

SUBJECT: Viability and system benefit of having a mental health co-responder unit in Bundaberg

<input type="checkbox"/> Approved	Signed...../...../..... Date...../...../..... Hon Yvette D'Ath MP, Minister for Health and Ambulance Services, Leader of the House Comments:
<input type="checkbox"/> Not approved	
<input type="checkbox"/> Noted	
<input type="checkbox"/> Further information required (see comments)	

ACTION REQUIRED BY - There is no specific timeframe.

RECOMMENDATION

It is recommended the Minister:

- **Notes** the following information.

ISSUES

1. The Queensland Ambulance Service (QAS) Mental Health Co-Responder Program (MH CORE) is a health-focused response, which is a first response to a Triple Zero (000) call to people experiencing a mental health crisis. The paramedic is able to assess the physical health needs of the person in crisis and the mental health clinician is able to assess their social, emotional and psychological needs. Together, the clinicians develop a treatment plan for a person experiencing a mental health crisis.
2. Considerable benefits of this model are realised for the person in crisis, who can receive timely, specialised services in their own home; as well as for the entire health system from the pre-hospital to the hospital settings, as many of these people can be assessed and treated in their own home.
3. In May 2021, the Queensland Government announced the expansion of the QAS MH CORE under the Care4Qld funding. This included the addition of four sites each year for the next three years.
4. A systematic review by the QAS of the needs across both health and community sectors has seen the program implemented across Queensland in metropolitan and regional areas, most recently in Metro North, Metro South, Gold Coast and Rockhampton Hospital and Health Services (HHSs).
5. Expansion in the 2022-23 financial year has been approved by the QAS Governance Committee for Sunshine Coast, Toowoomba, Metro South and Mackay HHSs.
6. From the 2018-19 to 2020-21 financial year, the Wide Bay District has seen a 31 per cent increase in calls for persons experiencing a mental health crisis, with a 15 per cent increase in this time period for the Bundaberg and South Bundaberg areas.
7. The Wide Bay Burnett, and areas north of the Sunshine Coast are currently being considered as part of the pre-planning for the 2023-24 financial year allocations.
8. The QAS MH CORE operates parallel to the Queensland Police Service (QPS) Co-Responder programs running throughout the State, and their development implementation and operation is not managed by the QAS.
9. The QPS model operates differently across the state across each district where the program is running, with a primary focus on community safety and welfare. Generally, the QPS Mental Health Co-Responder (MH CORE) response is a secondary response, after a primary QPS team has checked a scene, the mental health clinicians will attend to assess a person who has been deemed by a QPS officer as requiring a health response rather than a legal response to their behaviours. Many observers of the program have described this secondary response as an expensive and resource intensive model of mental health service provision.
10. In 2021, the Mental Health Alcohol and Other Drugs Branch, Queensland Health has commissioned research into the QAS and QPS co-responder programs. The evaluation will use a mixed method design to address key areas of interest regarding the functioning and impacts of MH CORE for the QAS and QPS including: consumer demographics and patterns of service use; safety and system performance; workforce factors; and consumer acceptance and satisfaction.
11. Research questions that have been identified are:
 - 11.1. What are the demographic and clinical characteristics of consumers accessing the MH CORE for acute mental health crisis?
 - 11.2. How does interaction with the MH CORE service impact individuals' subsequent use of acute health services in the short (48 hours), medium (up to three months) and longer term (up to 12 months), particularly for consumers with an established pattern of presentations?
 - 11.3. How do consumers, including carers, who have contact with the MHCORE unit describe their experience and satisfaction with the service, and the capacity for the care provided to have met their needs at that time?

- 11.4. What is the impact of attendance of the MHCORE service on the release of acute resources to respond to other cases within the community, and on service timeframes for managing mental health related consumers presenting to the emergency service?
- 11.5. Does the engagement of mental health clinicians within the MH CORE service positively impact the knowledge and confidence of paramedics on the MH CORE units, and within the service more widely, in managing mental health related presentations?

BACKGROUND

12. In July 2019, the QAS and participating HHSs commenced a pilot of a Mental Health Co-Responder Program. The pilot paired a senior mental health clinical with a QAS senior paramedic to provide a timely, first and only appropriate health response to people experiencing a mental health crisis, with a focus on collaboration between a paramedic and a mental health clinical to produce high quality, consumer focused outcomes. This is a similar assessment and treatment plan which would occur for a person presenting to an emergency department in a mental health crisis, but in their own environment utilising their own resources.
13. Due to the considerable benefits of the program, ongoing additional funding was provided to expand the program in 2020-21.
14. In 2020-21, the Care4Qld Strategy was developed to respond to emerging urgent care trends across the State. A phased investment strategy over three years was developed and aimed to enhance access to emergent unplanned care where and when Queenslanders need it most. Part of the initial \$100 million Care4Qld Strategy was the commitment to fund \$4 million to further expand MH CORE.

RESULTS OF CONSULTATION

15. A thorough consultation with local HHSs, mental health services, other service providers as well as a comprehensive needs analysis within the QAS will be conducted to assess the viability of a QAS MH CORE in Bundaberg.

RESOURCE/FINANCIAL IMPLICATIONS

16. A QAS MH CORE requires a senior paramedic and senior mental health clinician employed 10 hours a day, seven days a week as well as a dedicated ambulance vehicle and associated resourcing requirements, cost for the program's operation is approximately \$1 million per site.

SENSITIVITIES/RISKS

17. When the QAS MH CORE has been rolled out across the State, they have attracted considerable media attention which has been coordinated by the QAS Media Unit, as a proactive, positive news story.

Author	Cleared by (Dir/Snr Dir)	Content verified by (DDG/CE)	Chief Operating Officer Endorsement	Director-General Endorsement
Name: Sandra Garner Position: Director, Mental Health Response Program Unit: Office of the Medical Director Tel No: s.73 Date Drafted: 1 April 2022	Name: Stephen Rashford Position: Medical Director Branch: QAS Tel No: s.73 Date Cleared: 4 April 2022 <i>*Note clearance contact is also key contact for brief queries*</i>	Name: Craig Emery Position: Commissioner Division: Queensland Ambulance Service Tel No: s.73 Date Verified: 5 April 2022	Name: Dr David Rosengren Tel No: s.73 Date Verified: 6 April 2022	Name: Shaun Drummond Not required

*Briefing documents provided by QAS – 5 April 2022

*Briefing documents provided to the COO for clearance – 5 April 2022

*Briefing documents provided to the DG for noting and the MO – 6 April 2022

Hot Issues Brief

Occupational Violence threat incidents from known Mental Health Consumer

22 August 2022

Issue

- Since s.73 2022, a known consumer of West Moreton Mental Health Services has continued to make threats to harm and or kill hospital and community staff, including threats to individual staff.
- **s.73**
- The consumer receives care and treatment under the *Mental Health Act 2016* (the MHA) with a Treatment Authority held by West Moreton.
- The state-wide Community Forensic Outreach Service (CFOS) recommends that medical reviews and medication administration be undertaken in the Emergency Department (ED) of IGH in the presence of security and police.

Background

- The threats have been made by a current consumer of the Ipswich s.73 Team s.73 s.73
- In s.73 2022, the consumer was brought to s.73 s.73 The consumer s.73 brought a knife into the treatment room.
- In s.73 2022, s.73 s.73 made numerous threats to s.73 staff present in the room.
- In s.73 2022, the consumer presented s.73 in an agitated state and disclosed a plan to s.73 QPS were informed. s.73 s.73
- In s.73 2022, the consumer began to refuse medication. The consumer presented to Ipswich Police Station s.73 disclosed to police that s.73 s.73 s.73
- Specific threats towards treating psychiatrist and case manager have been documented s.73

s.73

Actions to date

- West Moreton Health liaised with Queensland Police Service, and security management have been informed s.73

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Media response

- A media holding statement is not required

Confidential

- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]

Contact person

Emma Foreman, Executive Director MHSS, telephone s.73

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Prepared by: Michelle Giles
Position: Director of Community Mental Health
Telephone: s.73
Date: 22 August 2022

Approved by: Emma Foreman
Position: Executive Director MHSS
Telephone: s.73
Date: 22 August 2022

DLT Member / HSCE: Hannah Bloch
Position: A/HSCE
Telephone: s.73
Date: 11 August 2022

Hot Issues Brief

Notification of a death of consumer open to West Moreton Mental Health Services

3 May 2022

Issue:

- On 13 April 2022 the Mental Health Service was informed by Queensland Police Service (QPS) an open consumer of the Ipswich Rural Community Care Team had been found deceased.
- The consumer was receiving involuntary treatment under the *Mental Health Act 2016*.

Background:

- QPS contacted the treating clinician to inform them s.73
- QPS suspect the consumer s.73 with the intention of completing suicide.
- The consumer had been receiving support and treatment in West Moreton since s.73 2022 s.73
- The consumer was last seen on 12 April 2022 s.73

Actions to date:

- The information is being documented in CIMHA.
- A clinical incident has been recorded in Riskman.
- The Management of an Unexpected Death of a Consumer procedure was followed.
- Treating staff have been offered support.
- The Office of the Chief Psychiatrist liaised with West Moreton Mental Health Service to request that a clinical incident review be conducted.
- A West Moreton Executive Triage Meeting was held with the outcome confirming a SAC1.
- A HEAPS review will be undertaken and completed by 13 July 2022.
- A copy of the review will be provided to the Office of the Chief Psychiatrist.

Media response:

- A media holding statement is not required

Confidential Information

- s.73

Contact person:

Michelle Giles, Director of Community Mental Health Services, West Moreton Health. Phone: s.73

DOH DISCLOSURE LOG COPY

Prepared by: Michelle Giles
Position: Director of Community & Mental Health Services
Telephone: s.73
Date: 3 May 2022

Approved by: Claire Barratt
Position: A/Chief Operating Officer
Telephone: s.73
Date: 3 May 2022

DLT Member / HSCE:
Position: Chief Executive
Telephone: s.73
Date: 3 May 2022

Reviewed by: CEQ
Date: 3 May 2022



Hot Issues Brief

Update on Occupational violence threat incidents from known consumer
5 May 2022

Issue:

- Between s.73 2022 – s.73 2022 three separate threats were made to a West Moreton Mental Health Service (WMMHS) staff member.
- s.73

Background:

- Several threats have been made s.73 s.73
- Between s.73 2022 and s.73 2022, the consumer made three separate threats to harm s.73 s.73 of the s.73 Team.
- s.73 s.73
- s.73
- s.73 noted the consumer had followed through with previous threats s.73 s.73
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Actions to date:

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Media response:

A media holding statement is not required

Confidential Information

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Contact person:

Michelle Giles, Director of Community Mental Health Services, West Moreton Health. Phone: s.73

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Hot Issues Brief

Australian Medical Association Queensland – proposed Doctors' Mental Health Summit 3 June 2022

Issue:

- AMAQ is calling on the State Government to convene a Doctors' Mental Health Summit to work on practical solutions to ease pressures on the medical workforce, particularly doctors in training.
 - Queensland Health is supportive of proactive approaches, such as the proposed AMAQ summit, and is willing to participate in discussions across stakeholders to address issues with the wellbeing of its medical practitioner workforce.
- Most recently Queensland Health were advised s.73 of the very sad passing (probable suicide) of a s.73 medical student, s.73 s.73.
- Incidences such as the above are, distressingly, not uncommon in the junior medical workforce.
- The Queensland Government has prioritised the health and wellbeing of the medical practitioner workforce through a range of initiatives at the local (Hospital and Health Service) level and at an organisational level with investment through the delivery of training, workforce initiatives and a state-wide Wellbeing Working Group (Attached).
- The Department of Health has engaged the AMAQ since 2017 to deliver the Wellbeing at Work program (formerly known as Resilience on the Run) to all medical interns across Queensland.
 - This program focused on developing techniques for resilience and mindfulness, better managing interpersonal relationships, navigating difficult scenarios on the job and practical steps for asking for help.
 - Following a two-year extension, the agreement for the delivery of this program expired on 31 December 2021.
- Following an extensive evaluation process including feedback from Hospital and Health Services and past participants, the department has pivoted towards a new approach for the delivery of wellbeing training for junior doctors moving forward in the form of interactive, self-paced online modules.
 - As a result, the department has commenced an open market procurement process for the development of an online wellbeing education and training program which is highly customisable and specifically designed for junior doctors in postgraduate years one to five.
- Results from the Medical Board of Australia's Medical Training Survey (MTS) highlighted that while medical training in Australia is in good shape, bullying, harassment and discrimination remain significant issues. At the Symposium, participants worked collectively to explore how concerns can be addressed to improve the culture of medicine.
 - Addressing workplace environment and culture in the survey, responses from Queensland respondents were:
 - 92 per cent agreed that most senior medical staff are supportive and 78 per cent agreed that their workplace supports staff wellbeing.
 - 67 per cent agreed in practice that their workplace supports them to achieve a good work/life balance however only 63 per cent agreed that they had a good work/life balance (in line with the national response).
 - In the past 12 months, 21 per cent of Queensland doctors in training have experienced bullying, harassment and/or discrimination (compared to 22 per cent nationally) and a further 30 per cent have witnessed bullying, harassment and/or discrimination (compared to 31 per cent nationally).
 - Of those Queensland doctors in training who have experienced bullying, harassment and/or discrimination, it was reported that the groups most responsible were senior medical staff (53 per cent for Queensland compared to 51 per cent nationally), nurse or midwife (38 per cent for Queensland compared to 36 per cent nationally), and patient and/or family carer (36 per cent for Queensland in line with national response).
 - The same responsible groups also ranked highest for trainees who reported witnessing bullying, harassment and/or discrimination in Queensland.

Prepared by: Erin Moffat
Position: Principal Policy Officer
Telephone: s.73
Date: 3 June 2022

Approved by: Dorothy Vicenzino
Position: Executive Director
Telephone: s.73
Date: 03 June 2022

DLT Member / HSCE: Prof Keith McNeil
Position: A/Deputy Director-General and Chief Medical Officer, Prevention Division
Telephone: s.73
Date: 03 June 2022



- 65 per cent of Queensland doctors in training who experienced these behaviours did not report the incident and only 61 per cent of the trainees who reported it were satisfied with the follow-up.
- When witnessing these behaviours, 76 per cent of trainees reported the incident and only 62 per cent of the trainees were satisfied with the follow-up after reporting the behaviour.
- Queensland doctors in training reported that the amount of work expected of them (24 per cent), having to relocate for work (25 per cent), having to work unpaid overtime (21 per cent) and dealing with patient expectations (18 per cent) adversely affected their wellbeing.
- 80 per cent agreed that they knew how to access support for their health (including for stress and other psychological distress).
- In response to the outcomes from the MTS, the Medical Board of Australia convened a national symposium on the Culture of Medicine, which was attended by Queensland Health representatives, including the Chief Psychiatrist and Chair of the Queensland Health Wellbeing Working Group.
 - The Medical Board of Australia's Culture of Medicine Symposium brought together leaders across the medical profession, to share knowledge and work collaboratively toward addressing a culture of respect in medicine.
- The AMA has released a position statement and Workplace Bullying Discrimination and Harassment 2021. The position statement affirms the AMA's commitment to a zero-tolerance approach to all forms of workplace bullying, discrimination, and harassment and makes recommendations to provide for and promote the physical and psychosocial health, safety, and wellbeing of medical professionals in the workplace.
- Medical practitioner wellbeing is one of three cross-cutting themes applied to the core principles of the *National Medical Workforce Strategy* and is increasingly being included as a standard for accreditation for training in the specialist medical colleges curricular.
- Additionally, medical schools offer within their curriculum elements of self-care and wellbeing education.

Background:

Queensland Health Wellbeing Working Group

- Is Chaired by the Chief Psychiatrist and includes representatives from the AMAQ Council of Doctors in Training, Junior Medical Officers Forum Queensland, Queensland Medical Students Council and Doctors' Health in Queensland (a not-for-profit charity providing mental health support to doctors and medical students).
- The working group align actions to support the wellbeing of medical students and medical practitioners with the targets for change under five pillars of coordinated action within the national framework *Every Doctor, Every Setting* (<https://lifeinmind.org.au/every-doctor-every-setting>).
- The Wellbeing Working Group are reinforcing relationships with other Queensland Health committees, including the Medical Schools Liaison Committee, Executive Directors Medical Services Forum and Queensland Health Medical Specialists Virtual Forum to ensure broad communication regarding issues of medical student and medical practitioner wellbeing.

Medical Training Survey

- The MTS is a national profession-wide survey of doctors in training in Australia developed by the Medical Board of Australia and the Australian Health Practitioner Regulation Agency.
- The MTS is conducted annually with doctors in training, with 2021 representing the third wave of data collection.
- The objectives of the survey are to:
 - Promote better understanding of the quality of medical training in Australia;
 - Identify how best to improve medical training in Australia; and
 - Identify and help deal with potential issues in medical training that could impact on patient safety, including environment and culture, unacceptable behaviours and poor supervision.
- More than one in two doctors in training completed the MTS in 2021, which equates to 20,671 individuals nationally and 4,351 respondents in Queensland.
 - There were five different versions of the survey, one each for interns (six per cent of respondents), prevocational and unaccredited trainees (27 per cent), specialist non-GP trainees (44 per cent), specialist GP trainees (16 per cent) and international medical graduates (7 per cent).

- Results of the survey provide a snapshot of the quality of medical training in Australia including the training curriculum, orientation, clinical supervision, access to and quality of teaching sessions, workplace environment and culture, patient safety, overall satisfaction, and the future career intentions of doctors in training.
- The impacts of COVID-19 on doctors in training was included in the survey to better understand how the pandemic has impacted this cohort, such as training opportunities, routine teaching, exam(s) preparation, progression, workload, and their medical training overall.
- In general, trainees rated the quality of their training very highly both nationally and in Queensland.
- It is important to highlight the concerns raised by Dr Anne Tonkin (Chair, Medical Board of Australia) of responses from Aboriginal and Torres Strait Islander (ATSI) doctors in training who, as a cohort, report higher instances of experiencing and/or witnessing bullying, harassment and or discrimination.
- 52 per cent of ATSI trainees reported experiencing and/or witnessing bullying, harassment and or discrimination (compared with 35 per cent of trainees nationally), and 49 per cent reported a moderate or major impact on their training (compared with 38 per cent nationally).
- More ATSI trainees who experienced these unprofessional behaviours reported the issue (43 per cent compared with 33 per cent nationally).
- For comparison, the 2021 Queensland MTS report results have been compared against the outcomes of the AMA Queensland and ASMOFQ 2021 Resident Hospital Health Check since both surveys cover similar topics such as wellbeing and workplace culture, hours of work and overtime, career progression and development, as well as wellbeing and workplace culture.

Medical Board of Australia Culture of Medicine national symposium

- The symposium had presentations from Doctors in Training, First Nations doctors, Psychologists, Medical Specialty Colleges, the Australian Medical Association and academics who have undertaken extensive research in the field organisational psychology and health systems safety.
- The symposium sought to bring together significant stakeholders in the Culture of Medicine and workshop constructive cross-agency approaches to improve the training experience and the quality of the working environment.

Wellbeing training for medical interns

- The new program will take a holistic approach to wellbeing and encompass topics including:
 - Managing workload
 - Self-care, including managing stress
 - Practical strategies for supporting self-care and effective work practices
 - Career development and professional wellbeing
 - Wellbeing for junior doctors in the hospital environment
 - Wellbeing training for supervisors including Directors of Clinical Training.
- The department is currently finalising the procurement process for the development of this program which is expected to be ready for release in late 2022 / early 2023.
- It is envisaged that the program will be expanded to senior medical officers in future iterations.

Actions to date:

- Investments in the health and wellbeing of the medical workforce include:
 - Partnering with the Australian Medical Association to deliver the *Wellbeing at Work* program to all Queensland interns from 2017 to the end of the 2021 clinical year.
 - Inclusion of the health and wellbeing of the medical workforce within the scope of the *Medical Practitioner Workforce Plan for Queensland (MPWP4Q)* and as an investment priority for Phase Two funding initiatives over the 2020-21, 2021-22 and 2022-23 financial years.
 - The establishment of a statewide Wellbeing Working Group to explore and promote initiatives to support the wellbeing of the medical practitioner workforce, facilitate early help-seeking behaviours and an organisational culture that prioritises the health and wellbeing of the medical workforce.
- On 27 May 2022 Queensland Health representatives, including the Chief Psychiatrist/Chair of Queensland Health Wellbeing Working Group attended the Medical Board of Australia's national symposium on the Culture of Medicine.
- In 2017 Queensland Health developed a Workplace Mental Health and Wellbeing Framework following discussions with the AMAQ about psychological risk factors at work and the availability of support mechanisms for staff.
 - The framework offers guidance to support the development and implementation of programs and activities within the work environment, as well as readily available resources for employees.

- Queensland Health has a wellbeing intranet website to link employees to information and resources to support their mental, social, financial, physical and workplace wellbeing.
 - A dedicated wellbeing intranet website was also established to support wellbeing in relation to the effects of the COVID-19 pandemic.
- Queensland Hospital and Health Services coordinate wellbeing initiatives at the local level, with some establishing wellbeing strategies or dedicated resources, including peer support programs.
- Queensland Health runs quarterly meetings with Queensland Medical Schools where the matter of doctor wellbeing is routinely discussed.
- Queensland Health has also supported medical practitioners by ensuring that the correct legal thresholds are in place for doctors seeking care.
 - In 2019, Parliament amended the Health Practitioner Regulation National Law so that a treating practitioner is no longer required to report a patient who is also a registered health practitioner and who is seeking help for an impairment or other health issue, providing the patient has insight into their condition and is taking appropriate steps to manage it.
 - The reforms passed by Parliament strike the right balance between encouraging practitioners to seek medical treatment when needed, while still protecting the public.
 - This is a high threshold that allows a treating practitioner to exercise judgement, including looking holistically at a patient's health and whether any risks they may pose to the public can be managed through treatment and other measures.

Media response:

- A media holding statement is not required at this stage

Confidential Information

The Queensland Health Wellbeing Working Group has experienced challenges in achieving quorum over the last 1-2 years given competing priorities of the medical practitioner membership, however when meetings are unable to be held actions will be progressed out-of-session.

Response to the COVID-19 pandemic has introduced significant additional clinical workplace stressors due to personal illness, decreased supply of workforce as not being able to access staff due to border closures or illness.

Contact person:

Megan Crawford, Director, Medical Advisory and Prevocational Accreditation Unit, s.73

Hot Issues Brief

Mental Health Select Committee – Report No 1, 57th Parliament – Inquiry into the opportunities to improve mental health outcomes for Queenslanders

8 June 2022

Issue:

- The Mental Health Select Committee (MHSC) made 57 recommendations, which are mostly focused on improvements to Queensland's state-funded mental health, alcohol and other drug (MHAOD) service system.
- Recommendation 1 is for increased funding and expenditure for MHAOD services (although no quantum is identified); creation of dedicated funding streams; and accountability mechanisms to ensure expenditure delivers agreed MHAOD services.
- On 7 and 8 June 2022, The Courier Mail (and associated outlets), The Guardian, The Canberra Times, and ABC online, reported on the release of the MHSC report.
- Key issues reported in the media include:
 - How improvements in the MHAOD system will be funded, including concerns about the implementation of a payroll tax.
 - A 'dramatic rise' in ambulance call outs.
 - Queensland has the lowest per capita MHAOD funding of all states.

Background:

- On 6 June 2022, the MHSC tabled *Report No 1, 57th Parliament – Inquiry into the opportunities to improve mental health outcomes for Queenslanders* in the Legislative Assembly.
- The Inquiry's key recommendations include:
 - increased and dedicated funding for mental health, alcohol, and other drugs services in Queensland, including accountability mechanisms for expenditure.
 - more lived experience voices and co-design in service delivery reform.
 - expanded and enhanced services to address the specific needs of children and young people, including in schools; perinatal and infant mental health; older persons; people from culturally and linguistically diverse communities; the LGBTIQ+ community; people living with intellectual or developmental disability; and people in Queensland correctional facilities.
 - the exploration of emergency department alternatives.
 - enhanced suicide prevention and aftercare services.
 - expanded inpatient, community and rehabilitation services for alcohol and other drugs.
 - strengthened illicit drug diversion initiatives.
 - improved access to secure and affordable housing in Queensland, and
 - improved workplace health and wellbeing, and strengthened mental health and other drugs services workforce planning and development, including expanding the lived experience and Aboriginal and Torres Strait Islander workforce and incentives to attract and retain rural and remote workers.
- The MHSC report provides that the Queensland Ambulance Service (QAS) responds to 'around 170,000 mental health crisis call outs' each year. However, the number provided to the MHSC by Queensland Health was 'over 59,000 in 2020.

Actions to date:

- The issue regarding the QAS call out numbers has been raised with the MHSC to determine whether an erratum to the report should be tabled.
- The *Parliament of Queensland Act 2001* provides that a Minister must table a response within three months of the tabling of a Committee's report. In exceptional circumstances, if a response to a Committee report (other than for legislation) proves impracticable, the Minister must table an interim response by way of letter to the Clerk of the Parliament together with reasons for the delay. A final response must then be tabled within six months of the tabling of the report.

Prepared by: Amber Manwaring
Position: Director, SPPU
Telephone: s.73
Date: 8 June 2022

Approved by: Assoc Prof John Allan
Position: ED, MHAODB
Telephone: s.73
Date: 8 June 2022

DLT Member / HSCE: Dr Helen Brown
Position: Deputy Director-General, CEQ
Telephone: s.73
Date: 9 June 2022



- Clinical Excellence Queensland are working with the Department of the Premier and Cabinet and the Department's Cabinet and Parliamentary Services Unit to progress the response to the report.

Media response:

- A media statement was released on Tuesday, 8 June 2022 (attached).

Contact person:

Amber Manwaring, Director, Mental Health Alcohol and Other Drugs Branch on telephone s.73

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The Queensland Cabinet and Ministerial Directory

Inquiry gives light to mental health

Published Yesterday at 01:56 PM

Minister for Health and Ambulance Services

The Honourable Yvette D'Ath

The Palaszczuk Government has welcomed the findings handed down by the parliamentary Mental Health Select Committee after several months of public consultation.

Minister for Health and Ambulance Services Yvette D'Ath said the government would review and consider the findings and recommendations into the *Inquiry into the opportunities to improve mental health outcomes for Queenslanders*.

"This report gives us an opportunity to better understand the needs and demand pressure of the state's mental health system.

"The Inquiry addressed the current needs and impacts on the mental health service system in Queensland.

"It also provides an opportunity to improve integrated mental health services including alcohol and other drugs and suicide prevention.

"The care continuum is vital and allows us to better support all pillars of the system, such as prevention, crisis response, harm reduction, treatment and recovery."

Minister D'Ath said the Inquiry emphasised the need for all sectors to work together to improve the lives of Queenslanders.

"We always knew it was not a matter of one sector leading, but all of them joining together to provide comprehensive and coordinated treatment and support for people in Queensland" Minister D'Ath said.

"The Inquiry demonstrated the need for integration of Commonwealth and State funded care, as well as other specialist and non-government services.

"We all have an opportunity to make a difference in the mental health space if we act together."

Minister D'Ath said the results of the Inquiry were the combined effort of the Committee and key stakeholders.

"This was an enormous task which yielded widespread consultation from stakeholders, including Queenslanders with lived experience of mental health and their families and carers," Minister D'Ath said.

"The Committee also heard from service providers and professionals working in the field, including representatives from Queensland Health.

"I am so grateful for the time and effort placed on this Inquiry; this is just the beginning of Queensland's mental health journey."

The Inquiry's key recommendations can be viewed at:

<https://documents.parliament.qld.gov.au/tp/2022/5722T743-64F1.pdf>
(<https://documents.parliament.qld.gov.au/tp/2022/5722T743-64F1.pdf>)

Media contact: Martin Philip ^{s.73}

Media Statements (/)

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Hot Issues Brief

Publication of data on involuntary treatment, restraint and the mental health impact of COVID-19 on Commonwealth funded services in the Australian Institute of Health and Welfare's Mental Health Services in Australia Report

13 May 2022

Issue:

- The 2019-20 on the use of involuntary treatment in community, residential and hospital based mental health services will be published in the Australian Institute of Health and Welfare's (AIHW) Mental Health Services in Australia report on 17 May 2022.
- The report concludes that overall:
 - Use of seclusion in Queensland's acute mental health services has reduced.
 - Use of physical restraint in Queensland acute mental health services increased from previous years.
 - Medicare Benefits Schedule (MBS) service use decreased in Queensland by 9.1 per cent.
 - 36.3 per cent of MBS services in New South Wales were delivered via telehealth, compared to 40.9 per cent in Victoria, 18.7 per cent in Queensland, and 16.3 per cent in the rest of Australia.
 - Victoria and Queensland had an increase in the number of Lifeline answered calls.
 - New South Wales, Victoria and Queensland had a decrease in the number of Kids Helpline answered and outbound contacts, Beyond Blue answered calls, and ReachOut visits.
 - Nationally in the four weeks to 28 November 2021, there was a 3.9 per cent increase in mental health-related prescriptions dispensed under the Pharmaceutical Benefits Scheme compared to the four weeks to 29 November 2020.

Background:

- The use of involuntary treatment and restrictive practices in Queensland is governed by the *Mental Health Act 2016*.
- Reducing and where possible, eliminating the use of seclusion and restraint is a policy priority in Australian mental health care and has been supported in Queensland by changes to legislation and clinical practices. Queensland Health works with individual services to review their performance and identify mechanisms for improvement.
- The first restrictions were introduced in Queensland on 23 March 2020. As the state's first COVID-19 wave was controlled restrictions began to ease from 26 April 2020. However, many snap lockdowns were implemented in Greater Brisbane and Southeast Queensland throughout 2021. From December 2021 and into January 2022 mandatory mask wearing was introduced across the state in outdoor and indoor spaces.
- Queensland has higher levels of involuntary treatment than the national average across all settings. A number of factors impact the comparison across jurisdictions including differences in legislation, different models of services and classification of activity, and the volume of service episodes, particularly in extended treatment and residential settings.
- The report provides updated data to 2019-20 on the use of involuntary treatment in community, residential and hospital based mental health services. Queensland has higher levels of involuntary treatment than the national average across all settings. A number of factors impact the comparison across jurisdictions including differences in legislation, different models of services and classification of activity, and the volume of service episodes, particularly in extended treatment and residential settings.
- Overall, the use of seclusion in Queensland's acute mental health services has reduced. In addition to reduction in rate of seclusion, in 2020-21:
 - the average duration of a seclusion event in Queensland was 3.5 hours; a decrease from the 2019-20 average of 4.5 hours. Queensland remained below the national average of 5.2 hours.

Prepared by: Elizabeth Bayliss
Position: Principal Project Officer, Analysis & Accountability Team
Telephone: s.73
Date: 10 May 2022

Approved by: Assoc Prof John Allan
Position: Executive Director, Mental Health Alcohol and Other Drugs Branch
Telephone: s.73
Date: 12 May 2022

DLT Member / HSCE: Damien Searle
Position: A/Assistant DDGCEQ
Telephone: s.73
Date: 12 May 2022



Queensland
Government

- the proportion of episodes with at least one seclusion event decreased with 3.1 per cent of acute inpatient episodes had a seclusion event, compared to 3.6 per cent in 2019-20. Queensland remained below the national average of 3.6 per cent.
- 67 per cent of Australian hospitals were below the national average rate of seclusion (7.3 seclusion events per 1,000 accrued patient days). Eight Queensland hospitals (42 per cent) were below the national average.
- The use of physical restraint in Queensland acute mental health services increased from previous years, the report shows that in 2020-21:
 - Nationally, 75 per cent of Australian hospitals were below the national average rate of physical restraint (7.3 seclusion events per 1,000 accrued patient days). Fourteen Queensland hospitals (70 per cent) were below the national average.
 - Queensland Children's Hospital reported the highest use of physical restraint in Australia (54.1 physical restraint events per 1,000 accrued patient days). This is a reduction compared to 2019-20 (98.7 physical restraint events).
 - Children are developmentally more vulnerable than adults and often require more support to regulate their emotions and behaviour, which means a level of physical restraint may be necessary to maintain their safety and the safety of others. All clinical staff and security staff in the Queensland Children's Hospital mental health inpatient unit are trained in trauma informed care and undertake annual mandatory training in evidence informed de-escalation techniques that provide the safest ways to support and, if necessary, restrain young people.
 - The Royal Brisbane and Women's Hospital had the third highest rate (48.9 physical restraint events). Analysis indicated the majority of the events related to a single consumer, and the service had put in place a range of strategies to appropriately support the consumer and their clinical needs.
- Data for MBS, and crisis and support organisations has been updated quarterly during the pandemic and was last updated in March 2022. It presents information reported via the mental health COVID-19 dashboards and focuses on activity during the four-week period from 13 December 2021 to 9 January 2022. The same period one year ago' refers to the period 14 December 2020 to 10 January 2021.
- In the four weeks to 9 January 2022, compared to the same period last year:
 - MBS service use decreased in Queensland by 9.1 per cent. Similar reductions were seen in New South Wales (8.6 per cent) and Victoria (9.3 per cent). Per capita, Victorians had the highest rate of MBS service use (2,908 services per 100,000 population), above New South Wales (2,370 services per 100,000 population) and Queensland (2,436 services per 100,000) and the rest of Australia (2,291 services per 100,000 population).
 - More than one third (36.3 per cent) of MBS services in New South Wales were delivered via telehealth, compared to 40.9 per cent in Victoria, 18.7 per cent in Queensland, and 16.3 per cent in the rest of Australia. A year-to-date high was seen in the week beginning 2 August 2021 with 30.4 per cent of MBS services delivered via telehealth following the implementation of an eight-day lockdown in Southeast Queensland.
 - Victoria and Queensland had an increase in the number of Lifeline answered calls (4.4 per cent and 8.4 per cent respectively), whereas New South Wales had a decrease (0.4 per cent) of Lifeline answered calls.
 - New South Wales, Victoria and Queensland had a decrease in the number of Kids Helpline answered and outbound contacts (9.2 percent, 19.7 percent, 13.2 per cent respectively). Kids Helpline have experience remote working and workforce issues during the lockdowns, resulting in decreased answered contacts compared to the same period in 2020.
 - New South Wales, Victoria and Queensland had a decrease in the number of Beyond Blue answered contacts (1.8 per cent, 31.1 per cent and 9.4 per cent respectively).
 - New South Wales, Victoria and Queensland had a decrease in the number of ReachOut visits (36.0 per cent, 25.3 per cent and 26.9 per cent respectively).
- Nationally in the four weeks to 28 November 2021, there was a 3.9 per cent increase in mental health-related prescriptions dispensed under the Pharmaceutical Benefits Scheme compared to the four weeks to 29 November 2020. Prescriptions for antidepressants increased by 5.0 per cent between these periods. There is no jurisdictional PBS data available.

Contact person:

Assoc Prof John Allan, Executive Director, Mental Health Alcohol and Other Drugs Branch, Ph: s.73

Hot Issues Brief

Adult Mental Health Unit, Ipswich Hospital – classified consumer absconding incident

14 June 2022

Issue:

- A consumer **s.73** [redacted] assaulted a female nurse and then absconded from the facility.
- When in the community it is reported that the consumer committed a number of further criminal offences **s.73** [redacted]
- The consumer was apprehended by Queensland Police Service (QPS) **s.73** [redacted]
- The consumer has been subject to recent media attention following alleged criminal actions.

Background:

- On **s.73** 2022, the **s.73** consumer **s.73** [redacted] presented to the Ipswich Hospital Emergency Department in QPS custody. **s.73** [redacted]

s.73 [redacted]

[Large redacted area containing a large 'S.73' watermark]

- The QPS apprehended the consumer **s.73** [redacted]

s.73 [redacted]

Actions to date:

s.73 [redacted]

Approved by: Andrew Aboud
Position: A/Executive Director,
MHSS
Telephone: **s.73** [redacted]
Date: 13 June 2022

Approved by: Matthew Tallis
Position: Chief Operating Officer
Telephone: **s.73** [redacted]
Date: 14 June 2022

DLT Member / HSCE: Dr Kerrie
Freeman
Position: Chief Executive
Telephone: **s.73** [redacted]
Date: 14 June 2022

Reviewed by: CEQ
Date: 14 June 2022



- s.73

- Debrief was arranged for staff and consumers within s.73 .

- s.73
-
-
-
-

Media response:

A media holding statement is not required

Confidential Information

- s.73

Contact person:

Fiona Warman; Nursing Director, Acute Services, Mental Health and Specialised Services; s.73

DOH DISCLOSURE LOG COPY

Hot Issues Brief

AIHW Report – Mental Health Services in Australia July 2022 update 15 July 2022

Issue

- The Australian Institute of Health and Welfare's (AIHW) July 2022 update to the online publication Mental Health Services in Australia will be released on Tuesday 19 July 2022 at 12:01am.
- The release of this data will not be accompanied by a media release.

Background

- The Mental Health Services in Australia report provides an overview of data about the national response of the health and welfare system to the mental health care needs of Australians.
- Mental Health Services in Australia Web report is an online presentation of the AIHW's series of mental health reports that describe the activity and characteristics of Australia's mental health care services. This report provides the most recent data available on the national response of the health and welfare system to the mental health care needs of Australians.
- The July 2022 release includes updated data on:
 - Specialist homelessness services 2020-21,
 - Mental health workforce 2020,
 - Mental health services provided in emergency department 2020-21, and
 - Consumer outcomes in mental health care 2019-20.

Specialist homelessness services 2020-21

- Data from the Specialised Homelessness Service (SHS) Collection relates to clients and activity of specialist homelessness agencies (such as accommodation provision or legal/financial services), including clients with a current mental health issue.
- In the five years to 2020-21, there was a 3.9 per cent annual average increase in the number of SHS clients with a mental health issue in Queensland, above the national average of 3.4 per cent.
- In 2020-21, Queensland had the lowest number of SHS clients with a current mental health issue in Australia (256.1 clients per 100,000 population), well below the national average (391.7 clients per 100,000 population) and a decrease from the 2019-20 (Queensland 261.0 clients per 100,000 population).
- In 2020-21 there were 444.1 support periods per 100,000 population accessed by clients with a current mental health issue in Queensland, an increase from 2019-20 (433.7 support periods per 100,000 population). The rate of access remains lower than the national average of 957.7 support periods per 100,000 population, a result driven primarily by Victoria's and Tasmania's level of service (1,975.2 and 1,627.1 respectively).

Mental health workforce 2020

- A variety of health and social care professionals, including psychiatrists, psychologists, nurses, general practitioners, and social workers, provide a range of mental health-related public, private and non-government services to Australians. Workforce data in this section is sourced from the National Health Workforce Data Set collected through annual registration surveys administered by the Australian Health Practitioners Regulation Agency.
- Although staff of Queensland Health services are able to respond, it is not limited to, nor does it identify staffing levels of public mental health services.

- In 2020 in Queensland:
 - Psychologists remained the main employed health profession (99.9 FTE per 100,000 population), below the national average (107.6 FTE per 100,000 population). Approximately 74 per cent of FTE were in a direct clinical role (74.2 clinical FTE per 100,000), below the national average (81.1 clinical FTE per 100,000 population).
 - Mental health nurses were employed at a rate of 87.6 FTE per 100,000 population, above the national average (83.3 FTE per 100,000 population). Approximately 94 per cent of FTE are in a direct clinical role (82.4 Clinical FTE per 100,00 population), above the national average (77.7 clinical FTE per 100,000).
 - Psychiatrists were employed at a rate of 14.8 FTE per 100,000 population, above the national average (12.9 FTE per 100,000). Approximately 85 per cent have a direct clinical role (12.5 Clinical FTE per 100,00 population), above the national average (10.7 clinical FTE per 100,000).
 - Occupational therapists were employed at a rate of 9.4 FTE per 100,00 population, above the national average (7.2 FTE per 100,000 population). Approximately 89 per cent of FTE are in a direct clinical role (8.3 clinical FTE per 100,000 population), above the national average (6.4 clinical FTE per 100,000).
- In the five years to 2019-20, there was a 14.2 per cent annual average increase in the number of paid consumer workers (FTE) in specialised mental health care facilities in Queensland, below the national average of 15.9 per cent. In the same five-year period, there was a 9.8 per cent annual average increase in the number of paid carer workers (FTE) in specialised mental health care facilities in Queensland, below the national average of 13.3 per cent.
- In 2019-20 Queensland employed 1.6 consumers workers per 100,000 population, above the national average (0.8 consumer per 100,000 population) and Queensland employed 0.5 carer workers per 100,000 population, above the national average (0.3 carers per 100,000 population).

Mental health services provided in emergency departments 2002-21

- A presentation to the emergency department is classified as mental health related where the principal diagnosis of the presentation is a mental health diagnosis. It does not include codes for self-harm or poisoning. Presentations where the diagnosis is not a mental health diagnosis are excluded even if the causative factor for that presentation was related to a mental health condition.
- Nationally, there were 309,657 mental health related emergency department presentations in 2020-21, representing 3.5 per cent of all emergency department presentations. Over the same period, Queensland had 65,270 mental health related emergency department presentations, representing 3.5 per cent of all Queensland emergency department presentations.
- The proportion of mental health related emergency department presentations in Queensland and most jurisdictions has been relatively consistent over the past five years, with an annual average change of 1.5 per cent nationally and 2.2 per cent for Queensland.
- In 2020-21, there were 125.7 mental health-related emergency department presentations per 10,000 population, a decrease from 2019-20 (128.1), and above the national average of 114.0 (2020-21).
- In 2020-21 for Queensland, 57.4 per cent of mental health-related presentations arrived by ambulance (ambulance, air ambulance or helicopter rescue service), 8.9 per cent arrived by police/correctional services vehicle and 33.8 per cent arrived by other means. This is above

Prepared by: Elizabeth Bayliss
 Position: Principal Project Officer
 Telephone: s.73
 Date: 12 July 2022

Approved by: A/Prof John Allan
 Position: Executive Director
 Telephone: s.73
 Date: 13 July 2022

DLT Member / HSCE: Dr Helen Brown
 Position: Deputy Director-General, Clinical Excellence Queensland
 Telephone: s.73
 Date: 15 July 2022

Chief Operating Officer Endorsement
 Name: Dr David Rosengren
 Date: 15 July 2022

the national average for mental-health related presentations (52.2 per cent ambulance and 6.1 per cent police/ correction services vehicle).

- Comparatively, 31.8 per cent of all presentations to Queensland's emergency departments arrived via ambulance, whilst only 0.8 per cent arrived by police/correctional services.
- Most mental health-related emergency department presentations in Queensland (74.6 per cent) were triaged as being urgent, emergency or resuscitation, above the national average of 70.9 per cent.
- Most mental health-related presentations in Queensland (58.6 per cent) ended without the person being admitted to hospital. This is similar to the national average (64.1 per cent presentations not ending in admission to hospital).
- In 2020-21, neurotic, stress-related and somatoform disorders (31.1 per cent) and mental and behavioural disorders due to psychoactive substance (28.3 per cent) were the identified primary diagnosis in more than half the mental health-related emergency department presentations in Queensland. There is a similar trend in identified primary diagnostic grouping across all states and territories.
- Variation between states and territories and across time is likely to be due to several factors including data quality, varying population characteristics, health-care systems and service delivery practices.

Consumer outcomes in mental health care 2019-20

- This release only includes national data.
- In 2019-20, an estimated 43.3 per cent of consumers receiving clinical mental health care have had a clinical outcome measure completed as part of their treatment and care. However, under the National Outcomes and Casemix Collection protocol not all consumers require an outcome measure to be completed (for example, persons triaged, assessed, and referred out of the public system).

Actions to date

- The 2022-23 Queensland Budget provides \$23.6 billion for the health and ambulance services budget. This includes additional funding for new hospitals, additional beds and \$1.64 billion additional funding over five years for mental health, alcohol and other drugs services.
- In August 2020, the Premier and Minister for Trade announced \$46.5 million over two years to support a Mental Health and Wellbeing Community Package (the package). Initiative five of the package provided for \$1.87 million over two years to expand and evaluate the Mental Health Co-responder Program across the state. The co-responder program pairs a senior mental health clinician with a senior paramedic to respond to persons experiencing mental health crisis in the community and reduces the need for involuntary transports to hospital in favour of more tailored management plans and reduction of stressors on emergency departments.
- The additional funding for mental health, alcohol and other drugs services will support initiatives under the new five-year plan, which builds on the successful implementation of Connecting Care to Recovery.
- This additional funding will provide additional resources and infrastructure across the spectrum, from community based through to crisis support and response, more mental health workers where and when they are needed, and technology solutions to better integrate care across healthcare settings.

Prepared by: Elizabeth Bayliss
 Position: Principal Project Officer
 Telephone: s.73
 Date: 12 July 2022

Approved by: A/Prof John Allan
 Position: Executive Director
 Telephone: s.73
 Date: 13 July 2022

DLT Member / HSCE: Dr Helen Brown
 Position: Deputy Director-General, Clinical Excellence Queensland
 Telephone: s.73
 Date: 15 July 2022

Chief Operating Officer Endorsement
 Name: Dr David Rosengren
 Date: 15 July 2022

- Queensland Health has been expanding alternatives to the emergency department for people experiencing a mental health crisis. The 2019 State Budget Shifting Minds measure supported:
 - the trial of eight Crisis Support Spaces which offer peer and clinical support to people in a home-like setting adjacent to or nearby emergency departments,
 - a trial of the Robina Hospital Yalburro' angabah centre which provides up to 23 hours of acute chair-based mental health assessment, treatment and management as an alternative to the emergency department,
 - the trial of assertive psychosocial aftercare services for people presenting to emergency departments with a suicide attempt or crisis.
- The recently announced \$1.64 billion investment in the mental health alcohol and other drugs service system will build on these measures by:
 - expanding the operating hours for existing Crisis Support Spaces to meet increasing demand and provide greater afterhours support,
 - establishing Crisis Support Spaces in additional hospitals across Queensland,
 - establishing new Crisis Support Short Stay services in two locations, offering intensive multidisciplinary clinical and peer support to people in mental health crisis,
 - enabling universal access to assertive psychosocial aftercare for people following a suicide attempt or crisis.

Media response

A media holding statement is not required

Contact person

Ruth Fjeldsoe, Senior Director, Clinical, Systems, Collections and Performance Unit, ^{s.73} [REDACTED]

Prepared by: Elizabeth Bayliss
 Position: Principal Project Officer
 Telephone: ^{s.73} [REDACTED]
 Date: 12 July 2022

Approved by: A/Prof John Allan
 Position: Executive Director
 Telephone: ^{s.73} [REDACTED]
 Date: 13 July 2022

DLT Member / HSCE: Dr Helen Brown
 Position: Deputy Director-General, Clinical Excellence Queensland
 Telephone: ^{s.73} [REDACTED]
 Date: 15 July 2022

Chief Operating Officer Endorsement
 Name: Dr David Rosengren
 Date: 15 July 2022

Hot Issues Brief

Serious Incident – Murder Charge Metro South Health Patient
15 June 2022

Issue:

- On s.73 2022, Metro South Health, Addiction and Mental Health Services (AMHS) were notified that a male patient known to the service had been charged with murder.
- s.73
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- The name of the patient and the 48-year-old victim have been released to the public via the media.

Background:

- s.73
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- s.73

Actions to date:

- s.73
- s.73

Media response:

- A media holding statement has been prepared and a copy submitted with this HIB

Contact person:

Linda Hipper – A/Executive Director MSAMHS, s.73

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Prepared by: Samara Russell
Position: A/Director Clinical Governance,
MSAMHS
Telephone: s.73
Date: 13 June 2022

Approved by: Linda Hipper
Position: A/ED, MSAMHS
Telephone: s.73
Date: 14 June 2022

DLT Member / HSCE: Dr Peter Bristow
Position: Chief Executive
Telephone: s.73
Date: 14 June 2022



MEDIA HOLDING STATEMENT

14 June 2022

As this matter is before the court, Metro South Health is unable to comment.

Contact person:

Linda Hipper – A/Executive Director MSAMHS, ^{s.73} [REDACTED]

RTI Release

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Hot Issues Brief

Patient Absconds from the Park Centre for Mental Health

19 May 2022

Issue:

- At s.73 [redacted] 2022, a patient on leave from the High Security Inpatient Service at The Park Centre for Mental Health, absconded while under supervision of their s.73 [redacted] support worker.

Background:

- The patient has not absconded before.
- Queensland Police Service (QPS) were quickly notified and approved to return the patient under an Authority to Transport an Absent Person, authorised under the Mental Health Act 2016.
- The patient was located later on s.73 [redacted] 2022 s.73 [redacted].
- The patient was returned to The Park s.73 [redacted] 2022.

Actions to date:

- A review of the patient's treatment and care arrangements will be undertaken following this event.
- Notification has been made to the Chief Psychiatrist, Mental Health Alcohol and Other Drugs Branch in alignment with legislative requirements.

Media response:

- A media holding statement is not required

Confidential Information

- s.73
- s.73
- s.73

Contact person:

Emma Foreman, Executive Director, Mental Health and Specialised Services, s.73 [redacted]

DOH DISCLOSURE LOG COPY

Prepared by: Emma Foreman
Position: Executive Director
Telephone: s.73 [redacted]
Date: 18 May 2022

Approved by: Matthew Tallis
Position: Chief Operating Office
Telephone: s.73 [redacted]
Date: 19 May 2022

DLT Member / HSCE: Dr Kerrie Freeman
Position: Chief Executive
Telephone: West Moreton Health
Date: 19 May 2022
*Reviewed by CEQ



SUBJECT: Public Advocate's Report - Better Pathways: Improving Queensland's delivery of acute mental health services

<input type="checkbox"/> Approved	Signed...../...../..... Date...../...../..... Hon Yvette D'Ath MP, Minister for Health and Ambulance Services, Leader of the House Comments:
<input type="checkbox"/> Not approved	
<input type="checkbox"/> Noted	
<input type="checkbox"/> Further information required (see comments)	

ACTION REQUIRED BY - 22 August 2022 - as requested by the Minister's Office.

RECOMMENDATION

It is recommended the Minister:

- **Sign** the attached letter of response to the Public Advocate, Dr John Chesterman (Attachment 1).
- **Note** the following information regarding the release of the Public Advocate's report, **Better Pathways: Improving Queensland's delivery of acute mental health services** (the report).

ISSUES

1. The Public Advocate's report will be released publicly on 23 August 2022 and identifies 21 recommendations to strengthen patient rights and outcomes in acute mental health care settings.
2. The objective of the report was to identify issues impacting adults with impaired decision-making ability and a mental illness at all stages of the journey through the public acute mental health system.
3. The report highlighted the need for broad systemic improvements including:
 - 3.1. the response to people experiencing a mental health crisis in the community;
 - 3.2. the experience of mental health patients in emergency department settings; and
 - 3.3. the experience of voluntary and involuntary patients admitted to inpatient Authorised Mental Health Services, including the application of the locked wards policy, restrictive practices and the assessment and treatment of dual disability patients.
4. In particular, the Public Advocate's report noted that there are limited options available to both Queensland Ambulance Service (QAS) and Queensland Police Service (QPS) to refer patients in significant distress for ongoing support in the community.
5. Many of the recommendations are consistent with recommendations made by the Queensland Parliament's Mental Health Select Committee following its Inquiry into the opportunities to improve mental health outcomes for Queenslanders.
6. Better Care Together: a plan for Queensland's state funded mental health, alcohol and other drug services to 2027 (still to be considered by Government and publicly released) outlines a number of priority actions that specifically address recommendations in the Public Advocate's Issues Paper, including:
 - 6.1. strengthening the mental health, alcohol and other drugs First Nations workforce (addresses recommendation 7);
 - 6.2. improving and expanding crisis and emergency care systems (addresses recommendations 1-5); and
 - 6.3. continuing to promote treatment through a least restrictive way and reduce the use of restrictive practices such as seclusion and restraint and involuntary treatment (addresses recommendations 9 and 11).
7. Additionally, a number of recommendations relate to initiatives that are already being piloted and evaluated by Queensland Health. This will inform ongoing delivery and expansion of specific initiatives that will address issues identified by the Public Advocate. This includes:
 - 7.1. improvements to transfer of care planning processes, including discharge from inpatient units, captured under work led by the Office of the Chief Psychiatrist to develop safety priorities for mental health, alcohol and other drug service settings; and
 - 7.2. extension of the co-responder program, with funding provided in 2020 and 2021 to expand the program and conduct a joint evaluation with the QAS and QPS.

Emergency examination processes and protections

8. A person who is at immediate risk of serious harm, which appears to be the result of major disturbance in their mental capacity, may be made subject to an Emergency Examination Authority (EEA) initiated by a QAS or QPS officer under the *Public Health Act 2005*.
9. Behaviour which may warrant an immediate health examination includes people being at risk of suicide, or, harming themselves. The reasons for at risk behaviour may include illness, disability, injury, intoxication or another reason.

10. An EEA allows the person to be taken to a public sector health service facility, usually a hospital Emergency Department (ED), for an involuntary examination.
11. An outcome of an EEA may be to engage the person voluntarily, provide no further care, or to arrange for a doctor or authorised mental health practitioner to assess the person under a *Recommendation for Assessment* under the *Mental Health Act 2016* (MHA2016).
12. The EEA legislation is in effect to protect persons in the community who are demonstrating behaviour that indicates that they are at risk of harm to themselves; the police; ambulance officers; healthcare professionals; and the public at large. The intention is to enable a health response to be provided to these persons, rather than a custodial response which may have occurred historically.

Mental Health Act provisions and administration in relation to patient rights

13. Under the MHA2016, the Chief Psychiatrist is required to develop mandatory policies for all staff performing functions under the Act. This includes policies related to patient rights and support, treatment and care, and seclusion and restraint.
14. All Chief Psychiatrist policies support staff to work collaboratively and in partnership with individuals in their care to ensure their unique age-related, cultural and spiritual, gender-related, religious and communication needs are recognised, respected and followed to the greatest extent practicable.
15. Persons made subject to the MHA2016 are afforded rights and protections in accordance with that Act, and as supported by the Chief Psychiatrist policies. This includes provision of statement of rights, access to Independent Patient Rights Advisers, independent review by the Mental Health Review Tribunal if made subject to an involuntary order, and right to second opinions and to communicate with legal representatives and support persons.
16. Following the introduction of the *Human Rights Act 2019*, the Office of Chief Psychiatrist conducted a complete review of the MHA2016 and all associated policies to confirm compatibility with human rights. Minor amendments were made, particularly in relation to the process for approving electroconvulsive therapy this year by the *Health and Other Legislation Amendment Act 2022*.

Discretionary locking framework

17. All adult acute mental health inpatient units in Queensland currently operate under a 'locked wards policy', implemented in December 2013 following a critical incident involving an absent patient. The policy was intended to protect the safety of patients and the community and reduce rates of unauthorised absences.
18. Since implementation, the 'locked wards policy' has been an area of concern for several key stakeholders, including the former and current Public Advocates, who have highlighted human rights concerns.
19. In May 2022, the Chief Psychiatrist invited all Hospital and Health Services (HHSs) to submit expressions of interest to undertake a trial of discretionary locking within their adult acute mental health inpatient units.
20. The Chief Psychiatrist will select up to three HHSs to trial discretionary locking for a period of up to 12 months and the outcome of these trials will inform the most appropriate approach to return to discretionary locking of all adult acute mental health inpatient units.
21. Legal advice regarding the compatibility of the locked wards policy supports the view that there may be less restrictive ways available to achieve the purpose of the policy and highlights the relevant human rights considerations including limitations on rights through continuation of the existing locked wards framework.

BACKGROUND

22. The MHA2016 establishes the regulatory framework for the involuntary treatment, care and protection of people who have a mental illness and those who do not have capacity to consent to be treated.
23. The MHA2016 commenced in March 2017 and introduced several key reforms, primarily to improve the protection of patient rights. The Implementation Evaluation Report of the MHA2016 found that it was generally effective with less restrictive ways and patient rights focused treatment and care.
24. MHA2016 promotes the voluntary engagement of patients in mental health assessment treatment and care wherever possible.
25. A patient's family, carers and other support persons play a crucial role in supporting patients when they are unwell and throughout all stages of treatment, care and recovery. Support persons are recognised throughout the MHA2016 and are afforded important rights and responsibilities.
26. In Queensland, mental health treatment and care is also supported by other pieces of legislation including the *Human Rights Act 2019*, *Guardianship and Administration Act 2000*, *Public Health Act 2005* and the *Forensic Disability Act 2011*.

RESULTS OF CONSULTATION

27. No consultation was required for this brief.

RESOURCE/FINANCIAL IMPLICATIONS

28. There are no financial or resource implications for this brief.

SENSITIVITIES/RISKS

29. There is a risk that the current locked wards policy could result in human rights complaints against Queensland Health and HHSs which represents both a political and media risk.

30. A move from mandatory to discretionary locking of acute mental health inpatient units may also draw media attention due to the stigma that exists in relation to mental health consumers and the potential return to an increased occurrence of unauthorised absences.

ATTACHMENTS

31. Attachment 1. MIN LTR - Response to Dr John Chesterman, Public Advocate.

<p>Author Name: Rebekah Stewart Position: Manager, Compliance & Improvement Unit: Office of the Chief Psychiatrist Tel No: s.73 Date Drafted: 17 August 2022</p>	<p>Cleared by (Dir/Snr Dir) Name: Assoc Prof John Allan Position: Executive Director, Branch: Mental Health Alcohol and Other Drugs Branch Tel No: s.73 Date Cleared: 18 August 2022 <i>*Note clearance contact is also key contact for brief queries*</i></p>	<p>Content verified by (DDG/CE) Name: Michelle Wilson, Director ODDGCEQ for Dr Helen Brown Position: Deputy Director- General Division: Clinical Excellence Queensland Tel No: s.73 Date Verified: 19 August 2022</p>	<p>Chief Operating Officer Endorsement Name: Melissa Carter Date: 19 August 2022</p>	<p>Director-General Endorsement Name: Shaun Drummond NOT REQUIRED</p>
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*Received by ESU 22 August 2022.



Hon Yvette D'Ath MP
Minister for Health and Ambulance Services
Leader of the House

1 William Street Brisbane Qld 4000
GPO Box 48 Brisbane
Queensland 4001 Australia
Telephone +61 7 3035 6100

C-ECTF-22/12999

Dr John Chesterman
Public Advocate
GPO Box 149
BRISBANE QLD 4001

Email: public.advocate@justice.qld.gov.au

Dear Dr Chesterman

Thank you for your letter dated 9 August 2022, in relation to the publication of the report, Better Pathways: Improving Queensland's delivery of acute mental health services.

I acknowledge that the 21 carefully considered reform recommendations included within the report aim to improve the experiences of adults with impaired decision-making ability and a mental illness. I recognise that your findings complement those of the Queensland Parliament's Mental Health Select Committee following its Inquiry into the opportunities to improve mental health outcomes for Queenslanders.

With the 2022-23 State Budget providing an additional \$1.645 billion over five years, to support a range of initiatives to improve our mental health, alcohol and other drug services, it will remain vital that we continue to work together to emphasise the protection of human rights, safety, and high-quality care in a system where all participants are well informed to address the issues identified.

Thank you again for writing to me. Should you require any further information in relation to this matter, I have arranged for Ms Rebekah Stewart, Manager - Compliance and Improvement, Office of the Chief Psychiatrist, on telephone s.73 to be available to assist you.

Yours sincerely

A handwritten signature in blue ink that reads 'Yvette D'Ath'.

YVETTE D'ATH MP
Minister for Health and Ambulance Services
Leader of the House

Hot Issues Brief

Consumer shot by police officer on the Gold Coast

22 August 2022

Issue

- On the afternoon of Sunday 21 August 2022, a 29-year-old consumer was shot multiple times by the Queensland Police Service (QPS) following an incident at a residence in Coomera.
- QPS were attending the residence following reports of attempted self-harm.
- It is alleged that the consumer answered the door with a knife and lunged toward officers.
- A number of media outlets have reported on the incident.

Background – see confidential section

Actions to date

- The consumer is currently an inpatient at the Gold Coast University Hospital (GCUH), receiving appropriate treatment for gunshot wounds, under police guard.
- The Gold Coast Hospital and Health Service (GCHHS) media team is not providing any further information to the public, as it is a Police matter and subject to patient confidentiality.

Media response

- A media response has been drafted and is included with this HIB.

Confidential

s. 73

Confidential – Background

s. 73



Contact person

Dr Tom Tsai, Consultant Psychiatrist. Gold Coast Hospital and Health Service ^{s.73} [redacted].

RTI Release

DOH DISCLOSURE LOG COPY

Prepared by: Heidi Van Engelen
Position: Service Director – Acute
Community MH
Telephone: ^{s.73} [redacted]
Date: 22 August 2022

Approved by: Paula Duffy
Position: General Manager
Telephone: ^{s.73} [redacted]
Date: 22 August 2022

DLT Member / HSCE: Ian Moody
Position: GCHHS Chief Executive
Telephone: ^{s.73} [redacted]
Date: 22 August 2022

Review by: CEQ and
Queensland Ambulance
Service
Date: 22 August 2022

Hot Issues Brief

Situation in Whitsundays involving a Mental Health consumer

27 May 2022

Issue:

- On 20 May 2022, Mackay Hospital and Health Service (MHHS) was informed that a 44-year-old male was barricaded in residential property within the Whitsunday region (Jubilee Pocket).
- The Queensland Police Service (QPS) and Whitsunday Community Mental Health (WCMH) were in attendance.
- There has been significant social media interest in this matter.

Background:

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Actions to date:

- QPS attended the site and contained the environment.
- At the time of the incident, the QPS remained onsite to negotiate with the male.

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Media response:

- A media holding statement is not required

Contact person:

Margaret Farrell, Operations Director, Mackay Division of Mental Health and AODS, telephone ^{s.73} [redacted]

DOH DISCLOSURE LOG COPY

Prepared by: Sandi Winner
Position: WPPD Manager
Telephone: ^{s.73} [redacted]
Date: 20 May 2022

Approved by: Terry Johnson
Position: Executive Director Mental Health,
Public Health and Rural Services
Telephone: ^{s.73} [redacted]
Date: 20 May 2022

DLT Member / HSCE: Lisa Davies Jones
Position: HSCE
Telephone: ^{s.73} [redacted]
Date: 27 May 2022



Hot Issues Brief

High Risk Complex Consumer

27 September 2022

Issue

- s.73
- The consumer has previously made significant threats towards specific staff members within the WBHHS Mental Health Service (MHS) in addition to the MHS and Community more broadly.
- Bundaberg MHS is concerned around their capacity to manage the complexity and risk associated with any future presentations by the consumer.

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Background

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RTI Release

Prepared by: Robyn Bradley
Position: Executive Director Mental Health and Specialised Services
Telephone: s.73
Date: 20 September 2022

Approved by: Robyn Bradley
Position: Executive Director Mental Health and Specialised Services
Telephone: s.73
Date: 20 September 2022

DLT Member / HSCE: Debbie Carroll
Position: Health Service Chief Executive
Telephone: s.73
Date: 26 September 2022

DOH DISCLOSURE LOG COPY

Actions to date

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Media response

- A media holding statement has been prepared and copy submitted with this HIB
- A media holding statement is not required
- A proactive media release is scheduled to occur on <date>

Confidential

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Prepared by: Robyn Bradley
 Position: Executive Director Mental Health and Specialised Services
 Telephone: s.73
 Date: 20 September 2022

Approved by: Robyn Bradley
 Position: Executive Director Mental Health and Specialised Services
 Telephone: s.73
 Date: 20 September 2022

DLT Member / HSCE: Debbie Carroll
 Position: Health Service Chief Executive
 Telephone: s.73
 Date: 26 September 2022



Clinical Incident Summary

- Disclosed threat to individual staff and the broader Mental Health service in context of s.73
- s.73

Date:	
Patient:	s.73
Specialty:	Mental Health
Brief description of incident:	s.73
Coroner Advice:	Not applicable
Legal matter status:	s.73

Contact person

Robyn Bradley
Executive Director Mental Health and Specialised Service

s.73

Prepared by: Robyn Bradley
Position: Executive Director Mental Health and Specialised Services
Telephone: s.73
Date: 20 September 2022

Approved by: Robyn Bradley
Position: Executive Director Mental Health and Specialised Services
Telephone: s.73
Date: 20 September 2022

DLT Member / HSCE: Debbie Carroll
Position: Health Service Chief Executive
Telephone: s.73
Date: 26 September 2022

Holding Statement

Enquiry

Subject:

s.73

Date:

Please attribute to: **Wide Bay Hospital and Health Service Chief Executive Debbie Carroll**

Wide Bay Hospital and Health Service (WBHHS) is bound by a strict duty of confidentiality and is therefore unable to comment on individual patients or consumers, including in this instance.

WBHHS understands that there is a current court case in relation to this inquiry and in line with the confidentiality and integrity of the legal system, cannot comment on matters before the court.

We recognise that mental health treatment is sensitive and is often complex, and are confident that all WBHHS staff provide high-quality care to patients requiring mental health support. We strive to provide care, connection and compassion for all, with patient safety and comfort being key priorities of our service.

We encourage anyone to contact WBHHS directly to talk through any concerns they have about care received. Alternatively, formal complaints can be made through a range of external agencies including the Office of the Health Ombudsman.

WBHHS urges media to be sensitive to the complexities of cases such as these and to make ethical and compassionate decisions about their content in these circumstances.

Media Contact: Stephanie Cunningham
Acting Director of Communications and Corporate Affairs
Wide Bay Hospital and Health Service
m: s.73
e: WBHHS-Media@health.qld.gov.au

DOH DISCLOSURE LOG COPY

Hot Issues Brief

Patient incident at Gold Coast University Hospital Emergency Department and Robina Inpatient Unit

30 September 2022

Issue

- On the evening of s.73 2022, a consumer was found attempting to s.73 himself s.73 within the Emergency Department (ED) at Gold Coast University Hospital (GCUH).
- Three days later, on the evening of s.73 2022, the consumer was found attempting to s.73 himself s.73 in the mental health inpatient unit at Robina Hospital.

Background

- The consumer is known to the Mental Health and Specialist Services (MHSS) at Gold Coast Hospital and Health Service (GCHHS).

Actions to date

- Appropriate medical treatment was immediately provided in both instances s.73 s.73.
- The incidents have been recorded and investigations are underway to determine the appropriate level of review.
- A Human Error and Patient Safety (HEAPS) review is likely to be scheduled to improve consumer safety processes.
- Clinical staff have been debriefed and offered access to Employee Assistance Program (EAP).

Media response

- A media holding statement is not required.

Confidential

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Contact person

Paula Duffy, Acting Health Service Chief Executive, Gold Coast HHS; mobile s.73.

CONFIDENTIAL

DOH DISCLOSURE LOG COPY

Prepared by: Shaun Robinson
Position: A/ Nursing Director
Telephone: s.73
Date: 28 September 2022

Approved by: Matthew Lunn
Position: Executive Director
Emergency Services, GCHHS
Telephone: s.73
Date: 29 September 2022

DLT Member / HSCE: Paula
Duffy
Position: A/Chief Executive
Telephone: s.73
Date: 29 September 2022

Review by CEQ (both Mental
Health Alcohol and Other
Drugs Branch and Patient
Safety) 30 September 2022