Mental Health Planning in Queensland.

Dr Aaron Groves
Director of Mental Health.

08/04/2011
First stage of the Queensland Plan for Mental Health

2007-2011
Priority 1: Promotion, Prevention & Early Intervention

Qld Centre for Mental Health Promotion, Prevention & Early Intervention:

Established the MHPPEI Centre which is responsible for planning, developing and implementing PPEI initiatives.

Current projects include:
- Mental Health Literacy
- Children of Parents with a Mental Illness (COPMI)
- Queensland Ed-LinQ Initiative
- Suicide Prevention
- Perinatal and Infant Mental Health
Priority 1: Promotion, Prevention & Early Intervention

Mental Health Literacy:

- Established a state-wide Mental Health Literacy Coordinator.
- Developing a comprehensive plan for MHL in Queensland.
- Commenced work to develop state-wide monitoring and evaluation frameworks to record existing MHL need and activity, and coordinate the provision of MHL training.
- The MHL Plan will facilitate access to programs such as Mental Health First Aid.
- Commenced work to develop MHL resources to support front line workers in key government and non-government services to improve their understanding of mental illness.
Examples of initiatives under this priority area include:

- **Established the Queensland Centre for Perinatal and Infant Mental Health** (PIMH) to provide co-case management, consultation, liaison and support to public mental health services and the broader community sector.

- Provision of MHFA and other MHL training for key frontline workers across government and non-government services.

- Improved **utilisation** of existing programs and resources eg beyondblue, mindframe, headspace.

- **Evolve Therapeutic Services** - 105 FTEs across nine hub sites providing services to 240 children and young people.

- **Early Psychosis Model of Care** for Queensland Health Mental Health Services
  - Provides standardised framework for services working with young people 15-24 years old with EP
  - Provides key recommendations to improve access, treatment and early detection.
Priority 1: Promotion, Prevention & Early Intervention

Children of Parents with Mental Illness (COPMI):
- Developed and currently implementing a QH COPMI policy.
- Appointed a state-wide COPMI Coordinator.
- Developed a state-wide COPMI framework.
- Established a state-wide COPMI cross sector Advisory Group.
- Identified QH workforce development needs and developed a state-wide training strategy.
- Developed guidelines and resources for front line staff working with parents with a mental illness.
- Developed an evaluation framework for state-wide COPMI activity.
COPMI Policy: “Meeting the Needs of Children for whom a person with a Mental Illness has Care Responsibilities”

Policy developed and implemented in January 2009 - reviewed and updated June 2010.
Format has changed but policy intent, processes and requirements for mental health staff remain consistent.

Intent of Policy:
– ensuring immediate protection needs of children
– determining impact of parental mental illness on care & protection needs of children
– supporting parents or carers to meet the needs of children
Working with parents with mental illness - guidelines for mental health clinicians

Aims of the guidelines:
• To provide a framework for ongoing consideration of risk and protective factors in relation to children’s safety
• To assist in identification of support needs for parent/carer
• To assist in identification of support needs of children

Includes information on parent role, children’s needs, risk and protective factors, assessment of needs and maximising supports.

Fact sheets:
• Overview of the guidelines (including flow chart of processes)
• Risk and Protective factors wall chart
• Clinical Interview prompt questions
Priority 1:
Promotion, Prevention & Early Intervention

Ed-LinQ Initiative:

- The Ed-LinQ Initiative aims to build cross-sectoral capacity to prevent and intervene early in mental health problems and disorders affecting school-aged children and young people.
- The initiative focuses on the development of collaborative partnerships between health, education and the primary care sector at the state and local levels.
- Established a state-wide coordinator & 12 new Ed-LinQ positions in Health Service Districts across the state.
- Developed a framework for the implementation and evaluation of the Ed-LinQ Initiative.
- Established state-wide planning and governance structures comprising cross-sectoral and interdepartmental membership.
Vision for Queensland Ed-LinQ Initiative

- School staff know how to **identify** when a student is at risk of, or is experiencing, **mental illness**.

- School staff know what to do when they identify the student - every school has access to information regarding comprehensive **local referral and care pathways**.

- This is supported by **strong strategic links** at the local level; a focus on developing the **skills and knowledge** of key **stakeholders** (education and primary care), and improving access to key resources.
Employment Specialist Initiative

**Aims**

Collocate employment consultants within the mental health services to:

- Form normalising views of mental health consumers as job seekers
- Add a vocational focus to treatment planning
- Synchronise employment with mental health
- Coordinate roles among team members enabling employment consultants to focus on work related issues.

<table>
<thead>
<tr>
<th>MH Service District</th>
<th>Pilot Sites</th>
<th>Self Funded</th>
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<tbody>
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<td>Bundaberg</td>
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<td>Logan Beaudesert</td>
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<td>The Prince Charles Hospital</td>
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<td>West Moreton</td>
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</table>
Aboriginal and Torres Strait Islander Mental Health Hub

Policy context:

The Plan acknowledges our indigenous heritage and the unique contribution of Indigenous people's culture and heritage to our society.

Furthermore, it recognises Indigenous people's distinctive rights to status and culture, self-determination and the land. It acknowledges that this recognition and identity is fundamental to the wellbeing of Indigenous Australians. It recognises that mutual resolve, respect and responsibility are required to close the gap on indigenous disadvantage and to improve mental health and well-being.

Action 7:  Lead the development of coordinated actions to implement a renewed Aboriginal and Torres Straits Islander Social and Emotional Well Being Framework.
Queensland Aboriginal and Torres Strait Islander Mental Health Hub (QATSIMHH)

Alignment of Priorities

- **Policy & Outcomes**
  - Fourth National Mental Health Plan 2009 - 2014
  - NSFA&TSIMH & SEWB 2004-2009

- **Workforce & Education**
  - QPMH 2007-2017
  - QSIMHHE Activities

- **Community, Cultural & Partnerships**
  - District IMH Activities
  - Individuals & Communities

**Background**

The Queensland Plan for Mental Health 2007-2017 (QPMH) commits to improving mental health services to people from an Aboriginal and/or Torres Strait Islander background by providing “a specialist hub of expertise to provide leadership and oversight of the development of service models, workforce and partnerships”.

Queensland Government
Opportunity
The major functions of the QATSIMHH includes service delivery models, policy development, research and evidence based practice, cultural presence, community engagement, collaborative partnerships and workforce activities.

QSIMHHE – Proposed Service Model

Proposed Phases
1. **Phase 1 (2010 – 2011)** establish an Interim Hub with smaller scale resources to progress key deliverables and provide the foundation for growth from 2011-2017.
2. **Phase 2 (2011 – 12)** Secure funding to implement the larger scale version of the QATSIMHH building on the work/success of the Interim Hub.
Priority 1:
Promotion, Prevention & Early Intervention

Suicide Prevention:

• Established and supported the development of the Queensland Health Advisory Group on Suicide.
• Developed a whole-of-health suicide risk management framework.
• Enhanced interdepartmental capacity to identify and respond to those at risk of suicide, and formalise strategic interdepartmental partnerships to integrate and support suicide prevention programs and initiatives.
• Negotiated cross-agency funding allocations to support the priority actions for Queensland Government suicide prevention.
• Developed a comprehensive evaluation framework for suicide prevention activities.
Building cross-sectoral action for prevention and early intervention

**Emergency Department Follow Up Care Project**
Collaborating with [Department of Health and Ageing and General Practice](https://www.health.gov.au/)
Queensland to plan, implement and evaluate actions to enhance follow-up care for people at risk of suicide who present and are discharged from QH Emergency Departments.

**Surveillance and Monitoring**
Partnering with [Australian Institute for Suicide Research and Prevention](https://www.australianinstituteforsuicideresearch.com.au/)
and other key stakeholders to build quality and timeliness of Queensland suicide mortality data.

**Construction Industry**
Supporting [OzHelp Foundation](https://ozhelp.org.au/)
to pilot the Lifeskills Toolbox in apprentice workplace-based and TAFE training and establish early intervention suicide prevention and social capacity building programs across the construction industry.
Addressing the needs of priority groups for prevention and early intervention

Initiatives addressing the needs of priority groups

Caring for the Carers:
Coordinating statewide workforce training in **Partners in Depression**, a six week group education program designed to meet the information and support needs of those who care for a person experiencing depression.

Carers Matters Web-site
A web-site developed by carers for carers to inform how to best get support, advice and access to services when needed.

OnTrack:
An **online psychology program**, developed and implemented by the University of Queensland. OnTrack provides access to psychological interventions at a distance, by providing a website for information and linkages to programs, as well as support for ongoing delivery of programs.
Priority 1: Promotion, Prevention & Early Intervention

Perinatal & Infant Mental Health:

- Established a Director and two Service Development Leaders.
- Established the Centre for Perinatal and Infant Mental Health (PIMH) to develop PIMH services utilising Whole-of-Government, cross-sectoral clinical and community partnerships and networks.
- Developed a framework for PIMH service delivery in Queensland.
- Leading and coordinating the state-wide roll out of the National Perinatal Depression Initiative – development of a resource package on PIMH for midwives/primary carers and roll out of training program.
- Funded a pilot day program for parents with mental health problems and their infants at the Ellen Barron Family Centre. Program Manual and Evaluation Report to be completed as part of the pilot.
Overview

• Queensland Centre for Perinatal and Infant Mental Health (the Centre) was established as a statewide hub of expertise in PIMH to provide consultation, liaison and support to public mental health services and the broader community sector.

• The Centre’s mission is to develop, support and promote accessible and responsive PIMH services for families (preconception to 36 months postpartum):
  – that are culturally sensitive and family centred
  – that operate within a partnership focused collaborative framework, and
  – that provide a seamlessly integrated system of care
Perinatal and Infant Mental Health Service Model

Culturally sensitive, family focused, biopsychosocial, integrated response that is focused on building capacity and resilience and child safety and security

- Self-Referral
- Universal Psychosocial Screening
- Mental Health Services Infant, Child, Youth and Adult
  - Private Sector
  - Public Sector
  - Specialist Teams
- Non-Mental Health Services
  - Private Sector
  - Government Sector
  - Non-Government Sector
- Issues Identification & Assessment of Acuity, Severity & Complexity & to Inform Levels of Care
- Inpatient Services
- Consultation Liaison Services
- Day Programs
- Non-Hospital Based Community Services

Service Provider Networks
- Private Practitioners
- Government Sector Providers
- Non-Government Sector Providers

Education, Training, Supervision and Staff Support
Mental Health Promotion & Prevention
Evaluation & Research
Major Outcomes to Date

- Ongoing support from a statewide and cross-sectoral PIMH Advisory Group
- PIMH recognised as an identifiable clinical population in the Model of Service for Queensland Health Mental Health Services
- PIMH included in Queensland Mental Health Clinical Services Capability Framework
- Developed the following documents:
  - PIMH Framework for Practice
  - PIMH Service Model
  - Universal PIMH Risk Assessment and Referral Pathways
- Integrated the rollout of the National Perinatal Depression Initiative into statewide PIMH service development
- Development and delivery of a training package - *Universal Psychosocial Screening Module* – to support the statewide rollout of universal perinatal psychosocial screening by midwives and child health nurses in Queensland
Enhancing the Quality of Life and Wellbeing of People with a Lived Experience of Mental Illness

Stigma Reduction & Social Inclusion

- Queensland Government funding provided to develop and implement over four years a comprehensive and multifaceted strategy for Queensland to address the stigma associated with severe mental illness.

- To include community engagement and education as well as public awareness elements.

- High influence groups and environments known to have impact on stigma and discrimination will be targeted under the strategy.
Transcultural Mental Health Initiatives

Multicultural Mental Health Coordinators (13 FTE)
- Based in district MHS focusing on local level coordination. Role includes CL, education, and service development

Multicultural Depression Self Management Program
- 6 week structured chronic disease self management program for people with depression
- Aims: to improve depression via self management strategies & participation in exercise

- Translated consumer resources in 10 languages
- Program accessible across Qld via video conference

Stepping Out of the Shadows – a multicultural stigma reduction program developed in Qld, now rolled out nationally via MMMA
Transcultural Mental Health Initiatives

Transcultural Clinical Consultation Service

- State-wide consultation service via bilingual clinicians (medical, allied health, nursing) & cultural consultants
- Delivered clinical services in 79 languages in 2009
- Accessible via video-conference state-wide

BRiTA Futures – A group resiliency building program for CALD children and adolescents. 170 program facilitators trained in Qld
Priority 2: Improving & integrating the Care System

Community Mental Health Positions

• Since 2007-2008 an additional **543 FTE** positions have been established in a range of community, statewide, and tertiary mental health services across the state.

• **88%** (or 479 FTE) were filled at August 2010

• **24%** increase in the number of community FTE since 2006-07

• **Currently 47 FTE per 100K population** at August 2010 (67% progress towards 2017 staffing target)
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<th>District Based Positions</th>
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<th>2009-10</th>
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### Community mental health services (cont.)

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Queensland Plan for Mental Health 2007-2017 – Improving mental health for Queenslanders
Community mental health services

Comparison of community mental health establishment vacancy rates since 2007

The overall rate of vacancy (4.14%) in community mental health services has been consistently low since December 2008.
Community mental health services

Comparison of community mental health establishment vacancy rates since 2007

The overall rate of vacancy (4.62%) in community mental health services has been consistently low since December 2008.
Priority 2: Improving & integrating the Care System

Capital Works

- 17 Capital Works projects funded 2007-2011 for $119.41m
- Projects will deliver 270 re-developed, upgraded, refurbished or new inpatient beds (including 146 additional beds). These include:
  - Construction almost complete on the Coorparoo Community Care Unit and a 9 bed High Security HDU at The Park Centre for Mental Health.
  - Construction underway on 43 mental health beds at Caboolture Hospital resulting in 20 acute beds and 23 medium secure beds.
  - Logan Hospital currently building 25 additional acute beds, including a 10 bed acute older persons unit.
  - Construction underway on adolescent inpatient services (and day programs) in Toowoomba and tender about to be called in Townsville
  - Three other CCU projects in various stages of planning on the south side of Brisbane - plus see next slide:
# Capital works program

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<th>Project</th>
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<td>Bayside 20 bed new CCU</td>
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<td></td>
<td>Southside</td>
<td>Logan – redevelop 25 acute beds</td>
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<td>Southside</td>
<td>Logan – new 16 bed CCU</td>
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<td>PAH</td>
<td>PAH – new 20 bed CCU</td>
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<td></td>
<td>Toowoomba &amp;</td>
<td>Toowoomba – 8 bed child &amp; youth unit (with day centre)</td>
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<td>Darling Downs</td>
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<td>West Moreton – upgrade of 20 forensic ET beds</td>
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<td>West Moreton – new 15 bed adolescent ET beds</td>
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<td>Northside</td>
<td>Redcliffe/Caboolture – 20 bed acute unit</td>
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<td>Redcliffe/Caboolture – 23 bed medium secure unit</td>
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<td>Rockhampton – 4 psychogeriatric acute beds</td>
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<td>Sunshine Coast &amp;</td>
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<td>Cooloola</td>
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<td>Northern</td>
<td>Mackay</td>
<td>Mackay – new 24 bed acute care unit</td>
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<td>Townsville</td>
<td>Townsville – redevelop 8 ET beds</td>
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<tr>
<td></td>
<td>Townsville</td>
<td>Townsville – redevelop 30 bed secure unit</td>
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<tr>
<td></td>
<td>Townsville</td>
<td>Townsville – new 6 bed C &amp; Y unit (with day care)</td>
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### Our achievements - MHPIU

**Inpatient mental health services**

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<tr>
<th>Location</th>
<th>Capital Works Project</th>
<th>Estimated Commissioning</th>
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<td>Bayside</td>
<td>NEW 20 bed community care unit</td>
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<tr>
<td>Logan</td>
<td>NEW 25 acute beds</td>
<td>July to September 2011</td>
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<tr>
<td>Logan</td>
<td>NEW 16 bed community care unit</td>
<td>May to July 2011</td>
</tr>
<tr>
<td>PAH</td>
<td>NEW 20 bed community care unit</td>
<td>December to February 2011</td>
</tr>
<tr>
<td>Redlands</td>
<td>NEW 15 bed extended treatment unit with day centre &amp; school</td>
<td>November to January 2012</td>
</tr>
<tr>
<td>West Moreton</td>
<td>NEW 18 bed community care unit (Goodna)</td>
<td>July to September 2011</td>
</tr>
<tr>
<td>West Moreton</td>
<td>NEW 9 beds &amp; HDU beds for high security</td>
<td>January to March 2011</td>
</tr>
<tr>
<td>West Moreton</td>
<td>Upgrade 20 forensic extended treatment beds</td>
<td>August to September 2011</td>
</tr>
<tr>
<td>Toowoomba</td>
<td>New 8 bed child and youth unit (with day centre)</td>
<td>December 2010 to February 2011</td>
</tr>
<tr>
<td>Redcliffe/Caboolture</td>
<td>NEW 20 acute beds</td>
<td>June to August 2011</td>
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<tr>
<td>Redcliffe/Caboolture</td>
<td>NEW 23 bed medium secure unit</td>
<td>June to August 2011</td>
</tr>
<tr>
<td>Rockhampton</td>
<td>NEW 4 psycho geriatric acute beds</td>
<td>January 2012</td>
</tr>
<tr>
<td>Sunshine Coast</td>
<td>NEW 5 aged extended treatment beds</td>
<td>March 2010</td>
</tr>
<tr>
<td>Mackay</td>
<td>NEW 30 bed acute unit</td>
<td>Part of new hospital redevelopment</td>
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<tr>
<td>Townsville</td>
<td>Redevelop 8 extended treatment beds</td>
<td>Completed July 2008</td>
</tr>
<tr>
<td>Townsville</td>
<td>Redevelop 30 medium secure beds</td>
<td>September to November 2011</td>
</tr>
<tr>
<td>Townsville</td>
<td>NEW 6 bed child and youth unit (with day centre)</td>
<td>July to September 2011</td>
</tr>
</tbody>
</table>
Design Considerations for Acute Mental Health Facilities

- Intended to inform and guide architects, designers, planners, clinicians, consumers, carers and local user groups about essential physical and spatial requirements for built and natural features of all new and remodelled inpatient units.

- Do not address operational or procedural matters directly
Overarching principles for Acute Adult Inpatient Design guidelines

- Culturally sensitive design
- Domestic, not institutional environments
- Privacy versus interaction with others
- Viewing and experiencing nature
- Safety and security
- Ground floor location
- Flexibility in design
- Family, visitor and carer areas
- Universal access and facilities
- Environmental sustainability
• Development of *Design Considerations* to support contemporary, evidence based design
• Literature review and consultation workshops to formulate *Design Considerations*
• Synthesis of experience of clinicians, consumers, carers, architects and available published evidence
• Design questions considered concurrently with Model of Service and Staffing Profile
• Provide local design groups with a comprehensive resource to support design development
Design considerations

Model of Service

• Service Description and Function
• Target population and Service Planning Guidelines
• Service Delivery Pathway
• Core Service Provision including:
  - Clinical interventions
  - Collaborative systems and linkages
  - Discharge planning
  - Expected clinical outcomes
  - Staffing structure and composition
• Staffing Levels/Profiles - benchmarked with average bed day cost reported in National Mental Health Report 2010
Design considerations

Overarching principles

• Culturally sensitive design- Indigenous and non Indigenous cultures
• Domestic, not institutional environments
• Privacy versus interaction with others
• Viewing and experiencing nature
• Safety and security
• Mainstreaming, siting and ground floor location
Design considerations

- **Specific Rooms and Areas**
  - Staff and service areas where consumers are not allowed alone
    *(reception, admission, examination, interview and store rooms)*
  - Staff areas where consumers do not go unaccompanied
    *(staff station, staff offices)*
  - Where staff interact with consumers who may be in a distressed or agitated state
    *(high dependency unit, seclusion room)*
  - Where consumers are supervised and not left alone for long periods of time
    *(conference rooms, dining room-kitchen-servery, activity areas, living rooms, family rooms, day rooms)*
  - Rooms where consumers may spend time with variable supervision
    *(bedrooms, bathrooms and en suites, laundry facilities, hotel services)*
  - Staff only amenities
Design considerations- example

Domestic, not institutional environment

A ‘domestic rather than institutional environment provides a variety of optimal therapeutic outcomes in four areas:

• levels in consumer and family stress recovery and rehabilitation
• levels of staff effectiveness, efficiency and staff fatigue
• consumer and staff safety, and
• consumer and staff satisfaction with the overall care experience

Using design considerations

Acute Adult Inpatient Design Considerations and
• Community Care Unit Design Considerations have been produced
• Informing design of current capital works projects
• Used to inform Queensland’s Review of the Mental Health Acute Inpatient Module of the Australasian Health Facility Guidelines
• Child and Youth and Medium Secure Design Considerations recently finalised.
• Intensive mental health services for children and young people in care with severe emotional and behavioural problems

• During 2009-10, the statewide caseload averaged:
  – 238 children and young people receiving a service at any one time
  – 64% male
  – 30% identified as Aboriginal and/or Torres Strait Islander
  – 1% aged 0 to 3 years
  – 6% aged 4 to 5 years
  – 55% aged 6 to 12 years
  – 38% aged 13 to 18 years.

• The second annual ETS Performance Report (2009) identified the following improvements:
  – placement stability
  – attendance and participation in schooling
  – peer and family relationships
  – a reduction in aggressive, deliberate self harm and emotional related behaviours.
Early Psychosis

**Early Psychosis (EP) Model of Care for Queensland Health Mental Health Services:**

- Developed in 2008-09 with extensive state-wide consultation and with the support of the EP Sub Network of the Statewide Mental Health Network.

- Based on the following agreed principles:
  - Early identification and intervention
  - Individualised care and recovery
  - Continuity of care
  - Intensive outreach targeting periods of transition
  - Collaboration and partnerships
  - Family and peer involvement.

- All mental health services across Qld have agreed to develop specialist EP services to work with young people aged 15-24 years

- Several services have commenced the reallocation of existing resources

- Approximately 30 FTE mental health clinicians providing specialist EP services across Qld – North and South Brisbane, Mackay, Townsville, and on the Gold Coast.
Deafness and Mental Health

- State-wide consultation service for adults who are Deaf or hard of hearing and experiencing symptoms of a mental illness (3.4 FTE)
- First of its kind in Australia.
- Offers training and resources to assist mental health professionals to provide appropriate, accessible and equitable care.
- Provides three types of clinical services:
  - direct assessment and consultation (face to face or video-conference)
  - advice for clinicians, carers, and support workers in relation to the mental health assessment and management of consumers
  - counselling.
- In 2010:
  - 33 referrals for direct assessment and consultation (11 hard of hearing, 20 Deaf, 2 both Deaf and visually impaired)
  - 122 counselling sessions to 30 individuals
  - 171 contacts requesting information, networking opportunities, counselling, and training.
Activate: Mind and Body

• Joint initiative between Queensland Health and General Practice Queensland

• Improving the physical and oral health outcomes for people living with severe mental illness

• Statewide consultation phase occurred from July to December 2008

• Development phase commenced in April 2009
  – State-level Steering Committee
  – Three working groups with specific focus areas:
    • Public Mental Health
    • Primary Health Care
    • Prevention, Promotion and Early Intervention

• Evaluation Advisory Group.
PRIORITY 2
Integrating & Improving the Care System

Examples of initiatives under this priority area include:

- **The Queensland Framework for Primary Mental Health Care 2010**, and the Partners in Mind Local Implementation Planning Guide 2010 identifies strategies at the local and state level to support a more integrated and effective primary mental health care system.

- **The Consumer, Carer and Family Participation Framework** - Provides mental health services a guide about how to involve consumers, carers and families in the planning and delivery of quality mental health services.

- **Activate Mind and Body** - Joint initiative between Queensland Health and General Practice Queensland improving the physical and oral health outcomes for people living with severe mental illness.
Queensland Framework for Primary Mental Health Care (QFPMHC)

• The Framework identifies strategies at the local and state level to support a more integrated and effective primary mental health care system.

• Aims to improve mental health services and patient outcomes through:
  - improving linkages and increasing capacity
  - clarifying roles
  - ensuring local service provision has a consumer and carer focus
  - increasing the understanding and use of available resources

• Vehicle for system reform in Queensland.
Partners in Mind
Strengthening the Interface

- Partners in Mind (PIM) involves implementation of the QFPMHC
- PIM places a specific emphasis on:
  - increasing the capacity of general practice to meet consumers’ needs
  - better integrating the public mental health service and general practice to improve continuity of care
- Queensland Health (QH) and General Practice Queensland are leading the implementation of PIM in 12 sites across Queensland
- Locally, the QH Mental Health Service (QH MHS) and Division of General Practice work collaboratively to progress PIM and determine strategies in the local region
- Primary Care Liaison Officers have been established in the QH MHSs to facilitate the implementation of PIM
- PIM Action Areas include:
  - partnerships and joint planning
  - education and training
  - resource development
  - policy, processes and procedures
  - establishing new positions/programs
  - linking with existing initiatives/programs.
Consumer Companion Program

- The program is based on the concepts of shared experience, learning from one another and having support from a companion.
- Companions help consumers become more positive about their care and treatment, as well as their recovery.
- The program was first piloted in six sites in February 2008 and approximately 45 companions were engaged.
- Companions provide one-on-one activities, structured activities, peer support, art and craft, indoor games, outdoor games and cooking activities.
- The program is now operating in all 17 acute mental health units in Queensland.
- Currently approximately 85 companions employed as casual Queensland Health employees, at AO2 level.
Carers Matter Website

- Reference group formed to plan the website
- Website first launched 2004
- Reference group reconvened in late 2007
- Website updated and relaunched October 2008
- Five fact sheets developed, first three are under review and more to be developed covering:
  - Child & Youth
  - Older Persons
  - COPMI (Children of Parents with Mental Illness)
  - and others as they are identified
- Reference group monitors website statistics and usage
- Reference group maintains the site
- One SPO from CCF Team now trained as Website Editor/Publisher
Consumer, Carer and Family Participation Framework

- Provides mental health services in Queensland Health with a guide about how best to involve consumers, carers and families in the planning and delivery of quality mental health services.
- Four components:
  - Part A: Background, consultation, principles and definitions
  - Part B: Implementation Framework and nine priority areas
  - Part C: Self-Assessment Template and Key Performance Indicators
  - Part D: Resources
    - National Standards for Mental Health Services 2010
    - Fourth National Mental Health Plan
    - Queensland Plan for Mental Health 2007–2017
    - Consumer and Carer Participation Survey (triennial)
    - Consumer and Carer Workforce Pathway
    - Carers Matter fact sheets
    - any other documents relevant to the district
Consumer companions provide interaction and support for patients within a Queensland Mental Health Unit or extended care facility. The support and positive interaction the patients receive helps them to become more positive about their care and treatment. This in turn is conducive to patient comfort and making their stay in the hospital less intimidating.

The consumer companion program is based on the concepts of shared experience, learning from one another and having support from a companion. All consumer companions undergo training around their role and their duties which means they are able to provide better support than using people without the lived experience or from outside the mental health arena.

Consumer companions are casual Queensland Health employees. Consumer companions have had a lived experience of mental illness. This means that they have an understanding of what it may be like for other people who are experiencing mental illness.

Through the development of peer support, people with a mental illness are able to become role models and gain inspiration and hope through the positive stories of others. In addition, peer support programs encourage people to express their knowledge and experience in a manner that is not only accessible to each other but also to mental health professionals.

There are a number of tasks that Consumer Companions can offer to support patients. These include:

- providing activities for patients
- sharing lived experiences
- providing peer support/positive role model
- providing friendship/companionship
- providing information for patients and guidance on the ward.

**Consumer Companion Program Statewide Data Summary**

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<td>497</td>
<td>532</td>
<td>487</td>
<td>549</td>
<td>502</td>
<td>589</td>
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<td><strong>TOTAL</strong></td>
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<td>596</td>
<td>492</td>
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</tbody>
</table>

It is very helpful because you share your experience, that you have gone through.
Priority 3:
Participation in the Community

Transitional Recovery Program

• Provides non-clinical personal support (24/7 if required) to help transition people from inpatient services back into the community.

• Programs established at the Gold Coast: 3 houses and 6 transition single units have been purchased. 15 consumers currently supported through program (since March 2009).

• Preparation for transitional housing for Logan and Caboolture is underway to make available 16 places across both sites.
Priority 3: Participation in the Community

Resident Recovery Program:
- Provides short to medium term non-clinical support for people living in the Greater Brisbane region.
- 172 people have been supported through the program (since Feb 2009).
- Procurement for additional places in inner North Brisbane, Ipswich and Toowoomba is currently being finalised. Expanded service delivery is expected to commence in inner north Brisbane in May/June 2010.

Transition from Correctional Facilities:
- Provides short to medium term non-clinical support for people transitioning from correctional facilities to improve continuity of care.
- 244 people have been supported through the program since July 2007, covering south east Qld, Townsville and Cairns.
- Expansion to Maryborough and Rockhampton has been finalised. These locations are expected to be providing services by May 2010.
Priority 3: Participation in the Community

Consumer Operated Services:

- Provides a range of services including non-residential peer support, short-term residential crisis prevention & 24-hour crisis prevention.

- Tendering process completed in September 2009 for the establishment of the service in the PAH Health Services District (Brook RED Centre).

- Phased implementation expected with one-on-one peer support commencing in June 2010, progressing to a short term ‘step-up’ support service.

- Procurement for the second COS on the Sunshine Coast to close on the 19 Feb 2010.

- Peer worker training has been provided to 69 participants & 12 people have attended a co-supervision workshops with further training planned.
**Priority 3:**

**Participation in the Community**

**Housing and Support program (HASP):**
- Program delivered collaboratively by Dept of Communities, Qld Health and non-government service providers.
- Provides social housing linked with personal support services.
- Currently (February 2010) 193 people are supported through the program.

**Sector Development:**
- **The Queensland Alliance** receives an annual recurrent budget of $675,089 to function as a peak body for non-government community mental health organisations throughout the state. In addition to this, the Qld Alliance has received:
  - $0.1 Million for a sector development co-ordinator (recurrent)
  - $0.75 Million for a range of regional capacity building projects (one-off)
  - $0.6 Million to employ regional sector development co-ordinators (one-off funding - $0.2M (2008-09) $0.4M (2009-10))
Priority 3: Participation in the Community

- **Self-Help Queensland** allocated $0.3 million over 2 years to support self help groups state-wide and has allocated 40 small grants of up to $2000 each to increase the sustainability of mental health self help groups.

- **Recovery Oriented Mentors Program** allocated $0.3 million for implementation in 2 regions (Sunshine Coast and Brisbane) to engage 70 mental health leaders in embedding recovery oriented practices.

- 380 participants have attended 13 sessions of **Legal and Ethical Practice Training** contracted through the Health and Community Services Workforce Council.

- 23 NGO services participated in **Leadership Development, Governance and Capacity Building Support** in Mackay, Wide Bay, Sunshine Coast and Cairns.

- $213,000 in one-off funds contributed towards the Community Services Skilling Plan managed through the Department of Education and Training to ensure state-wide availability of **Certificate IV in Community Mental Health**.
Priority 3:
Participation in the Community

**Social Firms:**
- $2 Million in one-off funds has been allocated to Social Ventures Australia to help establish five social enterprises (firms) across Queensland that will employ people with a lived experience of mental illness.
Priority 4:
Coordinating Care

• Established 22 new Service Integration Coordinators.

• The Phase 1 evaluation of Care Coordination (Implementation) has been completed.

• The evaluation of the implementation phase found that:
  ✓ 77% rated stakeholder representation at local network meetings as good to excellent;
  ✓ 69% rated their understanding of eligibility criteria average, good or excellent.

• To date, Service Integration Coordinators have received in excess of 100 referrals with almost 80% of referrals accepted into Care Coordination.
Housing and Support Program

The Housing and Support Program (HASP) is one of the Queensland Government initiatives announced in the COAG National Action Plan on Mental Health 2006-2011. The Queensland Plan for Mental Health 2007-2017 identifies the further expansion of HASP as a key area for action. The HASP program was launched in Queensland in mid 2006.

"My neighbours are very considerate and put up with my music or when I’m not feeling well. Being part of the unit complex has made me think about other people and helped me to want to work on strategies to help me through the times I feel unwell."

Housing and Support Program (HASP) is a recovery oriented model providing housing, clinical support and non-clinical support to enable people with a psychiatric disability to live in their own homes in the community.

HASP provides a coordinated framework of housing and support, tailored to each individual’s needs. It promotes social inclusion, community connectedness and enhanced quality of life.

HASP is an innovative and collaborative partnership between Queensland Health (QH), Department of Housing (DOH), Disability Services Queensland (DSQ) and the Non-government organisation sector (NGO).

Purpose

To transition individuals with a psychiatric disability from acute or extended treatment mental health facilities to successfully live in the community of their choice and to support their recovery.

The individual makes informed choices about:
- preferred location and type of housing
- non-government organisation
- household possessions
- personal goals and lifestyle
- involvement of informal supporters.

Values that support recovery

Empowerment: creating a personal vision and having the confidence to move towards it.

Personal choice: knowing how to lead one’s life better than others.

Personal involvement: participating in the processes by which decisions are made that affect one’s life.

Community focus: participating in one’s own community.

Focus on strengths: building on personal strengths.

Social inclusion and connectedness: enhancing relationships to self, others and environments.

Eligibility Criteria

To receive support through HASP an individual must:
- have a psychiatric disability
- be over the age of 18
- be an Australian citizen or a permanent Australian resident and live in Queensland
- on discharge from acute/extended treatment mental health facilities, be homeless or at risk of homelessness
- not own a property, be renting privately or be an existing social housing tenant
- be committed to maintaining stable housing
- require and accept non-clinical support to live successfully in the community
- not have recurrent Disability Services Queensland funding
- be willing and ready to transition to the community with appropriate supports
- provide informed consent.

HASP in Action

1. Queensland Health identifies and prioritises people who are residing in extended treatment or acute mental health facilities who are eligible for the program.
2. Disability Services Queensland (DSQ) verifies the person’s eligibility for DSQ services and their support requirements to live in the community. DSQ assists the person to select a Non-government organisation (NGO) service provider.
3. Department of Housing identifies a suitable property that meets the person’s needs.
4. DSQ allocates funding to the person’s selected NGO service provider who then commences providing support to the person.
5. Development and implementation of a plan for transition to the community includes all stakeholders to ensure a coordinated and collaborative process.
6. Queensland Health, the Department of Housing, Disability Services Queensland and the Non-government organisation service provider continue the provision of appropriate support to assist the individual remain living in the community.

"The fact that the support workers and everyone was focused on my personal needs and doing what I wanted was unreal. Letting me have my own ideas and express them in what I bought, how I set up my unit really made me feel normal."

For further information about HASP please contact Laura Stevens, Queensland Health Statewide HASP Coordinator laura.stevens@health.qld.gov.au or 3855 3360

Recovery is a personal journey requiring hope, respect and discovery
Mental Health Intervention Program (MHIP)

AIM: To prevent and or safely resolve incidents involving persons with a mental illness who are experiencing a mental health crisis.

What is the Mental Health Intervention Program (MHIP)?
Statewide program involving staff from the Queensland Police Service (QPS), Queensland Ambulance Service (QAS) and Queensland Health (QH). Members come together to share expertise, resources and to respond to mental health crisis situations.

What does the district Mental Health Intervention Coordinator do?
Coordinators use a consultation and liaison model, to increase the capacity of district services to respond to mental health crisis situations. To achieve this, the Mental Health Intervention Coordinator (MHIC) will routinely liaise with other MHIC from both QPS and QAS.

Example of Mental Health Intervention Program in practice

Incident occurs in the community involving a person who has a mental illness and is experiencing a mental health crisis
First Response officer (either QPS or QAS) may or route request and receive information from QH if appropriate. On arrival they attempt to de-escalate the situation by using advanced communication skills
Voluntary Assessment
QPS or QAS initiate EEO
Mental Health Service (MHS) staff provide triage, assessment, and/or treatment as per usual procedures
If the person does not meet criteria for MHS, the person is advised about and/or referred to an alternate service provider
Mental Health Intervention Coordinator or delegate contacts the person to ensure they have followed up on the advice or referral

For more information about MHIP please call: Statewide Coordinator MHIP (07) 3131 6907

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PRIORITY 4
Coordinating care

Facilitate the linkage of a range of services to provide an integrated system of care to consumers, families and carers.

Key actions

• Strengthen partnerships and collaborative initiatives between Government agencies to address mental health service priorities

• Establish Service Integration Coordinators to improve service integration across government and non-government providers

• Implement processes at the local level to support collaborative, coordinated care across government and non-government agencies and improve outcomes for people with mental illness and complex care needs
Service Integration Coordinators

- 20.5 FTE positions have been recruited
- The purpose of the role is to:
  - establish systemic links on a local level
  - determine eligibility for Care Coordination
  - create single point of contact and a single recovery plan
  - promote access to clinical and non-clinical services
  - coordinate the respective roles and responsibilities of each agency involved and create a single recovery plan
  - review overall progress and specific consumer outcomes.

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<td><strong>Northern</strong></td>
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<td>Cairns and Hinterland</td>
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<td>Townsville</td>
<td>1 FTE</td>
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<td>Charters Towers</td>
<td>0.5 FTE</td>
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<td>1 FTE</td>
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<td><strong>Total</strong></td>
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<tr>
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<td><strong>Total</strong></td>
<td>7 FTE in Total</td>
</tr>
<tr>
<td><strong>Southern</strong></td>
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<tr>
<td>Princess Alexandra Hospital</td>
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<tr>
<td>Bayside</td>
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<tr>
<td>Logan</td>
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<tr>
<td>Gold Coast</td>
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<tr>
<td>Toowoomba and Darling Downs</td>
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<tr>
<td>West Moreton South Burnett</td>
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<tr>
<td>South West</td>
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<tr>
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<tr>
<td><strong>Statewide Total</strong></td>
<td>20.5 in Total</td>
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