

Confirmed Minutes

Statewide Sub-Acute Bed (SSB) Discussion meeting

Date:	Friday 31 st July, 2015
Time:	8:00 – 8:45am
Venue:	Room 18, Level 8, 199 Grey Street
Attendees:	Judi Krause, Dr Stephen Stathis, Dr Michael Daubney, Judith Piccone, Janelle Bowra
Apologies:	Ingrid Adamson, Sophie Morson

Item	Details of discussion	Action/Status	Officer	Timeline
1.0	Context			
1.1	<p>Discussion identified the fact that the Expert Clinical Reference Group recommended the establishment of a Tier 3 service (i.e. SSB), which was supported by the government at the time without a model underpinning this approach. This was also decided without the context of the other components subsequently proposed by AMHETI, and assigned to CHQ CYMHS to develop and implement. An announcement was made that SSB beds would be made available at Mater and then LCCH CYMHS, with CHQ CYMHS tasked to develop a more comprehensive SSB model of service for ongoing delivery.</p> <p>It was noted that after a review of the literature, including consultation with international experts, CHQ CYMHS has been able to find limited compelling contemporary evidence to support the proposed SSB model of service. On this basis, England is moving away from such a model, and devoting more resources to responsive community care. It was noted that funding the SSB model could potentially reduce community resources within the proposed continuum of care that could support young people in a less restrictive environment, and closer to their home. On this basis, we will need to look more widely for evidence to support the implementation of this model as a recovery-focused, evidence-based service appropriate to the needs of young people with severe and/or complex mental health problems.</p>	<p>Liaise with Peter Fonagy/colleagues regarding the available evidence base</p> <p>Circulate related papers to meeting attendees for their information</p>	<p>Michael</p> <p>Michael</p>	<p>ASAP</p> <p>ASAP</p>

1.2	<p>Discussion identified what is needed, including:</p> <ul style="list-style-type: none"> • Ongoing/increased funding for community-based care; and • 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. 			
1.3	<p>It was noted that 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"> • Development of the BAC in the 1980s occurred within a historical context of a relative lack of other CYMHS services, and at the time served an important purpose. • The ECRG was established to provide guidance on the impending BAC closure. • Within the context of the impending closure, the Health Minister announced the establishment of contemporary replacement services • 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 contemporary replacement services • Replacement services included an interim SSB (Tier 3) component to assess the demand for ongoing service provision • 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; the DoH and CE oversight committee; and the members of the Clinical Executive Director meeting coordinated through the MHAOD. It was also specifically circulated to adolescent inpatient units, and discussed with their Consultants and Team Leaders. • To accommodate young people requiring medium-term care, two designated beds were allocated within Mater AIU (prior to amalgamation with CHQ), and then four beds at the LCCH post-amalgamation • Residential unit at Greenslopes commenced February 2014 and AMYOS in July 2014, with early evidence regarding their effectiveness 			

	<ul style="list-style-type: none"> Over the last 18 months, there have only been two young people requiring long-term inpatient care. Review by CHQ CYMHS to date has found limited compelling contemporary evidence to support implementation of an SSB model, and some evidence it may do harm. Holistic approaches (including DBT and MBT) delivered through community settings are the most evidence-based options for young people with severe mental illness The importance of having access to schooling support was acknowledged, such as that available through other AMETI components. A flexi-school model could assist with the delivery of education options to young people across the state requiring mental health care. 	Generate a discussion paper capturing the above points.	Sophie, in discussion with Judi, Stephen, Michael, Janelle and Ingrid.	ASAP
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2.0	Matters for discussion/decision			
2.1	It was agreed to check with the MHAOD Branch and CHQ HSS Chief Executive Fionnagh Dougan that they are happy with this decision.	Follow up for endorsement	Judi and Stephen	ASAP
2.2	It was agreed to extend Sophie's time in the project until September 11 th to allow for her completion of the discussion paper	Submit HR forms to allow for this extension	Sophie	ASAP

3.0	Next meeting/s			
<p style="text-align: center;">Monday 10th 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>				