and targeted interventions and rehabilitation by mental health professionals; patient and carer education and information; documented weekly case review; group programs; primary and some secondary prevention programs; consultation-liaison with lower and higher level mental health services; and referral, where appropriate.

#### Service requirements

As per module overview, plus:

- care to low- and moderate-risk/complexity voluntary mental health patients
- identification, ongoing assessment, monitoring, interventions and rehabilitation of mental health problems ranging in risk and complexity (that may be associated with comorbidities and/or indicators of treatment resistance)
- an integrated approach to the identification, assessment and intervention of any co-occurring substance-use disorders
- targeted clinical programs for individuals/groups/families (e.g. group therapy for families/carers of patients with a psychotic illness)
- medication management
- forward referrals for assessment/diagnosis/intervention as required
- development of a comprehensive individual mental health recovery plan within 1 week of assessment
- an extensive range of primary (e.g. parenting support) and secondary (e.g. weight management) prevention services
- psychoeducation for the patient and family/carers (including information about available mental health services, mental health problems and illnesses, indicated treatment options and support services)
- mental health assessments, interventions, rehabilitation and monitoring conducted by a multidisciplinary team of mental health professionals

- additional mental health interventions may be directly provided by mental health clinicians using telehealth facilities, visiting and/or community-based workforce
- service provision occurs alongside ongoing consultation-liaison with the referring service/practitioner
- as clinically indicated, ECT services may be facilitated and/or provided at this level of service by a mental health service authorised to provide ECT under the *Mental Health Act 2000*.

### Workforce requirements

As per module overview, plus:

#### Medical

- patient admitted by/under a registered medical specialist with credentials in psychiatry
- access—during business hours—to a registered medical specialist with credentials in psychiatry for assessment, treatment, case management and case review

#### Nursing

- registered nurse in charge of the unit (however titled)
- nurse in charge of each shift is a registered nurse with mental health experience and/or postgraduate qualifications in mental health
- majority of nursing staff supporting the nurse in charge of the shift are registered nurses, and at least one of whom has mental health experience and/or postgraduate qualifications in mental health
- nursing staff supporting the registered nurse/s may complement the nursing team
- all clinical staff providing mental health care have access—during business hours—to a registered nurse with extensive mental health experience and/or postgraduate qualifications in mental health who can provide advice, support and direction for nursing care

#### Allied health

- access—during business hours—to community- or hospital-based allied health professionals
- access to psychology, social work, occupational therapy, speech pathology and dietetic services

#### Other

- access to a range of visiting or local health/mental health specialties
- AINs or equivalent may complement the clinical team at the discretion of the nurse in charge
- Bachelor of Nursing students (second or third year undergraduate) may complement the clinical team at the discretion of the nurse in charge and under registered nurse supervision.

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## Support service requirements

A Level 4 service requires:

Service	On-site	Accessible
Anaesthetic*	3	
Medical Imaging		2
Medication	3	
Pathology		2
Perioperative (relevant section/s)*	3	

\* Required only in services where ECT is performed

## Section 2 Adult Services

### Subsection 2.3: Level 5 Non-Acute Inpatient Service

#### Service description

A Level 5 service is capable of providing medium- to long-term inpatient mental health care to low-, moderate- and high-risk/complexity voluntary and involuntary adult mental health patients. This service provides daily clinical care and rehabilitation to a targeted population of patients (e.g. those with a dual diagnosis of mental health disorder and an acquired brain injury) 24 hours a day.

The target population for this service includes those within the service-identified age range who require extended and intensive clinical interventions (some may require high levels of security), and whose clinical needs are not able to be safely and adequately met in an adult acute inpatient mental health service.

This level service is delivered predominantly by a comprehensive, multidisciplinary team of mental health professionals (psychiatrists, nurses, allied health) who provide a supervised, structured and secure environment (e.g. a Medium Secure Unit).

Service provision typically includes: multidisciplinary assessment and targeted interventions and rehabilitation by mental health professionals; patient and carer education and information; documented weekly case review; group programs; primary and secondary prevention programs; consultation-liaison with lower and higher level mental health services; and referral, where appropriate.

#### Service requirements

As per Level 4, plus:

- care to low-, moderate- and high-risk/complexity voluntary and involuntary mental health patients
- this service is co-located with a hospital-based medical/mental health service or part of a purpose-designed and -built mental health facility
- identification, ongoing assessment, monitoring, interventions and rehabilitation of mental health problems ranging in risk and complexity (that may be associated with complex comorbidities and/or indicators of treatment resistance)
- extensive clinical data collection to inform assessment/diagnosis/intervention/recovery
- a range of additional programs and service components (e.g. partial hospitalisation, consultation-liaison services, rehabilitation programs and telehealth)
- mental health assessments, interventions, rehabilitation and monitoring conducted by a comprehensive multidisciplinary team of mental health professionals
- is an authorised mental health service under the *Mental Health Act 2000*.



### Workforce requirements

As per Level 4, plus:

#### Medical

- access—24 hours—to a registered medical specialist with credentials in psychiatry for assessment, treatment, case management and case review
- access—24 hours—to support by registered medical practitioner/s

#### Nursing

- majority of nursing staff supporting the nurse in charge of the shift are registered nurses with mental health experience and/or post-graduate qualifications in mental health

#### Allied health

- access—during business hours—to a comprehensive multidisciplinary team of allied health professionals (relevant postgraduate training is desirable)
- access to dedicated pharmacy services for mental health

#### Other

- access to a wide range of visiting or local health/mental health specialties.

### Support service requirements

A Level 5 service requires:

Service	On-site	Accessible
anaesthetic*	3	
medical imaging		2
medication	4	
pathology		2
perioperative (relevant section/s)*	3	

\* Required only in services where ECT is performed

## Section 2 Adult Services

### Subsection 2.3: Level 6 Non-Acute Inpatient Service

#### Service description

A Level 6 service is capable of providing medium- to long-term inpatient mental health care to voluntary and involuntary adult mental health patients presenting with the highest level of risk and complexity. This service demonstrates specialist mental health expertise in the delivery of mental health services to members of a targeted population—some of whom will present with special care needs requiring non-acute extended inpatient mental health treatment and rehabilitation—24 hours a day.

This highly specialised and/or statewide extended care inpatient service is predominantly provided by a comprehensive, multidisciplinary team of mental health professionals (medical practitioners, psychiatrists, nurses, allied health and other specialists).

Service provision includes: multidisciplinary assessment and specialised interventions by mental health professionals; patient and carer education and information; documented frequent case review; targeted group programs; all levels of prevention programs/services; and referral, where appropriate.

#### Service requirements

As per Level 5, plus:

- care to voluntary and involuntary mental health patients presenting with the highest level of risk and complexity
- the primary service site is co-located with an adult acute inpatient mental health unit or, alternatively, the primary service site may be a purpose-designed and -built mental health facility
- identification, ongoing assessment, monitoring, interventions and rehabilitation of complex mental health problems (that may be associated with the most complex comorbidities and/or indicators of treatment resistance)
- extensive clinical data collection to inform assessment/diagnosis/intervention/recovery and broader service delivery in all levels of service
- an extensive range of primary (e.g. stress management), secondary (e.g. weight management) and tertiary (e.g. psychosis treatment maintenance) prevention services
- statewide clinical forums to assist the dissemination of clinical expertise
- psychoeducation for patients, families/carers and groups (including information about available mental health services, mental health problems and illnesses, indicated treatment options and support services)
- an extensive range of additional programs and service components (e.g. step-down programs, consultation-liaison services, rehabilitation programs and telehealth).

### Workforce requirements

As per Level 5, plus:

#### Medical

- medical services are provided on-site or are in close enough proximity to provide a rapid response at all times

#### Nursing

- the majority of registered nurses supporting the nurse in charge of the shift will demonstrate (or be working towards) knowledge, clinical competencies and experience relevant to the specialist area of mental health

#### Allied health

- extended-hours access to community- or hospital-based allied health professionals with training/experience in mental health
- some clinicians demonstrate specialist training/experience in specific intervention areas relevant to the service being provided

#### Other

- access to an extensive range of specialist health service providers (not all of whom are required to be on-site).

### Support service requirements

A Level 6 service requires:

Service	On-site	Accessible
anaesthetic*	3	
medical imaging		3
medication	4	
pathology		3
perioperative (relevant section/s)*	3	

\* Required only in services where ECT is performed

## Section 3 Older Persons Services

### Subsection 3.1: Level 1 Ambulatory Service

#### Service description

A Level 1 service is capable of providing short-term or intermittent non-admitted mental health care to low-risk/complexity voluntary mental health patients aged 65 and older. Services may only be available for limited hours.

This level of service is delivered predominantly by one or more general health clinicians who provide a local community healthcare service that is non-specific to mental health. Typically, the service is delivered via a community clinic or home-based care.

Service provision typically includes: basic screening and assessment; brief and/or basic assessment and intervention; patient and carer education; primary care and prevention programs; and referral, where appropriate.

#### Service requirements

As per module overview, plus:

- care to low-risk/complexity voluntary mental health patients
- identification, initial acute assessment and brief interventions of uncomplicated mental health problems
- forward referrals for expert assessment/diagnosis/intervention
- development of a care plan
- basic clinical data collection to inform assessment/diagnosis/intervention/recovery
- limited psychoeducation
- mental health assessments/interventions conducted in consultation with an older persons mental health clinician where clinically indicated, and associated with a documented review process
- mental health assessments/interventions (and referrals to other mental health services) conducted by general health clinicians of this service
- documented processes with a Level 5 older persons acute inpatient mental health service.

#### Workforce requirements

As per module overview, plus access to one or more of the following (may be on a visiting basis or via outreach service):

##### Medical

- a registered medical practitioner

##### Nursing

- a registered nurse

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**Allied health**

- allied health professionals.

**Support service requirements**

A Level 1 service requires:

Service	On-site	Accessible
medical imaging		1
medication		1
pathology		1

## Section 3 Older Persons Services

### Subsection 3.1: Level 2 Ambulatory Service

#### Service description

A Level 2 service is capable of providing short- to medium-term or intermittent non-admitted mental health care to low-risk/complexity voluntary mental health patients aged 65 and older. The service is accessible during business hours and may be delivered via a hospital-based outpatient clinic, a community clinic or home-based care.

This level of service is delivered predominantly by a team of general health clinicians and visiting mental health professionals who provide a local community healthcare service. The general health clinicians providing a mental health service have training/experience in mental health care. Some mental health specific services/programs are provided at this level.

Service provision typically includes: assessment; interventions, including counselling; patient and carer education and information; documented case review; primary prevention programs; consultation-liaison with higher level mental health services; and referral, where appropriate.

#### Service requirements

As per Level 1, plus:

- care to low-risk/complexity voluntary mental health patients
- identification, initial acute assessment and interventions of mental health problems (that may be associated with simple comorbidities and/or resistance to treatment)
- a limited range of primary prevention services (e.g. stress management)
- psychoeducation (including information about available mental health services, mental health problems and illnesses, indicated treatment options and support services)
- mental health assessments/interventions conducted by one or more general health clinicians with training/experience in mental health and/or visiting mental health clinicians.

#### Workforce requirements

As per module overview, plus access to one or more of the following:

##### Medical

- a registered medical practitioner with training/experience in mental health

##### Nursing

- a registered nurse with training/experience in mental health

##### Allied health

- allied health professional with training/experience in mental health

##### Other

- visiting mental health professionals.

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**Support service requirements**

A Level 2 service requires:

Service	On-site	Accessible
medical imaging		1
medication		2
pathology		1



## Section 3 Older Persons Services

### Subsection 3.1: Level 3 Ambulatory Service

#### Service description

A Level 3 service is capable of providing short- to long-term or intermittent non-admitted mental health care to low- and moderate-risk/complexity voluntary mental health patients aged 65 and older. In addition, day programs will primarily consist of block-based intervention periods and may be delivered only at certain times of the year.

This level of service is delivered predominantly by a small team (not necessarily multidisciplinary) of mental health professionals who provide a local adult mental health care service via a hospital-based outpatient clinic or day program, a community mental health clinic or home-based care. At least one clinical team member has training/experience in older persons mental health.

Service provision typically includes: assessment and targeted interventions by mental health professionals; care coordination/case management; patient and carer education and information; documented case review; primary and limited secondary prevention programs; consultation-liaison with higher level mental health services; and referral, where appropriate.

#### Service requirements

As per Level 2, plus:

- care to low- and moderate-risk/complexity voluntary mental health patients
- identification, ongoing assessment, monitoring and interventions of mental health problems (that may be associated with comorbidities and/or indicators of treatment resistance)
- integrated identification, assessment and intervention of any co-occurring substance-use disorders
- development of an individual mental health recovery plan
- a range of primary (e.g. stress management) and some limited secondary (e.g. falls prevention, physical health) prevention services
- psychoeducation for the patient and family/carers (including information about available mental health services, mental health problems and illnesses, indicated treatment options and support services)
- mental health assessments/interventions conducted by a team (not necessarily multidisciplinary) of mental health clinicians.

#### Workforce requirements

As per Level 2, plus:

##### Medical

- access to a registered medical specialist with credentials in psychiatry for assessment, case management and review

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## Nursing and allied health

- access to two or more registered nurses/allied health professionals—at least one with training/experience in older persons mental health

## Other

- access to some visiting specialties in health and/or mental health.

## Support service requirements

A Level 3 service requires:

Service	On-site	Accessible
medical imaging		1
medication		2
pathology		2

## Section 3 Older Persons Services

### Subsection 3.1: Level 4 Ambulatory Service

#### Service description

A Level 4 service is capable of providing short- to long-term or intermittent non-admitted mental health care to low- and moderate-risk/complexity voluntary and, if authorised to do so, involuntary mental health patients aged 65 and older.

This level of service is delivered predominantly by a multidisciplinary team of mental health professionals who provide a local adult mental health care service via a hospital-based outpatient clinic or day program, a community mental health clinic or home-based care.

Service provision typically includes: multidisciplinary assessment and targeted interventions by mental health professionals; care coordination/case management; patient and carer education and information; documented weekly case review; some group programs; primary and secondary prevention programs; consultation-liaison with lower and higher level mental health services; and referral, where appropriate.

#### Service requirements

As per Level 3, plus:

- care to low- and moderate-risk/complexity voluntary and, if authorised to do so, involuntary mental health patients
- development of a comprehensive individual mental health recovery plan within 1 week of assessment
- extensive clinical data collection to inform assessment/diagnosis/intervention/recovery
- an extensive range of primary (e.g. stress management) and secondary (e.g. falls prevention, physical health) prevention services
- assertive outreach applicable to the service and target population
- mental health assessments/interventions conducted by a team of mental health professionals based on service capacity
- may be an authorised mental health service under the *Mental Health Act 2000*.

#### Workforce requirements

As per Level 3, plus at least one of the following team members is designated as an older persons mental health clinician:

##### Medical

- access to a registered medical specialist with credentials in psychiatry and training/experience in geriatric psychiatry for assessment, case management and review

##### Nursing

- access—during business hours—to a registered nurse with training/experience in mental health

**Allied health**

- access—during business hours—to a multidisciplinary team of allied health professionals

**Other**

- as per Level 3 service.

**Support service requirements**

A Level 4 service requires:

Service	On-site	Accessible
medical imaging		2
medication		2
pathology		2

## Section 3 Older Persons Services

### Subsection 3.1: Level 5 Ambulatory Service

#### Service description

A Level 5 service is capable of providing short- to long-term or intermittent non-admitted mental health care to low-, moderate- and high-risk/complexity voluntary and involuntary mental health patients who meet criteria to access care within a designated older persons mental health service. Service is accessible during business hours and patients have access to a limited extended-hours service.

This level of service is delivered predominantly by a comprehensive, multidisciplinary team of older persons mental health professionals with training/experience in older persons mental health who provide a local mental health care service via a hospital-based outpatient clinic, a community mental health clinic, home-based care, or a hospital- or community-based day program.

Service provision typically includes: multidisciplinary assessment and targeted interventions by mental health professionals; care coordination/case management; patient and carer education and information; documented frequent case review; group programs; primary and secondary prevention programs; consultation-liaison with lower and higher level mental health services; and referral, where appropriate.

#### Service requirements

As per Level 4, plus:

- care to low-, moderate- and high-risk/complexity voluntary and involuntary mental health patients
- identification, ongoing assessment, monitoring and intervention of mental health problems ranging in risk and complexity (that may be associated with complex comorbidities and/or indicators of treatment resistance)
- targeted clinical programs for individuals/groups/families (e.g. group therapy for families/carers of patients with dementia and associated complex behaviours)
- the provision of separate clinical services for families/carers, if required
- psychoeducation for patients, families/carers and groups (including information about available mental health services, mental health problems and illnesses, indicated treatment options and support services)
- mental health assessments/interventions conducted by a comprehensive, multidisciplinary team of older persons mental health professionals with training/experience in older persons mental health
- service is based within a health service district/local health and hospital network or is part of a service network that also includes a Level 5 or 6 adult acute inpatient mental health unit
- consultation-liaison services to local older persons health services as required.

### Workforce requirements

As per Level 3, plus:

#### Medical

- access—during business hours—to a registered medical specialist with credentials in psychiatry and training/experience in geriatric psychiatry for assessment, case management and review

#### Nursing

- access—during business hours—to a registered nurse with extensive mental health experience and/or postgraduate qualifications in mental health who has training/experience in older persons mental health

#### Allied health

- access—during business hours—to a comprehensive, multidisciplinary team of allied health professionals with training/experience in older persons mental health
- access to psychology, social work, occupational therapy, speech pathology and dietetic services
- access to dedicated pharmacy services for mental health

#### Other

- access to a range of visiting or local health/mental health specialties.

### Support service requirements

A Level 5 service requires:

Service	On-site	Accessible
medical imaging		2
medication		3
pathology		2

## Section 3 Older Persons Services

### Subsection 3.1: Level 6 Ambulatory Service

#### Service description

A Level 6 service is capable of providing short- to long-term or intermittent non-admitted mental health care to the highest risk/complexity voluntary and involuntary mental health patients who meet criteria to access care within a designated older persons mental health service. The patient group accessing this level of service may be a targeted population with special care needs. They may demonstrate the most severe comorbidities and/or indicators of treatment resistance. The service is accessible during business hours and an extended-hours service is provided.

This level of service is delivered by a comprehensive, highly specialised, multidisciplinary team of older persons mental health professionals who provide a specialist mental health care service locally and/or across health service districts or service areas via a hospital-based outpatient clinic, a community mental health clinic, home-based care, or a hospital- or community-based day program.

Service provision includes: multidisciplinary assessment and specialised interventions by mental health professionals; care coordination/case management; patient and carer education; documented frequent case review; targeted group programs; all levels of prevention programs/services; consultation-liaison with lower level mental health services; extended-hours service; and referral, where appropriate.

#### Service requirements

As per Level 5, plus:

- care to the highest risk/complexity voluntary and involuntary mental health patients
- identification, ongoing assessment, monitoring and intervention of complex mental health problems (that may be associated with the most complex comorbidities and/or indicators of treatment resistance)
- extensive clinical data collection to inform assessment/diagnosis/intervention/recovery and broader service delivery in all levels of service
- extensive range of primary (e.g. stress management), secondary (e.g. falls prevention, physical health) and tertiary (e.g. psychosis treatment maintenance) prevention services
- statewide provision of clinical forums to assist the dissemination of clinical expertise
- specialist consultation-liaison to other health and non-health services/agencies for the target population
- assertive outreach applicable to the service and target population
- service forms part of an integrated older persons mental health service, is based in a health service district or is part of a service network that also includes a Level 5 or 6 older persons acute inpatient mental health unit, and has clear documented processes with geriatric health services
- may provide an extensive range of additional clinical programs and service components, such as an outreach service, telehealth services or extended treatment program.



### Workforce requirements

As per Level 3, plus:

#### Medical

- extended-hours access to a registered medical specialist with credentials in psychiatry and training/experience in geriatric psychiatry for assessment, case management and review
- extended-hours access to a registered medical practitioner with credentials in psychiatry (psychiatry registrar)

#### Nursing

- extended-hours access to registered nurses with extensive mental health experience and/or postgraduate qualifications in mental health, and training/experience in older persons mental health care

#### Allied health

As per Level 5, plus:

- extended-hours access to a comprehensive, multidisciplinary team of allied health professionals with training/experience in older persons mental health. Some of these clinicians have:
  - demonstrated specialist training/experience in specific intervention areas relevant to the service being provided
  - postgraduate qualifications

#### Other

- access to an extensive range of visiting or local health/mental health specialties.

### Support service requirements

A Level 6 service requires:

Service	On-site	Accessible
medical imaging		2
medication		4
pathology		2

## Section 3 Older Persons Services

### Subsection 3.2: Level 2 Acute Inpatient Service

#### Service description

A Level 2 service is capable of providing limited short-term or intermittent inpatient mental health care to low-risk/complexity voluntary mental health patients aged 65 and older. This service will provide general healthcare and some limited mental health care 24 hours a day.

This level of service is delivered predominantly by a team of general health clinicians within a hospital that does not have dedicated mental health staff on-site or beds. Service provision will typically include: assessment, brief interventions and monitoring; patient and carer education and information; documented case review; consultation-liaison with higher level mental health services; and referral, where appropriate.

#### Service requirements

As per module overview, plus:

- care to low-risk/complexity voluntary mental health patients
- identification, initial acute assessment, brief intervention and monitoring of uncomplicated mental health problems
- medication management
- forward referrals for expert assessment/diagnosis/intervention
- development of a care plan
- limited psychoeducation (including information about available mental health services, mental health problems and illnesses, indicated treatment options and support services)
- mental health assessments/interventions conducted in consultation with an older persons mental health clinician where clinically indicated, and associated with a documented review process
- mental health assessments and brief interventions/monitoring (and referrals to other mental health services) conducted by general health clinicians of this service
- additional mental health interventions may be directly provided by mental health clinicians using telehealth facilities, visiting and/or community-based workforce
- documented processes with a Level 5 older persons acute inpatient mental health service.

#### Workforce requirements

As per module overview, plus:

##### Medical

- patient admitted by a registered medical practitioner
- daily care is coordinated by a registered medical practitioner who has access to a registered medical specialist with credentials in psychiatry to assist and guide assessment, treatment, case management and case review (may be via telehealth)
- medical services provided on-site or in close enough proximity to provide a rapid response at all times

### Nursing

- a registered nurse in charge of the unit (however titled) with demonstrated clinical competencies in addition to knowledge and skills in management processes
- a registered nurse in charge of each shift
- the majority of nursing staff supporting the nurse in charge of the shift are registered nurses
- nursing staff supporting the registered nurse/s may complement the nursing team
- clinical staff providing mental health care have access—during business hours—to a registered nurse with extensive mental health experience and/or postgraduate qualifications in mental health who can provide advice, support and direction for nursing care

### Allied health

- access—during business hours—to allied health professionals

### Other

- AINs or equivalent may complement the clinical team at the discretion of the nurse in charge
- Bachelor of Nursing students (second or third year undergraduate) may complement the clinical team at the discretion of the nurse in charge and under registered nurse supervision.

### Support service requirements

A Level 2 service requires:

Service	On-site	Accessible
medical imaging		1
medication	2	
pathology		1

## Section 3 Older Persons Services

### Subsection 3.2: Level 3 Acute Inpatient Service

#### Service description

A Level 3 service is capable of providing short- to medium-term or intermittent inpatient mental health care to low-risk/complexity voluntary mental health patients aged 65 and older. This service provides mental health care 24 hours a day.

This level of service is delivered predominantly by general and mental health professionals on-site within a general medical facility that has a limited number of dedicated mental health beds or may include a mental health special care suite/area.

Service provision typically includes: assessment and targeted interventions by general and mental health professionals; patient and carer education and information; documented case review; primary and limited secondary prevention programs; consultation-liaison with higher level mental health services; and referral, where appropriate.

#### Service requirements

As per Level 2, plus:

- care to low-risk/complexity voluntary mental health patients
- identification, acute assessment, brief intervention and monitoring of mental health problems (that may be associated with simple comorbidities and/or resistance to treatment)
- development of a comprehensive individual mental health recovery plan within 1 week of assessment
- a limited range of primary (e.g. stress management) and secondary (e.g. falls prevention) prevention services
- mental health assessments/interventions conducted by a team of general and mental health professionals of this service
- psychoeducation (including information about available mental health services, mental health problems and illnesses, indicated treatment options and support services).

#### Workforce requirements

As per Level 2, plus:

##### Medical

- patient admitted by/under a registered medical specialist with credentials in psychiatry
- daily care coordinated by a registered medical specialist with credentials in psychiatry and/or registered medical practitioner who has access to a registered medical specialist with credentials in psychiatry and training/experience in older persons mental health to assist and guide assessment, treatment, case management and case review (may be via telehealth facilities)

**Nursing**

- at least one nurse supporting the nurse in charge of the shift is a registered nurse with mental health experience and/or postgraduate qualifications in mental health

**Allied health**

- access—during business hours—to community- or hospital-based allied health professional/s with training/experience in mental health

**Other**

- as per Level 2 service.

**Support service requirements**

A Level 3 service requires:

Service	On-site	Accessible
medical imaging		1
medication	2	
pathology		2

## Section 3 Older Persons Services

### Subsection 3.2: Level 4 Acute Inpatient Service

#### Service description

A Level 4 service is capable of providing short- to medium-term and intermittent inpatient mental health care to low- and moderate-risk/complexity, voluntary and, if authorised to do so, involuntary mental health patients aged 65 and older. This service provides mental health care 24 hours a day.

This level of service is delivered predominantly by mental health professionals within a dedicated mental health hospital or a general hospital that has a dedicated acute inpatient mental health unit.

Service provision typically includes: multidisciplinary assessment and targeted interventions by mental health professionals; patient and carer education and information; documented weekly case review; some group programs; primary and secondary prevention programs; consultation-liaison with higher level mental health services; and referral, where appropriate.

#### Service requirements

As per Level 3, plus:

- care to low- and moderate-risk/complexity voluntary and, if authorised to do so, involuntary mental health patients
- identification, ongoing assessment, monitoring and interventions of mental health problems (that may be associated with comorbidities and/or indicators of treatment resistance)
- integrated approach to the identification, assessment and intervention of any co-occurring substance-use disorders
- extensive clinical data collection to inform assessment/diagnosis/intervention/recovery
- a range of primary (e.g. stress management) and secondary (e.g. falls prevention) prevention services
- psychoeducation for the patient and family/carers (including information about available mental health services, mental health problems and illnesses, indicated treatment options and support services)
- documented processes and established collaborative partnerships with aged care services/agencies (e.g. Aged Care Assessment Teams)
- mental health assessments/interventions conducted by a team of mental health professionals of this service
- may be an authorised mental health service under the Mental Health Act 2000
- as clinically indicated, ECT services may be facilitated and/or provided at this level of service by a mental health service authorised to provide ECT under the *Mental Health Act 2000*.

### Workforce requirements

As per Level 3, plus:

#### Medical

- access—24 hours—to a registered medical specialist with credentials in psychiatry for assessment, treatment, case management and case review
- access to a registered medical specialist with credentials in psychiatry with training/experience in psychogeriatric care (may be via telehealth)

#### Nursing

- a registered nurse in charge of each shift with mental health experience and/or postgraduate qualifications in mental health
- the majority of nursing staff supporting the nurse in charge of the shift are registered nurses and two or more have mental health experience and/or postgraduate qualifications in mental health
- if inpatient unit occupancy is low, only one of the nurses supporting the nurse in charge of the shift need have mental health experience and/or postgraduate qualifications in mental health
- nursing staff supporting the registered nurse/s may complement the nursing team

#### Allied health

- as per Level 3 service

#### Other

- access to some on-site and/or visiting specialties in health/mental health.

### Support service requirements

A Level 4 service requires:

Service	On-site	Accessible
anaesthetic*	3	
medical imaging		2
medication	3	
pathology		2
perioperative (relevant section/s)*	3	

\* Required only in services where ECT is performed



## Section 3 Older Persons Services

### Subsection 3.2: Level 5 Acute Inpatient Service

#### Service description

A Level 5 service is capable of providing short- to medium-term and intermittent inpatient mental health care to low-, moderate- and high-risk/complexity voluntary and involuntary mental health patients who meet criteria to access care within a designated older persons mental health service. This service provides mental health care 24 hours a day.

This level of service is delivered predominantly by a comprehensive multidisciplinary team of older persons mental health professionals within a dedicated mental health hospital or a general hospital that has a dedicated mental health acute inpatient unit. This mental health unit will have a proportion of permanently designated beds for frail elder care, with older persons mental health clinicians assigned to the clinical team.

Service provision typically includes: multidisciplinary assessment and targeted interventions by mental health professionals; patient and carer education and information; documented weekly case review; group programs; extensive primary and secondary prevention programs; consultation-liaison with higher and lower level mental health services; and referral, where appropriate.

#### Service requirements

As per Level 4, plus:

- care to low-, moderate- and high-risk/complexity voluntary and involuntary mental health patients
- identification, ongoing assessment, monitoring and interventions of mental health problems ranging in risk and complexity (that may be associated with complex comorbidities and/or indicators of treatment resistance)
- targeted clinical programs for individuals/groups/families (e.g. group therapy for families/carers of patients with dementia and associated complex behaviours)
- an extensive range of primary (e.g. stress management) and secondary (e.g. weight management) prevention services
- mental health assessments/interventions conducted by a comprehensive multidisciplinary team of older persons mental health professionals
- may provide a range of additional clinical programs and service components, such as telehealth services or a day program.

#### Workforce requirements

As per Level 4, plus:

##### Medical

- patient admitted by/under a registered medical specialist with credentials in psychiatry who has training/experience in psychogeriatric care
- access—24 hours—to a registered medical specialist with credentials in psychiatry and training/experience in psychogeriatric care to assist and guide assessment, treatment, case management and case review

- access to a registered medical specialist with credentials in geriatric health

### Nursing

- at least one registered nurse per shift will demonstrate training/experience in psychogeriatric and/or geriatric medical care

### Allied health

- access to psychology, social work, occupational therapy, speech pathology and dietetic services (postgraduate training desirable)
- access to dedicated pharmacy services for mental health

### Other

- access to an extensive range of on-site and/or visiting specialties in health/mental health.

## Support service requirements

A Level 5 service requires:

Service	On-site	Accessible
anaesthetic*	3	
medical imaging		2
medication	4	
pathology		2
perioperative (relevant section/s)*	3	

\* Required only in services where ECT is performed

## Section 3 Older Persons Services

### Subsection 3.2: Level 6 Acute Inpatient Service

#### Service description

A Level 6 service is capable of providing short- to medium-term and intermittent inpatient mental health care to voluntary and involuntary mental health patients who meet criteria to access care within a designated older persons mental health service. They present with the highest level of risk and complexity. The patient group accessing this level of service may be a targeted population with special care needs. They may demonstrate the most extreme comorbidities and/or indicators of treatment resistance. This service provides care 24 hours a day.

This service forms part of an integrated mental health service and is based in a health service district/local health and hospital network or is part of a service network that also includes a Level 5 or 6 older persons ambulatory mental health service. The service is a highly specialised and/or statewide inpatient service that is delivered from a large general hospital incorporating a psychogeriatric unit. Alternatively, this service may be delivered from a purpose-designed and -built mental health facility. This service demonstrates specialist expertise in the delivery of mental health services to a patient group that cannot be safely and effectively cared for in any other level of acute inpatient mental health service.

This level of service is delivered by a highly specialised, comprehensive, multidisciplinary team of older persons mental health professionals.

Service provision includes: multidisciplinary assessment and specialised interventions by mental health professionals; patient and carer education; documented daily case review; targeted group programs; all levels of prevention programs/services; consultation-liaison with lower level mental health services; and referral, where appropriate.

#### Service requirements

As per Level 5, plus:

- care to the highest level of risk and complexity voluntary and involuntary mental health patients
- identification, ongoing assessment, monitoring and interventions of complex mental health problems (that may be associated with the most complex comorbidities and/or indicators of treatment resistance)
- extensive clinical data collection to inform assessment/diagnosis/intervention/recovery and broader service delivery in all levels of service
- extensive range of primary (e.g. stress management), secondary (e.g. falls prevention) and tertiary (e.g. psychosis treatment maintenance) prevention services
- statewide clinical forums to assist the dissemination of clinical expertise
- separate clinical services for families/carers, if required
- specialist consultation-liaison to other health and non-health services/agencies for the target population
- psychoeducation for patients, families/carers and groups (including information about available mental health services, mental health problems and illnesses, indicated treatment options and support services)

- may provide an extensive range of additional clinical programs and service components, such as an outreach service, telehealth services or a day program.

### Workforce requirements

As per Level 5, plus:

#### Medical

- access—24 hours—to a registered medical practitioner (psychiatry registrar/principal house officer/senior medical officer/career medical officer) with credentials in psychogeriatrics

#### Nursing

- nursing staff supporting the nurse in charge of the shift are registered nurses, the majority of whom have extensive mental health experience and/or postgraduate qualifications in mental health, and training/experience in older persons mental health

#### Allied health

- extended-hours access to community- or hospital-based allied health professionals with relevant specialist mental health training/experience

#### Other

- access to an extensive range of on-site and/or visiting specialties in geriatric health,

### Support service requirements

A Level 6 service requires:

Service	On-site	Accessible
anaesthetic*	3	
medical imaging		2
medication	5	
pathology		2
perioperative (relevant section/s)*	3	

\* Required only in services where ECT is performed

## Section 4 Statewide and Other Targeted Services

### Subsection 4.1: Level 5 Child and Youth Forensic Service

#### Service description

A Level 5 service is capable of providing short- to long-term or intermittent ambulatory mental health care to high-risk/complexity voluntary and involuntary mental health patients who are involved in, or are at risk of involvement in, the juvenile justice system. Child and youth forensic mental health services at this level also provide consultation-liaison to a range of government and non-government agencies, with the aim of facilitating a collaborative multi-agency model of care. This service functions as part of an integrated service that provides mental health care for the target population within Youth Detention Centres, court liaison services and community forensic outreach services. The service is accessible during business hours and patients may have access to a limited extended-hours service.

This level of service is delivered predominantly by a comprehensive, multidisciplinary team of child and youth mental health professionals with training/experience in forensic mental health. Service provision typically includes: multidisciplinary assessment such as forensic and risk assessments; medico-legal reporting; targeted clinical interventions by mental health professionals; care coordination/case management; patient and carer education and information; documented frequent case review; primary and secondary prevention programs; consultation-liaison with higher level mental health services; and referral, where appropriate.

Note: Lower level services for child and youth forensic mental health patients are delivered as part of the core business associated with ambulatory, acute inpatient and non-acute inpatient services for children and adolescents, as defined in the Child and Youth Mental Health Services section of this module.

#### Service requirements

As per module overview, plus:

- care to high-risk/complexity voluntary and involuntary mental health patients who are involved in, or at high risk of involvement in, the juvenile justice system
- identification, ongoing assessment, monitoring and interventions of mental health problems ranging in risk and complexity (that may be associated with complex comorbidities and/or indicators of treatment resistance)
- an integrated approach to the identification, assessment and intervention of any co-occurring substance-use disorders
- targeted clinical programs for individuals/groups/families (e.g. therapy for families/carers of patients with a psychotic illness)
- forward referrals for assessment/diagnosis/intervention as required
- development of a comprehensive individual mental health recovery plan within 1 week of assessment
- extensive clinical data collection to inform assessment/diagnosis/intervention/recovery
- an extensive range of primary (e.g. parenting support) and secondary (e.g. weight management) prevention services
- assertive outreach to the service and target population

- psychoeducation for patients, families/carers and groups (including information about available mental health services, mental health problems and illnesses, indicated treatment options and support services)
- separate clinical services for families/carers, if required
- specialist mental health assessments and interventions conducted by child and youth mental health clinicians and health workers of this service
- documented processes and collaborative partnerships established with key stakeholders associated with the criminal justice system—Department of Communities, including Youth Justice Services, Youth Detention Centres, Child Safety Services (Evolve Behaviour Support Services), and other stakeholders, including the Department of Education and Training
- working partnerships established with child and youth mental health and paediatric health services, the Queensland Police Service, Queensland Corrective Services, and the Department of Justice and Attorney-General
- specialist consultation-liaison to other health and non-health services/agencies for the target population
- is an authorised mental health service under the Mental Health Act 2000
- may provide a range of additional clinical programs and service components, such as an outreach service, telehealth services or an extended treatment program.

### Workforce requirements

As per module overview, plus:

#### Medical

- access—during business hours—to a registered medical specialist with credentials in psychiatry, a certificate in child and adolescent psychiatry (or equivalent), and relevant specialist training/experience in forensic assessment, case management and review
- access—24 hours—to a registered medical specialist with credentials in psychiatry
- access—during business hours—to a registered medical specialist with credentials in paediatrics for medical consultation-liaison (may be via telehealth)

#### Nursing

- access—during business hours—to a registered nurse with extensive mental health experience and/or postgraduate qualifications in mental health, who has training/experience in child and youth mental health and/or forensic mental health

#### Allied health

- access—during business hours—to a comprehensive, multidisciplinary team of allied health professionals with child and youth mental health and/or forensic mental health training/experience
- access to psychology, social work, occupational therapy, speech pathology and dietetic services
- access to dedicated pharmacy services for mental health

#### Other

- access to a range of local health/mental health specialties (may be on a visiting basis or by outreach services).



**Support service requirements**

A Level 5 service requires:

Service	On-site	Accessible
medical imaging		2
medication		2
pathology		2



## Section 4 Statewide and Other Targeted Services

### Subsection 4.2: Level 6 Adult Forensic Service

#### Service description

A Level 6 service provides highly specialised forensic mental health services to both ambulatory and acute inpatient adult mental health patients presenting with moderate, high and the highest risk/complexity. The acute inpatient components of this service provide acute inpatient mental health care 24 hours a day.

This integrated service is delivered to members of a targeted adult population diagnosed with a serious mental illness and who have presented with serious and/or complex forensic issues. For some ambulatory services at this level of care, the target population may extend to adults who are diagnosed with a serious mental illness and are at high risk of offending.

Services are delivered from a range of sites across the state; however, statewide coordination and governance of these services are centralised.

Ambulatory service components consist of:

- the Court Liaison Service, which provides mental health assessment, liaison, advice and referral for people in police custody and magistrates court environments, including diversion to appropriate mental health services, where appropriate
- the Prison Mental Health Services, which provide psychiatric assessment, treatment, management, discharge planning and transition support to people in custody
- the Community Forensic Outreach Service, which assists and builds the capacity of integrated mental health services to assess and manage people who have a mental illness and are involved in the criminal justice system, or are at high risk of committing an offence.

Patients referred to the ambulatory components of this service present with problems ranging from moderate to high risk/complexity, some of whom may demonstrate the most extreme comorbidities and/or indicators of treatment resistance. Ambulatory mental health care is provided during service defined hours of business.

Service provision includes: comprehensive multidisciplinary assessment, such as forensic and risk assessments; medico-legal reporting; targeted specialist interventions by mental health professionals; care coordination/case management; patient and carer education; documented frequent case review; targeted group programs; all levels of prevention programs/services; consultation-liaison with lower level mental health services; and referral, where appropriate.

Lower level services for adult forensic mental health patients are delivered as part of the core business associated with ambulatory, acute inpatient and non-acute inpatient services, as defined in the Adult Services and Older Persons Services sections of this module.

#### Service requirements

As per module overview, plus:

- services to both ambulatory and acute inpatient adult mental health patients presenting with moderate, high and the highest risk/complexity

- acute inpatient service components are delivered across one or two sites statewide (from purpose-designed and -built facilities) and provide targeted risk management strategies for a designated population
- patients meeting admission criteria for the acute inpatient component of this service are unable to be adequately or safely cared for within their local inpatient mental health service and present with problems defined as the highest risk/complexity
- identification, ongoing assessment, monitoring and interventions of complex mental health problems (that may be associated with the most complex comorbidities and/or indicators of treatment resistance)
- medication management
- extensive clinical data collection to inform assessment/diagnosis/intervention/recovery and broader service delivery in all levels of service
- an extensive range of primary (e.g. stress management), secondary (e.g. weight management) and tertiary (e.g. psychosis treatment maintenance) prevention services
- statewide clinical forums to assist the dissemination of clinical expertise
- services are delivered by highly specialised teams that provide mental health care to the target population/s, some of whom present with special care needs
- acute inpatient units are authorised mental health services under the Mental Health Act 2000
- specialist mental health assessments and interventions conducted by mental health clinicians and health workers of this service
- specialist consultation-liaison to other health and non-health services/agencies for the target population
- clinicians providing mental health services participate in clinical practice supervision with clinician/s who are trained/experienced in forensic mental health
- may provide an extensive range of additional clinical programs and service components, such as an outreach service, telehealth services or an extended treatment program
- as clinically indicated, ECT services may be facilitated and/or provided at this level of service by a mental health service authorised to provide ECT under the *Mental Health Act 2000*.

### Workforce requirements

As per module overview, plus:

A Level 6 *ambulatory service* requires:

#### Medical

- access—during business hours—to a registered medical specialist with credentials in psychiatry and relevant specialist training/experience in forensic assessment, case management and review

#### Nursing

- access—during business hours—to registered nurses with extensive mental health experience and/or postgraduate qualifications in mental health who demonstrate knowledge, clinical competencies and experience in forensic assessment, case management and review

### Allied health

- access—during business hours—to a comprehensive, multidisciplinary team of allied health professionals with training/experience in forensic mental health
- access to dedicated pharmacy services for mental health

### Other

- access to an extensive range of local health/mental health specialties (may be on a visiting basis or by outreach services).

A Level 6 *inpatient service* requires:

### Medical

- patient admitted by/under a registered medical specialist with credentials in psychiatry
- access—24 hours—to a registered medical specialist with credentials in psychiatry who can demonstrate relevant specialist training/experience in forensic assessment, treatment, case management and review
- access—24 hours—to a registered medical practitioner (psychiatry registrar/principal house officer/senior medical officer/career medical officer) with credentials relevant to the discipline
- medical services provided on-site or are in close enough proximity to provide a rapid response at all times

### Nursing

- the nurse in charge of the unit (however titled) is a registered nurse with demonstrated clinical competencies in addition to knowledge and skills in management processes
- the nurse in charge of each shift is a registered nurse with extensive mental health experience and/or postgraduate qualifications in mental health
- the majority of nursing staff supporting the nurse in charge of the shift are registered nurses with extensive mental health experience and/or postgraduate qualifications in mental health
- nursing staff supporting the registered nurse/s may complement the nursing team

### Allied health

- access—24 hours—to a comprehensive, multidisciplinary team of allied health professionals with training/experience in forensic mental health (postgraduate training is desirable)
- access to psychology, social work, occupational therapy, speech pathology and dietetic services
- access to dedicated pharmacy services for mental health

### Other

- access to an extensive range of local health/mental health specialties (may be on a visiting basis or by outreach services).

**Support service requirements**

A Level 6 service requires:

Service	On-site	Accessible
anaesthetic*		3
medical imaging		3
medication		5
pathology		3
perioperative (relevant section/s)*		3

\* Required only in services where ECT is performed

## Section 4 Statewide and Other Targeted Services

### Subsection 4.3: Level 3 Perinatal and Infant Service

#### Service description

A Level 3 service is capable of providing short- to long-term or intermittent ambulatory mental health care for voluntary and involuntary mental health patients (and their infants) presenting with low-, moderate- and some high-risk/complexity perinatal- and/or infant-related mental health problems. The service is accessible during business hours with some capacity for an extended-hours service.

The time frame for ambulatory perinatal mental health service delivery ranges from preconception to the child's second birthday (24 months). Women in the perinatal period who are experiencing moderate to severe mental health difficulties that require a comprehensive mental health assessment may access the range of mental health perinatal services. Women who have had a miscarriage, stillbirth, neonatal death or termination may also access these services. It is expected that the majority of patients are female; however, some fathers may access the range of perinatal mental health services.

The time frame for ambulatory infant mental health service delivery ranges from preconception to the child's third birthday (36 months). Infants with severe and complex needs presenting with social, emotional and behavioural difficulties and developmental delays, often in the context of trauma or compromised parent–infant relationships, may access the range of infant mental health services.

This level of service is delivered predominantly by a multidisciplinary team of mental health professionals who provide a local, community mental health care service specifically for the target population. The service is most commonly delivered via a hospital-based outpatient clinic, a community mental health clinic or home-based care.

Service provision typically includes: multidisciplinary assessment and targeted interventions by mental health professionals; care coordination/case management; patient and carer education and information; documented weekly case review; some group programs; primary and secondary prevention programs; consultation-liaison with higher level mental health services; and referral, where appropriate. Additionally, where members of this population of mental health consumers are pregnant or within the birth and early postnatal period, consultation and liaison must occur with maternity health professionals (e.g. registered nurses with credentials in midwifery and registered medical specialists with credentials in obstetrics, paediatrics and/or neonatology).

Note: Lower level services for ambulatory patients presenting with perinatal and/or infant mental health problems are delivered as part of the core business associated with ambulatory mental health services, as defined in the Child and Youth Services and Adult Services sections of this module.

#### Service requirements

As per module overview, plus:

- care for voluntary and involuntary mental health patients (and their infants) presenting with low-, moderate- and some high-risk/complexity perinatal- and/or infant-related mental health problems

- identification, ongoing assessment, monitoring and interventions of mental health problems (that may be associated with comorbidities and/or indicators of treatment resistance)
- integrated approach to the identification, assessment and intervention of any co-occurring substance-use disorders
- forward referrals for assessment/diagnosis/intervention as required
- clinical data collection to inform assessment/diagnosis/intervention/recovery
- development of a comprehensive individual mental health recovery plan within 1 week of assessment
- a range of primary (e.g. stress management) and secondary (e.g. mother–infant therapy) prevention services
- psychoeducation for the patient and family/carer (including information about available mental health services, mental health problems and illnesses, indicated treatment options and support services)
- is an authorised mental health service under the *Mental Health Act 2000*
- a policy—supporting a multidisciplinary approach to pregnancy, birth and early postnatal care—is in place for women who are planning a pregnancy or who are pregnant, outlining communication channels between the mental health and maternity teams
- a policy outlining communication channels between mental health and maternity carers is in place where pregnant women are receiving care at this service level
- where appropriate, documentation of care is contained within a pregnancy handheld record to promote communication and information between the woman and the mental health and maternity care teams
- documented processes with a Level 5 or 6 acute inpatient mental health service (child and youth, adult and/or perinatal and infant) capable of perinatal and infant mental health care
- service is based within a health service district/local health and hospital network or part of a service network that also includes a Level 5 or 6 acute inpatient mental health unit (child and youth, adult and/or perinatal and infant) capable of perinatal and infant mental health care
- mental health assessments/interventions conducted by mental health clinicians of this service.

### Workforce requirements

As per module overview, plus:

#### Medical

- access to a registered medical specialist with credentials in psychiatry (with training/experience in perinatal and/or infant mental health) for assessment, case management and review

#### Nursing

- access—during business hours—to a registered nurse who has extensive mental health experience and/or postgraduate qualifications in mental health, in addition to training/experience in perinatal and/or infant mental health



**Allied health**

- access—during business hours—to a multidisciplinary team of allied health professionals with training/experience in perinatal and/or infant mental health

**Other**

- consultation may be available from visiting specialties in mental health, maternity and child health and other areas of health.

**Support service requirements**

A Level 3 service requires:

Service	On-site	Accessible
medical imaging		1
medication		2
pathology		2



## Section 4 Statewide and Other Targeted Services

### Subsection 4.3: Level 4 Perinatal and Infant Service

#### Service description

A Level 4 service is capable of providing short-term acute inpatient mental health care for voluntary and involuntary mental health patients (and their infants) presenting with low-risk/complexity perinatal- and/or infant-related mental health problems. The service may be provided for mothers and their infants when admission to the nominated adult acute inpatient unit is the most clinically appropriate and safe service for the individual case, and when transfer to a higher level perinatal and infant mental health inpatient service is not feasible or clinically necessary.

Perinatal and infant inpatient mental health services at this level provide inpatient mental health care for mothers and their infants (from the third trimester of pregnancy until the infant becomes mobile) where the mother exhibits signs and/or symptoms of serious mental illness that have not responded adequately to less intensive interventions in the community, and/or the safety and treatment needs of the dyad/family warrant admission. Infants will only be admitted to a service at this level if it can be clearly determined during assessment that the mother is capable of caring independently (with support of staff as required) for the infant in a safe manner.

This level of service is delivered predominantly by a multidisciplinary team of mental health professionals 24 hours a day in an adult acute inpatient mental health service without dedicated mother–infant beds. The service may operate on demand and is delivered via a hospital that incorporates an acute inpatient mental health unit or via a purpose-designed and -built mental health facility.

Service provision typically includes: multidisciplinary assessment and targeted interventions by mental health professionals; care coordination/case management; patient and carer education and information; documented frequent case review; primary and some secondary prevention programs; consultation-liaison with higher level mental health services; and referral, where appropriate.

Note: Lower level services for inpatients presenting with perinatal and/or infant-related mental health problems are delivered as part of the core business associated with acute inpatient mental health services, as defined in the Child and Youth Services and Adult Services sections of this module. For an adult acute inpatient unit to admit infants with their mothers, the service is required to meet the criteria stipulated in this section, Subsection 4.3, Perinatal and Infant Services (Level 4 or higher).

#### Service requirements

As per Level 3, plus:

- care for voluntary and involuntary mental health patients (and their infants) presenting with low-risk/complexity perinatal- and/or infant-related mental health problems
- a wide range of primary (e.g. stress management) and some secondary (e.g. mother–infant therapy) prevention services.

If an infant is admitted with the mother, the following requirements are to be met:

- consultation-liaison is initiated immediately and maintained with a higher level perinatal and infant mental health service throughout the admission

- the mother and infant are provided with a single, ensuite room that must have clear observation paths for nursing staff at all times and is within close proximity to the nursing station (the room should be able to be locked from the outside and be key accessible only by nursing staff)
- infant monitors, either connected to the nurses' station or able to transmit while mobile, must be in use at all times in order for the infant's wellbeing to be monitored.

### Workforce requirements

As per Level 3, plus:

#### Medical

- patient admitted by/under a registered medical specialist with credentials in psychiatry
- access—24 hours—to a medical practitioner
- access to a registered medical specialist with credentials in paediatrics for medical consultation-liaison (may be via telehealth)

#### Nursing

- the nurse in charge of the unit (however titled) is a registered nurse with demonstrated clinical competencies in addition to knowledge and skills in management processes
- the nurse in charge of each shift is a registered nurse with extensive mental health experience and/or postgraduate qualifications in mental health
- nursing staff supporting the nurse in charge of the shift are registered nurses, two or more of whom have extensive mental health experience and/or postgraduate qualifications in mental health
- if inpatient unit occupancy is low, only one of the nurses supporting the nurse in charge of the shift need have extensive mental health experience and/or postgraduate qualifications in mental health
- enrolled nurses may complement the nursing team
- if an infant is admitted with the mother, a registered nurse with extensive mental health experience and/or postgraduate qualifications in mental health provides 24-hour care and observation for the mother and infant throughout admission

#### Allied health

- access to psychology, social work, occupational therapy, speech pathology and dietetic services (postgraduate training desirable)
- access to dedicated pharmacy services for mental health

#### Other

- AINs or equivalent may complement the clinical team at the discretion of the nurse in charge (however titled)
- Bachelor of Nursing students (second or third year undergraduate) may complement the clinical team at the discretion of the nurse in charge and under registered nurse supervision
- access to a range of on-site and/or visiting specialties in health/mental health/maternity/child health.

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**Support service requirements**

A Level 4 service requires:

Service	On-site	Accessible
medical imaging		2
medication	3	
pathology		2

## Section 4 Statewide and Other Targeted Services

### Subsection 4.3: Level 5 Perinatal and Infant Service

#### Service description

A Level 5 service is capable of providing short- to medium-term or intermittent acute inpatient mental health care for voluntary and involuntary mental health patients (and their infants) presenting with low-, moderate- and high-risk/complexity perinatal- and/or infant-related mental health problems. This service is delivered as one component of a Level 5 or Level 6 adult acute inpatient mental health unit that comprises a limited number of designated mother–infant beds and provides mental health care 24 hours a day.

This level of service is delivered predominantly by a multidisciplinary team of mental health professionals providing an acute inpatient mental health service. The service is delivered via a hospital that incorporates an acute inpatient mental health unit or via a purpose-designed and -built mental health facility.

Service provision typically includes: multidisciplinary assessment and targeted interventions by mental health professionals; care coordination/case management; patient and carer education and information; documented frequent case review; group programs; primary and secondary prevention programs; consultation-liaison with higher level mental health services; and referral, where appropriate.

Note: Lower level services for inpatients presenting with perinatal and/or infant-related mental health problems are delivered as part of the core business associated with acute inpatient mental health services, as defined in the Child and Youth Services and Adult Services sections of this module.

#### Service requirements

As per Level 4, plus:

- care for voluntary and involuntary mental health patients (and their infants) presenting with low-, moderate- and high-risk/complexity perinatal- and/or infant-related mental health problems
- identification, ongoing assessment, monitoring and interventions of mental health problems ranging in risk and complexity (that may be associated with complex comorbidities and/or indicators of treatment resistance)
- medication management
- targeted clinical programs for individuals/groups/families
- extensive clinical data collection to inform assessment/diagnosis/intervention/recovery
- an extensive range of primary (e.g. stress management) and secondary (e.g. mother–infant therapy) prevention services
- assertive outreach applicable to the service and target population
- psychoeducation for patients, families/carers and groups (including information about available mental health services, mental health problems and illnesses, indicated treatment options and support services)
- separate clinical services for families/carers, if required
- consultation-liaison services to local health services as required

- clinicians providing mental health services participate in clinical practice supervision with clinician/s who are trained/experienced in perinatal and infant mental health
- mental health assessments/interventions conducted by a multidisciplinary team of mental health professionals
- as clinically indicated, ECT services may be facilitated and/or provided at this level of service to an adult by a mental health service authorised to provide ECT under the *Mental Health Act 2000*.

### Workforce requirements

As per Level 4, plus:

#### Medical

- as per Level 4 service

#### Nursing

- at least one registered nurse supporting the nurse in charge of the shift has qualifications/experience in child health and/or perinatal/infant mental health

#### Allied health

- as per Level 4 service

#### Other

- access to an extensive range of on-site and/or visiting specialties in health/mental health/maternity/child health.

### Support service requirements

A Level 5 service requires:

Service	On-site	Accessible
anaesthetic*	3	
medical imaging		3
medication	4	
pathology		3
perioperative (relevant section/s)*	3	

\* Required only in services where ECT is performed

## Section 4 Statewide and Other Targeted Services

### Subsection 4.3: Level 6 Perinatal and Infant Service

#### Service description

A Level 6 service is capable of providing short- to medium-term and intermittent inpatient perinatal and/or infant mental health care to voluntary and involuntary mental health patients (and their infants) presenting with the highest level of risk and complexity, and special care needs. Patients presenting with low to moderate risk and/or complexity can be admitted to this level of service as is clinically appropriate and relevant to individual patient needs. This service provides care 24 hours a day.

This is a highly specialised statewide inpatient service that is delivered via a dedicated mother–infant mental health unit that is co-located with a Level 5 or 6 acute inpatient mental health unit. The service provides inpatient care to parents and their infants (from preconception to 36 months—the upper age limit will depend on the physical environment of the service) where the mother exhibits signs and/or symptoms of serious mental illness at the severe end of the spectrum that have not responded adequately to less intensive interventions in the community, and/or the safety and treatment needs of the dyad/family warrant admission. On occasion, a mother may be admitted in the third trimester of pregnancy. Rarely, a father may be admitted in his own right, along with his infant.

The service offers assessment and intervention for the range of perinatal and infant mental health disorders and relationship disturbances at the highest level of risk and complexity, especially those that require the admission of several family members. This may include the most complex cases where there is a combination of mental illness, personality disorder, substance abuse, infant distress or disorder, and child safety concerns.

The service demonstrates specialist expertise in the delivery of perinatal and infant mental health services to a targeted population and is delivered by a comprehensive, multidisciplinary team of mental health professionals with expertise in perinatal and/or infant mental health. Service provision includes: multidisciplinary assessment and specialised interventions by mental health professionals; patient and carer education; documented daily case review; targeted group programs; all levels of prevention programs/services; consultation-liaison with lower level mental health services; and referral, where appropriate.

If the physical environment permits, this service can operate as a parent–infant inpatient service with a physical layout designed to safely meet the needs of older infants and their families, including family rooms and outdoor play spaces. This allows for the admission of infants up to the age of 36 months as well as sibling groups (where all are younger than 36 months at the time of admission).

#### Service requirements

As per Level 5, plus:

- care to voluntary and involuntary mental health patients (and their infants) presenting with the highest level of risk and complexity, and special care needs
- identification, ongoing assessment, monitoring and interventions of complex mental health problems (that may be associated with the most complex comorbidities and/or indicators of treatment resistance)
- extensive clinical data collection to inform assessment/diagnosis/intervention/recovery and broader service delivery in all levels of service



- an extensive range of primary (e.g. stress management), secondary (e.g. mother-infant therapy) and tertiary (e.g. psychosis treatment maintenance) prevention services
- statewide clinical forums to assist the dissemination of clinical expertise
- specialist mental health assessments and interventions conducted by a comprehensive, multidisciplinary team of mental health professionals (medical practitioners, psychiatrists, nurses, allied health and other specialists) who demonstrate specialist training/experience in perinatal and/or infant mental health
- specialist consultation-liaison to other health and non-health services/agencies for the target population.

### Workforce requirements

As per Level 5, plus:

#### Medical

- access—24 hours—to a registered medical specialist with credentials in psychiatry who can demonstrate training/experience in perinatal and/or infant mental health

#### Nursing

- nursing staff supporting the nurse in charge of the shift are registered nurses, the majority of whom have either extensive mental health experience and/or postgraduate qualifications in mental health or training/extensive experience in perinatal and/or infant mental health

#### Allied health

- extended-hours access to community- or hospital-based allied health professionals with relevant specialist mental health experience/training

#### Other

- as per Level 5 service.

### Support service requirements

A Level 6 service requires:

Service	On-site	Accessible
anaesthetic*	3	
medical imaging		3
medication	5	
pathology		3
perioperative (relevant section/s)*	3	

\* Required only in services where ECT is performed



## Section 4 Statewide and Other Targeted Services

### Subsection 4.4: Level 4 Emergency Service

#### Service description

A Level 4 service is capable of providing short-term emergency mental health care for low- to high-risk/complexity mental health patients (across the age spectrum) who present to an emergency service and are triaged as having a mental health problem/disorder associated with their current presentation. This service provides emergency mental health care 24 hours a day.

This level of service is provided predominantly by general health clinicians within a general hospital. The local mental health service (may be community- or hospital-based) provides a consultation-liaison service to the emergency department as required.

Service provision typically includes: assessment and brief treatment of acute mental health problems and illnesses; and stabilisation of emergencies before onward referral or retrieval by medical practitioners and/or other qualified staff.

#### Service requirements

As per module overview, plus:

- care for low- to high-risk/complexity mental health patients (across the age spectrum)
- identification, initial acute assessment, brief intervention, monitoring and stabilisation of mental health problems
- medication review/management
- forward referrals for expert assessment/diagnosis/intervention as required
- basic clinical data collection to inform assessment/diagnosis/intervention/recovery
- limited psychoeducation (including information about available mental health services, mental health problems and illnesses, indicated treatment options and support services)
- the level of patient observation is informed by the triage category and the individual risk assessment
- mental health assessments, interventions and monitoring conducted by a team of general health and mental health (as required) professionals reflecting the triage rating
- mental health assessments/interventions conducted in consultation with a mental health clinician where clinically indicated, and are associated with a documented review process
- clinical staff providing mental health care have access—during business hours—to an experienced mental health clinician who is an authorised mental health practitioner and can provide advice, support and direction for care
- a consultation-liaison mental health service from the on-site and/or community-based mental health service as required
- additional mental health assessments/interventions may be directly provided by mental health clinicians using telehealth facilities, visiting and/or community-based workforce

- may provide a short-stay inpatient unit/area; however, there are no designated mental health beds or mental health clinicians associated with this short-stay unit/area.

### Workforce requirements

As per module overview, plus:

#### Medical

- access to a registered medical practitioner
- medical services are provided on-site or are in close enough proximity to provide a rapid response at all times

#### Nursing

- registered nurses

#### Allied health

- access—during business hours—to community- or hospital-based allied health professionals with mental health experience/training.

### Support service requirements

A Level 4 service requires:

Service	On-site	Accessible
medical imaging		3
medication	5	
pathology		3

## Section 4 Statewide and Other Targeted Services

### Subsection 4.4: Level 5 Emergency Service

#### Service description

This service is delivered on-site with a Level 5 or Level 6 acute inpatient mental health service and provides initial triage, treatment and definitive care for the majority of emergency presentations before retrieval by medical practitioners and/or other qualified staff.

This level of service is provided predominantly by mental health professionals within a general hospital. Triage is conducted by general health clinicians of the emergency department and further mental health assessments/interventions are then conducted by mental health clinicians who are assigned to the emergency department.

Mental health clinicians are stationed within the emergency department at least during business hours. One example of a service model that would be delivered at this level of service is a Psychiatric Emergency Centre (or equivalent).

#### Service requirements

As per Level 4, plus:

- assessment and brief treatment of acute mental health problems and illnesses, and stabilisation of emergencies before onward referral or retrieval by medical practitioners and/or other qualified staff
- an integrated approach to the identification, assessment and preliminary intervention of any co-occurring substance-use disorders
- psychoeducation (including information about available mental health services, mental health problems and illnesses, indicated treatment options and support services)
- mental health assessments, interventions and monitoring conducted by a multidisciplinary team of mental health professionals assigned to the emergency department (at least on during business hours)
- one mental health clinician (assigned to the emergency department per shift) is an authorised mental health practitioner
- a mental health Acute Care Team and/or consultation-liaison service provides an extended-hours service and has documented processes and a collaborative partnership with the emergency department
- documented processes with a Level 5 or 6 acute inpatient mental health service
- current policy and procedure informs the documented processes and collaborative partnerships between this service and all other mental health services within the same health service district/local health and hospital network or service area
- documented processes and collaborative partnerships are established between the emergency department and the integrated mental health service, as evidenced by regular minuted meetings—a copy of the minutes should be forwarded to the emergency department and the lead clinician/s responsible for governance of Emergency Mental Health
- a designated mental health area within the emergency department, but this does not necessarily have designated mental health beds

- if clinically indicated, patients younger than 18 years are reviewed by a registered medical specialist with credentials in psychiatry and a certificate in child and adolescent psychiatry (or equivalent) or their delegated registered medical practitioner with credentials in psychiatry (psychiatric registrar) within 48 hours of the initial psychiatric assessment
- a registered medical specialist with credentials in psychiatry reviews health records of all mental health patient separations within 24 hours
- is an authorised mental health service under the Mental Health Act 2000
- may be delivered by emergency department-based Acute Care Teams (or their equivalent)
- may provide short-stay medical inpatient beds and mental health clinicians may provide the direct care of mental health patients admitted to these beds (as required/negotiated).

### Workforce requirements

As per Level 4, plus:

#### Medical

- extended-hours access to a registered medical specialist with credentials in psychiatry for assessment, treatment, case management and case review
- access—24 hours—to a registered medical practitioner

#### Nursing

- extended-hours access to registered nurses, the majority with extensive mental health experience and/or postgraduate qualifications in mental health

#### Allied health

- extended-hours access to community- or hospital-based allied health professionals with training/experience in mental health care

#### Other

- access to a range of visiting or local health/mental health specialties.

### Support service requirements

A Level 5 service requires:

Service	On-site	Accessible
medical imaging		3
medication	5	
pathology		3

## Section 4 Statewide and Other Targeted Services

### Subsection 4.5: Level 4 Evolve Therapeutic Service

#### Service description

A Level 4 service is capable of providing medium- to long-term ambulatory mental health care for a targeted population of voluntary and involuntary mental health patients (up to the age of 18 years) presenting with high-risk/complexity psychological and behavioural support needs. All referrals are of those children and young people in the care of the Department of Communities (Child Safety Services, ChSS). This service is provided in partnership with ChSS, the Department of Education and Training (DET), and the Department of Communities (Disability Services). The service is accessible during business hours.

A Level 4 service is delivered by one or two child and youth mental health professionals (nurses, allied health) who provide specialised mental health care services from a spoke site, and who work in consultation with a Level 5 Evolve Therapeutic Service (or hub site). The hub site acts as a central base for activity and plays a support and coordination role to the spoke sites or satellite services. Providers in the spoke sites may also provide services from the hub site.

Service provision typically includes: assessment; therapeutic and systemic intervention; care coordination/case management; patient and carer education and information; documented frequent case review; primary and secondary prevention programs; consultation-liaison with lower and higher level mental health services, and a Level 5 Evolve Therapeutic Service; and referral, where appropriate.

#### Service requirements

As per module overview, plus:

- care for a targeted population of voluntary and involuntary mental health patients presenting with high-risk/complexity psychological and behavioural support needs
- identification, ongoing assessment, monitoring and interventions of mental health problems ranging in risk and complexity (that may be associated with comorbidities and/or indicators of treatment resistance)
- an integrated approach to the identification, assessment and intervention of any co-occurring substance-use disorders
- some targeted clinical programs for individuals/groups/families
- forward referrals for assessment/diagnosis/intervention as required
- development of a comprehensive individual mental health recovery plan within 1 week of assessment
- clinical data collection to inform assessment/diagnosis/intervention/recovery
- a range of primary (e.g. parenting support) and secondary (e.g. weight management) prevention services
- assertive outreach applicable to the service and target population
- psychoeducation for patients, families/carers and groups (including information about available mental health services, mental health problems and illnesses, indicated treatment options and support services)
- separate clinical services for families/carers, if required

- mental health assessments/interventions conducted by child and youth mental health clinicians of this service
- mental health assessments/interventions demonstrate a theoretical underpinning of trauma, abuse and neglect
- this service works in partnership with the local/nearest child and youth mental health service
- a weekly consultation-liaison session between staff of the spoke site and a credentialed child and adolescent psychiatrist from the hub site (may be via telehealth)
- effective corporate and clinical governance structures and communication strategies promoting and supporting integration between the hub and spoke sites
- documented processes and collaborative partnerships established with ChSS, DET and the Department of Communities (Disability Services).

### Workforce requirements

As per module overview, plus:

#### Medical

- a registered medical specialist with credentials in psychiatry and a certificate in child and adolescent psychiatry (or equivalent) conducts clinical/case supervision with service clinicians (this may be via telehealth facilities)
- a registered medical specialist with credentials in psychiatry and a certificate in child and adolescent psychiatry (or equivalent) attends/consults on all clinical review meetings on a weekly basis (this may be via videoconference)
- access on a sessional/visiting basis to a registered medical specialist with credentials in psychiatry and a certificate in child and adolescent psychiatry (or equivalent) for assessment, case management and review (this may be via telehealth facilities)

#### Nursing and allied health

- access—during business hours—to at least one registered nurse or allied health professional with relevant specialist child and youth mental health experience/training (postgraduate training desirable)

#### Other

- access to an Aboriginal and Torres Strait Islander mental health worker/senior health worker, a service and evaluation research coordinator, and a professional development coordinator.

### Support service requirements

A Level 4 service requires:

Service	On-site	Accessible
medical imaging		2
medication		3
pathology		2



## Section 4 Statewide and Other Targeted Services

### Subsection 4.5: Level 5 Evolve Therapeutic Service

#### Service description

A Level 5 service is capable of providing medium- to long-term mental health care for a targeted population of mental health patients (up to the age of 18 years) presenting with the highest risk/complexity psychological and behavioural support and special care needs. They may demonstrate the most severe comorbidities and/or indicators of treatment resistance. All referrals are of those children and young people in the care of the Department of Communities, Child Safety Services (ChSS). This service is provided in partnership with ChSS, Department of Education and Training, and the Department of Communities (Disability Services). This level of service is delivered predominantly from a hub site.

A Level 5 service is delivered by a comprehensive, multidisciplinary team of mental health professionals (medical practitioners, psychiatrists, nurses, allied health and other specialists) with training/experience in child and youth mental health.

Service provision typically includes: assessment; therapeutic and systemic intervention; care coordination/case management; patient and carer education and information; documented frequent case review; all levels of prevention programs; consultation-liaison with lower and higher level mental health services, and lower level Evolve Therapeutic Services; and referral, where appropriate.

#### Service requirements

As per Level 4, plus:

- care for a targeted population of mental health patients presenting with the highest risk/complexity psychological and behavioural support and special care needs
- identification, ongoing assessment, monitoring and interventions of complex mental health problems (that may be associated with complex comorbidities and/or indicators of treatment resistance)
- targeted clinical programs for individuals/groups/families
- extensive clinical data collection to inform assessment/diagnosis/intervention/recovery and broader service delivery in all levels of service
- an extensive range of primary (e.g. parenting support), secondary (e.g. weight management) and tertiary (e.g. treatment maintenance) prevention services
- specialist consultation-liaison with other health and non-health services/agencies for the target population
- mental health assessment/intervention conducted by a comprehensive multidisciplinary team of mental health clinicians
- current policy and procedure documentation informs the processes of consultation-liaison with lower level Evolve services
- may be an authorised mental health service under the *Mental Health Act 2000*.



### Workforce requirements

As per Level 4, plus:

#### Medical

- access to a registered medical practitioner with credentials in psychiatry (psychiatry registrar)

#### Nursing

- access—during business hours—to registered nurses with extensive mental health experience and/or postgraduate qualifications in mental health and training/experience in child and youth mental health

#### Allied health

- access to a comprehensive, multidisciplinary team of allied health professionals with child and youth mental health training/experience. Some of these clinicians have:
  - demonstrated specialist training/experience in specific intervention areas relevant to the service being provided
  - postgraduate qualifications

#### Other

- access to a range of visiting or local health/mental health specialties.

### Support service requirements

A Level 5 service requires:

Service	On-site	Accessible
medical imaging		2
medication		3
pathology		3

## Section 4 Statewide and Other Targeted Services

### Subsection 4.6: Level 6 Eating Disorders Service

#### Service description

A Level 6 service provides highly specialised mental health care, comprising both ambulatory and acute inpatient services. This integrated service is delivered to a targeted adult population diagnosed with (or are at high risk of developing) a serious and/or complex eating disorder. The service provides acute ambulatory and inpatient mental health care to voluntary and involuntary adult mental health patients with an eating disorder who present with problems ranging from low to the highest risk/complexity, and may have special care needs. The service is accessible 24 hours a day.

Adolescent patients older than 14 years may access this service, where clinically and developmentally appropriate, and in line with policy and procedural documentation of the eating disorders service. Services may be delivered from a range of sites across the state; however, this service is centrally coordinated.

Ambulatory service components consist of a statewide consultation-liaison service and/or an outpatient or day patient clinic. Patients referred to the ambulatory components of this service present with problems ranging from low to the highest risk/complexity, some of whom may demonstrate the most extreme comorbidities and/or indicators of treatment resistance.

Acute inpatient service components at this level are co-located with a Level 5 or 6 adult acute inpatient mental health service. Patients meeting admission criteria for the acute inpatient component of this service present with problems defined as the highest risk/complexity. These patients are unable to be adequately or safely cared for within their local acute inpatient mental health service.

Service provision includes: comprehensive multidisciplinary assessment; targeted specialist interventions by mental health and medical health professionals; care coordination; patient and carer education; documented frequent case review; targeted group programs; all levels of prevention programs/services; consultation-liaison with lower level mental health services; and referral, where appropriate.

Lower level services for mental health patients with an eating disorder are delivered as part of the core business associated with ambulatory, acute inpatient and non-acute inpatient services. These service areas are defined in the Child and Youth Services, Adult Services and Older Persons Services sections of this module.

The service is delivered by a comprehensive, multidisciplinary team of highly specialised clinicians/mental health professionals (medical practitioners, psychiatrists, nurses, allied health and other specialists).

#### Service requirements

As per module overview, plus:

- mental health care for low to highest risk/complexity voluntary and involuntary mental health patients with an eating disorder
- identification, ongoing assessment, monitoring and interventions of complex mental health problems (that may be associated with the most complex comorbidities and/or indicators of treatment resistance)

- an integrated approach to the identification, assessment and intervention of any co-occurring substance-use disorders
- targeted clinical programs for individuals/groups/families
- medication management
- forward referrals for assessment/diagnosis/intervention as required
- development of a comprehensive individual mental health recovery plan within 1 week of assessment
- extensive clinical data collection to inform assessment/diagnosis/intervention/recovery and broader service delivery in all levels of service
- an extensive range of primary (e.g. stress management), secondary (e.g. re-feeding syndrome) and tertiary (e.g. treatment maintenance) prevention services
- statewide clinical forums to assist the dissemination of clinical expertise
- psychoeducation for patients, families/carers and groups (including information about available mental health services, mental health problems and illnesses, indicated treatment options and support services)
- separate clinical services for families/carers, if required
- specialist mental health assessments/interventions conducted by clinicians of this service
- specialist consultation-liaison to other health and non-health services/agencies for the target population
- current policy and procedure documentation informs the processes of consultation-liaison with lower level services who provide an eating disorders mental health service
- documented processes and collaborative partnerships with key stakeholders associated with eating disorder treatment, research and education (e.g. Eating Disorders Association)
- clinicians providing mental health services participate in clinical practice supervision with clinician/s who are trained/experienced in eating disorders and mental health
- may provide an extensive range of additional clinical programs and service components, such as an outreach service, telehealth services or a day program
- as clinically indicated, ECT services may be facilitated and/or provided at this level of service by a mental health service authorised to provide ECT under the *Mental Health Act 2000*.

### Workforce requirements

As per module overview, plus:

A Level 6 *ambulatory service* requires:

#### Medical

- access—during business hours—to a registered medical specialist with credentials in psychiatry and specialist training/experience in eating disorders assessment, case management and review

### Nursing

- access—during business hours—to registered nurses (with extensive mental health experience and/or postgraduate qualifications in mental health) who demonstrate knowledge, clinical competencies and experience relevant to the service being provided

### Allied health

- access—during business hours—to a comprehensive, multidisciplinary team of allied health professionals with training/experience in eating disorders and mental health
- access to dedicated pharmacy services for mental health

### Other

- access to an extensive range of visiting or local health/mental health specialties.

A Level 6 *inpatient service* requires:

### Medical

- patient admitted by/under a registered medical specialist with credentials in psychiatry
- access—24 hours—to a registered medical specialist with credentials in psychiatry and specialist training/experience in eating disorders assessment, treatment, case management and review
- access—24 hours—to a registered medical practitioner (psychiatry registrar/principal house officer/senior medical officer/career medical officer) with credentials relevant to the discipline
- medical services are provided on-site or in close enough proximity to provide a rapid response at all times

### Nursing

- the nurse in charge of the unit (however titled) is a registered nurse with demonstrated clinical competencies, in addition to knowledge and skills in management processes
- the nurse in charge of each shift is a registered nurse with extensive mental health experience and/or postgraduate qualifications in mental health
- nursing staff supporting the nurse in charge of the shift are registered nurses, two or more of whom have extensive mental health experience and/or postgraduate qualifications in mental health
- nursing staff supporting the registered nurse/s may complement the nursing team

### Allied health

- access—24 hours—to a comprehensive, multidisciplinary team of allied health professionals with training/experience in eating disorders and mental health (postgraduate training desirable)
- access to psychology, social work, occupational therapy, speech pathology and dietetic services
- access to dedicated pharmacy services for mental health

### Other

- access to an extensive range of visiting or local health/mental health specialties.

## Support service requirements

A Level 6 service requires:

Service	On-site	Accessible
anaesthetic*	3	
medical imaging		2
medication		4
pathology		3
perioperative (relevant section/s)*	3	

\* Required only in services where ECT is performed

## Section 4 Statewide and Other Targeted Services

### Subsection 4.7: Level 5 Homeless Health Outreach Service

#### Service description

A Level 5 service is capable of providing short- to long-term or intermittent non-admitted mental health care to low-, moderate- and high-risk/complexity voluntary and involuntary mental health patients across the age spectrum who have been displaced or are homeless, and who have difficulty in accessing other services. This service provides an extended-hours weekday service in addition to a limited-hours weekend mental health care service.

This level of service is delivered predominantly by a comprehensive multidisciplinary team of general, mental health, and drug and alcohol professionals (psychiatry, medical, nursing, allied health and other health workers) on an assertive outreach basis, either at dedicated homeless services or on the streets ('in place') to homeless people who are experiencing mental illness and/or drug and alcohol problems.

Service provision typically includes: multidisciplinary assessment and targeted interventions by mental health professionals; care coordination/case management; patient and carer education and information; documented frequent case review; primary and secondary prevention programs; consultation-liaison with lower and higher level mental health services; and referral, where appropriate.

#### Service requirements

As per module overview, plus:

- care to low-, moderate- and high-risk/complexity voluntary and involuntary mental health patients across the age spectrum who have been displaced or are homeless, and who have difficulty in accessing other services
- identification, ongoing assessment, monitoring and interventions of mental health problems ranging in risk and complexity (that may be associated with complex comorbidities and/or indicators of treatment resistance)
- an integrated approach to the identification, assessment and intervention of any co-occurring substance-use disorders
- forward referrals for assessment/diagnosis/intervention as required
- development of a comprehensive individual mental health recovery plan within 1 week of assessment
- extensive clinical data collection to inform assessment/diagnosis/intervention/recovery
- an extensive range of primary (e.g. stress management) and secondary (e.g. weight management) prevention services
- assertive outreach applicable to the service and target population
- psychoeducation for patients, families/carers and groups (including information about available mental health services, mental health problems and illnesses, indicated treatment options and support services)
- is an authorised mental health service under the *Mental Health Act 2000*
- assessments/interventions conducted by a comprehensive multidisciplinary team of general, mental health, and drug and alcohol professionals



- service provision takes place in the patient's own environment or at other sites (e.g. the hospital, recreational venues) ensuring all safety concerns are taken into account
- consultation-liaison services to local health services as required
- the service works in partnership with mental health services and non-government specialist providers
- documented processes and collaborative partnerships with key stakeholders relevant to homeless health (e.g. Department of Communities and non-government organisations providing shelter/refuge/food).

### Workforce requirements

As per module overview, plus a comprehensive multidisciplinary team of general, mental health, and drug and alcohol professionals, including:

#### Medical

- access—during business hours—to a registered medical specialist with credentials in psychiatry for assessment, case management and review

#### Nursing

- access—during business hours and some extended-hours—to a registered nurse with extensive mental health experience and/or postgraduate qualifications in mental health

#### Allied health

- access—during business hours and some extended hours—to a comprehensive, multidisciplinary team of allied health professionals with training/experience in mental health
- drug and alcohol clinicians may also be a part of the integrated team

#### Other

- each team has a minimum of two Aboriginal and Torres Strait Islander health workers, male and female, to ensure appropriate gender-specific and cultural requirements are met
- access to an extensive range of visiting or local health/mental health specialties.

### Support service requirements

A Level 5 service requires:

Service	On-site	Accessible
medication		2
medical imaging		1
pathology		1



## Section 4 Statewide and Other Targeted Services

### Subsection 4.8: Level 6 Deafness and Mental Health Service

#### Service description

A Level 6 service is capable of providing short- to long-term or intermittent mental health care to low-, moderate- and high-risk/complexity voluntary and involuntary adult mental health patients via a statewide consultation-liaison service. This highly specialised integrated service is delivered to a targeted adult population who are diagnosed with a mental illness and who are deaf or have hearing loss, and some of whom have special care needs. Services are delivered from a range of sites across the state; however, statewide coordination of these services is centralised. The service is accessible during business hours.

A Level 6 adult mental health service is delivered to people who are deaf or hard of hearing by a comprehensive and highly specialised multidisciplinary team of mental health professionals (psychiatry, medical, nursing and allied health) who demonstrate specialist training/experience in deafness and mental health.

Service components consist of:

- statewide consultation-liaison with Queensland Health and non-Queensland Health service providers
- acute psychiatric assessments of mental health patients (face-to-face and/or via telehealth facilities)
- educational modules for skills transfer to service providers
- specialised consultation-liaison services for special needs groups (e.g. Aboriginal and Torres Strait Islander people who are deaf).

Service provision typically includes: multidisciplinary assessment and targeted interventions by mental health professionals; patient and carer education and information; primary and secondary prevention programs; consultation-liaison with other service providers; and referral, where appropriate.

#### Service requirements

As per module overview, plus:

- care to low-, moderate- and high-risk/complexity voluntary and involuntary adult mental health patients via a statewide consultation-liaison service
- identification, ongoing assessment, monitoring and interventions of mental health problems ranging in risk and complexity (that may be associated with complex comorbidities and/or indicators of treatment resistance)
- an integrated approach to the identification, assessment and intervention of any co-occurring substance-use disorders
- targeted clinical programs for individuals/groups/families
- forward referrals for assessment/diagnosis/intervention as required
- input into the development of a comprehensive and individual mental health recovery plan within 1 week of assessment
- extensive clinical data collection to inform assessment/diagnosis
- intervention/recovery and broader service delivery in all levels of service

- facilitation of access to a range of primary and secondary prevention services
- assertive outreach applicable to the service and target population
- statewide clinical forums to assist the dissemination of clinical expertise
- psychoeducation for patients, families/carers and groups (including information about available mental health services, mental health problems and illnesses, indicated treatment options and support services)
- separate clinical services for families/carers, if required
- as a consultation service, primary clinical responsibility and decision-making for the patient remains with the referring service
- specialist mental health assessments and interventions are conducted by clinicians and health workers of this service
- the service works in partnership with mental health services and non-government specialist providers
- statewide specialist consultation-liaison to other health and non-health services/agencies for people who are deaf or hard of hearing
- mental health assessments/interventions are conducted in accordance with the Queensland Health guidelines for working with patients who are deaf or hard of hearing
- assessments/interventions conducted by a comprehensive multidisciplinary team of mental health professionals who demonstrate specialist training/experience in deafness and mental health
- assistance, support and resources are provided to the referring mental health service to ensure an appropriate recovery plan is prepared and reviewed for each patient.

### Workforce requirements

As per module overview, plus:

#### Medical

- access—during business hours—to a registered medical specialist with credentials in psychiatry for assessment, case management and review

#### Nursing

- access—during business hours—to a registered nurse with extensive mental health experience and/or postgraduate qualifications in mental health

#### Allied health

- access—during business hours—to a multidisciplinary team of allied health professionals with training/experience in mental health

#### Other

- consultation available from a range of specialist services, particularly related to people who are deaf and as such identify as a cultural and linguistic minority, as well as to those with marked hearing loss.

**Support service requirements**

A Level 6 service requires:

Service	On-site	Accessible
medical imaging		2
medication		3
pathology		3

## Section 4 Statewide and Other Targeted Services

### Subsection 4.9: Level 6 Transcultural Service

#### Service description

A Level 6 service is capable of providing short-term or intermittent mental health care to low-, moderate- and high-risk/complexity voluntary and involuntary mental health patients via a statewide consultation-liaison and/or outreach mental health service. This integrated service is delivered to a targeted population across all ages from culturally and linguistically diverse backgrounds, who are diagnosed with a mental illness or present with mental health problems and who may show evidence of a range of complexities relating to cultural barriers, migration and settlement issues. Some patients present with special care needs.

The service is accessible during business hours with some service components operating on an extended-hours basis. Service components consist of:

- a transcultural clinical consultation service that provides intake, triage and consultation
- a range of programs/strategies for the promotion, prevention and early intervention of mental illness in the target population
- a cultural consultation service that provides cultural clarification, advice and support (including socio-cultural assessments) and is coordinated by clinicians of the Transcultural Mental Health Service with input from a range of bicultural/bilingual cultural consultants.

Service provision typically includes: multidisciplinary assessment, diagnosis clarification, triage and targeted interventions by transcultural mental health professionals; assistance with care planning/care coordination; co-therapy; patient and carer education and information; primary and secondary promotion, prevention and early intervention programs; consultation-liaison with other service providers; and referral, where appropriate.

This service is delivered by a highly specialised, comprehensive, multidisciplinary team of mental health professionals (psychiatrists, nurses, allied health professionals, cultural consultants and other health workers) who demonstrate training/experience in transcultural mental health.

#### Service requirements

As per module overview, plus:

- care to low-, moderate- and high-risk/complexity voluntary and involuntary mental health patients via a statewide consultation-liaison and/or outreach mental health service
- identification, assessment, monitoring and interventions of mental health problems ranging in risk and complexity (that may be associated with complex comorbidities and/or indicators of treatment resistance)
- an integrated approach to the identification, assessment and intervention of any co-occurring substance-use disorders
- input into targeted clinical programs for individuals/groups/families (transcultural content for group programs delivered by mental health services)
- forward referrals for assessment/diagnosis/intervention as required

- timely contribution to the development of a comprehensive and culturally appropriate mental health recovery plan
- extensive clinical data collection to inform assessment/diagnosis/intervention/ recovery and broader service delivery in all levels of service
- access to a range of primary (e.g. transcultural stress management resources) and secondary (e.g. culturally tailored programs for mental health literacy and recovery programs) prevention services
- assertive outreach applicable to the service and target population
- statewide clinical forums to assist the dissemination of clinical expertise
- psychoeducation for patients, families/carers and groups (including information about available mental health services, mental health problems and illnesses, indicated treatment options and support services)
- separate clinical services for families/carers, if required
- specialist mental health assessments and interventions are conducted by clinicians and health workers of this service, reflecting cultural appropriateness
- as a consultation service, primary clinical responsibility and decision-making for the patient remains with the referring service
- where appropriate, facilitates access for presenting individuals to their local mental health service or other relevant services, including general practitioners and multicultural support services
- manages a statewide program of multicultural mental health coordinators based in local mental health services, and retains professional management and accountability for the outcomes of this program
- statewide specialist consultation-liaison to other health and non-health services/ agencies for the target population
- Mental Health Promotion Prevention and Early Intervention (MHPPEi) activities are coordinated and delivered by project officers and/or group facilitators who are suitably qualified and trained in the topic of the program area and cross cultural work, and are supervised by qualified allied health staff
- culturally appropriate MHPPEi activities are delivered by bilingual mental health promoters employed in the Administrative Officer stream, and cultural consultation is delivered by cultural consultants in the Operational Officer stream who are trained in areas relevant to their roles and supervised by qualified allied health staff
- works in partnership with mental health services and non-government specialist providers
- provides assistance, support and resources to the referring mental health service to ensure a culturally appropriate recovery plan is prepared and reviewed for each patient
- current policy and procedure documentation is maintained for MHPPEi and cultural consultation programs, and integrated into staff induction training
- documented processes and collaborative partnerships with the multicultural services sector (e.g. the Department of Immigration and non-government multicultural services, such as refugee services, cultural groups and organisations)
- qualified and registered bilingual mental health clinicians in private practice (including private psychiatrists and allied health professionals) who are not in the pool of bilingual/bicultural mental health clinicians may provide additional mental health interventions as required. These clinicians are supported and coordinated by the transcultural clinical specialists.

### Workforce requirements

As per module overview, plus a comprehensive, multidisciplinary team of mental health professionals who demonstrate training/experience in transcultural mental health, including:

#### Medical

- access—during business hours—to a registered medical specialist with credentials in psychiatry, who can demonstrate relevant specialist training and/or experience in transcultural mental health in relation to assessment, management and review of culturally and linguistically diverse patients
- where patients of the clinical consultation service are also patients of their local mental health service; their ongoing care is coordinated by a registered medical specialist with credentials in psychiatry for assessment, treatment, case management and case review
- referrals generated by transcultural MHPPEi and cultural consultation activities are reviewed by a registered medical specialist with credentials in psychiatry at weekly case review

#### Nursing

- access—during business hours—to a registered nurse with demonstrated knowledge, clinical competencies and cross-cultural experience relevant to the service being provided

#### Allied health

- access—during business hours—to a comprehensive, multidisciplinary team of allied health professionals with relevant specialist mental health and cross-cultural experience and/or training
- additional allied health support is provided to the cultural consultation service by registered clinicians with training/experience in delivering transcultural mental health care
- access to a senior allied health staff member of the service (in an on-call capacity) for bilingual mental health clinicians who deliver services outside regular business hours

#### Other

- access to bilingual consultants
- access to a range of visiting or local health/mental health specialties
- clinical and cultural consultation services are provided face-to-face, via telehealth facilities or on a visiting basis.

### Support service requirements

A Level 6 service requires:

Service	On-site	Accessible
medical imaging		2
medication		3
pathology		3



### Legislation, regulations and legislative standards

In addition to what is outlined in the Fundamentals of the Framework, mental health services must comply with the following:

- National Standards for Mental Health Services 2010
- *Queensland Criminal Code Act 1899*  
[www.legislation.qld.gov.au/LEGISLTN/CURRENT/C/CriminCode.pdf](http://www.legislation.qld.gov.au/LEGISLTN/CURRENT/C/CriminCode.pdf)

### Non-legislative standards, guidelines, benchmarks, policies and frameworks

In addition to what is outlined in the Fundamentals of the Framework, the following are relevant to mental health services:

- Australian and New Zealand College of Anaesthetists. Technical Standard T1: Recommendations of Minimum Facilities for Safe Administration of Anaesthesia in Operating Suites and Other Anaesthetising Locations. ANZCA; 2008.  
[www.anzca.edu.au/resources/professional-documents/](http://www.anzca.edu.au/resources/professional-documents/)
- Australian Government Department of Health and Ageing. National Practice Standards for the Mental Health Workforce. Canberra: Department of Health and Ageing; 2002.  
[www.health.gov.au/internet/main/publishing.nsf/Content/2ED5E3CD955D5FAACA25722F007B402C/\\$File/workstds.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/2ED5E3CD955D5FAACA25722F007B402C/$File/workstds.pdf)
- Australian Government Department of Health and Ageing. Principles and Actions for Services and People Working with Children of Parents with a Mental Illness. Canberra: Australian Government; 2004. [www.copmi.net.au/images/pdf/principles-and-actions.pdf](http://www.copmi.net.au/images/pdf/principles-and-actions.pdf)
- Australian Government. Cultural Competency in Health: A Guide for Policy, Partnerships and Participation. National Health and Medical Research Council; 2006.  
[www.nhmrc.gov.au/\\_files\\_nhmrc/file/publications/synopses/hp19.pdf](http://www.nhmrc.gov.au/_files_nhmrc/file/publications/synopses/hp19.pdf)
- Australian Government. Department of Health and Ageing. Guidelines for Determining Benefits for Health Insurance Purposes for Private Patient Hospital Based Mental Health Care. Canberra: Australian Government; 2007.  
[www.health.gov.au/internet/main/publishing.nsf/Content/0C99FEEB0288D7B4CA257331008033AF/\\$File/48\\_07.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/0C99FEEB0288D7B4CA257331008033AF/$File/48_07.pdf)
- Australian Government. Department of Health and Ageing. National Safety Priorities in Mental Health: A National Plan for Reducing Harm. Canberra: Australian Government; 2005.  
[www.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-n-safety](http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-n-safety)
- Australian Health Ministers' Advisory Council, Mental Health Working Group. National Statement of Principles for Forensic Mental Health 2002.  
[www.health.wa.gov.au/mhareview/resources/documents/FINAL\\_VERSION\\_OF\\_NATIONAL\\_PRINCIPLES\\_FOR\\_FMH-Aug\\_2002.pdf](http://www.health.wa.gov.au/mhareview/resources/documents/FINAL_VERSION_OF_NATIONAL_PRINCIPLES_FOR_FMH-Aug_2002.pdf)
- Australian Health Ministers' Advisory Council, Care of Older Australians Working Group. Age-friendly Principles and Practices: Managing Older People in the Health Services Environment. Melbourne: Victorian Government Department of Human Services; 2004. [www.health.gov.au/](http://www.health.gov.au/)



- Australian Health Ministers' Advisory Council. Best Practice Approaches to Minimise Functional Decline in the Older Person across the Acute, Sub-Acute and Residential Aged Care Settings. Melbourne: Victorian Government Department of Human Services; 2004. [www.health.vic.gov.au/acute-agedcare/](http://www.health.vic.gov.au/acute-agedcare/)
- Australian Mental Health Outcomes and Classification Network. Reporting Framework for the National Outcomes and Casemix Collection. [www.amhocn.org/](http://www.amhocn.org/)
- Multicultural Mental Health Australia. Framework for the Implementation of the National Mental Health Plan 2003-2008 in Multicultural Australia. Canberra: Department of Health and Ageing; 2004. [www.mmha.org.au/](http://www.mmha.org.au/)
- National Collaborating Centre for Mental Health. Antenatal and Postnatal Mental Health: Clinical Management and Service Guidance: NICE Clinical Guideline 45. London: National Institute for Health and Clinical Excellence; 2007. [www.nice.org.uk/nicemedia/pdf/CG045QuickRefGuideCorrected.pdf](http://www.nice.org.uk/nicemedia/pdf/CG045QuickRefGuideCorrected.pdf)
- National Health Service. Guidelines for the Diagnosis and Management of Delirium in the Elderly. NHS; 1995. [www.newsletters.gpqlld.com.au/content/Document/Aged%20Care%20Bulletins/ACU%2013/Att%20-%20Guidelines%20for%20the%20diagnosis%20and%20Management%20of%20delirium%20in%20the%20Elderly.pdf](http://www.newsletters.gpqlld.com.au/content/Document/Aged%20Care%20Bulletins/ACU%2013/Att%20-%20Guidelines%20for%20the%20diagnosis%20and%20Management%20of%20delirium%20in%20the%20Elderly.pdf)
- Queensland Government. Child and Youth Health Practice Manual for Child Health Nurses and Indigenous Child Health Workers. Queensland Health; 2009. [www.health.qld.gov.au/health\\_professionals/childrens\\_health/child\\_youth\\_health.asp](http://www.health.qld.gov.au/health_professionals/childrens_health/child_youth_health.asp)
- Queensland Government. Child Safety Out-of-Home Care Services Licensing Manual. Child Safety Services; 2011. [www.communities.qld.gov.au/resources/childsafety/partners/documents/oohcs-licensing-manual.pdf](http://www.communities.qld.gov.au/resources/childsafety/partners/documents/oohcs-licensing-manual.pdf)
- Queensland Government. Clinical Information System of Consumer Integrated Mental Health Application. Queensland Health; nd. [qheps.health.qld.gov.au/mentalhealth/cimha/home.htm](http://qheps.health.qld.gov.au/mentalhealth/cimha/home.htm)
- Queensland Government. Clinical Supervision Guidelines for Mental Health Services. Queensland Health; 2009. [qheps.health.qld.gov.au/mentalhealth/docs/superguide\\_2009.pdf](http://qheps.health.qld.gov.au/mentalhealth/docs/superguide_2009.pdf)
- Queensland Government. Deafness and Mental Health: Guidelines for Working with Persons Who are Deaf or Hearing Impaired. Queensland Health; 2004. [qheps.health.qld.gov.au/mentalhealth/docs/Deafnessgl.pdf](http://qheps.health.qld.gov.au/mentalhealth/docs/Deafnessgl.pdf)
- Queensland Government. Emergency Department: Mental Health Management Protocols. Queensland Health; 2006. <http://newsletters.gpqlld.com.au/> or [qheps.health.qld.gov.au/mentalhealth/docs/ed\\_guidelines.pdf](http://qheps.health.qld.gov.au/mentalhealth/docs/ed_guidelines.pdf)
- Queensland Government. Evolve Interagency Support Services Manual v5.0. Child Safety Services; 2008. [www.childsafety.qld.gov.au/partners/government/evolve.html](http://www.childsafety.qld.gov.au/partners/government/evolve.html)
- Queensland Government. Forensic Patient Management Policies and Procedures: *Mental Health Act 2000*. Queensland Health; 2008. [www.health.qld.gov.au/mha2000/default.asp](http://www.health.qld.gov.au/mha2000/default.asp)
- Queensland Government. cq\_n3: Identification and Management of Patients at Risk of Refeeding Syndrome. Queensland Health; 2010. [qheps.health.qld.gov.au/cqld/policy\\_procedure/docs/district/cq\\_n3.pdf](http://qheps.health.qld.gov.au/cqld/policy_procedure/docs/district/cq_n3.pdf)
- Queensland Government. Guidelines for Acute Sedation in Adult Mental Health Inpatient Settings. Queensland Health; 2009. [qheps.health.qld.gov.au/mentalhealth/docs/acuteguidefeb09.pdf](http://qheps.health.qld.gov.au/mentalhealth/docs/acuteguidefeb09.pdf)

- Queensland Government. Guidelines for Preparing Forensic Reports - *Mental Health Act 2000*. Queensland Health; 2008.  
qheps.health.qld.gov.au/mhalu/documents/policies/s238\_guidelines.pdf
- Queensland Government. Guidelines for the Administration of Electroconvulsive Therapy (ECT). Queensland Health; 2006.  
qheps.health.qld.gov.au/mentalhealth/docs/ect\_guidelines\_31960.pdf
- Queensland Government. Guidelines for the Safe Use of Antipsychotics in Schizophrenia. Queensland Health; 2004.  
qheps.health.qld.gov.au/mentalhealth/docs/antipsychotic\_22406.pdf
- Queensland Government. Mental Health Case Management Policy Framework: Positive partnerships to build capacity and enable recovery. Queensland Health; 2007. qheps.health.qld.gov.au/mentalhealth/docs/casemanage\_polstate.pdf
- Queensland Government. Non-English Speaking Background Mental Health Policy Statement 1995. Queensland Health; 1995.  
www.health.qld.gov.au/pahospital/qtmhc/docs/nesb\_policy.pdf
- Queensland Government. Policy on Short-Term Travel out of Queensland for Involuntary Patients - *Mental Health Act 2000*. Queensland Health; 2008.  
www.health.qld.gov.au/qhpolicy/docs/pol/qh-pol-309.pdf
- Queensland Government. Policy Statement on Reducing and Where Possible Eliminating Restraint and Seclusion in Queensland Mental Health Services. Queensland Health; 2008.  
www.health.qld.gov.au/mentalhealth/docs/sandrpolicy\_081030.pdf
- Queensland Government. Preventing and Responding to Mental Health Crisis Situations and Information Sharing Guidelines. Queensland Health, Queensland Police Service; 2006. qheps.health.qld.gov.au/mentalhealth/docs/police\_32012.pdf
- Queensland Government. Queensland Forensic Mental Health Policy. Queensland Health; 2002.
- Queensland Government. Queensland Health Policy: Meeting the Needs of Children for Whom a Person With a Mental Illness has Care Responsibilities. Queensland Health; 2010. www.health.qld.gov.au/qhpolicy/docs/pol/qh-pol-310.pdf
- Queensland Government. Queensland Health Policy: Practice Supervision for Allied Mental Health Services G5. Queensland Health; 2008.  
www.health.qld.gov.au/qhpolicy/docs/pol/qh-pol-192.pdf
- Queensland Government. Queensland Health Policy: Service Delivery for People With Dual Diagnosis (Co-Occurring Mental Health and Alcohol and Other Drug Problems). Queensland Health; 2008.  
www.health.qld.gov.au/atod/documents/dual\_diagnosis.pdf
- Queensland Government. Queensland Medical Transport System: Transport of People with Mental Illness from Rural, Remote and Regional Queensland. Queensland Health; 2006.  
qheps.health.qld.gov.au/mentalhealth/docs/TransportGL31958.pdf
- Queensland Government. Queensland Mental Health Policy Statement: Aboriginal and Torres Strait Islander People. Queensland Health; 1996.  
www.health.qld.gov.au/qhpolicy/docs/pol/qh-pol-299.pdf
- Queensland Government. Queensland Plan for Mental Health 2007–2017. Queensland Health; 2008.  
www.health.qld.gov.au/mentalhealth/abt\_us/qpfmh/08132\_qpfmh07.pdf
- Queensland Government. Responding to Sexual Assault and Promoting Sexual Safety within Queensland Health Inpatient Mental Health Services. Queensland Health; 2004. qheps.health.qld.gov.au/mentalhealth/docs/sa\_guide\_23599.pdf

- \* Royal Australian and New Zealand College of Psychiatrists. Clinical Practice Guidelines Team for Anorexia Nervosa. Australian and New Zealand Clinical Practice Guidelines for the Treatment of Anorexia Nervosa. The Journal of Lifelong Learning in Psychiatry 2005, 3(4):618-28. [www.focus.psychiatryonline.org/cgi/reprint/3/4/618](http://www.focus.psychiatryonline.org/cgi/reprint/3/4/618)
- \* Royal Australian and New Zealand College of Psychiatrists. Position Statement 56: Children of Parents with a Mental Illness. RANZCP; 2009. [www.ranzcp.org/Files/ranzcp-attachments/Resources/College\\_Statements/Position\\_Statements/ps56-pdf.aspx](http://www.ranzcp.org/Files/ranzcp-attachments/Resources/College_Statements/Position_Statements/ps56-pdf.aspx)
- \* Victorian Government, Department of Health. Falls Prevention Best Practice Guidelines for Public Hospitals and State Government Residential Aged Care Facilities Incorporating a Community Integration Supplement. Victorian Government; 2009. [www.health.vic.gov.au](http://www.health.vic.gov.au)

### Reference list

1. Queensland Government. Queensland Plan for Mental Health 2007-2017. Queensland Health; 2008:6. [www.health.qld.gov.au/mentalhealth/abt\\_us/qpfmh/08132\\_qpfmh07.pdf](http://www.health.qld.gov.au/mentalhealth/abt_us/qpfmh/08132_qpfmh07.pdf)
2. American Association of Community Psychiatrists. Level of Care Utilization System for Psychiatric and Addiction Services. AACP; 2009. [www.communitypsychiatry.org/publications/clinical\\_and\\_administrative\\_tools\\_guidelines/LOCUS2010.pdf](http://www.communitypsychiatry.org/publications/clinical_and_administrative_tools_guidelines/LOCUS2010.pdf)

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No.	Description	Date	Author	Provided by	Folder
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1.	Letter from West Moreton Hospital and Health Service to Dr John Allan	24.08.2014	Lesley Dwyer, Health Service Chief Executive	West Moreton Hospital and Health Service	1
2.	Attachment 1 to Letter from West Moreton Hospital and Health Service to Dr John Allan – Project Plan for Barrett Adolescent Strategy	16.11.2012	Chris Thorburn, Director Service Redesign	West Moreton Hospital and Health Service	1
3.	Attachment 2 to Letter from West Moreton Hospital and Health Service to Dr John Allan – Expert Clinical Reference Group Recommendations, Barrett Adolescent Strategy	July 2013	Expert Clinical Reference Group, West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	1
4.	Attachment 3 to Letter from West Moreton Hospital and Health Service to Dr John Allan – Barrett Adolescent Centre Timeline, Key Events	Undated	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	1
5.	Attachment 4 to Letter from West Moreton Hospital and Health Service to Dr John Allan – Consumer Transition Summary and Feedback	29.01.2014	Dr Anne Brennan, A/Clinical Director	West Moreton Hospital and Health Service	1
6.	Attachment 5 to Letter from West Moreton Hospital and Health Service to Dr John Allan – USB File Index, Investigation under Hospital and Health Boards Act 2011, Barrett Adolescent Centre	25.08.2014	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	1
7.	Attachment 6 to Letter from West Moreton Hospital and Health Service to Dr John Allan – Barrett Adolescent Centre, List of Inpatients and Day Patients as at 6 August	22.08.2014	West Moreton Hospital and Health Service	West Moreton Hospital and Health	1

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8.	Further List of Inpatients and Day Patients as at 6 August 2013, including details of relevant care coordinators	01.09.2014	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	1
9.	Attachment 7 to Letter from West Moreton Hospital and Health Service to Dr John Allan – Details of relevant clinicians and staff of Centre between August 2013 and January 2014	Undated	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	1
<b>Comms Plan and Strategy</b>					
10.	BAC Strategic Update/Progress	20.11.2013	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	1
11.	West Moreton Hospital and Health Service Communication Strategy – Barrett Adolescent Centre	25.08.2014	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	1
12.	Communication Plan for Barrett Adolescent Centre	20.11.2012	Naomi Ford, Rowdy PR	West Moreton Hospital and Health Service	1
13.	Stakeholder Engagement Plan for Barrett Adolescent Centre	01.12.2012	Rowdy PR	West Moreton Hospital and Health Service	1
14.	West Moreton Hospital and Health Service Issues and Incident Management Plan	Undated	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	1
15.	West Moreton Hospital and Health Service Barrett Adolescent Centre Communication Plan – September 2013 to February 2014	30.09.2013	Laura Johnson, Project Officer –	West Moreton Hospital and	1

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			Redevelopment, Mental Health and Specialised Services	Health Service	
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16.	Email from Anne Brennan to Leanne Geppert re BAC parent support	01.11.2013	Dr Anne Brennan, A/Clinical Director	West Moreton Hospital and Health Service	1
17.	Email from Leanne Geppert to [REDACTED] re Follow up to update BAC parent email addresses	04.11.2013	Dr Leanne Geppert, A/Director of Strategy, Mental Health and Specialised Services	West Moreton Hospital and Health Service	1
18.	Email from Leanne Geppert to Laura Johnson re Fwd: Parents for Committee Meeting	25.10.2013	Dr Leanne Geppert, A/Director of Strategy, Mental Health and Specialised Services	West Moreton Hospital and Health Service	1
19.	Email from Leanne Geppert to Laura Johnson re Fwd: Re: contact with all BAC parents/carers	08.11.2013	Dr Leanne Geppert, A/Director of Strategy, Mental Health and Specialised Services	West Moreton Hospital and Health Service	1
20.	Email from Sharon Kelly to [REDACTED] re REPLY FURTHER INFORMATION REQUIRED_MD0920130282_DG071767_ Request for advice – [REDACTED] –BAC – DUE COB Friday 11 October 2013	22.10.2013	Sharon Kelly, Executive Director Mental Health and Specialised Services	West Moreton Hospital and Health Service	1
21.	West Moreton Hospital and Health Service – Parent Session – Wednesday 11 December 2013	11.12.2013	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	1

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22.	Barrett Adolescent Parent Session – 11 December 2013	11.12.2013	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	1
23.	Email from Leanne Geppert to Bernice Holland re FW: Parent Invites for Sandra Radovini Session – Wednesday 10 December 2013, with attachments	05.12.2013	Dr Leanne Geppert, A/Director of Strategy, Mental Health and Specialised Services	West Moreton Hospital and Health Service	1
24.	Email from Ingrid Adamson to Laura Johnson re Re: Parent and Carer Consultation on Future Models	20.11.2013	Ingrid Adamson	West Moreton Hospital and Health Service	1
25.	RSVPs for Sandra Radovini Parent and Carer Information Session Wednesday 10 December 2013	Undated	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	1
26.	Letter from Lesley Dwyer to Parents and Carers	30.09.2013	Lesley Dwyer, Health Service Chief Executive	West Moreton Hospital and Health Service	1
27.	Draft letter from Sharon Kelly to parents	November 2013	Sharon Kelly, Executive Director Mental Health and Specialised Services	West Moreton Hospital and Health Service	1
28.	Email from Anne Brennan to Leanne Geppert re Parents of BAC consumers	15.01.2014	Dr Anne Brennan, A/Clinical Director	West Moreton Hospital and Health Service	1
29.	Phone log of contact with parents	08.11.2013 to	Sharon Kelly, Executive Director Mental	West Moreton Hospital and	1

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		09.11.2013	Health and Specialised Services	Health Service	
30.	Communication with Parents/Carers of ■■■ 30.1. Undated email from Leanne Geppert	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	1
31.	Communication with Parents/Carers of ■■■ 31.1. Letter from Sharon Kelly, dated 20.11.2013 31.2. Information Session for Parents and Carers of Current BAC Young People – invitation 31.3. Copy of draft letter from Sharon Kelly, November 2013	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	1
32.	Communication with Parents/Carers of ■■■ 32.1. Information Session for Parents and Carers of Current BAC Young People – invitation 32.2. Letter from Sharon Kelly, dated November 2013	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	1
33.	Communication with Parents/Carers of ■■■ 33.1. Copy of draft letter from Sharon Kelly, November 2013 33.2. Unsigned and undated letter from Assistance Minister for Health 33.3. Further unsigned and undated letter from Assistance Minister for Health 33.4. Email from Leanne Geppert to Sharon Kelly, dated 15.09.2013 33.5. Letter from Sharon Kelly, dated 20.11.2013	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	1
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	34.1. Information Session for Parents and Carers of Current BAC Young People – invitation 34.2. Letter from Sharon Kelly, dated 19.11.2013		Hospital and Health Service	Moreton Hospital and Health Service	
35.	Communication with Parents/Carers of ■■■ 35.1. Information Session for Parents and Carers of Current BAC Young People – invitation 35.2. Email from Leanne Geppert to parents, dated 06.11.2013 35.3. Copy of draft letter from Sharon Kelly, November 2013 35.4. Letter from Sharon Kelly, dated 19.11.2013	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	1
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37.	Communication with Parents/Carers of ■■■ 37.1. Letter from Sharon Kelly, dated 20.11.2013 37.2. Information Session for Parents and Carers of Current BAC Young People – invitation	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	1
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	<p>38.3. Email from Anne Brennan to Ingrid Adamson and others, dated 16.01.2014</p> <p>38.4. Information Session for Parents and Carers of Current BAC Young People – invitation</p> <p>38.5. Email from Leanne Geppert, dated 04.11.2013</p> <p>38.6. Email from Leanne Geppert, dated 21.10.2013</p> <p>38.7. Email from Leanne Geppert, dated 06.11.2013</p> <p>38.8. Letter from Sharon Kelly, dated 19.11.2013</p> <p>38.9. Unsigned letter from Lesley Dwyer, dated 22.01.2014</p> <p>38.10. Unsigned letter from Sharon Kelly, dated November 2013</p> <p>38.11. Unsigned and undated letter from Ian Maynard, Director-General</p> <p>38.12. Further unsigned and undated letter from Ian Maynard, Director-General</p> <p>38.13. Unsigned and undated letter from Jake Smith, Chief of Staff to the Minister for Health</p> <p>38.14. Draft and undated document regarding expert response</p>				
39.	<p>Communication with Parents/Carers of [REDACTED]</p> <p>39.1. Email from Leanne Geppert to Anne Brennan, dated 11.11.2013</p> <p>39.2. Email from Anne Brennan, dated 14.11.2013</p> <p>39.3. Email from Anne Brennan to Vanessa Clayworth, dated 14.11.2013</p>	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	1

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	<p>39.4. Email from Sharon Kelly, dated 11.09.2013</p> <p>39.5. Information Session for Parents and Carers of Current BAC Young People – invitation [REDACTED]</p> <p>39.6. Information Session for Parents and Carers of Current BAC Young People – invitation [REDACTED]</p> <p>39.7. Email from Sharon Kelly, dated 09.11.2013</p> <p>39.8. Unsigned letter from Sharon Kelly, dated November 2013</p> <p>39.9. Letter from Sharon Kelly, dated 19.11.2013</p>				
40.	<p>Communication with Parents/Carers of [REDACTED]</p> <p>40.1. Letter from Sharon Kelly, dated 19.11.2013</p> <p>40.2. Copy of draft letter from Sharon Kelly, dated November 2013</p>	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	1
41.	<p>Communication with Parents/Carers of [REDACTED]</p> <p>41.1. Information Session for Parents and Carers of Current BAC Young People – invitation</p> <p>41.2. Letter from Sharon Kelly, dated 19.11.2013</p>	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	1
42.	<p>Communication with Parents/Carers of [REDACTED]</p> <p>42.1. Email to The Premier, dated 09.10.2013</p> <p>42.2. Email to The Premier, dated 30.10.2013</p> <p>42.3. Information Session for Parents and Carers of Current BAC Young People – invitation</p> <p>42.4. Unsigned letter from Sharon Kelly,</p>	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	1

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	dated November 2013				
	42.5. Undated and unsigned letter from Dr Chris Davis, Assistant Minister for Health				
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	42.7. Draft proposed response from Campbell Newman				
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44.	Communication with Parents/Carers of [REDACTED]	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	1
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	44.3. Letter from Sharon Kelly, dated 19.11.2013				
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	and Sharon Kelly re Re: proposed email to staff at The Park regarding BAC		A/Executive Director Workforce	Moreton Hospital and Health Service	
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47.	West Moreton Hospital and Health Service BAC Staff Communique 1 – Barrett Adolescent Centre	03.10.2013	Sharon Kelly, Executive Director Mental Health and Specialised Services	West Moreton Hospital and Health Service	1
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49.	Letter from Sharon Kelly to Anne Brennan	10.09.2013	Sharon Kelly, Executive Director Mental Health and Specialised Services	West Moreton Hospital and Health Service	1
50.	West Moreton Hospital and Health Service BAC Staff Communique 2 – Barrett Adolescent Centre	04.11.2013	Sharon Kelly, Executive Director Mental Health and Specialised Services	West Moreton Hospital and Health Service	1
51.	West Moreton Hospital and Health Service BAC Staff Communique 3 – Barrett Adolescent Centre	05.12.2013	Sharon Kelly, Executive Director Mental Health and Specialised Services	West Moreton Hospital and Health Service	1
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	<p>52.1. Briefing Note for Approval – Approval to fund Aftercare for the provision of residential and day program mental health treatment and rehabilitation for adolescents across Queensland requiring extended care in the West Moreton Hospital and Health Service catchment area from December 2013, dated 20.11.2013</p> <p>52.2. Email from Myfanwy Pitcher, Aftercare Service Manager, to Anne Brennan, dated 16.12.2013</p> <p>52.3. West Moreton Hospital and Health Service Memorandum re Purchasing of Services from Aftercare, undated</p>		Hospital and Health Service	Moreton Hospital and Health Service	
53.	<p>Commissioner for Children and Young People Correspondence</p> <p>53.1. Unsigned and undated letter from Lesley Dwyer to Steve Armitage, Commissioner for Children and Young People and Child Guardian</p> <p>53.2. Letter from Sharon Kelly to Barry Salmon, Acting Commissioner for Children and Young People and Child Guardian, dated 16.10.2013</p> <p>53.3. Letter from Barry Salmon, Acting Commissioner for Children and Young People and Child Guardian, to Sharon Kelly, dated 20.09.2013</p> <p>53.4. Concerns of Consumers, Carers &amp; Community in response to closure of the Barrett Adolescent Centre and the future of adolescent mental healthcare in Queensland, presented on 11.09.2013 to Queensland Mental Health Commissioner</p> <p>53.5. Undated file note provided by a parent regarding meeting with Queensland Mental Health Commissioner</p> <p>53.6. Email from Judi Krause, Divisional</p>				



	<p>Director Child and Youth Mental Health Service, to Lesley Dwyer, dated 06.11.2013</p> <p>53.7. Unsigned letter from Sharon Kelly to Barry Salmon, Acting Commissioner for Children and Young People and Child Guardian, dated October 2013</p> <p>53.8. Further unsigned letter from Sharon Kelly to Barry Salmon, Acting Commissioner for Children and Young People and Child Guardian, dated October 2013</p> <p>53.9. Email from Diane Nash, Manager (Complaints Resolution Team), Commission for Children and Young People and Child Guardian, to Sharon Kelly, dated 14.11.2013</p> <p>53.10. Email from Diane Nash, Manager (Complaints Resolution Team), Commission for Children and Young People and Child Guardian, to Leanne Geppert, dated 19.12.2013</p>				
54.	<p>Community Correspondence</p> <p>54.1. Draft email from Sharon Kelly to [REDACTED]</p> <p>54.2. Draft email from Sharon Kelly to [REDACTED]</p> <p>54.3. Email from Ingrid Adamson to Leanne Geppert, dated 05.02.2014</p> <p>54.4. Email from Sharon Kelly to Leanne Geppert, dated 09.10.2013</p> <p>54.5. Email from Ingrid Adamson to [REDACTED] and others, dated 16.12.2013</p> <p>54.6. Email from [REDACTED] to Lesley Dwyer, dated 18.12.2013</p> <p>54.7. Email from Leanne Geppert to [REDACTED]</p>	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	2

		dated 13.01.2014			
54.8.	Email from	to Sharon Kelly, dated 06.11.2013			
54.9.	Email from Laura Johnson to Leanne Geppert and				
		dated 15.11.2013			
54.10.	Unsigned and undated letter from Dr Chris Davis, Assistant Minister for Health, to 'Alison Earls'				
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54.14.	Unsigned and undated letter from Dr Chris Davis, Assistant Minister for Health, to				
54.15.	Unsigned and undated letter from Dr Chris Davis, Assistant Minister for Health, to				
54.16.	Unsigned and undated letter from Dr Chris Davis, Assistant Minister for Health, to				
54.17.	Unsigned and undated letter from Dr Chris Davis, Assistant Minister for Health, to 'Justine Oxenham'				
54.18.	Further unsigned and undated letter from Dr Chris Davis, Assistant Minister for Health, to 'Justine Oxenham'				
54.19.	Unsigned and undated letter from Dr Chris Davis, Assistant Minister for				

Health, to [REDACTED]				
54.20. Further unsigned and undated letter from Dr Chris Davis, Assistant Minister for Health, to [REDACTED]				
54.21. Unsigned and undated letter from Dr Chris Davis, Assistant Minister for Health, to [REDACTED]				
54.22. Further Unsigned and undated letter from Dr Chris Davis, Assistant Minister for Health, to [REDACTED]				
54.23. Unsigned and undated letter from Dr Chris Davis, Assistant Minister for Health, to [REDACTED]				
54.24. Further unsigned and undated letter from Dr Chris Davis, Assistant Minister for Health, to [REDACTED]				
54.25. Unsigned and undated letter from Dr Chris Davis, Assistant Minister for Health, to 'Alison Earls'				
54.26. Further unsigned and undated letter from Dr Chris Davis, Assistant Minister for Health, to 'Alison Earls'				
54.27. Further unsigned and undated letter from Dr Chris Davis, Assistant Minister for Health, to 'Alison Earls'				
54.28. Unsigned and undated letter from Dr Chris Davis, Assistant Minister for Health, to 'Angela Earls'				
54.29. Further unsigned and undated letter from Dr Chris Davis, Assistant Minister for Health, to 'Angela Earls'				
54.30. Unsigned and undated letter from Dr Chris Davis, Assistant Minister for Health, to [REDACTED]				

54.31. Unsigned and undated letter from Dr Chris Davis, Assistant Minister for Health, to [REDACTED]				
54.32. Unsigned and undated letter from Dr Chris Davis, Assistant Minister for Health, to [REDACTED]				
54.33. Unsigned and undated letter from Dr Chris Davis, Assistant Minister for Health, to [REDACTED]				
54.34. Unsigned and undated letter from Dr Chris Davis, Assistant Minister for Health, to [REDACTED]				
54.35. Unsigned and undated letter from Dr Chris Davis, Assistant Minister for Health, to [REDACTED]				
54.36. Further unsigned and undated letter from Dr Chris Davis, Assistant Minister for Health, to [REDACTED]				
54.37. Unsigned and undated letter from Dr Chris Davis, Assistant Minister for Health, to [REDACTED]				
54.38. Further unsigned and undated letter from Dr Chris Davis, Assistant Minister for Health, to [REDACTED]				
54.39. Unsigned and undated letter from Dr Chris Davis, Assistant Minister for Health, to [REDACTED]				
54.40. Further unsigned and undated letter from Dr Chris Davis, Assistant Minister for Health, to [REDACTED]				
54.41. Further unsigned and undated letter from Dr Chris Davis, Assistant Minister for Health, to [REDACTED]				
54.42. Unsigned and undated letter from Dr Chris Davis, Assistant Minister for				

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	Health, to [REDACTED]				
	54.43. Unsigned and undated letter from Dr Chris Davis, Assistant Minister for Health, to [REDACTED]				
	54.44. Unsigned and undated letter from Dr Chris Davis, Assistant Minister for Health, to [REDACTED]				
	54.45. Unsigned and undated letter from Dr Chris Davis, Assistant Minister for Health, to [REDACTED]				
	54.46. Unsigned and undated letter from Dr Chris Davis, Assistant Minister for Health, to [REDACTED]				
	54.47. Unsigned and undated letter from Dr Chris Davis, Assistant Minister for Health, to [REDACTED]				
	54.48. Unsigned and undated letter from Dr Chris Davis, Assistant Minister for Health, to [REDACTED]				
	54.49. Unsigned and undated letter from Dr Chris Davis, Assistant Minister for Health, to [REDACTED]				
	54.50. Unsigned and undated letter from Dr Chris Davis, Assistant Minister for Health, to [REDACTED]				
	54.51. Unsigned and undated letter from Dr Chris Davis, Assistant Minister for Health, to [REDACTED]				
	54.52. Unsigned and undated letter from Dr Chris Davis, Assistant Minister for Health, to [REDACTED]				
	54.53. Unsigned and undated letter from Dr Chris Davis, Assistant Minister for Health, to [REDACTED]				
	54.54. Unsigned and undated letter from Dr Chris Davis, Assistant Minister for				

	<p>Health, to Carl Judge MP, Member for Yeerongpilly</p> <p>54.55. Unsigned and undated letter from Dr Chris Davis, Assistant Minister for Health, to [REDACTED]</p> <p>54.56. Unsigned and undated letter from Dr Chris Davis, Assistant Minister for Health, to [REDACTED]</p> <p>54.57. Unsigned and undated letter from Dr Chris Davis, Assistant Minister for Health, to [REDACTED]</p> <p>54.58. Unsigned and undated letter from Dr Chris Davis, Assistant Minister for Health, to [REDACTED]</p> <p>54.59. Unsigned and undated letter from Dr Chris Davis, Assistant Minister for Health, to [REDACTED]</p> <p>54.60. Further unsigned and undated letter from Dr Chris Davis, Assistant Minister for Health, to [REDACTED]</p> <p>54.61. Draft proposed response for Ms A Earls email to the Premier</p> <p>54.62. Template letter from Dr Chris Davis, Assistant Minister for Health</p> <p>54.63. Further template letter from Dr Chris Davis, Assistant Minister for Health</p>				
55.	<p>Education Queensland Correspondence</p> <p>55.1. Letter from Peter Blatch, Assistant Regional Director Education Queensland, to 'Ms Earls', dated 09.12.2013</p> <p>55.2. Email from Peter Blatch, Assistant Regional Director – School Performance, Education Queensland, to Leanne Geppert, dated 22.01.2014</p>	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	2

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	55.3. Email from Peter Blatch, Assistant Regional Director – School Performance, Education Queensland, to Sharon Kelly, dated 22.07.2013				
	55.4. Email from Ingrid Adamson to Leanne Geppert and Lesley Dwyer, dated 11.12.2013				
	55.5. Email from Peter Blatch, Assistant Regional Director – School Performance, Education Queensland, to Leanne Geppert, dated 08.11.2013				
	55.6. Email from Sharon Kelly to Leanne Geppert, dated 15.11.2013				
	55.7. Email from Anne Brennan to Kevin Rogers, dated 16.10.2013				
	55.8. Email from Kevin Rodgers, Principal BAC School, to Anne Brennan and Alexander Bryce, dated 18.10.2013				
	55.9. Email from Leanne Geppert to Justine Oxenham, dated 13.12.2013				
56.	Estimates briefs	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	2
	56.1. Barrett Adolescent Centre – Strategy – Estimates Brief Number 17.03 by Sharon Kelly, undated				
	56.2. Closure of Barrett Adolescent Centre (BAC) – Estimates Brief No:xx.xx by [REDACTED], undated				
	56.3. Death of former patients of Barrett Adolescent Centre – Estimates Brief No:xx.xx by Dr Bill Kingswell, undated				
	56.4. Email from Leanne Geppert to Sharon Kelly and Terry Stedman, dated 23.07.2014				
57.	Executive Correspondence	Various	West Moreton Hospital and	West Moreton Hospital and	2
	57.1. Draft Department of Health				

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	Memorandum from Peter Steer, Chief Executive Children's Health, to Various HHS Chief Executives re Clinical Representatives Sought for Statewide Adolescent Extended Treatment and Rehabilitation Implementation Strategy Working Groups		Health Service	Health Service	
57.2.	West Moreton Hospital and Health Service Memorandum from Lesley Dwyer to Hospital and Health Service Chief Executives re Update on Barrett Adolescent Centre, dated 12.11.2012				
57.3.	Department of Health Memorandum from Peter Steer, Chief Executive Children's Health, to Michael Cleary, Deputy Director General, Bill Kingswell, Executive Director Mental Health Alcohol and Other Drugs and HHS Chief Executives re Convene a meeting of the Chief Executive and Department of Health Oversight Committee, dated 26.09.2013				
57.4.	Letter from Peter Bristow, Chief Executive Darling Downs Hospital and Health Service, to Lesley Dwyer, dated 14.11.2012				
57.5.	West Moreton Hospital and Health Service Memorandum from Sharon Kelly, to Executive Directors and Clinical Directors, Mental Health Services, re Admissions to Barrett Adolescent Centre, dated 22.10.2013				
58.	Mental Health Commissioner Correspondence	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	2
58.1.	Email from Leanne Geppert to Peter Blatch re Query from Qld Mental Health Commissioner, dated 06.11.2013				
58.2.	Unsigned Queensland Mental Health Commissioner Briefing Note for				

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	Noting re Barrett Adolescent Strategy, by Lesley Dywer for Dr Lesley van Schoubroeck, Commissioner				
59.	Parents, Carers and Families Fast Facts Newsletters	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	2
59.1.	West Moreton Hospital and Health Service Fast Facts 1 – Barrett Adolescent Centre, dated 30.11.2012				
59.2.	West Moreton Hospital and Health Service Fast Facts 2 – Barrett Adolescent Centre, dated 11.12.2012				
59.3.	West Moreton Hospital and Health Service Fast Facts 3 – Barrett Adolescent Centre, dated 01.02.2013				
59.4.	West Moreton Hospital and Health Service Fast Facts 4 – Barrett Adolescent Centre, dated 04.03.2013				
59.5.	West Moreton Hospital and Health Service Fast Facts 5 – Barrett Adolescent Centre, dated 21.05.2013				
59.6.	West Moreton Hospital and Health Service Fast Facts 6 – Barrett Adolescent Centre, dated 23.08.2013				
59.7.	West Moreton Hospital and Health Service Fast Facts 7 – Barrett Adolescent Centre, dated 26.09.2013				
59.8.	West Moreton Hospital and Health Service Fast Facts 8 – Barrett Adolescent Centre, dated 03.10.2013				
59.9.	West Moreton Hospital and Health Service Fast Facts 9 – Barrett Adolescent Centre, dated 04.11.2013				
59.10.	West Moreton Hospital and Health Service Fast Facts 10 – Barrett Adolescent Centre, dated 20.11.2013				
59.11.	West Moreton Hospital and Health Service Fast Facts 11 – Barrett				

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	Adolescent Centre, dated 20.12.2013				
60.	Possible Parliamentary Questions	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	2
60.1.	[REDACTED] at Barrett Adolescent Centre, prepared by Sharon Kelly on 11.09.2013				
60.2.	Barrett Adolescent Centre – The Park Centre for Mental Health, prepared by [REDACTED] on 09.11.2012				
60.3.	Barrett Adolescent Centre – The Park Centre for Mental Health prepared by Laura Johnson on 29.10.2013				
60.4.	Barrett Adolescent Centre – The Park Centre for Mental Health prepared by Laura Johnson on 14.11.2013				
61.	Sharon Kelly Emails and Documents	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	2
61.1.	Letter from Lesley Dwyer to unknown, dated 12.11.2012				
61.2.	Email from Associate Professor J Mohan Gilhotra, Director of Metal Health and Chief Psychiatrist, to Dr Michael Cleary re Barrett Adolescent Centre, dated 08.11.2012				
61.3.	Email from Associate Professor J Mohan Gilhotra, Director of Metal Health and Chief Psychiatrist, to Dr Michael Cleary re CONFIDENTIAL Barrett Adolescent Centre (BAC) – Closure, dated 08.11.2012				
61.4.	Email from Leanne Geppert to Sharon Kelly re pertinent points for consideration of Barrett Adolescent Centre, dated 08.11.2012				
61.5.	Email from Leanne Geppert to Sharon Kelly re strategic partnership meeting for BAC changes, dated 09.11.2012				
61.6.	Email from Lesley Dwyer to Sharon				

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	Kelly re Fwd: BAC, dated 12.11.2012				
61.7.	Email from Lesley Dwyer to Bill Kingswell and others re Information re Barrett Adolescent Centre Stakeholder Meeting, dated 14.11.2012				
61.8.	Possible Parliamentary Questions – Barrett Adolescent Centre – The Park Centre for Mental Health prepared by Dr Leanne Geppert on 30.05.2013				
61.9.	Email from Leanne Geppert to Sharon Kelly re Endorsed Preamble and Service Model Elements for Adolescent Extended Treatment and Rehabilitation Services, dated 08.05.2013				
61.10.	Email from Bill Kingswell to Trevor Sadler re The efficacy of "Wraparound" services, dated 21.05.2013				
61.11.	Email from Alison Earls to Sharon Kelly re announcement regarding Barrett Adolescent Strategy, dated 07.08.2013				
61.12.	Email from Peter Blatch to Sharon Kelly re Barrett School, dated 22.07.2013				
61.13.	Email from [REDACTED] to Sharon Kelly re Quality of care issues – Barrett, dated 08.09.2013				
61.14.	Email from Jacqueline Keller, Corporate Counsel and Secretary, to Sharon Kelly re wrap up of BAC today, dated 12.09.2013				
61.15.	Email from [REDACTED] to Sharon Kelly re Barrett Adolescent Centre, dated 16.09.2013				
61.16.	Email from Anne Brennan to Sharon Kelly re Consumer Advocate Barrett				

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Adolescent Centre, dated 25.09.2013				
61.17. Email from Leanne Geppert to [REDACTED] re Update – BAC, dated 25.09.2013				
61.18. Email from [REDACTED] to Sharon Kelly re Consumer Advocate Barrett Adolescent Centre, dated 02.10.2013				
61.19. Email from Anne Brennan to Sharon Kelly re discussions with Education (Peter Blatch), dated 17.10.2013				
61.20. Email from Elisabeth Hoehn to Lesley Dwyer and Sharon Kelly re placement of registrar in the BAC, dated 24.10.2013				
61.21. Email from Leanne Geppert to Sharon Kelly re speaking points for mtg with David Crompton and Brett Emmerson, dated 28.10.2013				
61.22. Email from Anne Brennan to Darren Neillie re BAC update, dated 29.10.2013				
61.23. Email from Leanne Geppert to [REDACTED] re Barrett Adolescent Centre clients, dated 01.11.2013				
61.24. Email from Leanne Geppert to [REDACTED] re Closure of Barrett Adolescent Centre, dated 03.11.2013				
61.25. West Moreton Hospital and Health Service Barrett Adolescent Centre – Service Description – [REDACTED]				
61.26. Email from Leanne Geppert to Sharon Kelly re Fwd: Attention: Board Members – Barrett Adolescent Centre Closure, dated 20.11.2013				

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61.27. Briefing Note for Noting to Director-General re Barrett Adolescent Centre, prepared by Laura Johnson on 25.11.2013				
61.28. Further copy of Briefing Note for Noting to Director-General re Barrett Adolescent Centre, prepared by Laura Johnson on 25.11.2013				
61.29. BAC Strategic Update/Progress, dated 02.12.2013				
61.30. Email from Leanne Geppert to Lesley Dwyer and Sharon Kelly re Update re Education before your DDG mtg today, dated 02.12.2013				
61.31. Email from Lesley Dwyer to Sharon Kelly and Leanne Geppert re follow up from BAC meetings today, dated 03.12.2013				
61.32. Email from Anne Brennan to Sharon Kelly re BAC, dated 09.12.2013				
61.33. Email from Anne Brennan to Laura Johnson and Sharon Kelly re Contact with Department of Communities – Child Safety, dated 23.01.2014				
61.34. Draft Briefing Note for Noting to Director-General re Barrett Adolescent Strategy Meeting, prepared by Dr Leanne Geppert on 08.07.2013				
61.35. Further draft Briefing Note for Noting to Director-General re Barrett Adolescent Strategy Meeting, prepared by Dr Leanne Geppert on 08.07.2013				
61.36. BAC Holiday Day Program 16 Dec 2013 – 24 Jan 2014, Implementation Plan, undated				
61.37. Email from [REDACTED]				

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	<p>to Lesley Dwyer, dated 08.11.2012</p> <p>61.38. Email from Leanne Geppert to Bill Kingswell and others re CONFIDENTIAL Barrett Adolescent Centre (BAC) – Closure, dated 07.11.2012</p> <p>61.39. Undated document titled Extended Treatment and Rehabilitation for Adolescents in the Context of National Mental Health Planning, author unknown</p> <p>61.40. Email from Sharon Kelly to Leanne Geppert re Fwd: Adolescent statewide strategy finance and HR working group, dated 03.10.2013</p> <p>61.41. Email from Sharon Kelly to 'Ingrid/Deb' re BAC primary diagnosis, dated 04.10.2013</p> <p>61.42. Email from Sharon Kelly to Lesley Dwyer re BAC strategy finance and workforce working group, dated 24.10.2013</p> <p>61.43. Email from Sharon Kelly to 'Deb and Ingrid' re URGENT – Board Chair request for information, dated 04.10.2013</p> <p>61.44. Email from Ingrid Adamson to [REDACTED] and others re Link to Hansard – reference to Barrett, dated 22.12.2013</p> <p>61.45. Ministerial Statement from Hon. Lawrence Springborg MP, Minister for Health re Barrett Adolescent Centre, prepared by Sharon Kelly on 10.09.2013</p> <p>61.46. Barrett Adolescent Strategy Expert Clinical Reference Group – Proposed Service Model Elements, Adolescent Extended Treatment and</p>				
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	<p>Rehabilitation Services (AETRS), dated 08.05.2013</p> <p>61.47. Email from Trevor Sadler to Sharon Kelly re Some BAC background, dated 14.09.2012</p> <p>61.48. West Moreton Hospital and Health Service Talking Points – Barrett Adolescent Strategy: Meeting with Minister for Health, 15.07.2013</p>				
62.	<p>Ministerial and DG Briefs</p> <p>62.1. Email from Helen Langborne, Senior Departmental Liason Officer, Office of the Director General to HHSs re Barrett Adolescent Centre Update, dated 05.12.2013</p> <p>62.2. Ministerial Correspondence – Action Sheet re Fax from Queensland Nurses' Union, dated 19.09.2013</p> <p>62.3. Draft letter from Lawrence Springborg, Minister for Health, to Beth Mohle, Queensland Nurses' Union, undated</p> <p>62.4. Ministerial Correspondence – Action Sheet re Email from 'Alison Earls', dated 09.10.2013</p> <p>62.5. Draft proposed response for Ms A Earls email to the Premier, undated</p> <p>62.6. Email from Jessica Martin, Departmental Liaison and Executive Support Unit, Office of the Director-General, to Leanne Geppert re Alison Earls, dated 06.12.2013</p> <p>62.7. Briefing Note for Approval by Director-General re Update on the Barrett Centre, prepared by Laura Johnson on 19.12.2013</p> <p>62.8. Email from [REDACTED] to Lesley Dwyer re response to [REDACTED], dated [REDACTED]</p>	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	3

29.01.2014				
62.9. Briefing Note for Noting by the Minister for Health re Barrett Adolescent Centre, prepared by Laura Johnson on 04.12.2013				
62.10. Briefing Note for Noting by the Director-General re Closure of the Barrett Adolescent Centre and status of new adolescent mental health services, prepared by Ingrid Adamson and Leanne Geppert on 04.02.2014				
62.11. Email from Leanne Geppert to Sharon Kelly re email from [REDACTED] to Department of Health, dated 30.04.2014				
62.12. Email from Letitia Creevy, Acting Director of Executive Services, to Sharon Kelly re email from [REDACTED] to Department of Health, dated 30.04.2014				
62.13. Email from Sharon Kelly to Letitia Creevy, Acting Director of Executive Services re email from [REDACTED] to Department of Health, dated 30.04.2014				
62.14. Email from Stephen Stathis to Ingrid Adamson, Sharon Kelly and Leanne Geppert re URGENT REVIEW REQ'D: DPC letter to Earls re BAC, dated 03.04.2014				
62.15. Email from Leanne Geppert to [REDACTED] re DPC letter – BAC – Earls, dated 03.04.2014				
62.16. Email from [REDACTED], to Sharon Kelly and others re DPC letter – BAC – Earls, dated 02.04.2014				
62.17. Ministerial Correspondence – email from Alison Earls re Your Word,				

	dated 21.03.2014				
62.18.	Ministerial Correspondence – email from [REDACTED] dated 20.11.2013 and response, dated 29.01.2014				
62.19.	Ministerial Correspondence – email from [REDACTED] dated 27.03.2014 and response, dated 16.06.2014				
62.20.	Unsigned and undated draft letter from Lawrence Springborg, Minister for Health, to B Mohle, Queensland Nurses' Union				
62.21.	Unsigned and undated letter from Lawrence Springborg, Minister for Health, to B Mohle, Queensland Nurses' Union				
62.22.	Unsigned and undated letter from Lawrence Springborg, Minister for Health, to K Bates, Queensland Teachers Union				
62.23.	Ministerial Correspondence – Action Sheet re email from [REDACTED], dated 07.08.2013				
62.24.	Ministerial Correspondence – Action Sheet re email from [REDACTED], dated 31.07.2013 and response, dated 01.08.2013				
62.25.	Ministerial Correspondence – Action Sheet re email from [REDACTED] dated 22.08.2013				
62.26.	Ministerial Correspondence – Action Sheet re email from [REDACTED] dated 22.08.2013				
62.27.	Ministerial Correspondence – Action Sheet re email from [REDACTED] dated 19.08.2013				

62.28. Ministerial Correspondence – Action Sheet re email from [REDACTED] dated 19.08.2013				
62.29. Ministerial Correspondence – Action Sheer re email from [REDACTED], dated 19.08.2013				
62.30. Ministerial Correspondence – Action Sheet re email from [REDACTED] dated 19.08.2013				
62.31. Ministerial Correspondence – Action Sheet re email from [REDACTED], dated 19.08.2013				
62.32. Ministerial Correspondence – Action Sheet re email from [REDACTED] dated 19.08.2013				
62.33. Ministerial Correspondence – Action Sheet re email from [REDACTED] dated 19.08.2013				
62.34. Ministerial Correspondence – Action Sheet re email from [REDACTED], dated 19.08.2013				
62.35. Ministerial Correspondence – Action Sheet re email from [REDACTED] dated 22.08.2013				
62.36. Ministerial Correspondence – Action Sheet re email from [REDACTED] dated 19.08.2013				
62.37. Ministerial Correspondence – Action Sheet re email from [REDACTED] dated 19.08.2013				
62.38. Ministerial Correspondence – Action Sheet re email from [REDACTED] dated 12.09.2013				
62.39. Ministerial Correspondence – Action Sheet re response to Kevin Bates, Queensland Teachers Union, dated 09.09.2013				

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62.40. Ministerial Correspondence – Action Sheet re email from [REDACTED] dated 13.09.2013				
62.41. Ministerial Correspondence – Action Sheet re email from [REDACTED] dated 15.09.2013				
62.42. Ministerial Correspondence – Action Sheet re email from [REDACTED] Counsellor, dated 16.09.2013				
62.43. Ministerial Correspondence – Action Sheet re email from [REDACTED] dated 12.09.2013				
62.44. Ministerial Correspondence – Action Sheet re email from [REDACTED] dated 02.10.2013				
62.45. Ministerial Correspondence – Action Sheet re email from [REDACTED], dated 08.10.2013				
62.46. Ministerial Correspondence – Action Sheet re email from [REDACTED], dated 07.10.2013				
62.47. Ministerial Correspondence – Action Sheet re email from [REDACTED] dated 09.10.2013				
62.48. Ministerial Correspondence – Action Sheet re email from [REDACTED], dated 07.10.2013				
62.49. Ministerial Correspondence – Action Sheet re email from [REDACTED] dated 07.10.2013				
62.50. Ministerial Correspondence – Action Sheet re email from [REDACTED] dated 11.10.2013				
62.51. Ministerial Correspondence – Action Sheet re email from [REDACTED], dated 08.10.2013				
62.52. Ministerial Correspondence – Action				

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	Sheet re email from [REDACTED] [REDACTED] dated 10.10.2013			
	62.53. Ministerial Correspondence – Action Sheet re email from Alison Earls, dated 09.10.2013			
	62.54. Ministerial Correspondence – Action Sheet re email from [REDACTED] dated 09.10.2013			
	62.55. Ministerial Correspondence – Action Sheet re letter from Graham Perrett, Federal Member for Moreton, dated 04.11.2013			
	62.56. Ministerial Correspondence – Action Sheet re email from [REDACTED] dated 30.10.2013			
	62.57. Ministerial Correspondence – Action Sheet re email from [REDACTED] dated 31.10.2013			
	62.58. Ministerial Correspondence – Action Sheet re email from Dean Moss, Assistant Electorate Officer, Office of the Hon. Ian Walker, Member for Mansfield, dated 07.11.2013			
	62.59. Ministerial Correspondence – Action Sheet re email from [REDACTED] [REDACTED], dated 03.11.2013			
	62.60. Ministerial Correspondence – Action Sheet re email from [REDACTED] [REDACTED], dated 04.11.2013			
	62.61. Ministerial Correspondence – Action Sheet re email from [REDACTED] dated 04.11.2013			
	62.62. Ministerial Correspondence – Action Sheet re email from [REDACTED], dated 02.11.2013			
	62.63. Ministerial Correspondence – Action Sheet re email from [REDACTED]			

		dated 03.11.2013				
62.64.	Ministerial Correspondence – Action Sheet re email from					
		dated 03.11.2013				
62.65.	Ministerial Correspondence – Action Sheet re email from					
		dated 29.10.2013				
62.66.	Ministerial Correspondence – Action Sheet re email from					
		, dated 02.11.2013				
62.67.	Ministerial Correspondence – Action Sheet re email from					
		dated 29.10.2013				
62.68.	Ministerial Correspondence – Action Sheet re email from					
		dated 06.11.2013				
62.69.	Ministerial Correspondence – Action Sheet re email from					
		dated 04.11.2013				
62.70.	Ministerial Correspondence – Action Sheet re email from					
		dated 29.10.2013				
62.71.	Ministerial Correspondence – Action Sheet re letter from					
		dated 01.11.2013				
62.72.	Ministerial Correspondence – Action Sheet re email from					
		dated 03.11.2013				
62.73.	Ministerial Correspondence – Action Sheet re email from					
		, dated 29.10.2013				
62.74.	Ministerial Correspondence – Action Sheet re email from					
		, dated 20.11.2013				
62.75.	Ministerial Correspondence – Action Sheet re email from					



	dated 18.11.2013				
62.76.	Ministerial Correspondence – Action Sheet re email from [REDACTED] to [REDACTED] dated 20.11.2013				
62.77.	Ministerial Correspondence – Action Sheet re email from [REDACTED] to Saxon Rice, Member for Mt Cootha, dated 05.11.2013				
62.78.	Ministerial Correspondence – Action Sheet re letter from Carl Judge, State Member for Yeerongpilly, dated 13.11.2013				
62.79.	Ministerial Correspondence – Action Sheet re email from [REDACTED] to Hon John-Paul Langbroeck, Minister for Education, Training and Employment, dated 16.11.2013				
62.80.	Ministerial Correspondence – Action Sheet re email from [REDACTED] dated 20.11.2013				
62.81.	Ministerial Correspondence – Action Sheet re email from [REDACTED] dated 26.11.2013				
62.82.	Ministerial Correspondence – Action Sheet re email from [REDACTED] dated 09.12.2013				
62.83.	Ministerial Correspondence – Action Sheet re email from Alision Earls, dated 17.12.2013				
62.84.	Draft template response				
62.85.	Draft response to [REDACTED] undated				
62.86.	Draft response to [REDACTED] undated				
62.87.	Draft response to [REDACTED]				

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	undated				
62.88.	Draft response to [REDACTED] undated				
62.89.	Draft response to [REDACTED] [REDACTED], undated				
62.90.	Draft response to [REDACTED] undated				
62.91.	Draft response to [REDACTED] undated				
62.92.	Draft response to [REDACTED] undated				
62.93.	Draft response to [REDACTED] undated				
62.94.	Draft response to [REDACTED] undated				
62.95.	Draft response to [REDACTED] undated				
62.96.	Draft response to [REDACTED] undated				
62.97.	Draft response to [REDACTED] undated				
62.98.	Draft response to [REDACTED] undated				
62.99.	Draft response to [REDACTED] undated				
62.100.	Draft response to [REDACTED] undated				
62.101.	Draft response to [REDACTED] undated				
62.102.	Draft response to [REDACTED] undated				
62.103.	Draft response to [REDACTED] undated				
62.104.	Draft response to [REDACTED]				

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		undated				
62.105.	Draft response to	undated				
62.106.	Draft response to Ted Malone MP,	undated				
62.107.	Response to	dated 23.08.2013				
62.108.	Response to	dated 23.08.2013				
62.109.	Response to	undated				
62.110.	Response to	undated				
62.111.	Response to	undated				
62.112.	Response to	undated				
62.113.	Response to	, undated				
62.114.	Response to	undated				
62.115.	Response to	undated				
62.116.	Response to	undated				
62.117.	Response to	undated				
62.118.	Response to	undated				
62.119.	Response to	undated				
62.120.	Response to	undated				

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62.121.	Response to [REDACTED] undated				
62.122.	Response to [REDACTED] undated				
62.123.	Response to [REDACTED] undated				
62.124.	Response to [REDACTED] undated				
62.125.	Response to [REDACTED], undated				
62.126.	Template response from West Moreton Hospital and Health Service				
62.127.	Response to Ted Malone MP, undated				
62.128.	Response to Alison Earles, undated				
62.129.	Response to [REDACTED] undated				
62.130.	Response to [REDACTED] undated				
62.131.	Response to [REDACTED] undated				
62.132.	Response to [REDACTED] [REDACTED], undated				
62.133.	Further response to [REDACTED] [REDACTED], undated				
62.134.	Response to [REDACTED] undated				
62.135.	Response to [REDACTED], undated				
62.136.	Response to [REDACTED] undated				
62.137.	Response to [REDACTED] undated				
62.138.	Response to [REDACTED]				

	undated				
62.139.	Response to [REDACTED], undated				
62.140.	Response to [REDACTED], undated				
62.141.	Response to [REDACTED], undated				
62.142.	Response to [REDACTED], undated				
62.143.	Response to [REDACTED], undated				
62.144.	Premier points re [REDACTED]				
62.145.	Briefing Note for Noting to Director-General re [REDACTED] [REDACTED] in Barrett Adolescent Centre, prepared by Sharon Kelly on 09.09.2013				
62.146.	Briefing Note for Noting to Director-General re [REDACTED] [REDACTED] prepared by Ingrid Adamson and Leanne Geppert, on 02.04.2014				
62.147.	West Moreton Hospital and Health Service – Background to Barrett Adolescent Centre, October 2013				
62.148.	Further version of West Moreton Hospital and Health Service – Background to Barrett Adolescent Centre, October 2013				
62.149.	Attachment 1: Summary of affected Queensland Health positions – BAC, The Park				
62.150.	Briefing Note for Noting to Director-General re Barrett Adolescent Strategy Meeting,				

	prepared by Leanne Geppert on 08.07.2013				
62.151.	Briefing Note for Approval to Chief Executive West Moreton Hospital and Health Service re Barrett Adolescent Centre Organisational Change, prepared by Laura Johnson on 04.12.2013				
62.152.	Briefing Note for Noting or Approval to Deputy Director – General, Health Service and Clinical Innovation Division re Urgent Accommodation Issues for Barrett Adolescent Centre Consumers, prepared by Laura Johnson on 18.12.2013				
62.153.	Briefing Note for Noting to Director-General re Update on the Barrett Adolescent Centre, prepared by Laura Johnson on 19.12.2013				
62.154.	Briefing Note for Noting to Director-General re Update on the Barrett Adolescent Centre – closure of inpatient unit, prepared by Laura Johnson on 23.01.2014				
62.155.	Briefing Note for Approval to Director-General re Approval to fund Aftercare for the provision of residential and day program mental health treatment and rehabilitation for adolescents across Queensland requiring extended care in the West Moreton Hospital and Health Service catchment area from December 2013, prepared by [REDACTED] on 20.11.2013				
62.156.	Briefing Note for Noting to Director-General re Barrett Adolescent Centre, prepared by Laura Johnson on 04.12.2014				
62.157.	Briefing Note for Approval to				

	<p>Director-General re Update on the Barrett Adolescent Centre, prepared by Laura Johnson on 19.12.2013</p> <p>62.158. Briefing Note for Noting to Queensland Mental Health Commissioner re Barrett Adolescent Strategy, prepared by Leanne Geppert on 17.07.2013</p> <p>62.159. Briefing Note for Noting or Approval to Director-General re [REDACTED], prepared by Ian Williams on 06.11.2013</p> <p>62.160. Emails between Leanne Geppert and Ingrid Adamson re DG/Minister Brief, dated 02.04.2014</p> <p>62.161. Attachment 1 – email from [REDACTED] dated 26.11.2013</p> <p>62.162. Briefing Note for Noting to Director-General re Barrett Adolescent Centre, prepared by Laura Johnson on 25.11.2013</p> <p>62.163. Emails between Leanne Geppert and [REDACTED] re URGENT BRIEF – Brief for information CHQ02966, dated 02.04.2014</p>				
<b>Media and Public Announcements</b>					
63.	Email from Sharon Kelly to Alison Earls re announcement regarding Barrett Adolescent Strategy	Undated	Sharon Kelly	West Moreton Hospital and Health Service	4
64.	Draft BAC Announcement Plan v1	31.07.2013	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	4
65.	Further draft BAC Announcement Plan v1	31.07.2013	West Moreton	West	4



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			Hospital and Health Service	Moreton Hospital and Health Service	
66.	Project schedule	18.07.2013	Naomi Ford, Project Manager	West Moreton Hospital and Health Service	4
67.	Further draft BAC Announcement Plan v1	31.07.2013	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	4
68.	Untitled document regarding announcement	Undated	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	4
69.	Relevant HHS contact list	18.04.2013	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	4
70.	Template BAC Announcement – EMAIL	05.08.2013	Sharon Kelly	West Moreton Hospital and Health Service	4
71.	CHQ Mental Health Clinical Cluster Briefing	Undated	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	4
72.	Template letter from Dr Leanne Geppert to members to the Expert Clinical Reference Group	05.08.2013	Dr Leanne Geppert	West Moreton Hospital and Health Service	4
73.	Further template BAC Announcement –	05.08.2013	Sharon Kelly	West	4

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	EMAIL			Moreton Hospital and Health Service	
74.	Further template letter from Dr Leanne Geppert to members to the Expert Clinical Reference Group	05.08.2013	Dr Leanne Geppert	West Moreton Hospital and Health Service	4
75.	Template BAC Announcement – EMAIL for Consumers on Waitlist	05.08.2013	Sharon Kelly	West Moreton Hospital and Health Service	4
76.	Draft Invitation to Parents/Carers of Consumers for Teleconference	Undated	Bronwyn Mitchell	West Moreton Hospital and Health Service	4
77.	Template letter from Dr Leanne Geppert to members to the Planning Group for the Barrett Adolescent Strategy	05.08.2013	Dr Leanne Geppert	West Moreton Hospital and Health Service	4
78.	Further draft Invitation to Parents/Carers of Consumers for Teleconference	Undated	Bronwyn Mitchell	West Moreton Hospital and Health Service	4
79.	West Moreton Hospital and Health Service Expert Clinical Reference Group Recommendations, Barrett Adolescent Strategy, July 2013	July 2013	Expert Clinical Reference Group	West Moreton Hospital and Health Service	4
80.	BAC Frequently Asked Questions	Undated	West Moreton Hospital and Health Service and Children's Health Queensland Hospital and	West Moreton Hospital and Health Service	4

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			Health Service		
81.	Media Statement – Statewide focus on adolescent mental health	06.08.2013	West Moreton Hospital and Health Service and Children's Health Queensland Hospital and Health Service	West Moreton Hospital and Health Service	4
82.	Key information on National Mental Health Service Planning Framework for Lesley Dwyer and Sharon Kelly  82.1. Attachment 1 – National Mental Health Service Planning Framework Project Communique, Issue 1 – September 2011  82.2. Attachment 2 – National Mental Health Service Planning Framework Project Communique, Issue 2 – February 2012  82.3. Attachment 3 – National Mental Health Service Planning Framework Project Communique, Issue 3 – September 2012  82.4. Attachment 4 – National Mental Health Service Planning Framework Project Communique, Issue 4 – June 2013	Undated	Unknown	West Moreton Hospital and Health Service	4
83.	Draft talking points for discussion with Health Minister	Undated	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	4
84.	Questions and answers for ABC, to be attributed to Peter Steer, Chief Executive, Children's Health Queensland	Undated	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	4
85.	Questions and answers for ABC, to be attributed to Lesley Dwyer, Chief Executive,	Undated	West Moreton Hospital and	West Moreton	4

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	West Moreton HHS		Health Service	Hospital and Health Service	
86.	ABC Media interview with Sharon Kelly, Executive Director Mental Health and Specialised Services WMHHS – audio	Unknown	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	4
87.	ABC Media interview with Lawrence Springborg, Minister for Health – audio	06.08.2013	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	4
88.	BAC media speaking notes	Undated	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	4
89.	Protocol for medial relations – applying to Hospital and Health Services Health Service Directive	19.04.2013	Department of Health	West Moreton Hospital and Health Service	4
90.	Ministerial Statement – Hon. Lawrence Springborg MP, Minister for Health re Barrett Adolescent Centre	10.09.2013	Sharon Kelly	West Moreton Hospital and Health Service	4
91.	Journal article – David Ward (2014) 'Recovery': Does it fit for adolescent mental health?, Journal of Child and Adolescent Mental Health, 26:1, 83-90	03.04.2014	David Ward	West Moreton Hospital and Health Service	4
92.	Response to ABC questions	Undated	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	4
93.	Draft speaking Points – Lesley Dwyer, Chief Executive WMHHS, Barrett Adolescent	05.08.2013	West Moreton Hospital and	West Moreton	4

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