QCPCI Tendered in Chamber

Date: 17.12.2012

QUEENSLAND CHILD PROTECTION COMMISSION OF INQUIRY

Exhibit number: 136

STATEMENT OF WILLIAM JOHN KINGSWELL

I, **William John Kingswell**, of level 2, 15 Butterfield Street, Herston, Brisbane 4006 in the State of Queensland, solemnly and sincerely affirm and declare:

1. I am a psychiatrist by training. In recent years I have worked predominantly in mental health service planning and management. I am currently employed as the Executive Director of the Mental Health Alcohol and Other Drugs Branch in the Health Services and Clinical Innovation Division of Queensland Health.

2. I have been appointed to this MO4-1 level position since October 2011. I live and work in Brisbane.

3. When planning and reviewing my work and seeking approval for decisions, when required, I report to Dr Michael Cleary, Deputy Director-General Health Services and Clinical Innovation Division of Queensland Health who is based in Brisbane.

4. I have been employed in Queensland Health for 26 years. Prior to this appointment I held a number of senior administration roles in Queensland Mental Health Services.

    a. October 2011, Executive Director Mental Health Alcohol and Other Drugs Branch, Queensland Health.
    b. October 2010 - October 2011, Director Mental Health Plan Implementation Team, Mental Health Alcohol and Other Drugs Branch, Queensland Health.
    c. October 2009 - October 2010, Director Clinical Reform, Mental Health Alcohol and Other Drugs Branch.
    d. June 2009 - October 2009, Acting Senior Director Mental Health Branch.
    e. May 2007 - March 2009, Executive Director Mental Health Service, Southside Health Service District.
    f. November 2005 - May 2007, Director of Psychiatry, Gold Coast Health Services District.

5. I hold a Bachelor of Medicine, Bachelor of Surgery from the University of Queensland 1985. I have a Fellowship of the Royal Australian and New Zealand College of Psychiatrists. I am in the completion semester of the Master of Public Health program at the School of Population Health, University of Queensland and I am engaged in the accelerated pathway to completion of the Fellowship of the Royal Australasian College of Medical Administrators which I expect to complete in March 2013.

ROLE

6. The purpose of my role, as the Executive Director Mental Health Alcohol and Other Drugs Branch is to oversee the Branch's activities in policy development, service planning, funds acquisition, service implementation and evaluation. I oversee the administration and compliance with the *Mental Health Act 2000.*

7. My duties and activities include, chairing and attending meetings internal to Queensland Health and across government at a state level. I also represent Queensland Health on a number of National committees and working groups.

   As part of my role I have responsibility for the oversight of the planning, implementation and measurement of a number of specialist mental health programs that provide services to children, young people and families or provide services that may indirectly strengthen families in the community.

8. As part of my role I have contact with the peak bodies associated with mental health, e.g. General Practice Queensland, the Queensland Alliance and the Consumer Voice. I have regular contact with the Commissioner for Children and Young People and Child Guardian, the Coroner, the Adult Guardian, the Director of Forensic Disability and other senior government officers associated with mental health.

9. Some of the outcomes from my role with the Mental Health Alcohol and Other Drugs Branch include:

   a. The completion of models of service delivery for the specialist mental health sector in Queensland.
   b. The completion of the clinical services capability framework for mental health.
   c. Implementation of the first stage of the Queensland Plan for Mental Health 2007-2017.
   d. The Clinical Reform Initiative in several Queensland Health districts.
   e. Recent restructure of the Mental Health Alcohol and Other Drugs Branch to achieve the intended change in role to Systems Manager.

Queensland Health mental health services

Back ground

10. Since July 2012 significant changes to the way in which health services are delivered in Queensland have occurred. These changes are as a result of the National Health Reform, the establishment of 17 Hospital and Health Services (HHS), and changes to the role of Queensland Health's corporate office to that of System Manager. In addition the Queensland Government recently announced the establishment of an independent Queensland Mental Health Commission (the QMHC) scheduled for commencement in January 2013.

11. Under service agreements Queensland Health, as the System Manager, will purchase public hospital and other services from each HHS. Each service agreement will reflect the local health care needs of individual communities within HHSs and may include teaching, training and research.

12. The System Manager will have a strong focus on policy and planning to ensure statewide consistency of service access and quality. The other critical role will be to support HHSs to deliver the highest standard of care to patients.

    System Manager functions include:

    - responsibility for public hospital services and other public health services, including joint policy and program development with the Commonwealth
    - service and workforce planning
    - performance management of HHSs against national performance and accountability frameworks and indicators the State may wish to set
    - developing policy, clinical guidelines and protocols and managing their relationship with the Australian Commission for Safety and Quality in Health Care
    - delivery of some services
    - funding of some capital works
    - supporting teaching, research and training across the health system.

13. The role of the QMHC and the relationship with the System Manager is yet to be decided however it is envisaged that aspects of high level system policy and strategy presently undertaken by the Mental Health Alcohol and Other Drugs Branch (MHAODB) may transfer to the QMHC. The MHAODB will focus on strategy, statewide policy, models of care, intergovernmental relations, planning, funding, contract management, performance management, reporting and *Mental Health Act 2000* administration as required by legislation.

Policies applying to Hospital and Health Services

14. The Queensland Health Policy Management Policy Framework provides a clear direction for policy development and a new governance mechanism for the management of all types of policy within Queensland Health.

    With the introduction of the Hospital and Health Board Act 2011 (HHB Act) and Policy Management Policy requirements, a transitional arrangement was put in place to identify Queensland Health policies and protocols that apply to Hospital and Health Services (HHS), as a mandatory requirement, until 30 June 2013. These policies were published on the central Queensland Health Policy Site and will be reviewed during 2012/2013 in consultation with HHSs as to whether they need to become, or inform the development of, a Health Service Directive (as a requirement under the HHB Act).

    During this process a number of existing Queensland Health policies and protocols were identified that do not apply to HHSs. However, these documents continue to be published on the Queensland Health intranet as they provide guiding policy principles and support best practice in the delivery of mental health services. Given the transition period to complete this process has not yet expired certain policies referred to within this document may become guidelines for best practice rather than mandatory.

15. The Queensland Plan for Mental Health 2007-2017 (Queensland Plan http://www.health.qld.gov.au/mentalhealth/abt_us/qpfmh/priorities.asp) provides a framework for reform, which is aimed at building a service system capable of responding to the existing and future needs of people with a mental illness, their families and carers. The plan supports the development of a comprehensive, cross-sector mental health system across the government and non-government sectors. Directions within the Queensland Plan are consistent with national directions established in the Fourth National Mental Health Plan 2009-2014.

    The Queensland Plan identifies five priorities to guide the reform of the mental health system:

    1. promotion, prevention and early intervention
    2. improving and integrating the care system
    3. participation in the community
    4. coordinating care
    5. workforce, information quality and safety.

    Within the Queensland Plan, public mental health services continue to play a major role in the development and delivery of a system of services to better meet the needs of people living with a mental illness.

16. **Public mental health services** are provided in each of the 17 Hospital and Health Services and deliver specialised assessment, clinical treatment and rehabilitation services to reduce symptoms of mental illness and facilitate recovery. These services focus primarily on providing care to Queenslanders who experience the most severe forms of mental illness and behavioural disturbance, including those who are subject to the provisions of the *Mental Health Act 2000*.

    This submission outlines public mental health services provided by Queensland Health. The list is not exhaustive but describes those services that either directly address the effects of trauma, abuse and or neglect, for children, young people and adult survivors but also indirectly, at least in part, towards preventing child abuse by addressing some of the known contributing factors such as drug and alcohol abuse and parental mental illness.

17. **Definition of mental illness**

    The National Mental Health Policy 2008 defines mental illness as 'a clinically diagnosable disorder that significantly interferes with an individual's cognitive, emotional or social abilities. The diagnosis of mental illness is generally made according to the classification systems of the Diagnostic and Statistical Manual of Mental Disorders (DSM) or the International Classification of Diseases (ICD).'

    While the majority of people who have mental illnesses are able to make decisions about their treatment, and access mental health service support voluntarily, there are times when the nature of mental illness renders a person unable to have full insight into their treatment needs. In these cases involuntary treatment may be warranted. The *Mental Health Act 2000* (the Act) provides the

legislative framework for the involuntary assessment and treatment, and the protection, of persons (whether adults or minors) who have mental illnesses while at the same time, safeguarding their rights and freedoms; and balancing their rights and freedoms with the rights and freedoms of other persons.

The Act defines mental illness as 'a condition characterised by a clinically significant disturbance of thought, mood, perception or memory.' The Act sets out 11 exclusions for determining whether a person has a mental illness. These exclusions are behaviours (including antisocial or illegal behaviour), conditions or circumstances that cannot, on their own, be considered to constitute mental illness. However, the presence of one or more of the exclusions does not prevent a determination that the person has a mental illness.

All public mental health services are gazetted as authorised mental health services in accordance with Section 495 of the *Mental Health Act 2000* http://www.legislation.qld.gov.au/LEGISLTN/CURRENT/M/MentalHealA00.pdf

18. **Adult mental health services**

Adult mental health services provide multidisciplinary specialist mental health assessment and recovery oriented treatment services to people aged 18 and above (or 16 and above if living independently) who are affected by mental illness, and their family, significant others and carers.

In addition to specialist mental health interventions, care includes the facilitation of access to a broad range of clinical and non-clinical services across the government, non-government, private and primary care sectors to enable consumers to lead a meaningful life and engage with their local communities.

Community-based adult mental health services are provided by Acute Care Teams, Community Care Teams and Mobile Intensive Rehabilitation Teams. Inpatient-based adult mental health services are provided by acute mental health inpatient units, community care units and secure units. In addition, a variety of specialist teams and positions support coordinated care, including (but not limited to) Homeless Health Outreach Teams, Service Integration Coordinators, District Forensic Liaison Officers and Mental Health Intervention Coordinators (liaising between Queensland Health, the Queensland Police Service and the Queensland Ambulance Service).

19. **Acute Care Teams**

Acute Care Teams (ACT) function as the first point of contact with public mental health services 24 hours, 7 days a week. ACT services include triage, assessment, referral and (when appropriate) short term multidisciplinary acute mental health care in the community, including initial recovery planning and relapse prevention.

ACT services primarily focus on meeting the assessment, onward referral and acute care needs of newly referred consumers. However, ACTs also provide short term follow up and community-based intensive care for some consumers immediately following discharge from an acute inpatient unit, and for consumers

of a Community Care Team requiring brief or episodic intensive support usually outside business hours (refer to Attachment 1, ACT Model of Service).

20. **Community Care Teams**
Community Care Teams (CCT) provide care for persons in the community who are affected by mental illness and who would benefit from a multidisciplinary service due to the intensive or complex nature of the care required (refer to Attachment 2, CCT Model of Service).

The majority of CCT consumers experience moderate to severe impairment in functioning due to mental illness, and have difficulty accessing and maintaining psychosocial supports which facilitate community inclusion and maintain social functioning. Common diagnoses for consumers engaged with CCT services are schizophrenia, psychosis, severe personality disorder and affective disorders complicated by co-morbidities including substance misuse and personality disorders.

The provision of comprehensive recovery oriented mental health care includes support to address multiple areas of need such as physical health, housing, education, employment, social connectedness, family relationships, parenting, and the needs of dependent children. The Models of Service for adult public mental health services in Queensland state that:

- the safety and wellbeing of children in the care of consumers must be considered throughout all phases of care;
- children of parents with a mental illness will be routinely considered, where needed, as part of all assessments, reviews and interventions provided/facilitated;
- children's needs must be responded to in a manner that is age appropriate; and
- issues relating to the safety of a child will meet legislative and Queensland Health Policy requirements, that is the *Public Health Act 2005* section 191, the Protecting Children and Young People Policy and Implementation Standard and the Meeting the needs of children for whom a person with a mental illness has care responsibilities Policy and Implementation Standard.

References:
Public Health Act 2005
www.legislation.qld.gov.au/LEGISLTN/CURRENT/P/PubHealA05.pdf

Protecting Children and Young People Policy
www.health.qld.gov.au/qhpolicy/docs/pol/qh-pol-078.pdf

Protecting Children and Young People Implementation Standard
www.health.qld.gov.au/qhpolicy/docs/imp/qh-imp-078-1.pdf

Meeting the needs of children for whom a person with a mental illness has care responsibilities Policy www.health.qld.gov.au/qhpolicy/docs/pol/qh-pol-310.pdf

Meeting the needs of children for whom a person with a mental illness has care responsibilities Implementation Standard
www.health.qld.gov.au/qhpolicy/docs/imp/qh-imp-310-1.pdf

21. **Adult Acute Mental Health Inpatient Units**
Adult Acute Mental Health Inpatient Units (AAMHIU) provide voluntary and involuntary, short to medium term 24 hour inpatient assessment and treatment services for people aged 18-65 experiencing serious episodes of mental illness, who cannot be adequately supported in the community environment. Consumers aged 65 and above are admitted to these units in areas without specialised acute older person's inpatient services, or when admission to an age specific unit is considered inappropriate. Consumers aged under 18 may be admitted following a comprehensive needs and risk assessment which deems treatment within an AAMHIU safe and appropriate. The Guiding Principles for the Management of Adolescents in Queensland Health Adult Acute Mental Health Inpatient Units provide decision making support to staff when considering admission to an adult facility and also the management of adolescents once admitted (Attachment 3).

The core business of adult acute inpatient services is to provide multidisciplinary specialist assessment, evidence-based best practice clinical interventions, and discharge planning within a safe, therapeutic and consumer friendly environment. Consumers admitted to an AAMHIU may have a diagnosis of schizophrenia, other forms of psychosis or severe mood disorders, severe and complex personality disorders and may also have co-morbid disorders such as substance misuse.

In addition to the child related requirements identified within all adult public mental health services MOSs the AAMHIU MOS (Attachment 4) specifies that:

- consumers who are parents will have access to a safe and friendly environment to see their children; and
- staff will ensure that the time and duration of each visit is appropriate and that adequate supervision is available.

22. **Employment Specialist Initiative**
The integration of vocational services into public mental health teams is recognised as an essential component of psychosocial rehabilitation for people with severe mental illness. A growing international and Australian evidence base for integrated vocational services indicates improved consumer outcomes in engagement in education and employment, income, symptom management, social connectedness and self esteem.

The Queensland Health Employment Specialist Initiative co-locates an employment consultant from a local disability employment service within a public community mental health team. Employment consultants work collaboratively with consumers in helping to find and maintain work in the competitive employment market. The initiative, currently implemented at 13 sites, uses an evidence-based supported employment model and is showing positive results in consumer outcomes.

23. **Care coordination**

Care Coordination is a flagship initiative of the Council of Australian Governments (GOAG) National Action Plan on Mental Health 2006-2011. The Queensland Care Coordination model aims to promote the development of effective working relationships between government, non-government and private service providers to achieve coordinated cross-sectoral support for people with severe mental illness and complex care needs (aged 16 years and above), which are tailored to meet individual needs and assist people to live meaningful lives in the community.

Under the Queensland Plan for Mental Health 2007-2017 Service Integration Coordination positions have been established in each HHS. Service Integration Coordinators facilitate local agreements, collaboration and shared planning between consumers and families, mental health services, primary health care providers, housing, employment, disability support and other agencies to work towards a 'seamless' system of care.

There are currently three identified Aboriginal and Torres Strait Islander Child and Youth Service Integration Coordinator positions across Queensland. The Aboriginal and Torres Strait Islander Child and Youth Care Coordination project provides a transition service for Aboriginal and Torres Strait Islander children and young people aged 2-18 years with early onset mental illness and complex care needs. The positions are funded up to 2012/2013 under the COAG National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes. Negotiations have begun for the continuation and expansion of the project commencing 2013/2014.

24. **Homeless Health Outreach Teams**

The Homeless Health Outreach Teams (HHOT) provide specialist mental health and general health care services to assist individuals and families who are homeless or at risk of homelessness who have health concerns and who have difficulty in developing or maintaining links with existing services, and who are not currently case managed by a mental health service (refer to Attachment 5, HHOT Model of Service).

The majority of consumers seen by HHOTs experience moderate to severe impairment in functioning due to their mental illness, and have difficulty accessing and maintaining accommodation and psychosocial supports which facilitate and maintain community inclusion and social functioning.

HHOTs provide:

- comprehensive assessments and holistic care coordination that includes recovery planning and recognises the importance of the multiplicity of factors that affect one's health such as social support networks, substance use, income, education and training, personal health practices, and coping skills
- coordination of a collaborative service response through the development of networks, referral pathways and partnerships between Queensland Health, non-government organisations and other service providers
- training, support and consultancy to other health, homeless, community, government and non-government agencies and service providers.

There are seven HHOTs, with the two most recently established teams being funded at $2.6 million per annum through the National Partnership on Homelessness via the Department of Families, Housing, Community Services and Indigenous Affairs.

25. **Children of parents with a mental illness**

Priorities identified within the Fourth National Mental Health Plan 2019-2014 (priority two) and the Queensland Plan for Mental Health 2007-2017 (priority one) relate to the provision of support for families and carers of people with mental illness and mental health problems, including children of parents with a mental illness (COPMI).

To support implementation of this priority, in 2008 the Mental Health Alcohol and Other Drugs Branch (MHAODB) developed the Queensland Health policy and standard Meeting the needs of children for whom a person with a mental illness has care responsibilities (refer to Community Care Teams references section 20 for links to these documents).

The policy statement clarifies the processes for:

- ensuring the immediate protection needs of children for whom a person with a mental illness has care responsibilities
- determining the impact of parental/caregiver mental illness on the care and protection needs of children
- supporting parents or carers with a mental illness to meet the needs of children for whom they have care responsibilities.

Parental/caregiver mental illness alone need not indicate significant risk to a child. However the impact of parental/caregiver mental illness has the potential to increase family disruption and disorganisation, and may introduce multiple disadvantages for the family, for example unemployment, unstable housing, reduced finances, lower health status, which in turn may increase the risks for children.

The majority of mental health consumers who are parents, report their parenting role as extremely important and a significant part of their life. Parental mental health also plays a significant role in parent/child attachment, child development and positive mental health.

The policy and standard is complemented by the Working with parents with mental illness – guidelines for mental health clinicians. The guidelines, which include care planning forms and tools, are designed to assist clinicians working with families to maximise the health and wellbeing of both families and children. The guidelines and fact sheets have also been published on the Children of Parents with Mental Illness National website to facilitate maximum distribution to mental health clinicians in Queensland and across Australia.

Working with parents with mental illness: Guidelines for mental health clinicians
http://newsletters.gpqld.com.au/content/Document/Mental%20Health%20Updates/MH%20Update%2098/ATT_1_COPMI%20Guidelines.pdf (link to Queensland Health policy internet site to be re-instated).

There are approximately five Hospital and Health Services with specialist COPMI positions. Four of these programs are located within Community Child and Youth Mental Health Services and one is based within an adult mental health service Community Care Team. Several other child and youth mental health services across the state work in conjunction with a local non-government organisation to provide programs for COPMI families.

Queensland works in partnership with the COPMI National Initiative through the COPMI State and Territory Mental Health Department Nominees meeting. Members provide advice to the COPMI National Initiative regarding planning of strategies to promote the outcomes of the initiative to all States and Territories, major departments and organisations. The meeting also provides a forum to support the implementation and distribution of COPMI resources and sharing of information regarding COPMI related policies, processes and strategies being undertaken in local jurisdictions.

For example, the COPMI National Initiative e-learning package (designed to provide knowledge and skill development for mental health clinicians and other sector workers providing care for COPMI families) is accessible to all Queensland Health clinicians through the Queensland Health Electronic Publishing System, with promotion of and links to the training site provided by the Queensland Centre for Mental Health Learning training programs.

26. **Alcohol and Drug Treatment Services**

Queensland Health's Hospital and Health Service based Alcohol, Tobacco and Other Drug Services (ATODS) provide specialised counselling and treatment services aimed at improving the health and wellbeing of those affected by alcohol and other drugs, and also to increase awareness of alcohol and drug related issues throughout Queensland.

Statewide multi-disciplinary teams provide a range of services to individuals and groups including:

- counselling (individual and group support)
- assessment and referral (for consumers requiring continuing support)
- hospital assessment and consultation
- relapse prevention
- community projects / health promotion
- needle and syringe programs
- opioid stabilisation and treatment
- diversion programs - police and court diversion programs operate from selected services within the State, including Murri Court and the Drug Court Program.

Alcohol, tobacco, illegal and other drug use can contribute to and reinforce social disadvantage experienced by individuals, families and communities. Family breakdown and job loss is associated with drug use. Children living in households where parents use drugs are more likely to develop behavioural and emotional problems, tend to perform more poorly in school and are more likely to be the victims of child maltreatment. However, drug and alcohol misuse alone may not indicate significant risk to a child. Children with parents who drink

heavily, smoke or take drugs are also more likely to do so themselves, leading to intergenerational patterns of problem use and harms.

In line with the Protecting Queensland Children: Policy Statement and Guidelines on the Management of Abuse and Neglect in Children and Young People (0 - 18 years), the then Alcohol and Other Drugs Treatment Strategy Unit, within the Mental Health Alcohol and Other Drugs Branch, enhanced the ability of clinicians within alcohol and other drugs services to screen consumers for issues relating to the safety of children.

Clinicians are required to ask the following questions of all consumers during initial and ongoing assessment with responses entered into a client information database; Alcohol, Tobacco and Other Drugs Services-Information System (ATODS-IS).

- Is the client pregnant? (respond Yes/No – mandatory item)
- Is the client a primary carer for child(ren) under 18 years either full-time or part-time? (respond *Yes/No– mandatory item)*

- If 'Yes'

- Number of children the client is a primary carer for? (mandatory item)
- Age of each child?
- Are there any risk factors that should be addressed now regardless of the overall balance of factors? (respond Yes/No)

The clinician is then required to review the client's protective factors against the *Risk-Versus-Protective-Factors Assessment Framework* (within the Protecting Queensland Children: Policy Statement and Guidelines).

- On balance, do protective factors outweigh risk factors? (respond Yes/No)
- Have you formed a reasonable suspicion of harm or neglect, or risk of harm or neglect? (consider all children, including unborn children) (mandatory item)

- If 'Yes' (specify actions to be taken)

- question consumer to elicit further information on child risk
- discussion with Line Manager
- consultation with Child Protection Liaison Officer and / or Child Protection Advisor
- refer consumer to support services
- Complete 'Report of a Reasonable Suspicion of Child Abuse and Neglect' form (SW010).

ATODS work closely with Child Safety Services to assist parents to overcome their alcohol and other drug use issues. In the financial year 2011/2012, 242 clients of ATODS were referred by Child Safety Services.

27. **Youth services**

Funding was allocated to Queensland Health from the 2007 Ice Breaker Strategy Taskforce Report which advocated for an 'examination of options to enhance alcohol and other drug treatment services for vulnerable young people, including

drug withdrawal services, outpatient counselling and residential rehabilitation services'. Funding was allocated to 10 youth alcohol and drug services within the government and non-government sector to enable those organisations to better work with young people experiencing alcohol and other drug issues. These organisations also receive funding from other government and non-government services.

In spite of the additional funding Queensland remained under resourced in relation to youth alcohol and drug service coverage. Given the diverse range of services and workers engaging with young people with alcohol and other drug problems, funding was also provided for a specialist statewide group known as Dovetail, located within the Metro North Hospital and Health Service. This service employs four staff who provide expert clinical advice and professional support to any frontline worker, service and community across Queensland who engage with young people affected by alcohol and other drug use.

One of the key responsibilities of Dovetail is to increase and strengthen the links between the Queensland Health and non-Queensland Health funded services and the child protection system. Dovetail was approached early in 2012 by the Department of Communities, Youth Justice Services, and the Department of Communities, Child Safety and Disability Services to provide specific training and specialised support to statutory services including Child Safety, Residential Care Services and Youth Justice Services. This was particularly in response to the difficulties that services were experiencing in managing young people involved in statutory systems who are using inhalants such as glue, paint and petrol.

In the 2011 calendar year, there were 896 new episodes of care delivered through ATODS to young people under 18. This age cohort accounts for approximately 4.6% of clients that access ATODS.

28. **Services targeting young people**

The Hot House Youth Community Team, Metro North Alcohol and Drug Service is an alcohol and other drug counselling service for young people under 25 years. The Hot House delivers a range of individual counselling and group programs and also provides statewide training, consultation and liaison support in the management of youth substance use.

The Adolescent Drug and Alcohol Withdrawal Service (ADAWS), located in South Brisbane, is a voluntary service for young people who are contemplating or committed to making changes to their substance use within a harm minimisation framework. ADAWS has three main program areas:

- A residential 11 day detox (withdrawal) program for young people aged 13 to 18, who are experiencing problematic substance use and co-occurring mental health problems. The program provides a developmentally targeted and appropriate, non-medicated and culturally sensitive environment within a safe, comfortable and non-institutional setting served by a multi-disciplinary team.
- An outreach program for young people residing in the Brisbane region aged between 12 and 25. The program provides drug and alcohol education, case management, counselling and relapse prevention. The

case management model addresses issues relating to drug and alcohol, mental health and primary health, but can also assist with issues related to Centrelink, housing, school, work or the law.

- A day program which provides alternative activities to substance use, and opportunities for young people to learn new skills and spend time with other young people who have goals to make positive changes and to remain engaged with ADAWS.

29. **Dual diagnosis**

Where a drug and alcohol misuse or abuse problem co-exists with a mental health problem the term 'dual diagnosis' is used.

The link between drug and or alcohol abuse and mental illness is complex but at least four relationships are possible; one may directly cause the other; one may indirectly lead to the other (self medication); they develop from different causes, but interact with each other; or there is a common independent factor (e.g. childhood emotional trauma) which may account for both.

Effective collaborative partnerships between mental health and alcohol and other drug services, and with professionals in primary care, social services, housing, criminal justice, education and related fields are required to meet the complex needs of people with dual diagnosis and to sustain recovery. This includes service providers across the government, non-government and private sectors.

Under the Queensland Plan for Mental Health 2007-2017 improvements in the mental health care for people with a dual diagnosis have been made via:

a) The establishment of Dual Diagnosis Coordinators (DDCs):

- DDCs are currently located in 13 Hospital and Health Services. The role of DDCs is to facilitate the provision of coordination between mental health and drug and alcohol services through the establishment and maintenance of collaborative partnerships, and provide expert advice, support, education and training for mental health clinicians and key stakeholders.

b) The development of:

- the Service delivery for people with dual diagnosis: co-occurring mental health and alcohol and other drug problems policy launched in 2008 outlining principles of care and service responsibilities in the delivery of care to people with dual diagnosis.
  www.health.qld.gov.au/atod/documents/dual_diagnosis.pdf
- the Dual Diagnosis Clinical Guidelines: Co-occurring Mental Health and Alcohol and other Drug Problems provide for routine screening of all consumers for drug and alcohol problems and the provision of brief therapeutic interventions. Principle 8 relates to children of parents with a dual diagnosis and states that 'Clinicians are to provide screening, assessment and treatment planning which includes attention to those adult clients who are parents, discussing the reciprocal relationship between their health problems and their capacity to provide care and protection for their child/children. Programs targeting Children of Parents with a Dual Diagnosis (COPDD) are available and clinicians should

consult Child and Youth Mental Health Services (CYMHS) on the specialist needs of this client group and the availability of Children of Parents with Mental Illness (COPMI) and COPDD programs in their district.'

Chapter 10 of the guidelines provides more detailed information regarding tailoring the clinical response for parents with a dual diagnosis, including considerations relating to the impact of a dual diagnosis on parenting capacity and suggested interventions for working with a parent with a dual diagnosis.
http://www.dualdiagnosis.org.au/home/index.php?option=com_content&task=view&id=72&Itemid=1

Related specialist programs/services

30. **Mental Health Intervention Program (MHIP)**
The MHIP provides agreed guidelines for the successful prevention, resolution and management of mental health crisis situations in the community through the collaboration of the Queensland Police Service (QPS), the Queensland Ambulance Service (QAS) and public mental health services within Queensland's 17 Hospital and Health Services (HHSs). MHIP coordinators operate across the state in the QPS, the QAS and the HHSs. Coordinators provide consultation and liaison to stakeholders within the program to increase the capacity of local services to reduce and respond to mental health crisis situations. This is done through the establishment of communication pathways, joint planning, collaborative service and community development, assessment and support, crisis intervention, training and evaluation.

A formal Memorandum of Understanding (MoU) between the QPS and both Queensland Health and the HHSs is prescribed under the Hospital and Health Boards Act 2011. The MoU is designed to facilitate lawful and timely sharing of relevant confidential information between the QPS, Queensland Health and HHSs in order to prevent or resolve mental health crisis situations.

MHIP has been in operation since 2006. Benefits of the program include:

- appropriate responses to people with a mental illness in times of acute need
- rapid and accessible mental health responses for a person experiencing a mental health crisis
- enhanced skill and knowledge levels of mental health clinicians, QAS officers and QPS officers
- improved relationships and cooperation between Queensland Health/the HHSs, QPS and QAS
- increased and improved community support networks and crisis prevention capacity.

Primary mental health care

31. **Partners in mind**

The Queensland Framework for Primary Mental Health Care, 2010 (Framework) guides system reform to support a more integrated and effective primary mental health care system. The Framework strives to achieve the 'ideal' primary mental health care sector by improving linkages, increasing capacity, clarifying roles, increasing the understanding and use of available resources and initiatives, and ensuring local service provision has a consumer and carer focus.

The Partners in Mind (PIM) initiative involves the implementation of the Framework, and aims to increase the capacity of general practice to meet consumer needs, better integrate public mental health care services and general practice and improve continuity of care.

Under the Queensland Plan for Mental Health 2007-2017, Primary Care Liaison Officer (PCLO) positions have been established which are responsible for implementing the PIM initiative within their Hospital and Health Service (HHS). The PCLOs primarily support and enhance the capacity of general practice to respond to the needs of people with mental health problems and disorders through developing partnerships, strengthening linkages, facilitating joint planning, improving processes and procedures, providing education and professional advice, establishing new programs and improving the use of existing resources.

As part of the PIM initiative, HHSs and the former Divisions of General Practice, now Medicare Locals, have worked collaboratively to develop local implementation plans and determine the strategies to be implemented under the following action areas:

- partnerships and joint planning
- education and training
- policy, processes and procedures
- resource development
- establishment of new positions/programs (shared care, consultation liaison, collaborative employment models)
- linking with existing initiatives/programs.

32. **Promotion, prevention and early intervention**

Mental health promotion, prevention and early intervention is a recognised priority area across government and non-government sectors in the Queensland Plan for Mental Health 2007-2017 (Queensland Plan) and the Fourth National Mental Health Plan 2010-2014.

Mental illness prevention is differentiated in terms of when the illness manifests; that is primary prevention aims to prevent the onset of illness by targeting individuals or groups at higher risk. Secondary prevention targets those showing early signs of mental distress and seeks to reduce the impact of the problem through appropriate intervention (a similar concept to early intervention). Tertiary prevention aims to reduce the negative impact of existing mental health conditions.

Established under the Queensland Plan the Queensland Centre for Mental Health Promotion, Prevention and Early Intervention (QCMHPPEI) provides vision and strategic leadership for the planning, implementation and monitoring of mental health promotion, prevention and early intervention policies, programs and activities that align with state and national, child and youth priorities. It is proposed that the majority of these functions will be delivered by the Queensland Mental Health Commission in the future.

Strong cross sectoral collaboration is central to the mental health promotion, prevention and early intervention program area involving education, primary care, communities, employment, welfare, police, corrections and emergency service sectors.

Current examples of promotion, prevention and early intervention activities include:

- the Ed-LinQ Initiative
- Mental Health First Aid
- suicide prevention.

33. **The Ed-LinQ Initiative** (Ed-LinQ) is a statewide program aimed at supporting child and youth mental health services, education, the primary care sector and other key human service agencies and programs to work collaboratively to enhance the system of care, and promote the early identification and treatment of mental health problems and disorders affecting school-aged children and young people. Three key focus areas of Ed-LinQ are the building of strategic partnerships, enhancing capacity, and the provision of clinical guidance.

The Queensland Ed-LinQ Cross-sectoral Workforce Development Program supports the delivery of professional development activities for key stakeholders in the mental health, education and primary care sectors as well as key human service agencies and programs. The program goals are a workforce that has an increased ability in the detection and identification of emerging mental illness and improvements in cross-sector and interagency relationships and collaboration relating to referral systems, communication and outcomes.

Ed-LinQ is being implemented in 13 Hospital and Health Services (HHS) across the state in partnership with Department of Education, Training and Employment, Independent Schools Queensland, Queensland Catholic Education Commission and General Practice Queensland. The Ed-LinQ workforce consists of 14 Coordinators (one statewide and 13 located within HHSs).

A statewide Aboriginal and Torres Strait Islander Ed-LinQ Coordinator was appointed in 2012 to undertake a 12 month project to develop a sustainable, evidence-informed, culturally appropriate and safe Aboriginal and Torres Strait Islander Ed-LinQ framework and implementation model. Implementation planning will involve strategic cross-sectoral alignment across the state and HHS inclusive of the child and youth mental health, youth drug and alcohol, and education sectors, Aboriginal and Torres Strait Islander services and communities and relevant youth services such as sporting and vocational organisations.

34. **Mental Health First Aid**

Timely detection of the early symptoms of mental disorders has been shown empirically to reduce the transition to full disorder and to shorten the duration and severity of disorders.

The improvement of mental health literacy across the state is a priority under the Queensland Plan for Mental Health 2007-2017. Mental Health First Aid (MHFA) is a nationally recognised program that improves the capacity of frontline workers to identify and respond to people at risk through increasing awareness and understanding of mental illness.

MHFA strengthens the capacity of non-mental health and non-health workers to detect signs of mental disorders early as well as contribute to the ongoing support and management of people with mental disorders reducing the demand on frontline mental health services.

There are three streams of MHFA available: Standard Adult, Youth, and Aboriginal and Torres Strait Islander. Queensland Health (QH) has supported the development of a pool of over 160 MHFA instructors including approximately 60 Youth MHFA instructors to deliver MHFA training to target priority sectors, frontline services and emergency workforces.

The QH delivery of MHFA targets frontline workers in key settings and sectors in frequent contact with high risk groups and individuals including health professionals in emergency departments, general hospital and health settings, emergency services personnel, police, child safety workers, and teachers.

35. **Suicide prevention**

Currently in development, the Queensland Government Suicide Prevention Strategy will outline actions to elicit a whole-of-government, whole-of-community response to suicide risk and mortality throughout the state. Central to the priorities of the strategy is a need to ensure the specific needs of individuals and groups identified at higher risk are met through cross-sectoral and coordinated support. Children and youth are identified as a cohort of individuals that require specific and targeted action to prevent and minimise suicide risk and other actions to improve mental health and wellbeing.

36. **Perinatal and infant mental health**

Perinatal and infant mental health can be described as the emotional and psychological wellbeing of women, their infants, partners and family, including the impact on the parent-infant relationship, commencing from preconception through pregnancy and up to 36 months postpartum. Perinatal and infant mental health services work to promote and enhance positive outcomes for the mental health and wellbeing of women, infants and their families, and support the development of optimum attachment relationships between parents and their infants to provide a strong foundation for future mental health outcomes.

Strengthening responses for perinatal and infant mental health is one of the key actions of the promotion, prevention and early intervention priority area in the Queensland Plan for Mental Health 2007-2017. Under stage one of the plan, the

Queensland Centre for Perinatal and Infant Mental Health (Centre) was established as a statewide hub of expertise in perinatal and infant mental health to provide consultation, liaison and service development support to public mental health services and the broader community sector, utilising whole-of-government and cross-sectoral clinical and community partnerships and networks. The Centre facilitates cross-sectoral dissemination of information and the development of resources for the perinatal and infant mental health workforce, including the development of Aboriginal and Torres Strait Islander perinatal and infant mental health resources. Resources include:

- a comprehensive training module to underpin the implementation of routine antenatal and postnatal screening. This training is cross-sectoral, specifically targeting midwives and child health nurses within the public health care sector, the primary health care sector (primarily General Practitioners), specialist Obstetricians and Gynaecologists in the private health sector, as well as mental health clinicians.
- a perinatal and infant mental health knowledge hub, available electronically to promote access by all Hospital and Health Service (HHS) staff across Queensland. The knowledge hub includes a webpage, perinatal and infant mental health speciality guide on the Clinician Knowledge Network, an e-Book platform, and listing of print resources.
- an Aboriginal and Torres Strait Islander mental health promotion DVD regarding perinatal mental health, titled 'Stay connected, stay strong....before and after baby', and an associated set of print resources (posters, brochures, business card, magnetic photo frames).

37. Perinatal mental health services have traditionally been delivered by Consultation-Liaison Psychiatry Services to women referred from Queensland Health antenatal clinics or maternity units. Commencing in 2008/2009, Queensland received funding to implement the National Perinatal Depression Initiative 2008-2013 (NPDI) which aims to improve the prevention and early detection of antenatal and postnatal depression and provide better care, support and treatment for expectant and new mothers experiencing perinatal depression.

    Queensland's investment under the NPDI has been integrated with planning for the enhancement of the perinatal and infant mental health service system. This recognises the importance of a focus on prevention of mental health problems in women at risk of perinatal disorders, as well as services for women and their families with a broad range of mental health problems in the postnatal period, including perinatal depression. The integration of infant mental health, with particular attention to the parent-child relationship, reflects the national and Queensland Government focus on the early years. This focus recognises emerging new knowledge in the area of early brain development and evidence that the single most important influence on a child's vulnerability is the family into which they are born.

    The Universal Postnatal Contact Services initiative commenced in 2008/2009 and provided recurrent funding for all public maternity services in Queensland with the aim of promoting the best outcomes for birthing families through the implementation of the following strategies:

- universal antenatal assessment for key risk factors that impact on the health of both mother and baby, that is tobacco, drug and alcohol use, psychosocial wellbeing (using the Safe Start Psychosocial Screening Tool), domestic violence and depression (using the Edinburgh Postnatal Depression Scale)
- enhancement of community partnerships and service networks to ensure appropriate referral for families identified at risk
- universal follow-up of mothers during the first week after the birth
- greater integration of maternity and child health services, for enhanced continuity of care between hospital and community settings, including the establishment of Newborn and Family Drop-in Services.

Data from public maternity services for the period 1 July 2011 to 31 December 2011 showed that on average, over 84% of women were being screened antenatally for key social and environmental risk factors. Specifically, 86% of women were screened for depression and 83% were screened for psychosocial wellbeing. During the same period, an average of 92% of publicly birthed mothers (15,334 women) received routine post-natal follow-up, 76% of which was via a home visit.

Under the NPDI, 12 Perinatal Mental Health Nurses have been funded across 10 HHSs to enhance the capacity of specialist mental health services to work in partnership with the primary care sector to provide a pathway to care for women screened as moderate to high risk of perinatal disorders. In addition to providing specialist assessment and brief intervention for women in partnership with their primary care provider, the nurses also deliver training and development programs across the perinatal mental health workforce (including midwives, child health nurses, Aboriginal and Torres Strait Islander health workers, community health nurses, allied health professionals, mental health clinicians, General Practitioners, private practitioners and child protection services); facilitate pathways to care through the development of local partnerships with a range of public health, other government, private and non-government providers; and undertake collaborative community awareness activities and promotion of help seeking behaviours in relation to perinatal depression.

NPDI funding is scheduled to cease in June 2013. Queensland is currently negotiating a National Partnership Agreement with the Commonwealth Government for the extension of this funding.

38. **Child and youth mental health services**

Child and youth mental health services (CYMHS) provide a comprehensive response to the different and varying needs of infants, children and young people (up to 18 years) with mental health problems or mental disorders and their families/carers. Services are provided through two integrated models, community based and inpatient units (both acute and extended care).

These services are provided within a recovery-oriented approach that emphasises individual strengths, builds resilience and enhances opportunities for social inclusion. CYMHS operate on the premise that infants, children and young people can and do recover from mental health problems and mental disorders.

Data on the number of children engaged with Queensland Health child and youth mental health services who are in the child protection system was not available at the time of this statement. However anecdotal reports estimate children in care represent approximately 30% of Community CYMHS case loads and approximately 10% of CYMHS inpatient units' patients. Data for those children and young people who access mental health services through Queensland Health's adult services e.g. Acute Care Teams (after hours), Community Care Teams or Adult Acute Mental Health Inpatient Units was not available for inclusion within this statement.

39. **Community based services**

Consumers engaged with Community CYMHS (CCYMHS) present with a range of mental health problems and/or disorders, but predominantly they will have diagnoses such as depression, anxiety, adjustment, attachment, developmental and behavioural disorders including complex attention deficit hyperactivity disorder and conduct disorder. Many consumers will also present with peer and family problems which can exacerbate mental health problems and disorders.

CCYMHS target infants, children and young people known to be at a higher risk of developing serious mental health problems and disorders (refer to Attachment 6, CCYMHS Model of Service). CCYMHS work collaboratively with other relevant agencies to develop, or assist in developing, targeted detection and early intervention strategies for high risk groups that include infants, children and young people:

- living with a parent who has a mental illness
- with disrupted attachment relationships or living with families with complex relational problems
- removed from their biological family of origin (in care) or in contact with the youth justice system
- who have sustained non-accidental injury, abuse or neglect or who have been exposed to other physical or emotional trauma
- with complex medical or developmental problems, chronic physical illness or disability, including sensory impairment
- with early onset severe mental disorders (e.g. bipolar disorder, psychosis)
- engaging in problematic substance use
- suspended or expelled from school
- with eating disorders
- infants with persistent irritability, crying or feeding difficulties.

Infants, children and young people who need special consideration with regard to mental health problems include those:

- from Aboriginal and/or Torres Strait Islander backgrounds
- who are homeless and/or have experienced multiple out of home placements through involvement with the child protection system
- with cultural and communication needs e.g. from culturally and linguistically diverse backgrounds
- living in rural and remote areas with limited access to appropriate services and supports.

40. **Child and youth inpatient based services**
Acute inpatient units (AIU) provide assessment and short-term intensive treatment, as part of the continuum of care, for children and adolescents experiencing acute episodes of mental illness who cannot be treated more appropriately in community settings. Inpatient units provide 24 hour treatment during an acute episode of mental illness, in a structured environment, as part of a longer-term treatment plan. Admissions occur when the presenting behaviour cannot be safely managed in the community, or when treatment cannot be provided at a less intensive level. The key principle is that young people are treated in the least restrictive environment possible, which recognises the need for safety and cultural sensitivity, with the minimum possible disruption to their family, educational, social and community networks.

AIUs operate on the premise that inpatient treatment is only one phase of the treatment process that assists consumers, families and/or carers recover their health, wellbeing and developmental potential. The focus of care is on the stabilisation of acute symptoms, the provision of diagnostic formulation, and a range of recovery focussed treatments within a developmental framework. Recommendations regarding interventions are also facilitated in collaboration with a range of community service providers.

Under the Queensland Plan for Mental Health 2007-2017 two additional adolescent acute mental health inpatient units and day programs were scheduled to be situated at Toowoomba (for completion end of 2012), and Townsville (scheduled for completion February 2013).

41. **Extended adolescent inpatient unit**
The Adolescent Extended Treatment and Rehabilitation Centre at Wacol is a statewide service providing specialist multidisciplinary assessment and integrated treatment and rehabilitation to adolescents between 13 and 17 years of age with severe, persistent mental illness/es. The majority of adolescents present with severe psychosocial impairment as a result of their mental illness/es which are often complicated by developmental co-morbidities. Many also experience chronic family dysfunction, which serves to exacerbate the severity and persistence of the disorder and associated disabilities. A range of treatment and recovery focused rehabilitation, psychosocial, educational and vocational programs tailored to the adolescent's assessed clinical and rehabilitation needs is facilitated in collaboration with a range of service providers. This enables the adolescents to build on their strengths, progress in their development and promote recovery focused outcomes upon discharge. Education programs provided by the dedicated school provide essential components of rehabilitation programs and restoration of developmental tasks.

Additional inpatient care options:

42. The Guiding Principles for Admission to Queensland Health Child and Youth Mental Health Acute Inpatient Units (Attachment 7) state that it may be considered appropriate for temporary care and stabilisation of a child up to 14 years to be provided in a paediatric inpatient unit until their physical or mental

state is such that they can be transferred to an available child and youth mental health inpatient bed.

Similarly it may be considered appropriate for temporary care and stabilisation of an adolescent to be provided in an Acute Adult Mental Health Inpatient Unit (AAMHIU) until their mental state is such that they can be managed in the community or transferred to an available child and youth mental health inpatient bed.

43. The Guiding Principles for the Management of Adolescents in Queensland Health Adult Acute Mental Health Inpatient Units (Guidelines), were developed to address those exceptional circumstances where it may be required, or be more appropriate, to admit an adolescent aged 15 to 17 years to an AAMHIU. The Guidelines (Attachment 7) provide staff with information to assist in decision making regarding admission, safety and risk factors and also management considerations once admitted to the unit, for example it is recommended the adolescent is placed under continuous visual observation for the first 24 hours, upon expiration of which ongoing requirements will be at the discretion of the unit. Considerations will be based on clinical judgement, the consumer's developmental vulnerability, their safety and the current ward milieu.

44. **e-CYMHS**
e-CYMHS is a coordinated consultation-liaison telehealth service delivered by child and youth mental health clinicians in South East Queensland. e-CYMHS utilises videoconference, telephone and email to link to mental health clinicians in rural and remote areas across south west, central and northern Queensland. In addition, an outreach service operates to designated clinics on a scheduled basis.

e-CYMHS provide:

- regular access to a senior CYMHS clinician and/or a Child and Adolescent Consultant Psychiatrist
- consultation and expert advice in the assessment, treatment and case management of children and adolescents with severe and complex mental health problems
- access to a range of specialist health professionals.

The outreach service visits rural and remote clinics to:

- conduct face-to-face reviews with children/adolescents and their families/carers
- facilitate professional development activities
- engage in advocacy to achieve coordination of complex care.

e-CYMHS supports clinicians to develop and deliver child centred interventions that strengthen family functioning, identify child protection issues, advocate in multiple forums for early intervention with at risk children and engage in effective liaison with child protection authorities.

45. **Evolve Therapeutic Services**
The Evolve Interagency Services (Evolve) program was developed as a response to the 2004 Crime and Misconduct Commission *Protecting Children: An Inquiry*

Into Abuse of Children in Foster Care recommendation 7.5 '*that more therapeutic treatment services are made available to children and young people with severe psychological and behavioural problems. Successful programs should be identified, implemented and evaluated'.* Severe problems were defined as those which significantly impact on daily functioning and developmental needs.

The target population for Evolve was defined as the 43% of children and young people in care (in 2004) categorised by the then Department of Families as having high, complex or extreme needs in relation to the level of support required to meet day to day care needs, with the most immediate priority being the 17% that fell within the complex (13%) or extreme (4%) categories.

46. The aim of Evolve is to enhance the mental health, behaviour support and participation in education and the community for children and young people in the care of the Department of Communities, Child Safety and Disability Services (DCCSDS) through a collaborative interdepartmental response by DCCSDS, Queensland Health and the Department of Education, Training and Employment (DETE).

    The Queensland Health component of the collaborative, Evolve Therapeutic Services (ETS), works within the overarching interagency model to provide specialist intensive mental health therapeutic interventions for children/young people on interim or finalised child protection orders in out-of-home care, with severe psychological and behavioural problems (Attachment 8, Evolve Interagency Services Manual Version 1 [February 2012]).

    Commencing in 2006 at three sites, ETS completed the staged implementation of the final team in 2011 (Attachment 9, ETS teams locations and catchment areas). There are 10 ETS teams located across the state with funding for 132.68 full time equivalent positions (clinical, medical, operational and administrative). These services are situated within 14 Hospital and Health Services (some services are delivered via a hub and spoke model), supported by a centralised program management function (currently located within MHAODB) which includes performance monitoring, program planning and coordination of statewide professional development activities. The Evolve program is funded by the Queensland Department of Treasury and Trade through DCCSDS as the program sponsor. Full year funding for the ETS program for 2012/2013 is $18.925 million.

47. Referrals to Evolve can only be made by DCCSDS and must meet the following eligibility criteria:
    - the child/ young person is under 18 years of age
    - presents with severe and complex psychological and/or behavioural problems
    - is in out-of-home care and subject to an interim or finalised Child Protection Order granting custody or guardianship to the chief executive of the Department of Communities, Child Safety and Disability Services.

    Each eligible referral is also assessed against the following prioritisation criteria for ETS:
    The child/young person is experiencing:

- the presence of multiple, intense and persistent emotional and/or behavioural problems
- a high level of risk, to themselves and others
- severe functional impairment across a variety of domains
- the presence of additional risk factors.

Resulting in the need for:

- a collaborative interagency service response;
- a specialist assessment and understanding of the psychological and behavioural impact of child abuse and neglect; and
- an intensive mental health therapeutic intervention.

48. An analysis of children and young people referred to and accepted by ETS was undertaken in the first ETS Evaluation Report for 2008. Figure 1 reports data collected from 241 Evolve referral forms completed by Child Safety Officers identifying internalising and externalising problematic behaviours being exhibited by the child/young person.

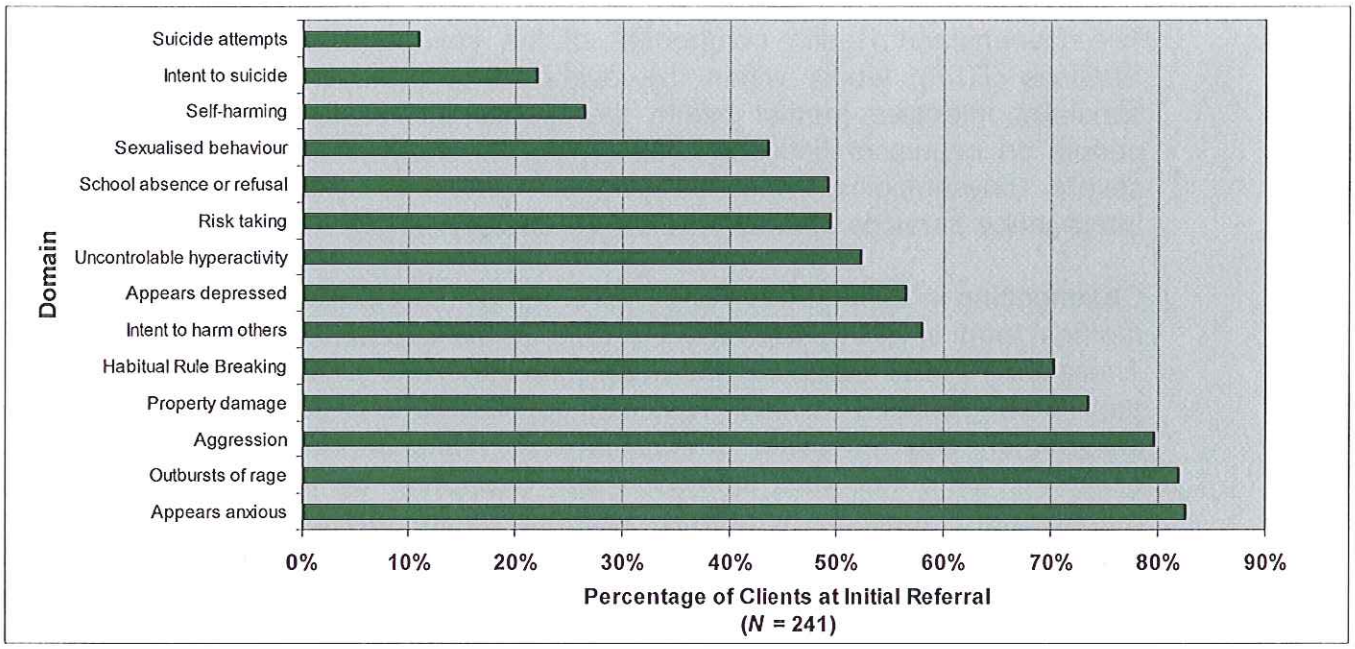

Figure 1. Internalising and externalising problematic behaviours identified by Child Safety Officers for 241 children and young people referred to ETS.

From an ETS perspective children and young people accessing the service commonly present with attachment disorders, anxiety, mixed mood and conduct disturbances, post-trauma symptoms, deliberate self-harm, suicidal ideation, substance misuse, educational difficulties, and language or communication disorders.

49. The key functions of ETS are to:
    - provide specialist expertise in the assessment, diagnosis, monitoring, treatment and evaluation of children/young people in care with severe and complex mental health support needs

- assist the support network of these children/young people to have the capacity to effectively respond to their needs
- have a strong focus on professional development, service evaluation, research and development (refer to Attachment 10, Draft Model of Service ETS).

50. Given the level of the intensive support required to meet the needs of the child/young person, their carers (including parents where possible) and the multiple agencies involved in the provision of care, the case load per clinician has been set low to reflect these needs (six to eight). From January to September 2012 a total of 464 children and young people have accessed an ETS program. Figure 2 reports the number and demographic details of children and young people receiving a service in September 2012.

Age range	**Number**	
0-3 years	4	
4-5 years	22	
6-12 years	206	
13-18 years	104	
Total	**336**	
Aboriginal and/or Torres Strait Islander*	31%	
Gender	61% Male	39% Female

Figure 2. Number and demographics of children and young people engaged with ETS September 2012.

*This figure reflects the over representation of Aboriginal and/or Torres Strait Islander children and young people within the child protection system. In recognition of this disproportionate representation six ETS teams located in areas with a high indigenous population include Indigenous Program Coordinator positions and one team has an identified indigenous clinical position.

51. Examples of ETS interventions are provided through de-identified case studies included within the ETS Outcomes reports and attached:
    a) Aaron, an infant on a Short Term Order (Attachment 11, ETS Outcomes Report 2011 p. 49)
    b) Tom, a seven year old on a Long Term Order (Attachment 11, ETS Outcomes Report 2011 p. 53)
    c) Declan, a 10 year old on a Short Term Order pending application of a Long Term Order (Attachment 11, ETS Outcomes Report 2011 p. 57)
    d) Amber, a 10 year old on a Long Term Order (Attachment 12, ETS Outcomes Report 2010 p. 44)
    e) Mary, placed on a Child Protection Order at 16 years old (Attachment 12, ETS Outcomes Report 2010 p. 39)
    f) Georgie, a six year old on an Interim Order (Attachment 13).

52. In response to the CMC report recommendation 7.5 that successful programs be 'identified, implemented and evaluated' ETS has undertaken service evaluations for 2008, 2009, 2010, and 2011 (Attachments 14, 15, 12, 11) which are utilised by the DCCSDS to submit an annual Evolve performance report to the Queensland Department of Treasury and Trade.

The ETS evaluations have consistently identified positive outcomes in the following areas:

- For the child / young person:
  - overall wellbeing (including a reduction in disruptive, antisocial, aggressive and self harming behaviours)
  - family life (with foster carers) and peer relationships
  - attendance and participation in educational activities.
- For the carers and other stakeholders:
  - Carers' knowledge and understanding of the child's / young person's difficulties
  - communication amongst stakeholders.

53. Evidence suggests that key elements of successful programs are highly skilled staff and carers, expert supervision, ongoing training and support, and strong sustainable partnerships based on good mutual understanding and knowledge. In addition to direct therapeutic service provision (individual and systemic), a key component of the ETS program is the provision of specialised education and support to stakeholders. The Professional Development Coordinators and clinicians within ETS teams provide psycho-education and skill development to carers (including foster, kinship, residential, respite, and biological family [where applicable]), residential care providers, government, non-government and private sector service providers. Since recording commenced the number of people receiving training from ETS has expanded from 2654 in 2008 to 6029 in 2011. Detailed reports on the professional development activities provided by ETS are included within each of the four annual ETS Outcomes Reports.

Forensic services

54. **Child and youth forensic mental health services**
Child and youth forensic mental health services (CYFMHS) are provided to children and young people, under 18 years of age, in Queensland youth detention centres and those living in the community who are involved with, or are at risk of involvement with the youth justice system. CYFMHS provide clinical interventions that are equal in range, quality, multidisciplinary approach, and degree of consumer participation to those provided by Community Child and Youth Mental Health Services.

In southern and central Queensland, CYFMHS are delivered by two separate services. The Mental Health, Alcohol, Tobacco and Other Drug Service delivers the detention centre based service and the Child and Youth Forensic Outreach Service provides the community based service. In northern Queensland, CYFMHS are provided by the North Queensland Adolescent Forensic Mental Health Service in both the detention centre and community based settings.

55. **CYFMHS provided to children and young people in Queensland detention centres**
CYFMHS are provided to children and young people, aged 10-18 years (upper age range is flexible) with mental health and substance use issues in Queensland youth detention centres (at the Brisbane Youth Detention Centre at Wacol and the Cleveland Youth Detention Centre in Townsville). Integrated drug and alcohol

and mental health treatments are provided in recognition of the high rate of co-occurring mental health and drug and alcohol problems for young people in detention. CYFMHS also provide input into interdepartmental care planning for young people at the centre.

56. **CYFMHS provided to children and young people in the community**
CYFMHS in the community provide an integrated consultation-liaison, mobile assessment and intervention service. CYFMHS provide information, advice, support and education to stakeholders who work with children and young people with mental health problems who are involved with, or are at risk of involvement with, the youth justice system. CYFMHS also provide a court liaison service for sittings of the Children's Court where possible. Court liaison services aim to facilitate early identification and intervention and increase access to appropriate mental health support services for children and young appearing before court.

57. **Dependent children living with their mothers in prison**
It is estimated that up to 85% of female prisoners in Australia are parents of dependent children and heads of single parent families (Anti-Discrimination Commission Queensland 2006:119). Queensland Health is aware that there are a small number of children up to the age of five who live with their mothers in prison (at Brisbane Women's Correctional Centre and Townsville Women's Correctional Centre).

Women in prison are a high needs group compared to women in the general community and experience high levels of mental illness and substance use problems (Australian Bureau of Statistics 2004:1). The prevalence of emotional and behavioural difficulties among children with a parent affected by a mental illness varies but is reported to be much higher than for the general population (AICAFMHA 2001:3). Given the high rates of mental illness amongst female prisoners, risk factors for the development of psychological and behavioural problems in these children are significant. Not all children will experience difficulties, however the combination of genetic inheritance, relationship factors within the family, and psychosocial adversities increase the risk of these children developing psychopathology, medical problems, and behavioural problems.

Although Prison Mental Health Services provide mental health services to women in prison, Queensland Health does not provide in-reach mental health services to children living with their mothers in prison. In recognition of the potential mental health needs of this group of children, Queensland Health aims to establish service delivery pathways to respond to the mental health needs of children living with their mother in custody, as articulated in the Queensland Health Forensic Mental Health Strategic Framework and Action Plan 2012–2017 (pending publication).

58. **Incarceration of 17 year olds in adult prisons**
Queensland Health supports the removal of children aged 17 years from adult correctional facilities, in accordance with the United Nations Convention on the Rights of the Child which states that:
    - a child refers to all human beings under the age of 18
    - children deprived of their liberty should be separated from adults

- children deprived of their liberty should be treated in a manner which takes into account the person's age.

Literature in this field suggests that children and young people in detention have high mental health care needs. Bickel and Campbell (2002) found that young people in detention have mental health problems at five times the rates of young people in the community. In a study conducted by Teplin, Abram, McClelland, Dulcan and Mericle (2002), 60% of males and more than 66% of females in youth detention met the full diagnostic criteria for one or more psychiatric disorders (excluding conduct disorder). In this same sample, 50% of young people met diagnostic criteria for a substance use disorder.

Modern approaches to mental health service delivery indicate that tailored mental health services are desirable for young people up to the age of 25. The majority of young people in the youth justice system are under the age of 16 and are provided mental health services within the child and youth mental health stream of services. However, the current service system does not include the provision of youth specific mental health services to young people aged 17 years who are detained in adult prisons. This represents a significant access and equity issue as this group of young people do not receive developmentally appropriate mental health services.

In the yet to be released Queensland Health Forensic Mental Health Strategic Framework and Action Plan 2012-2017, adult and child and youth forensic mental health services will collaborate in the development of a model for age appropriate mental health service provision for young people aged up to 25 years in adult correctional facilities.

Forensic references

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59. **The Department of Communities (Child Safety Services) and Queensland Health (CYMHS) Interim Memorandum of Understanding (MoU) (April 2010)**
The MoU was developed to promote tangible improvements in the partnership between the departments to enhance services for children and young people with mental health issues and who are at risk of harm or in need of protection (Attachment 16, MoU and Attachment 17, Glossary of Terms). Specific areas addressed are:

- communication and information sharing
- responding to children and young people with mental health conditions
- case planning
- admission to inpatient units.

The MoU provides an umbrella agreement between the departments thus reducing duplication of protocols and processes, while enabling services to develop flexible, responsive partnership arrangements to meet local needs. Key issues recommended for inclusion in partnership activities at the local level are:

- shared principles and philosophies
- interagency collaborative practices
- communication pathways
- information sharing and consent
- cross agency referrals of clients
- managing professional viewpoints
- data and performance information.

Implementation resources developed and accessible on Queensland Health and Department of Communities, Child Safety and Disability Services intranet sites include:

- How to use the MoU resources (Attachment 18)
- MoU highlights (Attachment 19)
- Supporting good practice during admission to acute mental health inpatient units (Attachment 20)
- Child Safety Services discussion tool, role of CSS when referring and during assessment by CYMHS (Attachment 21)
- CYMHS discussion tool, role of CYMHS, considerations in relation to requests for admission (Attachment 22)
- Queensland Health services for children in care, summary of therapeutic services available to meet the needs of children and adolescents in care (Attachment 23)
- MoU implementation power point, slides developed and able to be adapted for inter or intra departmental training (Attachment 24).

Additional affiliated services provided through Queensland Health

60. **Community Child Health Services**
A network of Community Child Health Services across the state offer a range of early intervention and prevention services for families with infants and children including, child health surveillance and screening, growth and developmental assessment, behavioural monitoring, parents' discussion groups and Triple P (Positive Parenting Programs). Multiple health professionals may have input into the assessment and management of an individual child or family, including: child health nurses, psychologists, social workers, paediatricians, occupational therapists, and speech pathologists.

A major early intervention initiative to support parents is the Triple P Positive Parenting Program which is a multi level behaviourally based parenting program

with interventions ranging from universally applicable tools (level 1, parenting tip sheets), through to intensive family behavioural interventions for severe parenting difficulties (level 5, individual face-to-face intervention, group work, telephone-assisted intervention, self-directed programs, or a combination of these).

- Queensland Health's target group for Triple P is parents of children aged 0 to 8 years to maintain an early intervention focus. Triple P can be used with children up to 12 years.
- Teen Triple P training is provided to all School Based Youth Health Nurses. The program is based on a combination of education about the developmental needs of adolescents, skills training to improve communication and problem-solving skills, plus specific modules to deal with common problems encountered by parents and adolescents that can escalate into major conflict and violence. It is designed to increase the engagement of parents by identifying optimal options for delivering effective parenting advice and support to parents of adolescent and pre-adolescent children.

61. The school based youth health nurse program, implemented in partnership with the Department of Education, Training and Employment, provides all State secondary school students with access to a nurse. The program aims to promote positive health outcomes for young people and their families through the delivery of accessible, acceptable, appropriate and culturally respectful primary health care services in the school setting. Common issues addressed are mental health, psychosocial issues, substance use and sexual health.

Summary

62. The Queensland Plan for Mental Health 2007-2017 (Queensland Plan) recognises that a range of sectors including housing, education, training, employment, community support, health, corrections, justice, disability, police, emergency services and child safety have important roles to play in promoting mental health and reducing the impact of mental health problems and mental illness. A safe environment, adequate income, meaningful social and occupational roles, secure housing, higher levels of education and social support are all associated with better mental health and wellbeing.

    Queensland Government departments are actively working together to deliver programs that aim to strengthen mental health and promote recovery, across the spectrum of interventions. Ensuring mental health services respond as effectively as possible to the needs of consumers, families, carers, and the broader Queensland community requires effective coordination and collaboration between these sectors and across the spectrum of interventions.

63. **Future directions**
    Work will continue to progress the mental health reform outlined within the Queensland Plan for Mental Health 2007-2017.

    Targets for 2017 are to have:

    - collaborative, evidence-based mental health prevention and early intervention to targeted high risk groups.

- implemented and evaluated a comprehensive approach to suicide prevention and suicide risk management.
- developed collaborative initiatives to address the mental health needs of specific communities and targeted populations.
- statewide standardised service models for all core public mental health services functions, including entry criteria, case management and inter-sectoral collaboration.
- increased capacity of community and inpatient mental health services to deliver high quality, responsive, consumer-focused care, including child and youth community forensic outreach, prison mental health, community CYMHS, adolescent inpatient units and day programs and Evolve Therapeutic Services.
- a well integrated mental health service providing seamless clinical mental health treatment and care for consumers, families and carers.
- improved capacity to provide comprehensive mental health care to children and young people aged 15-25 through the development of early intervention services for young people showing early signs of mental health problems e.g. early psychosis.
- capacity for cross-sector collaboration within the mental health service system that allows various services to work together as inter-related parts of a single system of care to minimise the risk of youth falling through the gaps e.g. *headspace*.
- a coordinated model of care to consumers across primary health, housing, employment, disability and mental health services.
- increased access to non-clinical recovery-focused services delivered through the non-government sector.
- access to an available, highly skilled mental health workforce

Future challenges

64. The mental health system will need to continue to work to meet the needs of a growing Queensland population in an environment of economic hardship being experienced at the international, national and state levels. The Queensland Government will continue to work closely with the Australian Government to realise the full potential of the National Partnership Agreements on Supporting Mental Health Reform.

Declared before me at Brisbane this 15th day of October 2012.

Jennifer Mulkearns

JUSTICE OF THE PEACE
ATTORNEY-GENERALS DEPARTMENT
Reg. No. 69339
QUALIFIED

Signature of officer _____ Witness Signature _____