EXHIBIT 713

DESCRIPTION OF Y-PARCS (Dandenong and Frankston)

Target Population

Both facilities operate for young people between the ages of 16 – 25 who are at risk of, experiencing or recovery from an acute episode of mental illness. At the visit, the young people at Monash Y-PARC are a mix of male and female with an age range of 19 – 22, while those at Frankston are female ranging in age from 16 – 19. The young people are referred from the Youth Mental Health Services of Monash and Mornington Health Services respectively. The centres operate as a step-up referral from the community for stabilisation to prevent admission to an inpatient unit (60% of those at Monash and 80% of those at Frankston) or as a step-down facility from an acute inpatient admission.

Young people are admitted with a range of diagnoses – disorders in the early psychotic spectrum, those with borderline traits and some mood disorders. A young person whose medication is being changed may be referred to Y-PARC for the change to avoid an admission. Young people agree to the admission, although they may be on a community treatment order.

If a young person requires activation of an involuntary treatment order admission to an acute inpatient facility will be arranged. They will be assessed at the closest emergency department if actively suicidal or if their self harm is not controlled and may be admitted to an acute inpatient unit if the level of risk is high. They will be excluded from the program for aggression or bringing alcohol or drugs to the unit. If they return to the unit late intoxicated, their behaviour will be discussed the next day in the context of their recovery plans.

Young people stay for an average of 2 – 3 weeks, with a nominal maximum length of stay of 4 weeks. Most will return to their family home, although accommodation is sought for those who were homeless on admission.

Context and Staffing of Services

The Dandenong Y-PARC and the Frankston Y-PARC are partnerships between MIND Australia and Monash or Mornington Health Services respectively. Both have a partnership role in supply of acute youth inpatient and youth community services. (Y-PARC is regarded as a residential component of community services.) It was emphasised very strongly that Y-PARC was an integral part of a continuum of youth mental health services within each local health service. The tight integration was regarded as essential for smooth transitions between the service components. It would be exceptional for Y-PARC to accept a young person outside the catchment area, or who is not involved with either of the other components of the service.

The integration between components of the service included common staffing to a varying degree. In both sites, Y-PARC 0.2 psychiatrist time and 0.5 registrar time were provided by the same psychiatrist and registrar providing services to the youth acute inpatient unit. Nursing staff at the Dandenong Y-PARC were a closed roster that rotated from the Monash acute mental health unit, but at Frankston, nursing staff at Y-PARC were on a closed roster. The necessity to have a closed roster that knew the system and young people was emphasised at both sites. Clinical staff are employed by the respective Health Services. In addition, a single operational manager provided administrative support for the inpatient and community services (including Y-PARC) at Monash. Clinical staff are responsible for assessment of mental states, treatments and risk assessments.

Discussion is currently occurring regarding the location of medication. Young people manage their own medication in the community, and current ways of providing as much autonomy within Y-PARC for managing medication consistent with safety are being explored.

Monash Youth Mental Health had a Crisis Assessment Team which provided after hours services to the Y-PARC. Nursing staff are rostered on 8 – 5 7 days a week. Mornington does not have a CA Team. Nursing staff at Frankston work across two shifts until 10 pm. Two night staff are rostered at each facility. All nurses are registered nurses because of the level of independence necessary to work at Y-PARC.

MIND Australia employs Community Mental Health Workers with a background in psychology, social work, occupational therapy or a Certificate IV in Youth Mental Health. These workers provide an integrated rehabilitation and recovery approach across both community, inpatient and residential settings to managing the effects of mental ill-health, improving physical health, finding and/or keeping a job, or returning to education, building new friendships, and joining local activities, finding suitable housing, addressing drug and alcohol use, and developing living skills such as cooking or managing money.

The staffing budget for all services for Frankston Y-PARC is approximately $1.8 million.

Interventions

There were different levels of structure between the two Y-PARC programs. Family engagement and therapy are well supported and both therapeutic (e.g DBT) and life skills groups are offered which are supplemented by individual treatment and support. Young people have free access to the community, and some will continue with school and part time work. There are cooking and life skills groups in the evening.

Environmental Factors

Both the Dandenong and Frankston Y-PARC services are in new purpose built buildings which had in common

- Stand alone, unmarked suburban locations on a land area of approximately 3000 sq metres.
- Predominant open living design with quiet areas for art, music and sensory rooms
- Strong use of glass to connect to outdoor areas utilised for recreation, retreat and garden projects
- 10 private bedrooms with en suites. These have no internal visibility to others (including staff) which are accessed by residents with their own access card. Staff have swipe card access to all bedrooms.
- Open meal preparation areas (including access to all knives). All meals are prepared by residents, with some assistance from staff if necessary.
- Visitor rooms and family assessment/therapy rooms
- Standard anti-ligature fittings
- Staff offices

EXHIBIT 713

ALIGNMENT OF THE Y-PARC MODEL TO THE EXPERT CLINICAL REFERENCE GROUP RECOMMENDATIONS

Integration with other services within a local health service is integral to the Y-PARC model. Although the intention may be to expand Adolescent Extended Treatment and Rehabilitation Services in the future, Tiers 2b and 3 will provide services across Health Services.

The diagnostic profile for the Tier 3 component of the ECRG document is

- Severe and persistent mental health problems that significantly interfere with social, emotional, behavioural and psychological functioning and development.
- Treatment refractory/non responsive to treatment - have not been able to remediate with multidisciplinary community, day program or acute inpatient treatment.
- Mental illness is persistent and the consumer is a risk to themselves and/or others.
- Medium to high level of acuity requiring extended treatment and rehabilitation

The Y-PARC model is for young people with a very different profile

- The degree of impairment is not as severe, and does not affect as many domains
- Young people do not have treatment refractory illness
- Prior to admission, they are assessed as not being at risk to themselves
- They have lower levels of acuity

Consistent with the high levels of impairment and higher, persistent acuity lengths of stay in Tiers 2a, 2b and 3 are up to 12 months. Lengths of stay at Y-PARC are 2 – 3 weeks, and only a minority have 2 or 3 admissions. This, together with the lower levels of acuity and risk suggest lower levels of impairment.

There are similarities between a Tier 2b extended treatment and rehabilitation service and the Y-PARC model inasmuch as there are both rehabilitation and residential components. However, the fundamental differences is that the rehabilitation component is core at a Tier 2b service. It is to be accessed by young people from the local health service as a day program. The residential component is for young people from out of the health service area, or who cannot access the day program from within that local health service. The Y-PARC model provides a residential service for people within the local health service as an alternative to admission rather than access to the service.

In Tiers 2a, 2b and 3

- More rehabilitation services are situated within the day program because of the initial greater impairment of the young people compared with those attending a Y-PARC service.
- A dedicated education service is integral to these services because of the significant impairment in education on entering the service. Because of less educational or vocational isolation, the shorter period within the service, an integrated educational service is not integral to Y-PARC.
- It is a principal of the various Tiers that strong community linkages are integral to the provision of recovery and rehabilitation services, and there will be a transition from predominantly internally based rehabilitation and recovery services to external rehabilitation and recovery services similar to the Y-PARC model as the adolescent gains competencies and overcomes impairments.

While Y-PARC services are aimed at adolescents from 16 – 25, and those accessing the range of services proposed by the ECRG will be 15 – 18, the latter group are generally more developmentally delayed because of their social, educational and community isolation.

A Tier 3 (inpatient service) was identified by the ECRG as essential to the range of adolescent extended treatment and rehabilitation services. Y-PARC clearly differentiates itself from inpatient services as a community based step up/step down services.

In summary, there are similarities between services recommended by the ECRG and the Y-PARC model. Both promote recovery and rehabilitation in young people with mental illness. The Y-PARC model is on a very different portion of the continuum of care than those of the services proposed by the ECRG. Y-PARC is suitable for young people with less persistent illness with less impairment, whereas the services proposed by the ECRG are for those at the most severe end of the continuum.

APPLICATION OF THE Y-PARC MODEL

Although the Y-PARC model of service is not applicable to services proposed by the ECRG it's application in Queensland may be useful to consider in the continuum of care.

Because it has been trialled in a Youth Mental Health Model (16 – 25) in Victoria, the most logical trial in Queensland would be for young people with a severe mental illness in the 18 – 25 age group, initially as a step down measure to avoid readmissions to hospital or longer stays in an community care unit.

Its utility as a component of the continuum of care by Child and Youth Mental Health Services for young people from 14 -1 7 could be determined by reviewing the pattern of readmissions of adolescents to acute inpatient services to examine which could be avoided by incorporation of a Y-PARC service. Such a service would be an integral part of a Local HHS CYMHS, and not a service for multiple HHS.

Because of the different characteristics of young people presenting to Y-PARC and those requiring adolescent extended treatment and rehabilitation services, it is likely that the objective of establishing a Y-PARC service in CYMHS would be to provide a necessary step down/step up alternative to acute inpatient care rather than having the capacity to significantly reduce the number of those at the most severe end of the spectrum.