

# Confirmed Minutes

## Statewide Sub-Acute Bed (SSB) Discussion meeting

<b>Date:</b>	Tuesday 18 <sup>th</sup> August, 2015
<b>Time:</b>	4:30-5:30pm
<b>Venue:</b>	Room 18, Level 8, 199 Grey Street
<b>Attendees:</b>	Judi Krause, Dr Stephen Stathis, Dr Michael Daubney, Janelle Bowra, Ingrid Adamson, Sophie Morson
<b>Apologies:</b>	Nil

Item	Details of discussion	Action/Status	Officer	Timeline
<b>1.0</b>	<b>Meeting opening</b>			
1.1	Welcome and apologies			
1.2	Confirmation of the previous minutes	Not discussed, holdover		All
1.3	Business arising from the last meeting: <ul style="list-style-type: none"> <li>Liaise with Peter Fonagy/colleagues regarding the available evidence base (Michael)</li> <li>Circulate related papers to meeting attendees for their information (Michael)</li> <li>Generate a discussion paper regarding the SSB initiative</li> <li>Check with the MHAOD Branch and CHQ HSS Chief Executive Fionnagh Dougan that they are happy with this decision (re discussion paper; Stephen and Judi)</li> </ul>	<p>Not discussed</p> <p>Michael has provided Sophie with a range of articles</p> <p>Ongoing, see below</p> <p>MHAODB supported this, CHQ CE has been away sick. Judi will follow up with her ASAP</p>		
1.4	Sophie outlined her assumptions on which the discussion paper was to be based, including the need to be balanced, evidence-based and written for the layperson. The format needs to be easy to read, and identified as a CHQ document. She would also like to include quotes from young people and parents in Ward (2014), along with other sources, to ensure the lived experience is heard in the paper. These factors were supported by those in attendance. Sophie has been working on a first draft, with the plan for a full draft to be discussed at a follow-up meeting in early September. A full version needs to be submitted to Bill Kingswell and Fionnagh Dougan on September 4 <sup>th</sup> to allow the inclusion of feedback in the final version to be submitted on September 11.			
1.5	Discussion focused on the following issues: <ul style="list-style-type: none"> <li>Option to consider other states (SA has a day program and one inpatient unit;</li> </ul>			

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	Walker Unit in NSW has a target group of psychosis and those with an intellectual impairment) <ul style="list-style-type: none"> <li>Stephen in discussion with IMYOS to obtain recent evaluation data</li> <li>It was suggested Sophie access top three DRGs and initial HoNOSCA scores for CHQ community teams, AIU, AMYOS and DPS as a means of comparison</li> <li>The suggestion to highlight the gap in CYMHS-friendly support for ED presentations was supported.</li> <li>Janelle mentioned a figure recently mentioned at a Children's Hospital's Australia forum noting that CYMHS requires three times more family involvement than AMHS.</li> <li>It was suggested that direct (deidentified) quotes from AMYOS clients re service provision could be included in the paper if relevant</li> </ul>	Follow up IMYOS to access data	Stephen	ASAP
		Access the QMHC scoping paper and ARC project to inform the paper	Sophie	ASAP
		Send this reference to Sophie	Janelle	ASAP
		Follow up with Olivia	Sophie	ASAP
<b>2.0</b>	<b>Next Meeting: Thursday 3<sup>rd</sup> September, 2015, 3-5pm</b>			



1.2	<p>It was noted that the Barrett Adolescent Centre (BAC) was developed before the availability of adolescent-specific inpatient units, community CYMHS clinics or the components proposed by AMHETI. An article in the Australasian Journal of Psychiatry indicated HoNOSCA scores of BAC consumers at intake had improved, but there was no control group to compare them against to be able to attribute this to BAC care.</p>			
1.2	<p>Discussion identified what is needed instead of the SSB component, specifically:</p> <ul style="list-style-type: none"> <li>• Ongoing/increased funding for community-based care (including AMYOS), and other AMHETI components; and</li> <li>• Longer admissions if warranted for young people who present to adolescent inpatient units. This should be part of standard care offered to these young people, just as people with complex medical problems may be maintained in hospital for longer than a standard period if clinically required.</li> </ul>			
1.3	<p>It was noted that instead of developing an SSB model of service, the development of a discussion paper regarding the above issues is required. Specifically, this needs to cover the following series of events:</p> <ul style="list-style-type: none"> <li>• Development of the BAC in the 1980s occurred within a historical contexts of a lack of other CYMHS services, and at the time served an important purpose.</li> <li>• The ECRG was established to provide guidance on the impending BAC closure.</li> <li>• Within the context of the impending closure, the Health Minister announced the establishment of a Tier 3 service</li> <li>• CHQ CYMHS was tasked with developing a continuum of care to address service gaps, and consulted with consumers, carers and clinicians and considered interstate models in developing AMHETI</li> <li>• AMHETI included the SSB (Tier 3) component based on the announcement by the Health Minister, and his consultation with local stakeholders.</li> <li>• The model was widely disseminated throughout Queensland, including to the Mental Health, Alcohol and Other Dugs Branch; the Statewide Mental Health Clinical Network (SWMHCN); the Statewide Child and Youth Advisory Group of the SWMHCN; and the members of the Clinical Executive Director meeting coordinated through the MHAOD. It was also specifically circulated to adolescent inpatient units, and discussed</li> </ul>			

	<p>with their Consultants and Team Leaders.</p> <ul style="list-style-type: none"> <li>To accommodate young people requiring medium-term care, two designated beds were allocated within Mater CYMHS (prior to amalgamation with CHQ), and then four beds at the LCCH post-amalgamation</li> <li>AMYOS and the Residential unit at Greenslopes commenced in mid-2014, with early evidence regarding their effectiveness</li> <li>Over the last 18 months, there has only been one young person requiring long-term inpatient care.</li> <li>Review by CHQ CYMHS has found insufficient evidence that an SSB model works, and some evidence that they may do harm.</li> <li>Holistic approaches (including DBT, MBT and MST) delivered through community settings are the most evidence-based options for the cohort of young people who previously accessed the BAC.</li> <li>The importance of having access to specialised schooling support was acknowledged, such as that available through other AMETI components. A flexi-school model (possibly including a continuation of the BAC school) could assist with the delivery of education options to young people across the state requiring mental health care.</li> </ul>	Generate a discussion paper capturing the above points.	Sophie, in discussion with Judi, Stephen, Michael and Ingrid.	ASAP
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<b>2.0 Matters for discussion/decision</b>				
2.1	Judith noted that she had some time ago attended an alternatives to admission forum which is of relevance to this discussion.	Locate and send through any available information	Judith	ASAP
2.2	It was agreed to check with the MHAOD Branch and CHQ HSS Chief Executive Fionnagh Dougan that they are happy with this change in direction.	Follow up for endorsement	Judi and Stephen	ASAP
2.3	Options for seeking statewide input on this proposal were suggested, including the SWCYMHAOD advisory group on August 25 <sup>th</sup> .	Follow up for further discussion	Judi and Stephen	ASAP
2.4	It was agreed to extend Sophie's time in the project until September 11 <sup>th</sup> to allow for her completion of the discussion paper	Submit HR forms to allow for this extension	Sophie	ASAP

<b>3.0 Next meeting/s</b>				
<p>Monday 10<sup>th</sup> August, 2-3pm (to be attended by Michael, Janelle, Ingrid and Sophie) Other meetings with these staff (plus Judi and Stephen) to be scheduled ASAP</p>				