

Metro North Hospital and Health Service *Putting people first*

Metro North Mental Health CLINICAL SERVICES PLAN

2018–2023



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Foreword

Assoc. Prof Brett Emmerson AM

I am pleased to present this Metro North Mental Health Clinical Services Plan 2018-23 (the Plan) for mental health,

alcohol and other drugs services across Metro North Hospital and Health Service (Metro North HHS). This Plan has been developed as a proactive response to better manage the demand challenges faced by our service. It demonstrates Metro North HHS's commitment to delivering care in line with the *Planning for Wellbeing: A draft regional Plan for North Brisbane and Moreton Bay focusing on mental health, suicide prevention and alcohol and other drug treatment services* (which will be referred to as 'Planning for Wellbeing' from this point on). This Plan has also been informed by, and describes, Metro North HHS's commitment to deliver on 'Connecting care to recovery 2016-2021' and the national policies; 'The Fifth National Mental Health and Suicide Prevention Plan, The National Drug Strategy 2017-2026 and The National Alcohol Strategy 2018-2026.'

Informed by a comprehensive assessment of health need, current and future service activity, literature, targeted consultation with Metro North HHS staff and consumer and community partner input including Brisbane North PHN, this comprehensive Plan will guide Metro North HHS mental health and alcohol and other drug services over the next five years, with a ten year outlook.

We recognise the diverse health needs of the catchment populations cared for by our mental health and alcohol and other drug services, and the need to deliver different models of care that are tailored to individual needs.

With a focus on health and recovery rather than illness, this Plan includes actions to improve the care for all people (adults and children) who access services in Metro North HHS who are experiencing symptoms of:

- severe and complex mental illness
- substance use disorders
- suicide ideation
- dual diagnosis i.e. substance use disorders and mental illness; and/or
- physical health conditions and/or intellectual disability together with mental illness and/or substance use disorders.

I am committed to implementing the actions identified in this Plan over the next five years noting some actions requiring additional resources will be subject to normal budgetary processes.

There is a commitment from all levels of government in Australia to transform services to support people to remain healthy and well in their local community. Preventing mental illness and/or substance use disorders is a national priority. Our commitment to work with partner organisations, including Brisbane North PHN, to connect and coordinate care for people living with mental illness and/or substance use disorders across the care continuum is also described in this Plan.

Outcomes for the future—our commitment to consumers and clients

Over the next five years, Metro North HHS will continue to enhance our delivery of high quality best practice care and strengthen the connectivity, integration and coordination between services and service settings in Brisbane North. Working collaboratively with our partners, we will ensure that all consumers, clients, families, carers and support networks have access to the care and support they require.

Our commitment to enable and deliver individually tailored care across all services delivered by Metro North HHS continues. We drive a recovery orientated service system where there is no wrong door for people living with mental illness and substance use disorders, their families and carers. Care in all of our services is:

- free from stigma and discrimination
- empowering people to be in charge of their own recovery with treatment and supports that are responsive to what people need
- tailored to the needs of the individual, holistically considering physical, mental health and substance use disorder care needs together with cultural, spiritual, linguistic, sexual/gender and social determinants of health
- evidence based with a focus on quality and safety
- connected with people having access to the right services and supports at the right time and in the right place
- enabling the least restrictive treatment and environment
- integrated and coordinated with people able to transition seamlessly across different services and supports as their needs change
- informed by people who have experience being cared for in our services and translated to all levels of policy, planning, delivery and evaluation
- delivered by highly skilled staff committed to quality and safe care.

Scope of this Plan

What is the scope of this Plan?

The scope of this Plan includes current and future mental health and alcohol and drug services for children, youth and adults across the care continuum. The focus of the Plan and the associated actions are for services delivered by Metro North HHS in our facilities. Planning for services provided by private hospitals, non-government organisations, and service delivery in the primary and community service settings (not provided by Metro North HHS) are not considered in scope for the Plan, however, the interdependencies between such services are considered.

How to read this Plan

The Plan has been prepared in two parts:

Part A: The clinical services plan – provides an overview of the policy context, current service arrangements, a review of the population and health status of people living with mental illness and/or substance use disorders and residing in Brisbane North together with a summary of the issues and challenges facing the current service environment. Building on this context five focus areas and supporting actions are described that will guide

service improvements for people living with mental illness and/or substance use disorders over the next five years.

Part B: Implementation, monitoring and review – details the implementation, monitoring and review process that will be implemented on approval of this Plan.

The Plan has been informed by, and will enable, Metro North HHS to deliver key actions contained in the Health Service Strategy together with contributing to delivery of Metro North HHS Strategic Plan (see Appendix 1 for planning hierarchy in Metro North HHS). The Plan also describes Metro North HHS's commitment to delivering on the key objectives of the *Planning for Wellbeing*.

Many actions in the Plan will be achieved by doing things differently within existing resources. Some actions will require resources to progress. It is important to recognise that mental health and alcohol and other drug services operate within a health service system with competing needs and finite resources and that allocation of new resources required to progress the actions will be subject to normal budgetary processes.

Terminology used in this Plan

For the purpose of this Plan the following terminology is used. Metro North HHS recognises this terminology may not be consistent with other policy or planning documents.

Terminology	Description
Metro North HHS	Metro North Hospital and Health Service.
Metro North Mental Health (MNMH)	Includes all mental health and alcohol and other drugs services provided by Metro North HHS.
Brisbane North	The geographical area in which Metro North HHS, Brisbane North PHN and other service providers deliver care.
Hospital catchment area	The geographical area in which each Metro North HHS hospital delivers care.
Consumer	Refers to a person who accesses services for treatment and support for their mental illness.
Client	Refers to a person who accesses services for treatment and support of their substance use disorder or substance misuse behaviours.
Recovery	As outlined in 'Connecting Care to Recovery 2016-2021', recovery is an individual's journey toward a new and valued sense of identity, role and purpose outside the boundaries of their mental illness or substance misuse problem.
Recovery-oriented services	As outlined in 'Connecting Care to Recovery 2016-2021', recovery-oriented services focus on the potential for growth within the individual and acknowledge that individuals are active participants in the recovery process.

Part A: The clinical services plan

Metro North HHS delivers a comprehensive range of public mental health and alcohol and other drug services that support people who have severe and complex care needs or are in crisis. Our services deliver care to a local catchment, a regional catchment including neighbouring HHSs and a state-wide catchment for complex and specialised services. The local catchment of Metro North HHS is one of the most populous catchments in Queensland with a population of over 980,000 in 2016. The catchment is projected to grow by almost 15 per cent by the year 2026 to approximately 1.2 million people. Metro North HHS includes urban and regional areas crossing the local government areas of Brisbane City Council northern suburbs, the entire Moreton Bay Regional Council area and parts of Somerset Regional Council – Kilcoy.

Care is delivered to people of all ages in the community, in the hospital and in specialist accommodation settings. The services for people experiencing mental illness include a range of specialist assessment, treatment, rehabilitation and recovery services that also consist of emergency, consultation liaison, forensic, substance use disorders, eating disorders, community mental health and inner city homeless services. For people experiencing substance use disorders, we provide evidence based treatments including opioid maintenance, substance withdrawal management, and counselling. For people experiencing substance misuse issues, we provide a range of harm minimisation and brief intervention services.

MNMH services deliver care to children in the northern part of the Brisbane North. Children who live in the southern end of the catchment who require services are cared for by Children's Health Queensland (CHQ) HHS.

Community services are delivered from facilities located in Brisbane City, Fortitude Valley, Herston, Nundah, Chermside, Strathpine, Caboolture and Redcliffe with outreach services to Kilcoy.

All five public hospitals – Royal Brisbane and Women's Hospital (RBWH), The Prince Charles Hospital (TPCH), Caboolture Hospital, Redcliffe Hospital and Kilcoy Hospital provide emergency response assessment in a crisis situation and are linked to specialist mental health and alcohol and other drugs services for assessment and care. Dedicated mental health inpatient services are at the RBWH, TPCH and Caboolture Hospital. Dedicated alcohol and other drug inpatient services are at the RBWH.

Across all of these facilities there are 340 inpatient beds comprising of 186 acute adult, 10 sub-acute, 12 adolescent, 40 Secure Mental Health Rehabilitation (SMHRU), 60 Community Care Unit (CCU), 16 long stay nursing home psycho-geriatric and 16 state-wide alcohol and drug detoxification beds.

Metro North HHS is also the host site to a range of services provided to a state-wide catchment for both mental health and alcohol and other drug services. These state-wide catchment services operate in both the hospital and community setting.



Figure 1: Metro North HHS Mental Health Directorate Service System

COMMUNITY TREATMENT SERVICES	COMMUNITY SUPPORT SERVICES	HOSPITAL BED-BASED SERVICES	COMMUNITY BED-BASED SERVICES
<p><u>MENTAL HEALTH</u></p> <p>RBWH/TPCH Acute Care Teams Continuing Care Teams Mobile Intensive Rehabilitation Teams Early Psychosis Service CYMHS (provided by CHQ) Older Persons MH Teams</p> <p>Caboolture/Redcliffe Hospital Acute Care Team Continuing Care Teams Mobile Intensive Rehabilitation Team CYMHS (provided by MNMH) Older Persons MH Team</p> <p>Metro North Perinatal Mental Health Service MH Call Homeless Health Outreach Team (delivered to an inner city catchment)</p>	<p><u>MENTAL HEALTH</u></p> <p>Seven community mental health support services funded by Department of Health to deliver recovery oriented and consumer focused services. A range of specialist services are also delivered in the community through non-government organisations.</p>	<p><u>MENTAL HEALTH</u></p> <p>RBWH PEC – 4 beds Adolescent MHU – 12 beds Adult MHU – 60 beds Older persons – 10 beds Consultation Liaison Service</p> <p>TPCH Adult MHU – 50 beds Older persons – 10 beds Consultation Liaison Service SMHRU – 20 beds (TPCH and RBWH catchments)</p> <p>Caboolture Hospital Adult MHUs – 37 beds Older persons – 10 beds Consultation Liaison Service SMHRU – 19 beds (shared with Sunshine Coast HHS)</p>	<p><u>MENTAL HEALTH</u></p> <p>RBWH Community Care Unit – 20 beds</p> <p>TPCH Community Care Unit – 20 beds</p> <p>Nundah House – 10 beds (TPCH and RBWH catchments)</p> <p>Caboolture/Redcliffe Community Care Unit – 20 beds</p>
<p><u>ALCOHOL AND OTHER DRUGS</u></p> <p>Brisbane City Allied Health Services including Youth Opioid Replacement Treatment services Substance withdrawal services Needle and Syringe Program Alcohol and drug Information Service State Wide Clinical Support Services Brisbane City Watch house Consultation Liaison Service Police and Court Diversion Programs</p> <p>Chermside Allied Health Services Opioid Replacement Treatment services Substance withdrawal services Hospital Consultation Liaison Service Police and Court Diversion Programs</p> <p>Redcliffe Allied Health Services including Youth Opioid Replacement Treatment services Substance withdrawal services Needle and Syringe Program Queensland Magistrates Early Referral Into Treatment (QMERIT) Program Hospital Consultation Liaison Service</p> <p>Caboolture Allied Health Services including Youth Opioid Replacement Treatment services Substance withdrawal services Needle and Syringe Program Hospital Consultation Liaison Service</p> <p>Pine Rivers Allied Health Services</p>	<p><u>ALCOHOL AND OTHER DRUGS</u></p> <p>Services to support individuals and families in the community including early intervention, harm reduction, information and education and peer support programs delivered across providers, settings and modalities</p>	<p><u>ALCOHOL AND OTHER DRUGS</u></p> <p>Drug & Alcohol Brief Intervention Team (RBWH) Consultation Liaison Service – (all hospitals)</p> <p>A range of specialist alcohol and other drug treatments are also delivered in the community through non-government organisations</p>	<p><u>ALCOHOL AND OTHER DRUGS</u></p> <p>Bed-based services in the community including withdrawal management, pre and post treatment support. This is primarily delivered by non-government organisations</p>
<p><u>STATE-WIDE CATCHMENT SERVICES</u></p> <p>Queensland Forensic Mental Health Service Community Forensic Outreach Service Court Liaison Service Queensland Fixated Threat Assessment Centre (QFTAC) Police Communications Centre Queensland Eating Disorder Service</p>	<p><u>STATE-WIDE CATCHMENT SERVICES</u></p> <p>Queensland Health Victim Support Service Alcohol and Drug Information Service Alcohol and Drug Clinical Advisory Services (AD-CAS) Insight Training and Education Dovetail – Youth alcohol and drug training and education</p>	<p><u>STATE-WIDE CATCHMENT SERVICES</u></p> <p>Hospital Alcohol and Drug Service (HADS) – 16 beds (RBWH) Queensland Eating Disorder Service – 5 beds (RBWH)</p>	<p><u>MNMH SERVICE WISE</u></p> <p>Resource Team Consumer and Carer Services</p>

Note: Child and Youth Mental Health Service (CYMHS), Secure Mental Health Rehabilitation Unit (SMHRU), Mental Health (MH), Mental Health Unit (MHU), Children's Health Queensland (CHQ), Psychiatric Emergency Care Centre (PEC).

Note: MNHHS has a community bed-based psycho-geriatric service (16 beds) however this is not governed by MNMH

Source: Adapted from Connecting Care to Recovery 2016-2021

The care continuum

MNMH is one of many service providers who deliver care and support for people who experience mental illness and substance use disorders. Building on the stepped care approach described in the *Planning for Wellbeing* the following care continuum describes the care system across Brisbane North. It recognises people will move across the care continuum as their care needs change.

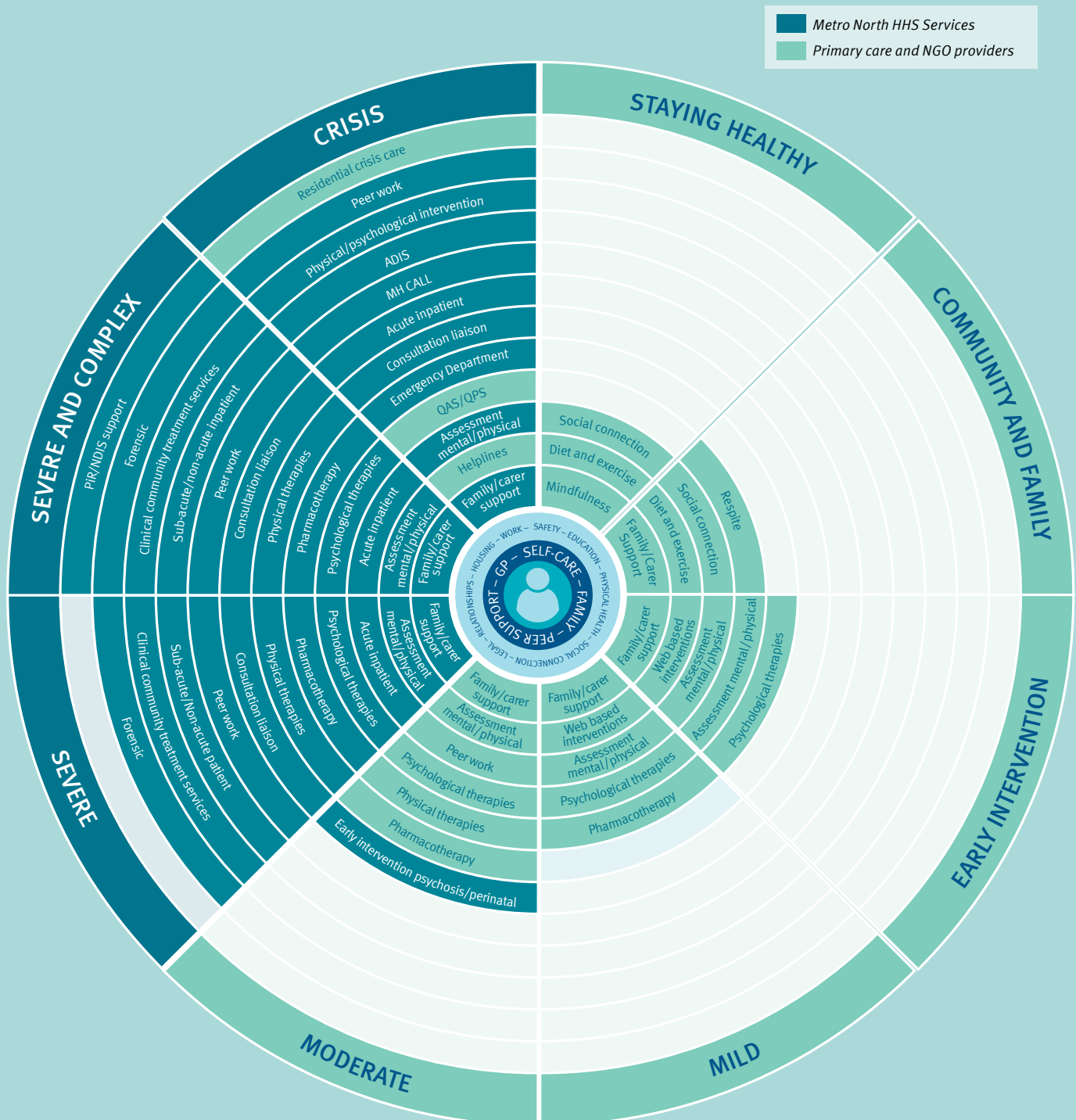
The care system across Metro North HHS geographic area includes:

1. **Keeping healthy and reducing harm** – The whole population can benefit from being physically and mentally healthy throughout their lives
2. **Community and family support** – Family, friends and peers form natural support networks in the community and those providing support may have their own support needs.
3. **Early intervention for people at risk** – People with signs of distress, including from life events such as a relationship breakdown, job loss, or engaging in risky use of substances, may be at increased risk if support isn't provided early.
4. **People living with mild mental illness/ substance use disorder** – People are diagnosed with a problem or illness that impacts on wellbeing and functioning to a level that is concerning but not overwhelming and is often less than 12 months duration.
5. **People living with moderate mental illness/ substance use disorder** – People are diagnosed with a moderate problem or illness which causes significant disruption to daily life, wellbeing and functioning and can be of over a 12 month duration.
6. **People living with severe mental illness/ substance use disorder/ physical illness** – People are diagnosed with a problem or illness which is very disruptive to daily life, wellbeing and functioning. The problem or illness may also include risks to personal safety and is considered to be either persistent or episodic. This may also include increased complexity due to comorbid physical health conditions, intellectual disability and/or forensic provisions.
7. **People living with severe and complex mental illness/ substance use disorder/ physical illness** – People are diagnosed with a problem or illness which is severe in its impact on wellbeing and functioning and which brings with it additional complexities such as difficulties with housing, employment, social connectivity and daily living. This may also include increased complexity due to comorbid physical health conditions, intellectual disability and/or forensic provisions.
8. **People presenting in a crisis situation** – This group includes people with or without a diagnosed problem or illness who are in crisis and who require immediate assistance. These crises may have occurred as a result of self-destructive behaviour, suicidal behaviour, and/or harm to themselves or others.

Figure 2 represents the majority of service types that people with a mental illness and/or substance use disorders may need access to across the care continuum. Services that are considered to be Metro North HHS's core business have been identified in blue.



Figure 2: The Brisbane North care continuum for people with mental illness and/or substance use disorders (adapted from *Planning for Wellbeing*)



Note: *Planning for Wellbeing: A draft regional Plan for North Brisbane and Moreton Bay focusing on mental health, suicide prevention and alcohol and other drug treatment service describe actions for the areas shaded in light green*

Why do we need this Plan?

The mental health and alcohol and other drug services service system is rapidly evolving, and whilst Metro North HHS continually strives to deliver excellent care, we face a number of challenges over the next five years. How we deliver our services in the future will be impacted by:

Consumer, client, carer and family expectations

Increasingly, consumers and clients expect to receive more timely and individualised care. Consumers, clients, carers and family generally want to be more informed and involved in the management of their own care. People in our care more than ever before have access to information about themselves and their illness and now have higher expectations including what is reasonable in terms of access, safety and outcomes. We recognise families and carers are often the mainstay of care for many people living with mental illness and/or substance use disorders. Taking note of what matters to consumers, clients, families and carers and responding to holistic care requirements must be a central focus in how we deliver our care.

Attitudes towards providing health care for people living with mental illness and/or substance use disorders

Whilst public attitudes towards people living with mental illness and/or substance use disorders are beginning to change, the stigma associated with such a diagnosis can affect the quality of care people receive. Metro North HHS clinicians are increasingly in contact with people who are living with mental illness and/or substance use disorders, however many clinicians have not had appropriate education or training to deliver optimal care to meet consumer's, client's and carer's needs. This sometimes results in barriers to care and consumer and client recovery. It also marginalises and disempowers people who are already vulnerable.

Increasing numbers of people living with poor physical health, mental illness and/or substance use disorders

The physical health status and burden of disease of Metro North HHS residents varies significantly

across hospital catchment areas. Parts of Metro North HHS have higher levels of socio-economic disadvantage, higher rates of risky lifestyle behaviours and have a higher rate of physical comorbidities. Further to this, more people are living with co-occurring mental illness and substance use disorders. Evidence identifies poor physical health, together with prolonged severe and complex mental illness and/or substance use disorders, results in poorer health outcomes with people dying much earlier than people without a mental illness and/or substance use disorder.

Growing and ageing population (local, regional and statewide) increasing demand for services

Metro North HHS currently has a population of over 980,000 people. By 2026, our local population is anticipated to grow to over 1.2 million. This population growth will not be equally distributed, with a high population growth expected in the older ages and in the northern part of Metro North HHS around Caboolture and Redcliffe Hospitals. Metro North HHS also delivers services to regional and statewide catchments for complex specialist services. Approximately 20 per cent of consumers and clients cared for in Metro North HHS hospitals reside in other HHSs and, as a result, are referred from outside Metro North HHS. Population growth and ageing will continue to drive increases in service demand into the future.

Increasing complexity of care requirements

Across Metro North HHS, admissions to inpatient care are increasing. The number of people being cared for on a Treatment Authority is increasing. The number of people being cared for with comorbid health conditions is increasing. Providing safe, effective, evidence based and least restrictive care for people with severe and complex mental illness and/or substance use disorders is challenging, particularly within outdated infrastructure at some sites in Metro North HHS. Outdated infrastructure, together with increasing complexity of care, makes maintaining safety for consumers, clients and staff difficult.

Changing policy environment

Mental health and alcohol and other drug services are operating within a complex and changing policy environment. There is a current priority and commitment at all levels of government to create an integrated and functioning service system that enables timely support to the multiple issues faced by people living with mental illness and substance use disorders. National strategies and policies drive for system wide improvement, that reduces harms associated with substance use, keep people well, reduce service fragmentation and provide timely services in the least restrictive environment. Nationally the policy environment includes two distinct strategies targeting mental illness and suicide prevention and substance misuse. These policy directions have informed this Plan and are summarised in Appendix 2.

The National Disability Insurance Scheme (NDIS) is a complex and significant social reform that aims to better support some of our most vulnerable people. Its introduction will have significant impacts not only on MNMH services, but across all Metro North HHS services and the broader care continuum.

The introduction of the National Mental Health Service Planning Framework (NMHSPF) further contributes to the National policy environment. The NMHSPF is a strategic planning tool designed to project resources required for mental health services with the appropriate level and mix of services across the care continuum to meet population needs. For Metro North HHS, the tool primarily identifies the need to strengthen ambulatory and community based services.

Evolving service system

Metro North HHS recognises over the next five years the service system that supports people with mental illness and/or substance use disorders will change. There will be greater emphasis on keeping people healthy and well and providing early intervention and support in the community. Resources will be invested towards this approach aiming to improve health outcomes, care for people in the community and reduce demand on inpatient service provision. Slowing demand is complex and will not be a quick fix. We recognise as services delivered in the community grow, aimed at keeping people healthy, providing

early and timely intervention and treatment, Metro North HHS services will need to evolve.

Service system integration and coordination

Across Metro North HHS, access to services, models of care and workforce skillsets are inconsistent. Services are largely organised based on a historical approach to delivering care rather than a HHS-wide health needs basis, making integration difficult and creating access and workload variations between services. The lack of integration between services, both within MNMH and across the broader HHS, together with the broader services system, results in a risk of poorer health outcomes and fragmented care for already vulnerable consumers, clients, carers and families.

The capability of our staff

Metro North HHS staff are highly capable and committed to delivering excellent care, however caring for people with mental illness and/or substance use disorders can be challenging. We must support our staff to enhance and grow their skills to provide responsive recovery focused care to our diverse community. Enabling all staff to receive appropriate, timely and tailored education and training (appropriate to their position) in caring for people living with mental illness and/or substance use disorders is required. All staff will understand Metro North HHSs commitment to delivering care to achieve the outcomes described earlier. We value our specialist mental health and alcohol and other drug workforce.



Key facts for Brisbane North

15.5%

of people
used illicit
drugs in
the past
12 months



5% of adults
consume
alcohol at
high risk levels
2011-2013



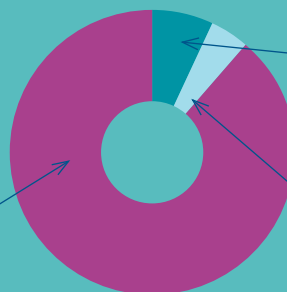
ALMOST **50%**

of adults have a long
term health condition



Of mental health and substance use related admissions

88.8%
adults



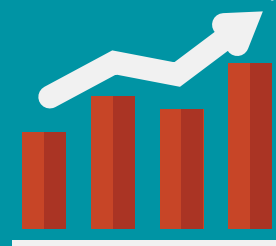
6.7%
older people
(65+)

4.5%
children
(0-17)
(2016/17)

Population of
more than
980,000
20%
of QLD
(2016)

Mental health and substance use related
presentations to Metro North HHS EDs increased by

4.2%
per annum



(2014/15-2016/17)

In 2016 **29,466**



people who live in Brisbane North accessed
treatment for severe mental illness

20.7%

per annum increase
in admissions relating
to mental health and
substance use

(2014/15-2016/17)

Focus areas for the next five years

Over the next five years Metro North HHS will enhance delivery of timely, high quality, tailored and recovery focused care that is free from stigma for all people living with a mental illness and/or substance use disorders across our health service system. We will empower clients and consumers to communicate what is important to them. Our care will be respectful and responsive to what matters to individuals designing recovery journeys inclusive of mental health, physical health, social, emotional and spiritual care needs. Families and carers will be recognised as having a key role in supporting consumer and client care.

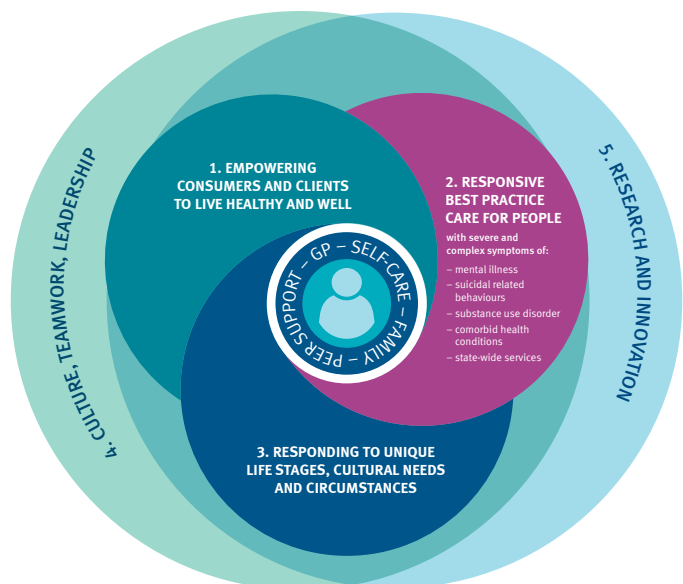
We have heard from many of our staff across Metro North HHS that caring for people with mental illness and/or substance use disorders can be challenging. Growing all staffs awareness and confidence to care for people with a mental illness and/or substance use disorder will be a focus across the HHS. We will continue to foster a culture of high quality and safe care, holistic care, respect and dignity for consumers, clients, families and carers as well as our staff. Improving the consumer, client, families and carers experience of care in Metro North HHS is a priority.

MNMH will champion and promote excellent high quality evidence based care for people with severe and complex mental illness and substance use disorders across the HHS. Within MNMH, the networked and coordinated service system will continue to be enhanced to promote consistent and equitable high quality care across the HHS. Service system capacity will also grow to better meet demand including new and expanded child and adolescent services in the northern corridor, increased step up and step down services across Metro North HHS, expanded community based alcohol and drug services, enhanced alcohol and drug consultation liaison services and establishment of new evidence based models of care. This networked approach will improve access to care and support people to transition between services to recover in the least restrictive environment, with the least restrictive treatment.

MNMH will be responsive to changes in the community service sector. We will continue to partner with the Brisbane North PHN and services provided by private, non-government and community agencies across Brisbane North. Working in partnership with these agencies we will work to deliver joined up care and the shared objectives described in *Planning for Wellbeing*.

This Plan describes five focus areas for Metro North HHS. Each focus area describes actions to be progressed over the next five years. Each area is interconnected and we will need to balance efforts to ensure our resources align with our focus areas. Each focus area describes actions which we deliver and quality service standards for which we will monitor our progress towards achieving the focus areas over the life of the Plan.

Figure 3: MNMH Focus areas for the next five year



1

Empowering consumers and clients to live healthy and well

Metro North HHS recognises health and wellbeing is a complex combination of a person's physical, mental, emotional, social, cultural, spiritual and environmental health factors. For people with mental illness and substance use disorders, living healthy and well often requires support from a range of service providers across health, housing, education, employment and social services. Consumers and clients who have complex health and social needs, and require multiple agencies to work together to support them to remain healthy and well, are challenged to navigate the service system. We commit to working in partnership with consumers, clients, families and carers to navigate the service system and empowering them to actively participate in all aspects of their recovery journey.

Metro North HHS supports the current policy agenda to enhance and grow community support services to enable people with a mental illness and/or a substance use disorder to live healthy and well in the community. As the community services system evolves, MNMH will review and, as required, reorientate our care to complement rather than duplicate care. We will forge strong links with partners building a culture of trust and respect between clinicians and organisations.

What we will do:

- Educate and empower consumers, clients, families and carers to actively contribute to assessment and care plans to ensure they reflect their goals of care, treatment and recovery. These will be reviewed regularly and shared (as appropriate) with other service providers across the care continuum.
- Advance evidence based recovery models of care in MNMH that incorporate excellent mental health and substance use disorder care together with care that focuses on individual health, social, cultural, spiritual wellbeing needs.
- With consumers, clients, families and carers promote awareness of the importance of nutrition and exercise for health and wellbeing to support recovery.
- With consumers, clients, families and carers, develop and/or review resources available to inform consumers, clients, families and carers of the mix and breadth of community support services available to support holistic care.
- Recognise, promote and support the important role of families and carers in providing care to people with mental illness and/or substance use disorders.
- Strengthen existing relationships with emergency services in joint responses to people who may be at risk or in a crisis.
- Actively partner with Brisbane North PHN and partners to advance actions contained in *Planning for Wellbeing*.
- Improve health literacy of consumers, clients, families and carers through:
 - promotion of the My Mental Health website
 - working with partner agencies regarding online content and potential links to MNMH services
 - education and information for consumers and clients – regarding common care pathways across the care continuum, care approaches and escalation pathways
 - awareness and education in health literacy for MNMH staff



- continuing to develop/enhance information, education and training tailored to needs of people from Aboriginal and Torres Strait Islander and culturally and linguistically diverse (CALD) communities
- identifying opportunities to be involved in co-designing care.
- Enhance information sharing and minimise the need for consumers and clients to repeat information by:
 - contributing to the development of electronic shared care records that can be accessed by the HHS, primary health care practitioners and non-government services whilst ensuring people's privacy
 - improving the compilation and sharing of Police and Ambulance Intervention Plans and Acute Management Plans
 - improving the rate of discharge summaries completed within 48 hours.
- Further develop Memorandum of Understanding (MOU) partnerships with NGO providers to enhance community based access, care coordination and avoid service duplication.
- Educate MNHHS staff to deliver best practice care in line with our commitment to consumers and clients seen on page 4.
- Enhance opportunities for shared education and training with primary care and community based service providers across Brisbane North regarding best practice care of people with mental illness

and/or substance use disorders.

- Monitor the introduction of the National Disability Insurance Scheme to ensure Metro North HHS residents are supported in line with care needs.
- Advocate to, and where possible collaborate with, the broader human services sector to improve access to other social determinant services that support consumers and clients to remain living healthy and well in the community.
- Where appropriate, investigate the potential for joint commissioning of services with primary care providers.
- Continue to implement consumer and client satisfaction surveys across settings to evaluate services provided. Feedback is collated and reported on with the aim of improving services.

What we will measure:

- proportion of discharge summaries completed within 48 hours for consumers and clients admitted to MNMH services
- proportion of recovery plans offered and/or completed during 12 month period
- proportion of consumer and client experience survey results reporting understanding and knowledge of health information and care; as well as positive responses in regards to choice and involvement in care
- Number of consumer contacts with an Independent Patient Rights Advisor (IPRA) across Metro North HHS.



Responsive best practice health care for all people with severe and complex symptoms

As a specialist care provider for severe and complex mental illness and substance use disorders, MNMH is committed to providing evidence based best practice care that is responsive to the holistic care needs of all consumers and clients. Acknowledging we have a solid foundation within our service system, more can be done to maximise efficiency and clinical effectiveness and ensure responsive best practice care is accessible by all.

While it is critical that mental health and alcohol and other drug services are integrated, Metro North HHS also acknowledges the distinct differences between them in regards to consumer and client needs and strategic directions.

For the purpose of this plan actions have been themed as follows:

- mental illness
- suicidal ideation
- substance use disorders
- comorbid health conditions
- statewide services hosted by Metro North.

Mental illness

A recovery focused approach to care for people living with mental illness in line with the national and state agenda will drive MNMH service improvement over the next five years. MNMH will enhance the level and mix of mental health services that are provided in the least restrictive environment and that support active recovery in the community. This will be achieved by enhancing service capacity and where appropriate, reorientating services to maximise efficiency and enable a community first response culture. Further, MNMH will ensure that all models of care are best practice and appropriately match the local health and treatment needs of the population. All services will aim to support people to recover and transition to live well in the community.

What we will do:

- Establish step up step down services for adults in the Redcliffe/Caboolture Hospitals catchment and the RBWH hospital catchment.

- Review the distribution of current resources across MNMH in line with the National Mental Health Service Planning Framework. Based on outputs, reorientate resources as required and/or advocate for additional resources to support growth in ambulatory and community care.
- Enhance the capacity of the MNMH Early Psychosis Service to deliver care to people who live in the Redcliffe/Caboolture Hospitals catchment area.
- Review, and where appropriate, realign the Acute Care Team geographical catchment areas to better align with the Metro North HHS hospital catchment areas.
- Grow capacity of acute home based care across Brisbane North as part of the Acute Care Team model of service.
- Increase access to Continuing Care Units (CCU) across Brisbane North, in line with demand, to support successful transition to independent community living.
- Grow capacity of community continuing care services across Brisbane North in line with demand
- Standardise formal handover processes between emergency department services, inpatient services and community teams both within catchment areas and across MNMH.
- Advance and grow the peer support workforce for consumers, clients, families and carers through:
 - defining roles and responsibilities
 - expanding capacity across MNMH
 - contributing to planning, service development, education and training programs.
- For all Emergency Departments supported by an Acute Care Team establish and document agreed and standardised processes to improve quality of care and system efficiency when caring for people who present to the Emergency Department with mental illness. This will include:
 - care pathways inclusive of roles and responsibilities of MNMH and Emergency Department staff, noting components of care will be tailored for each Emergency Department
 - a referral process for mental health assessment by the Acute Care Team

- communication of mental health assessment outcomes. This should include a record in the Emergency Department Information System (EDIS) and Consumer Integrated Mental Health Application (CIMHA) at TPC and investigation of system solutions at other facilities.
- Explore alternate models of care in Emergency Departments to assist in triage, referral and management of care of people with a mental illness.
- Advance multidisciplinary best practice models of care in the community and inpatient setting to enable the delivery of therapeutic programs of care on an extended hours basis to deliver therapeutic programs of care that minimises and prevent restrictive practices of people in our care.
- Establish regular information and education sessions for new clinical staff to understand Emergency Department and Acute Care Team care pathways inclusive of agreed roles and responsibilities.
- Improve access, care and transition through mental health services for Lesbian, Gay, Bisexual, Transgender and/or Intersex (LGBTI) people who require acute care in both community and hospital settings.
- Improve implementation of, and standardise, existing models of care relating to the management of consumers and clients with eating disorders.
- Continue to collaborate with the Brisbane North PHN and NGO partners to develop a whole of system approach to caring for people with a mental illness including transition from hospital to the community based service provision to enable timely and appropriate access and prevent unnecessary readmissions.
- Enhance the consistency, credibility and transparency of mental health information collection and management by:
 - ensuring that all data custodians have the adequate skillsets and access to education, training and support
 - facilitate the integration of Alcohol, Tobacco and Other Drug Information System (ATOD-IS) to CIMHA.
- Continue to explore opportunities to collaborate with Community, Indigenous and Subacute Services (CISS) to support the sub-acute needs of older persons, persons with challenging behaviours and Aboriginal and Torres Strait Islander people.
- Promote a quality improvement service environment that continues to provide safe, high quality care in line with the National Standards in Mental Health Service Accreditation process.

Suicidal related behaviours

As recognised in the joint plan *Planning for Wellbeing* supporting and caring for people and their families who experience self-destructive and suicidal behaviours is complex and requires an integrated system wide approach. Metro North HHSs priority is to improve identification, assessment and follow up care for people in a suicidal crisis, as well as provide support for families, carers and social networks.

We recognise our care must be tailored and responsive to meet the needs of vulnerable population groups including adolescents, Aboriginal and Torres Strait Islanders, LGBTI, men, older people and antenatal and postnatal women. We will actively collaborate with our partners to enhance access to high quality evidence-based care.

What we will do:

- Across Metro North HHS for all staff we will:
 - strengthen staff confidence and competence to identify, screen, assess and manage suicide risk through participation in statewide education and training.
 - comply with clinical guidelines/processes for engaging with, and responding to, consumers and clients presenting with suicide risks.
 - strengthen partnerships with NGOs to improve referral and effective follow up for people who are at risk of or have attempted suicide.
 - advance models of care to enable assertive outreach for people discharged from Emergency Departments and inpatient units.
- Identify and rectify risks within facilities to strengthen safety and mitigate risks related to suicide and self-harming behaviour.
- Implement suicide prevention initiatives such as the 'Zero Suicide Project' in the Redcliffe and Caboolture Hospital catchment area.
- Engage in suicide prevention research that contributes to a stronger evidence base to drive continuous improvement in policy, practice and service delivery.
- Ensure families, carers and social networks are supported through appropriate bereavement services and connectivity to information such as 'Responding to a Death' and services providers such as the 'Suicide Call Back Service'.

Substance use disorders

Metro North HHS has a proud history delivering excellent high quality alcohol and other drug services. Our commitment to minimising harm for people experiencing substance use disorders in Metro North HHS will be advanced through actively driving evidence based service improvements across the HHS and the State. We will continue to work in partnership with other government, non-government and human service agencies.

What we will do:

- Review models of care to deliver integrated multidisciplinary care plans to match the holistic needs of the client.
- Investigate options to increase the Alcohol and Other Drug Consultation Liaison service to enable coverage seven days a week from 7 am to 7pm with sustainable and appropriate workforce at TPOCH, Redcliffe and Caboolture Hospital.
- To enable succession planning, promote Alcohol and Other Drug Consultation Liaison services to senior clinical staff as a professional development program.
- Investigate opportunities to expand the Drug and Alcohol Brief Intervention Team (DABIT) model of care across all sites in Metro North HHS in line with growth and demand.
- Develop a model of care that acknowledges and responds to best practice care for drug induced psychosis consumers and clients presenting to Emergency Departments.
- Review the current distribution of alcohol and other drug services across Metro North HHS geographic area to better align resources with local health needs.
- Enhance the consistency, credibility and transparency of information collection and management by:
 - ensuring that all data custodians have the adequate skillsets and access to education, training and support
 - facilitating the integration of Alcohol, Tobacco and Other Drug Information System (ATOD-IS) to CIMHA.

Comorbid conditions

For consumers and clients presenting with comorbid conditions, care will be integrated and conditions will be treated together rather than in isolation. Establishing new models of care and implementing co-response care pathways will ensure that consumers and clients not only receive best practice care but also that care is provided within an optimal time and in a care setting that is appropriate to their needs.

People presenting with comorbid conditions include:

- co-occurring substance use disorders and mental illness
- co-occurring mental and physical illness
- co-occurring substance use disorders and physical illness
- co-occurring mental illness and intellectual disability

What we will do:

- Promote and ensure all staff practice in alignment with the Queensland Health Dual Diagnosis Guidelines.
- Develop agreed processes to assist with collaborative care between mental health and alcohol and other drug services including internal handover pathways, communication and escalation processes.
- Enhance the integration and coordination of care between community mental health and alcohol and other drug services and CISS services to better meet the holistic needs of people with comorbid conditions in the community.
- Investigate new models of care to better support people presenting to the Emergency Department with physical illness, mental illness and/or substance use disorders.
- Work collaboratively across Metro North HHS to ensure the presence of mental illness does not impact on timely and appropriate access to physical healthcare.
- Expand mental health and alcohol and other drug consultation liaison services to improve holistic care for consumers and clients admitted to general wards.
- Improve care for people with mental illness and substance use disorders through:
 - integration of alcohol and other drug treatment in routine mental health case management
 - enhancing the capacity and confidence of mental health clinical staff in delivering alcohol and other drug treatment through education and training and expert telephone support by alcohol and other drug treatment services.
 - enhancing the capacity and confidence of alcohol and other drug treatment staff in delivering mental health care through education and training and expert telephone support by mental health services.
- Enhance care for consumers with a mental illness and an intellectual disability by:
 - developing, documenting and implementing specialised models of care
 - advancing the skills of staff to identify and respond to a consumers unique needs
 - improving care coordination through enhanced engagement of key stakeholders across human service sectors.

Statewide services hosted by Metro North HHS

Metro North HHS is the host site for several statewide services. MNMH will continue to support and advocate for these to meet the growing statewide demand for evidence based speciality care for people experiencing severe, complex and crisis situations due to mental illness and/or substance use disorders. In line with the MNHHS direction this will include continual service improvement and provision of best practice care.

What we will do:

- Evaluate the outcomes of the specialist statewide Alcohol and Drug Clinical Advisory Service (ADCAS) pilot project and, subject to results, advocate to the MHAOD Branch for recurrent funding.
- Expand alcohol and other drug training provided by MNMH Insight across HHSs in Queensland.
- Expand youth alcohol and drug education and training to HHSs across Queensland in:
 - volatile substance use
 - drug use in schools,
 - family-responsive alcohol and other drug practice
 - youth dual diagnosis.
- Work with Queensland Health Victim Support Service to capture service activity information and use it to improve communication with HHSs regarding awareness of the services, the services provided in their areas and how to refer people to the support service.
- Review service activity demand for Queensland Health Victim Support Service and explore need for additional resources.
- Continue to develop effective partnerships with key government and non-government agencies in the justice, health, mental health, forensic mental health and victim services sectors to provide early and coordinated services for consumers and clients.
- Support innovative approaches that contribute to the longer term wellbeing of victims, their families and others who have been harmed.
- Grow statewide eating disorder services governed by Queensland Eating Disorder Services (QuEDS) by establishing services in the Sunshine Coast and Northern Queensland in line with service demand.
- Develop, endorse and implement assessment and treatment guidelines for community clinicians, in partnership with the State-wide Eating Disorder Advisory Group and persons experiencing eating disorders.
- Collaborate with research institutes to progress research trials specific to eating disorders.
- Expand capacity of Forensic Mental Health Service including Court Liaison Services and Community Forensic Outreach Services to deliver efficient high quality services in line with population need.
- Enhance and expand the Indigenous Mental Health Intervention Programme provided by the Forensic Mental Health Service to further advance the evidence base for culturally capable service delivery.
- Establish and grow Forensic Mental Health Research in partnership with the Queensland Forensic Mental Health Service and the Queensland Centre for Mental Health Research (QCMHR).

What we will measure:

- proportion of specialist community mental health service episodes with physical health assessment
- proportion of consumers that receive face to face care, in the community, by the Acute Care Team
- rates of restrictive practices in line with state targets and best practice care
- the proportion of consumers and clients who attend a public emergency department for a mental health and/or substance use related presentation and are admitted, referred for treatment to another hospital or discharged within four hours
- proportion of mental health and alcohol and other drug staff that jointly participate in consumer care in line with the Queensland Health dual diagnosis guidelines
- proportion of Emergency Department staff that have completed Suicide Risk Assessment and Management for Emergency Department Settings (SRAM) training.



3

Responding to unique life stages, cultural needs and circumstances

The ability of our service to respond to all people including those with unique needs will be improved through the provision of care that is timely, targeted, accessible and coordinated. This focus area aims to improve care and inclusiveness of our diverse community. We understand that people from all life stages, cultural backgrounds and circumstances that access our services will have different expectations of our services. By identifying the unique needs of these groups and customising our service responses we will strive to improve the overall mental health and wellbeing of vulnerable groups.

We also recognise the interdependency between the health of these vulnerable groups and the social determinates of health including social connectivity, access to housing, employment, education and finance. Many of these vulnerable groups are also marginalised in one or more of the determinants of health. For this reason many of the actions will only be successful if delivered in partnership with consumers, clients, families, carers and the broader services system.

Mothers, infants and families

Perinatal and infant mental health goes hand in hand and can be described as the in vitro mental health and emotional wellbeing of women, their infants, partners and families. The relationship between a parent and their infant is of key importance to perinatal and infant mental health.

What we will do:

- Build the capacity of primary care and non-government providers through Metro North HHS led education and training.
- Establish formal referral pathways to improve the connectivity for consumers and clients transitioning in and out of our services.
- Expand the capacity of the perinatal specialist community team.
- Investigate the establishment of a regional mother and baby mental health inpatient unit in Metro North HHS.

- Support the capability of maternity and neonatal staff in Metro North HHS to identify and respond to mental illness using best practice care
- Work with The Queensland Centre for Perinatal and Infant Mental Health to deliver evidence based care that provides services for families that are in need of infant mental health care.

Young people

Supporting child and youth mental health and wellness, including physical, cognitive, social and emotional development, is critical to achieve benefits into adulthood. Providing children and young people aged 0-18 with timely high quality holistic specialist assessment, treatment and management has the potential to create long term benefits. We will actively work with families and carers, together with education, social and justice services, to support integrated innovative approaches to care. Supporting young people as they transition into adulthood is also a priority.

What we will do:

- Confirm and document roles, responsibilities and referral arrangements for child and youth mental health services delivered across Metro North HHS by Children's Health Queensland and Metro North HHS to improve service integration.
- Increase the capacity of child and adolescent community based care in the Redcliffe and Caboolture Hospital catchment areas including early assessment, identification and support for young people with a mental illness and/or substance use disorders.
- Improve collaboration between child and youth mental health services and general practice to develop integrated care pathways that improve referral and discharge continuity of care for children and young people with a mental illness.
- Plan and develop community residential services (including Step Up Step Down) for young people with a mental illness in Caboolture catchment.



- In partnership with the Brisbane North PHN advocate and support community providers to deliver care to young people across Metro North HHS.
- In collaboration with Children's Health Queensland and all appropriate MNHHS representatives, establish clinical guidelines for mental health and alcohol and other drug care for adolescents including age ranges, care requirements, responsibilities, location of care.
- Develop agreed protocols and referral pathways within Metro North HHS for young people receiving mental health care from child and youth mental health services to transition to continuing care within the adult mental health system.
- Enhance youth alcohol and drug services by increased capacity to provide mobile, assertive outreach.

Older people

Mental illness, including depression and anxiety, and substance use disorders are often poorly recognised in older people. We know that many older people with mental illness and/or substance use disorders

are often admitted to hospital because of challenges in providing care in the community that, if provided early, can reduce the need for hospital care. Building on the joint commitment between the Brisbane North PHN and Metro North HHS outlined in 'A five year health care plan for older people who live in Brisbane North', over the next five years we will work in partnership with primary health, residential services and community organisations to support optimal care for older people in the community. A recovery approach to care will be a focus, which will include working together across sectors such as health, social, housing, income support to deliver care when needed. Delivering care in the most appropriate and least restrictive care setting will be a priority.

When older people do require care, we will undertake comprehensive and evidence based screening, assessment, early intervention and discharge planning, commencing from time of admission, aiming to prevent functional decline and loss of independence following an illness and hospitalisation. We will actively work with older people, carers and family to enable people to return home as soon as clinically appropriate with community service support if required.

What we will do:

- Develop and implement an integrated, evidence-based model for screening, assessing, managing and supporting older people with mental illness by:
 - implementing an agreed screening tool to enable early diagnosis, timely and appropriate management
 - developing a risk management approach for the detection of older people at suicide risk.
- Develop and implement a training program that educates clinicians and service providers on best practice approaches to care for older people who have mental illness.
- Develop an integrated model of care for assessment, management and accommodation for older people with mental illness (psychogeriatric) with complex behavioural needs with the aim of optimising function and prepare consumers and clients for transition to an appropriate accommodation option.
- Improve access to alcohol and other drug consultation liaison services for older people admitted to hospital who also have substance use disorders.
- In collaboration with CISS, obtain funding for and

develop an evidence based model of care to meet the subacute needs of psychogeriatric consumers and clients as well as consumers and clients with challenging behaviours.

Aboriginal and Torres Strait Islander People

Due to a range of determinants, Aboriginal and Torres Strait Islander people and communities experience high prevalence rates of mental illness, suicide related behaviours and substance use disorders. Building a culturally capable service system is critical to improving the health and wellbeing of Aboriginal and Torres Strait Islander people. We must ensure this includes access to culturally appropriate services, a well-supported Aboriginal and Torres Strait Islander mental health workforce and mainstream services that are responsive to the needs of Aboriginal and Torres Strait Islander people.

What we will do:

- Enhance culturally capable service delivery by increasing the number of Aboriginal and Torres Strait Islander workers within MNMH services.
- Educate front line service staff regarding resources available to assist Aboriginal and Torres Strait Islander consumers who may not reach the threshold for Metro North HHS acute mental health services, but who would benefit from support and linkage to other services.



- Engage early with families and communities to make informed decisions, plan care and better address specific needs regarding cultural values, as well as beliefs about health and illness, throughout the consumer's and client's recovery journey.
- Involve key support organisations as requested by consumers, clients and families through their recovery journey, including discharge planning to enable timely referral to community support.
- Review and, as required, update/develop and co-design models of care tailored to the needs of Aboriginal and/or Torres Strait Islander people, in partnership with peak bodies, consumers, clients and advisory groups.

Cultural diversity

Metro North HHS is home to many diverse communities, including a number of Culturally and Linguistically Diverse (CALD) communities. We recognise that people from culturally diverse backgrounds have poorer access to care for mental illness and substance use disorders than the wider community. We also understand that we must continue to work together with our diverse communities, to build networks and collaborative partnerships, and develop innovative solutions to deliver responsive and least restrictive care. We will continue to enhance our capacity and capability to be leaders in delivering respectful, tailored, holistic and appropriate services in the community and hospital settings.

What we will do:

- Early engagement with family to make informed decisions, plan care and better address any specific needs that may arise from trauma, diversity, cultural values and beliefs about health and illness in the consumer's and client's care.
- Review, and as required, update/develop models of care tailored to the needs of specific communities in partnership with peak bodies, consumer and client advisory groups and consumers and clients.
- Provide appropriate information to CALD consumers, clients and carers in their preferred language.
- Involve key support organisations as requested by consumers, clients and families through their care journey, including discharge planning to enable timely referral to community support.
- Educate front line service staff regarding resources available to assist diverse consumers and clients

who may not reach the threshold for acute mental health services, but who would benefit from support and linkage to other services.

People involved with the criminal justice system

When compared to the general population, people in contact with the criminal justice system, including those in correctional facilities and people transitioning back into the community have higher prevalence rates of mental illness, substance use disorders and are at an increased risk of suicide or self-harming behaviour. We will continue to work collaboratively with our partners in the criminal justice system to provide appropriate best practice care to this population.

What we will do:

- In partnership with the Department of Corrective Services, and in line with increasing demand continue to expand the Opioid Replacement Treatment (ORT) service for individuals transitioning through correctional facilities. This will include advocating for appropriate resourcing growth and the establishment of joint governance to support and oversee the program.
- Work in partnership with other government agencies (including, but not limited to, housing, corrections and social services) to develop a holistic individual approach to support consumers and clients transitioning from correction facilities into the community.
- Continue to enhance workforce safety by developing their capability in clinical risk assessment and management for consumers and clients with offending related risks.

What we will measure:

- number of perinatal mental health education and training activities provided to primary care and NGO providers
- number of recovery plans offered and/or completed during 12 month period for older people (65 years and over)
- proportion of consumers who identify as Aboriginal and Torres Strait Island or CALD with family members identified in 'External Contacts' on CIMHA.
- proportion of new consumers (aged 0-17) that are under the care of public specialist mental health services and reside in the Redcliffe/Caboolture catchment area.



4

Culture, teamwork and leadership

Guided by the Metro North HHS leadership team our care across our HHS will be delivered by a workforce who treat consumers and clients living with mental illness and substance disorders with dignity, compassion and respect; who treat their colleagues and partner organisations with respect to foster teamwork; and who is well supported to effectively provide best practice care through improved education, training, safety and quality programs.

MNMH will actively drive this culture through the Directorate recognising and rewarding staff who display the values of Metro North HHS. Through our culture, teamwork and leadership, we will attract, develop and retain a workforce with the necessary attitudes, knowledge and skills to support consumers and clients and their families and carers throughout their recovery.

What we will do:

- Work with Metro North HHS leadership team to advance information and education for all staff to feel confident and competent in caring for people with mental illness and substance use disorders.
- MNMH leadership will drive a one team culture across the Directorate promoting the outcomes described in this Plan.
- Value and respect the health and wellbeing of our staff through access to support services and tools to develop self-care plans, maintain wellbeing, identify signs of difficulty to build a resilient workforce.
- Develop and implement a MNMH reward and recognition program that encourages positive workplace cultures and acknowledges the value of staff and teams within MNMH.
- Review, audit and document staff compliance with education and training standards relating to service specific core competencies for all mental health and alcohol and other drug staff.
- In partnership with MNMH staff, identify and explore service models that more effectively utilise the expertise and scope of both clinical and non-clinical staff.
- Enhance the peer workforce and empower this workforce to share their lived experiences across Metro North HHS services and settings.
- Actively work in partnership with Metro North HHS Streams and Directorates to deliver excellent high

quality care for people with mental illness and/or substance use disorders.

- Advance the MNMH Clinical Practice Improvement Committee group to:
 - review and approve all proposed new evidence based projects, models of care and service improvements
 - lead a review of all current projects within the Directorate to determine alignment with evidence based best practice
 - based on outcomes of the review consider disinvestment of projects where current evidence based best practice is not identified
 - Monitor implementation of projects to ensure value based outcomes for clients and consumers.
- Improve safety for consumers, clients, their families and carers, as well as our staff, through active promotion and consistency of safe and respectful environments, care, procedures and processes.
- Improve the capacity of safety and quality roles across facilities for both mental health and alcohol and other drug services.
- Improve MNMH orientation training for mental health and alcohol and other drug staff by enhancing:
 - consumer, client and carer lived experience/ recovery stories
 - staff experiences of working in a recovery framework
 - a MNMH culture that values and respects all services and colleagues
 - presentations by local primary care and NGO providers

What we will measure:

- proportion of staff satisfaction survey results reporting positive responses to people and relationships as well as leadership and engagement.
- number of reported incidents of aggressive behaviour across all care settings and the associated loss of productive staff work hours
- number of consumer contacts with a peer support worker across all care settings
- proportion of staff that are compliant with mandatory training requirements.

5 Research and innovation

Metro North HHS has a strong culture of research and evidence based health improvement. MNMH will continue to embrace this strong culture and strive to embed it as the foundation of the service to ensure consumers and clients have the best access to innovative therapies and advanced health services.

With a consumer and client centred approach MNMH will not only build its capacity to undertake high quality research that will translate to enhanced consumer and client outcomes but also engage with the academic industry to nurture the clinical workforce and advocate for greater expertise in mental health and substance use disorders.

What we will do:

- Develop a MNMH research strategy with a 5 year outlook.
- Establish a HHS wide mental health and alcohol and other drugs research registration database to enhance information sharing, developing linkages, preventing duplication and promoting awareness of current research activities.
- Establish a research governance structure that enables both local facility and MNMH wide research decision making and facilitation.
- Develop a research mentoring program across MNMH that:
 - provides guidance and advice to develop research ideas or questions, methodologies, grant proposals, available funding opportunities, ethics applications etc. in both individual and group meetings

- develops tools that assist, support and encourage staff to participate in research
- promotes collaboration and provides links to enable staff to engage with and contribute to other research project
- supports staff in the management of research and workplace commitments, including access to information regarding working arrangements and scholarship opportunities.
- Actively promote current research through presentations at local, national and international levels.
- Actively partner with research bodies to:
 - increase the number of research programmes across MNHHS facilities
 - increase consumer and client access to innovative care and treatment options
 - utilise clinical research to inform MNMH models of care and service models.
- Collaborate with education bodies to:
 - develop mental health and alcohol and other drug specific nursing and allied health qualifications
 - increase student placement programs and graduate programs
 - encourage student placement within one organisation throughout the duration of the education period
 - promote MNMH as a career of choice to students and new graduates.
- In partnership with Genetics Health Queensland, explore opportunities to establish joint clinics and provide psychology/psychiatric support for genetic counsellors.
- Explore opportunities for the co-design of research with consumers, clients and carers.

What we will measure:

- number of research publications by MNMH staff in line with the focus areas of this plan
- number of presentations regarding MNMH quality improvement, innovation or research outcomes.



Part B: Implementation, monitoring and review

Implementation

Implementation of the Plan will be led by MNMH in a staged process to allow ongoing refinement over the next five years. At the local level the Plan will guide the health service priorities of MNMH program areas and will be integrated into their local operational plans.

The MNMH Leadership Team will oversee the implementation process.

All local plans relating to health services should align with the service directions and service objectives in the Plan. For the actions, each program lead nominated as responsible is required to lead the action in the timeframe proposed.

The Plan will also assist MNMH to establish a platform for discussion and negotiation with Metro North HHS and other agencies around particular issues.

Risks to successful implementation

The success of the Plan relies on each responsible party determining an approach to implementing the actions aligned with the focus areas. The key risks of not achieving the actions include:

- inability to accurately inform service enablers, including infrastructure, workforce, support services
- insufficient future resources allocated to deliver actions resulting in inability to meet health service demand at Metro North HHS
- information technology requirements
- inability to plan the allocation of future resources in MNMH.

Resource implication

The process of planning did consider resource implications of the strategy. Service actions were prioritised based on available information regarding the ability to resource or negotiate for resources for actions and prioritised service needs. Service development will require resourcing over time through organisational budgetary processes.

Monitoring, reporting and review

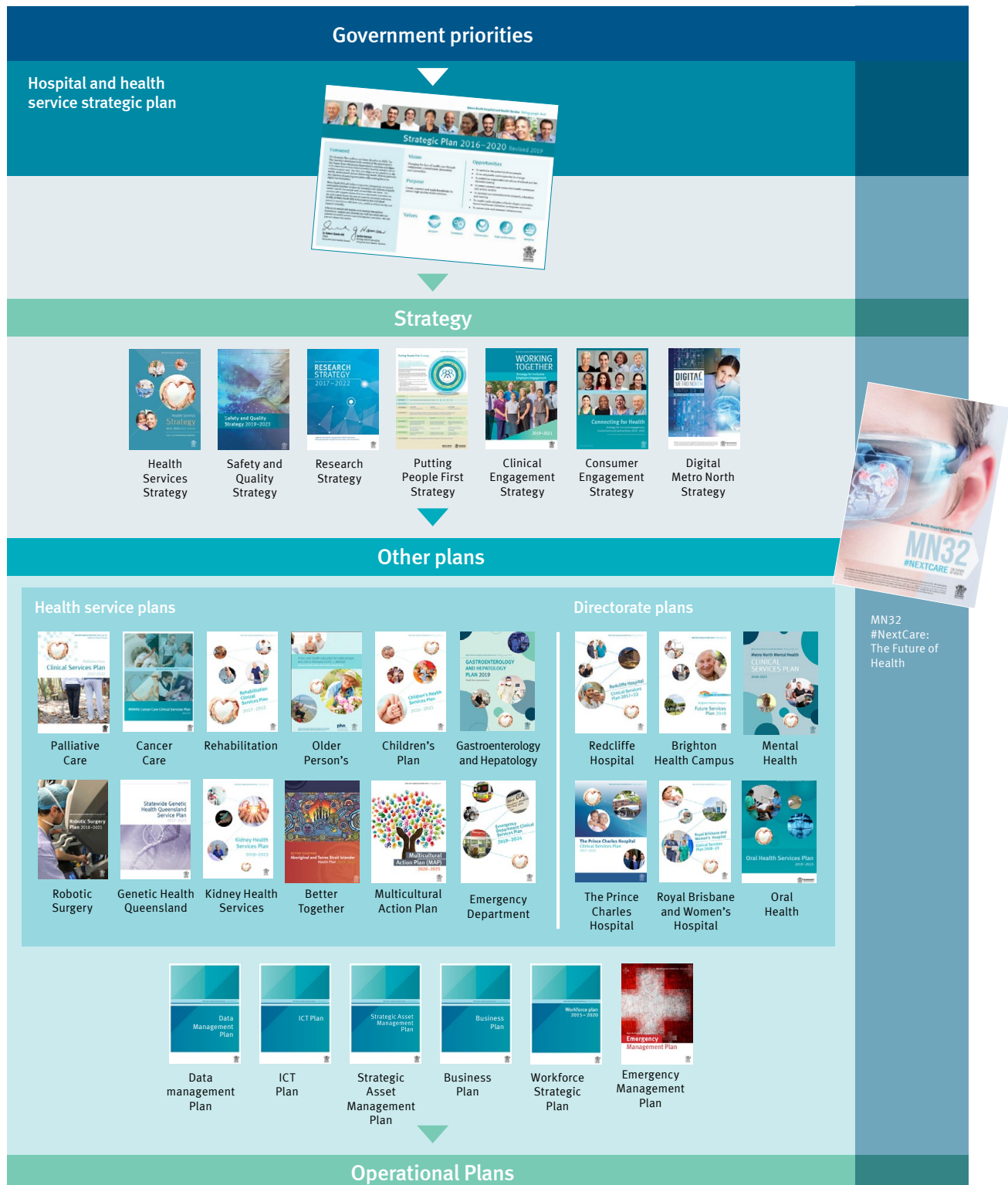
Monitoring, evaluating, reporting and reviewing implementation of the Plan, including reporting on progress towards achieving the identified objectives will be coordinated by MNMH.

Given the rapid change and growth in health needs the Plan will be monitored and reported on an annual basis (end of financial year) in line with operational plan reporting. These processes will allow changes in direction during the implementation of the Plan to ensure ongoing relevance and provide information upon which future service planning may be based. This will also allow the findings and recommendations of statewide planning frameworks currently under development to be considered and actions updated as required.



Appendix 1 Metro North HHS Planning Hierarchy

The MNHHS Strategic Plan describes Metro North HHS vision, purpose and service objectives. The Health Services Strategy describes four focus areas which reinforce MNHHS commitment to providing high quality care centred around individual need and preferences. This Mental Health Clinical Services Plan 2018-23 will assist in delivering key actions contained in the Health Service Strategy together with contributing to delivery of MNHHS Strategic Plan. The relationship and cascade of strategic documents and health service plans is described below.



Effective: October 2019 / Review: October 2020

Appendix 2 National, State and Local Policy Context

The policy direction seen in the figure below have shaped and informed this plan. By cascading these policy directions, the principles and actions are translated into the business of MNMH services. The figure below identified national, state and local policies that have informed this plan.

NATIONAL POLICY



Priority Areas

1. Achieving integrated regional planning and service delivery
2. Suicide prevention
3. Coordinating treatment and supports for people with severe and complex mental illness
4. Improving Aboriginal and Torres Strait Islander mental health and suicide prevention
5. Improving the physical health of people living with mental illness and reducing early mortality
6. Reducing stigma and discrimination
7. Making safety and quality central to mental health service delivery
8. Ensuring that the enablers of effective system performance and system improvement are in place

Strategic Principles

1. Promote the mental health and well-being of the Australian community
2. Reduce the impact of mental health problems and mental illness
3. Promote recovery from mental health problems and mental illness
4. Promote recovery from mental health problems and mental illness



1. Demand reduction
2. Supply reduction
3. Harm reduction

1. Partnership
2. Coordination and collaboration
3. National direction, jurisdictional implementation
4. Evidence-informed responses

STATE POLICY

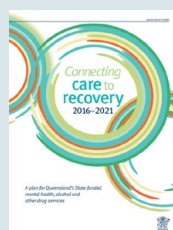


Priority Areas

1. Better service
2. Better prevention and early intervention
3. Better engagement and collaboration
4. Better transparency and accountability

Strategic Principles

1. Person centred
2. Shared responsibility
3. Rights and dignity
4. Quality of life
5. Responsive and effective
6. Diversity and respect
7. Fair, accessibly and equitable



1. Access to appropriate services as close to home as practicable and at the optimal time
2. Workforce development and optimisation of skills and scope
3. Better use of ICT to enhance clinical practice information sharing, data collection and performance reporting
4. Early identification and intervention in response to suicide risk
5. Strengthening patients' rights Mental Health Act 2016

1. Person centred
2. Shared responsibility
3. Rights and dignity
4. Quality of life
5. Responsive and effective
6. Diversity and respect
7. Fair, accessibly and equitable

LOCAL POLICY



Priority Areas

1. Be leaders in delivering evidence based quality care to people with mental illness and/or alcohol and other drug dependence
2. Increase access to recovery focused mental health and alcohol and drug services available in Metro North HHS
3. Elevate the focus on physical health, psychological and social wellbeing to support consumers and carers in their recovery journey
4. Work with partners to increase and facilitate access to a broader range of whole of life services, including community based alternatives to hospital admission and provision of meaningful vocational opportunities

Strategic Principles

1. Always put people first
2. Improve health equity access, quality, safety and health outcomes
3. Deliver value based health services through a culture of research, education, learning and innovation

