Metro North Mental Health Alcohol and Other Drug Clinical Services Plan

2025–2030

Metro North Health's vision
Creating healthier futures together—where innovation and research meets compassionate care and community voices shape our services.

Metro North Health

Queensland Government

Metro North Health acknowledges the Traditional Custodians of the Land upon which we live, work and walk, and we pay our respects to Elders both past and present.

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1 How to read this plan

The Mental Health, Alcohol and Other Drug Clinical Services Plan 2025-2023 (the Plan) is presented in two parts.

Part 1 of the Plan outlines:

- The planning context which includes:
  - introduction, the current issues and challenges for staff, consumers[1], carers and families
  - planning matrix and the care principles that has been utilised for service planning
  - how this Plan fits with other plans and strategies
  - the outcomes of the Plan, objectives and actions.
- The objectives and actions align to the planning matrix and the care continuum (primary care, community, inpatient, emergency) and actions for targeted population groups are presented where relevant. There is a cross over of actions between areas and all actions should be considered together.
- Implementation and monitoring.

Part 2 summarises the six background papers that were developed to inform this Plan:

- Background paper 1 - Population and health status
- Background paper 2 - Service activity and trends
- Background paper 3 - Future service activity projections
- Background paper 4 - Service issues and opportunities
- Background paper 5 - Current service profile
- Background paper 6 - Literature themes, evidence and models of care.

Metro North Health recognise the lived and living experience of people with mental illness, those experiencing harms from alcohol and other drug use, as well as those impacted by suicide and trauma, their families, carers and support people. We respect and value their opinions and their input into service delivery and change.

1 Individuals engaged with the Alcohol and Drug Service are typically referred to as "clients." However, for consistency within the Plan, all service users will be referred to as "consumers."

2 PART 1: The clinical service plan

2.1 Introduction

The increasing prevalence and recognition of Mental Health, Alcohol and Other Drug related conditions in the community has led to more people seeking help, resulting in a higher demand for services. Compounding this issue, social determinants such as housing instability, trauma, isolation, and cost-of-living stress, are increasingly driving people to acute care health services with complex needs that extend beyond traditional hospital services. To enhance community resilience and well-being, this strategic planning must improve access to connected, person-centred, evidence-based care across the care continuum, supported by strong partnerships. Metro North Health is committed to strengthening delivery of sustainable services that meet the growing community needs.

Metro North Mental Health, Alcohol and Other Drug services deliver quality, evidence-based care every day supporting people in distress, reducing harm, and enabling recovery. Through collaborative partnerships across tertiary and primary care, emergency services, and working alongside people with a lived experience, Metro North Health deliver compassionate care to consumers, carers and families. These efforts are reflected in stories of hope, resilience, and connection, where consumers and carers are supported to lead meaningful lives in the community.

People requiring Mental Health, Alcohol and Other Drug care engage with services across Metro North Health through first responders, emergency departments, inpatient units or community-based care. Their needs span the spectrum of health, ill-health and recovery, often shaped by complex psychiatric conditions, substance use, and social adversity.

The plan sets the strategic direction to meet patient needs across the care continuum with a focus on integration, holistic support and evidence-based practice to deliver the right care at the right place at the right time. Enabled through strong leadership and a shared commitment from the Metro North Health Board, Executive, staff and community, this Plan outlines key actions guided by core principles to provide person-centred, connected care which is equipped for future challenges.

2.2 Planning context

2.2.1 Issues and challenges

Metro North Mental Health, Alcohol and Other Drug services are facing pressure from rising demand and consumers presenting with increasing complexity of conditions. The system is challenged by many factors including ageing infrastructure, workforce shortages, fragmented and inconsistent holistic care against a backdrop of population growth and an increasing number of consumers presenting with co-occurring mental health and physical conditions.

An increase in incidence of mental health conditions, such as depression, anxiety, and substance use disorders has led to increased demand for services without a consistent corresponding increase in capacity (e.g. available beds or community services), creating pressures on services.

Consumers with co-occurring conditions often require intensive services that are specialised, complex and integrated leading to longer inpatient stays and further exacerbating shortages of beds and resources. The resulting strain on psychiatric beds and specialised staff, lead to a "revolving door" phenomenon where consumers are frequently being readmitted. This in turn leads to poorer long-term outcomes for consumers and strain for the hospital system and staff.

Emergency Departments (EDs) across Metro North Health facilities, face numerous and complex challenges in managing Mental Health, Alcohol and Other Drug presentations including inadequate access to community services, workforce support in emergency departments, and lack of integration within Metro North Health and across service providers.

Access to after-hours general practitioner and crisis support outside the EDs is limited resulting in consumers frequently arriving in crisis contributing to extended wait times in EDs. The limited capacity of inpatient mental health beds means consumers can remain in EDs for longer than clinically recommended, placing pressure on patient flow and contributing to poor consumer experiences.

Shortage of community beds and programs, inconsistent or lack of alternate pathways for mental health and substance withdrawal management, further contributes to pressure on services. Fragmentation; disconnect between mental and physical health care services; and gaps in coordination between crisis support, hospital, and community services means consumers often fall through the gaps. Navigating the system and accessing holistic, tailored care remains challenging for both consumers and staff. This is compounded by unclear referral pathways and inconsistent service delivery models across Metro North Health facilities. Insufficient follow-up care and support in the community often leads to individuals returning to the EDs and acute care.

Cross-sector partnerships, including with police, ambulance, Non-Government Organisations, and Aboriginal and Torres Strait Islander mental health services provide opportunities for alternatives to emergency care and support. This is a critical and growing area of need for urgent attention particularly for Aboriginal and Torres Strait Islander people.

Stigma remains one of the major issues for both consumers and staff within Mental Health, Alcohol and Other Drug. Consumers often delay seeking treatment due to shame and fear of judgment with consumers reporting experience of dismissive attitudes from staff, which erodes trust and can result in inadequate care. The workforce is under strain, with staff reporting fatigue and burnout. Clinicians report compassion fatigue, with variability in staff awareness of available support resources e.g. referral pathways and specialist training in trauma-informed mental health care. Mental health specialists are not always available, and peer support roles are underutilised. Recruiting and retaining a sustainable workforce remains challenging due to several interrelated factors, including limited succession planning, high turnover in some disciplines, and a high-pressure work environment. These challenges can affect the consumer care experience and hinder the consistent implementation of contemporary, team-based approaches required for consumers with complex needs.

The current infrastructure constraints provide an opportunity to implement contemporary models of care and undertake an infrastructure program to meets growing demand in a healing environment. Many inpatient spaces no longer optimally support recovery and there is a deficit of safe and private areas. The ED environment is not suited for privacy, psychological safety, cultural safety with the noisy chaotic waiting areas adding to patient distress for mental health consumers. There is opportunity for growing holistic models of care that are tailored for consumers from diverse backgrounds, such as multicultural backgrounds, people from refugee and asylum seeker backgrounds, Lesbian, Gay, Bisexual, Transgender, Intersex, Queer/ Questioning and Asexual (LGBTQIA+) individuals, people with disability and neurodiverse people.

While investment through initiatives such as Better Care Together, Putting Patients First, and activity-based funding have advanced service delivery, these gains are challenged by persistent fragmentation, siloed models of care, and demand pressures which perpetuates reactive care.

2.2.2 Mental Health, Alcohol and Other Drug planning matrix

The Mental Health, Alcohol and Other Drug care principles and planning matrix (Figure 1) has informed service planning for Metro North

Health's Mental Health, Alcohol and Other Drug services. The framework recognises that service needs vary significantly across different population groups and conditions.

A person's unique experience, health and wellbeing needs are shaped by their age, gender, sexuality, family situation, cultural background and social, economic factors like housing, education, employment.

The matrix supports planning across the lifespan of children, adolescent and young adults, adults, and older persons and for targeted population groups.

Recognising that some mental health conditions (e.g. personality disorders or early psychosis), the matrix places a strong emphasis on tailoring services to meet specific needs for individuals experiencing severe mental illness and/or problematic alcohol and other drug use.

The planning approach embraces the importance of effective relationships with internal and external partners. These partnerships are crucial for reducing the burden of mental illness, ensuring effective access to services, and improving mental health and well-being for all.

Principles

Patient – centred, recovery focussed, trauma informed care, least restrictive practices, shatter the stigma, improved mental health literacy for the community, patients and staff, multidisciplinary care, integrated care (mental health and alcohol and other drug), legislation compliance, culturally safe.

Care continuum of emergency (acute and crisis), inpatients, community (including outpatients and rehabilitation)

Lifespan

- Children, Adolescent and Young Adults
- Adult
- Older persons

Population groups

- People who use substances
- People with disabilities
- Neurodiverse people
- People from multicultural backgrounds
- Aboriginal and Torres Strait Islander people
- Womens
- Mens
- LGBTQIA+
- People at risk of or experiencing homelessness
- People experiencing Domestic and Family Violence
- People involved in the Justice system

Partnerships

- Internal and external partnerships
- Inter-agency service models – QAS Co-responders, Police Communications Centre Mental Health Liaison
- Private facilities
- Statewide Services

FIGURE 1: The strategic planning matrix for Metro North Mental Health, Alcohol and Other Drug services.

Notes:

- *Findings from planning and service improvement projects on personality disorder, psychosis, mood disorders and neurostimulation, intellectual and developmental disabilities, patient flow, crisis reform, statewide review of opioid dependence treatment, multi-morbidity, inpatient reform undertaken by Metro North Mental Health are either included in this clinician services plan or linked to the Plan where relevant.*
- *Metro North Health definition of Children, Adolescent and Young Adults is considered as applicable to all neonates, babies, children, tweens, teens, adolescents and young adults (0 to 25 years of age): with cohorts broken into neonates (birth to 28 days), young children (0 to 5 years), children (6 to 11 years), adolescents and young adults (aged from 12 to 18 years), young adults (16 to 25 years; overlay for ages 16 to 25 for mental health and other services).*
- *Older persons 65+ years.*
- *'Neurodiversity' is the umbrella term used to describe the neurological ways that people process information. This includes all those who are neurodivergent as well as neurotypical people. Neurodivergence can vary, but most referred to, attention deficit hyperactivity disorder (ADHD), autism, also known as autistic spectrum disorder (ASD), dyscalculia, dyslexia, developmental co-ordination disorder (DCD) – also known as dyspraxia. (definition from Australian Disability Network).*

2.2.3 Mental Health, Alcohol and Other Drug care principles

The Plan is built on care principles that provide a foundation for how services are designed, delivered, and experienced (Figure 2). These principles draw on contemporary clinical practice, evidence-base, legislation, and the voices and of consumers, carers, families, and communities, to ensure that the care is grounded in consistent values that guide everyday practice.

2.2.4 How this Plan fits with other plans and strategies

The Plan's expected success and outcomes for consumers, families, and communities depend on implementation of related strategies and plans which work in alignment for improved Mental Health, Alcohol and Other Drug services in Metro North Health. Figure 3 represents these strategies, plans, and policies and the list below outlines the current state of these documents.

- ASPIRES suicide, self-harm and overdose prevention plan.
- Brisbane North Crisis Reform Strategy 2025–2030 (pending endorsement and publishing).
- Metro North Mental Health, Alcohol and Other Drug Clinical Services Plan 2025–2030, supplemented by a Capital Plan (this Plan).
- Metro Mental Health Strategic Workforce Plan 2025 -2030 (under development).
- Metro North Mental Health Research Strategy 2025 (pending endorsement and publishing).
- Metro North Mental Health Digital Strategy (to be developed).
- Metro North Mental Health Equity, Roadmap for Aboriginal and Torres Strait Islander people (under development).
- Regional Mental Health Plan – Our Approach to Wellbeing 2025-2030.
- Better Care Together Plan 2027.
- Service planning from Statewide services (led by the Department of Health, out of scope for this plan).

These plans create opportunities to maximise resources and expertise, reduce duplication, and develop innovative service delivery models. Together, they support efforts to integrate care across systems, particularly important for bridging current gaps and addressing complex consumer needs.

The Metro North Health, ASPIRES Suicide, Self-Harm and Overdose Prevention Plan, outlines a framework that aims to embed evidence-based approaches and compassionate care to prevent suicide, self-harm, and overdoses. The plan was co-designed with a wide range of stakeholders, including mental health staff, primary health networks, and people with lived experience and will continue to be implemented in Metro North Health.

The Mental Health Crisis Reform Strategy for the Brisbane North Region describes the actions needed to improve the mental health crisis system to support consumers to receive the right treatment in the right place and time. The joint initiative between Metro North Mental Health and the Brisbane North PHN in collaboration with emergency services, non-government services, consumers, carers and community, proposes reforms across the next five years and complements the Clinical Service Plan.

The Metro North Mental Health Workforce Plan will align workforce capability with the Clinical Service Plan, ensuring agility, resilience, and future readiness. It fosters a diverse, inclusive, and supportive workplace that values wellbeing, growth, and innovation, while using evidence and analytics to optimise performance and outcomes.

Metro North Mental Health Infrastructure Master Plan will be developed following the finalisation of this Plan and will map out the infrastructure developments required to support mental health service delivery aligned to growth in demand for services and the prioritised actions of this Plan. The Masterplan will lead to the development of a 10-year capital plan which will reference the infrastructure required to deliver contemporary models of care and meet consumer and community expectations in the future.

Mental health, alcohol and other drug, care principles

Patient – centred

Care which is delivered with respect for consumers culture, preferences and values, through collaboration in planning and decision-making. Care is communicated in a way that can be understood, improves the health literacy of the consumer, their family, carers and kin and empowers them to achieve their health goals.

Trauma informed care

Trauma-informed care is a holistic approach that acknowledges the profound impact of trauma on individuals and strives to create a compassionate and safe environment. It emphasises understanding each person's unique trauma history, providing individualised care, and avoiding any actions that could exacerbate their trauma.

Recovery focussed

Provide evidence-informed assessment and treatment to people with the primary goal of empowering them to create and live a meaningful life of their choice with or without mental ill-health.

Shatter the stigma

Stigma and discrimination against people who live with mental ill-health and those that use substances can affect access to treatment and outcomes. Shatter the Stigma campaign aims to increase community awareness and accessibility of services, and address stigma in health care through challenging discriminatory practices.

Improved mental health literacy for the community, consumers and staff

The most valuable asset to a person's recovery from mental health, alcohol and other drugs concerns is a supportive community, and engagement of family, carers and kin are integral to care planning, delivery and meaningful sustainable improvement. Central to this community support is health literacy, the ability to access, understand, evaluate and use information related to the consumer health conditions to make decisions and support recovery.

Least restrictive practices

The principle of least-restrictive practices aligns with human rights and ensures care is compassionate, safe and focused on enabling the individual to live as independently and freely as possible. Alternatives to restrictive practices, prevention and early interventions, and respect for autonomy underpin the principle in practice.

Integrated care (Mental Health, Alcohol and Other Drugs)

Accessibility of health care services which are holistic and work toward shared goals improves patient outcomes, offers efficiency and cost-effectiveness, reducing stigma and enhancing the patient experience.

Inclusive and culturally safe care

Delivering culturally safe mental health services starts with ensuring staff have undertaken cultural competence training and have skills and knowledge for working with people such as from CALD backgrounds, LGBTIQA+ community. Effective communication enhances cultural safety in care by collaboration, strong relationships with family and community, and access to Aboriginal and Torres Strait Islander health worker roles and multicultural mental health specialists. Cultural consideration into the environment where care is delivered care also promotes safety to enable trust required for therapeutic engagement.

Legislation compliance

Adhering to the laws and regulations of the *Mental Health Act 2016, Hospital Health Boards Act 2011* and *Human Rights Act 2019* as well as other policies ensures mental health care is delivered in an ethical and safe manner and which safeguards human rights. This increases community trust in services and demonstrates accountability, mitigates risk and promotes quality health care aligned to contemporary standards.

Multidisciplinary care

Recognising the value of all disciplines in delivering a holistic care plan, the multidisciplinary team in mental health including mental health nurses, medical and psychiatry, occupational therapists, social workers, psychologists, other allied health specialists (dieticians and exercise physiologists), lived experience workforce, Aboriginal and Torres Strait Islander health workers and administrators.

FIGURE 2: Mental health, alcohol and other drug care principles.

The planning further enables coordinated approaches between Queensland and Commonwealth-funded services such as health, housing, employment, and psychosocial supports. This integrated multi-agency collaboration supports both early intervention and the delivery of care for people with complex health and social needs.

A Health Equity Roadmap for Aboriginal and Torres Strait Islander people is currently under development by Aboriginal and Torres Strait Islander Health, Metro North Mental Health Directorate.

This Plan will be implemented with consideration of other planning occurring within Department of Health and Metro North Health including whole of Metro North Health 15-year Health Service Plan, Points of Care planning for Hospital Rescue Plan.

FIGURE 3: Mental health, alcohol, and other drug enablers and interdependencies with other plans and strategies.

2.2.5 Snapshot of consumer, carers, family and people with lived experience, current experiences and opportunities

FIGURE 4: Snapshot of consultation with Mental Health, Alcohol, and Other Drug consumer, carer and family and people with lived experience.

3 Plan outcomes

Along with the care principles, the expected outcomes to be achieved through the implementation of this Plan are:

- An enhanced care experience for consumers with a compassionate, person-centred approach.
- Consumers receive timely, integrated, and person–centred care that addresses whole-of-person needs.
- Families and carers are included and supported throughout the care journey.
- Expanded delivery models and alternatives like hospital-in-the-home to support the right care in the right setting with the right care environment.
- Strengthened partnerships and holistic care that addresses social barriers to support recovery and wellbeing.
- Care is enhanced using evidence-based, recovery-oriented practices.
- A skilled, empowered workforce.
- Tailored care and models to address the holistic needs of consumers from targeted populations including older persons, children, adolescents and young adults.

4 Objectives and actions

The objectives and actions follow the planning framework with section 4.1 capturing actions across the care continuum and including actions relating to partnership as they have a touch point across all components of the care continuum. Section 4.2 contains actions relating to target population groups and conditions. Noting actions in the other related plans and strategies such as crisis reform, suicide, self-harm and overdose prevention plan will continue to be implemented as part of those plans.

The actions within each heading have been grouped into three categories:

- Category 1 - requiring significant investment
- Category 2 - workforce investment (no further planning required)
- Category 3 - describing actions that requires smaller levels of resourcing to improve the quality of services.

Actions in category one and two has been subject to a prioritisation process (using the criteria described in appendix 1). Actions are allocated in the priority categories of low (3 – 5 years), medium (2- 3 years) and high (immediate, 1-2 years).

4.1 Actions across the care continuum

4.1.1 Strengthen partnerships

Objective: Strengthen partnerships to empower primary care providers (including General Practitioners, Non-Government Organisations, private psychologists, and peer-led organisations), to enhance collaboration and improve care in the community and improve health outcomes.

Objective: Enhance multi-agency support programs and pathways of care to support holistic and integrated care in community settings.

	Prioritised actions - further planning and resource implications	Priority
1	Explore opportunities to implement General Practitioner with Special Interest (GPwSI) model integrated with hospitals for: • improved pathways for diagnosis and treatment of people with attention deficit hyperactivity disorder • withdrawal management and substance dependence[2] • rapid Mental Health Access for follow up post-discharge from Metro North Emergency Department.	**High**
2	Explore opportunities to implement a General Practitioner Shared Care Nurse Navigator model in partnership with Brisbane North PHN to enhance collaboration, and integration between Metro North Mental Health and General Practice.	**High**
	Other actions - redesign for quality improvement	
3	Collaborate with cross-agency and with service partners such as Queensland Police Service; Queensland Ambulance Service; housing and homelessness sector; disability and other key organisations to develop discharge pathways for homelessness consumers in emergency departments and inpatient care. Specifically: • Develop a program of co-ordinated vacancy and accommodation management with Non-Government Organisation sector for crisis accommodation, rehabilitation, National Disability Insurance Scheme (NDIS), Supported independent living etc. (connected with Working Together to Connect Care). • Collaborative work with Non-Government Organisations and primary care partners to develop psychosocial pathways, with Medical Mental Health Centre playing a role in engagement and continuity of care.	

2 Identified in Joint Regional Needs Assessment

4	Partner with Non-Government Organisations to explore co-design models that enable consistent transitions from hospital to community. These models will focus on: • Providing ongoing support and assertive follow-up for successful community reintegration. • Establishing clear pathways for patient cohorts not currently referred on to Metro North community teams (e.g., Continuing Care Teams, Mobile Intensive Rehabilitation Team, Acute Care Team). Examples include: • Care continuation for people that use substances through supported transition models with alcohol and other drug Non-Government Organisations such as 'QuIHN' and Lives Lived Well. • Explore opportunities to co-design transitional models of care with Medical Mental Health Centres. • A range of stepped care interventions that are flexible and recovery-oriented and leverage the diverse expertise of Non-Government Organisations in providing psychosocial support, early intervention, and longer-term community-based care.
5	Partner with Brisbane North PHN for models to empower and support General Practitioner's and consumers in the community, such as: • Mental Health, Alcohol and Other Drug and General Practitioners combined clinic appointments aimed to reduce emergency department presentations. • Increased communication with General Practitioners via access to a direct mental health clinical advice line to support patient care in community. • Implement a process to identify consumers without a regular general practitioner and provide them with general practitioner options for ongoing mental health care and management. • Strengthen models for 'assertive follow-up in mental health'[3].
6	Explore opportunities to deliver disability support programs with care partners (such as NDIS providers, mental health professionals) which increase consistency in care planning e.g. jointly developed positive behaviour support plans, safety plans or acute management plans, to assist carers to support, de-escalate and maintain their safety at home.
7	Partner with government departments to improve escalation pathways and timely responses to NDIS and Queensland Civil and Administrative Tribunal decisions, supporting preventative community care and reducing placement breakdowns and inpatient admissions.
8	Collaborate with Brisbane North PHN to explore opportunities for a broader range of non-medical, emerging, alternative therapies and skill based cognitive programmes e.g. globally acknowledged cognitive programs for children with learning difficulties, trans magnetic stimulation, cognitive remediation therapies and emotional skill training.
9	Enhance collaboration with carers and families on service improvement projects, co-design and host annual Metro North Mental Health exhibitions and forums inviting community to attend and learn about the Metro North Mental Health, Alcohol and Other Drug services.
10	Leverage partnerships with Non-Government Organisations to develop a network of alcohol and other drug treatment centres that are purpose-built or co-delivered to provide comprehensive support for individuals with problematic substance use and co-occurring complex mental health conditions, addressing the limitations of current Non-Government Organisations substance withdrawal management facilities.
11	Collaborate on workforce development to increase uptake of available Mental Health, Alcohol and Other Drug training by: • Promoting existing programs through Queensland Centre for Mental Health Learning and Insight: Statewide Clinical Support Services. • Co-designing targeted education and resources for General Practitioner's, primary care and Non-Government Organisation's on complex Mental Health, Alcohol and Other Drug presentations, risk assessment, and crisis management. • Providing culturally safe and inclusive care training programs to provide care to consumers from diverse backgrounds, such as multicultural backgrounds, people from refugee and asylum seeker backgrounds, LGBTQIA+ individuals and facilitating learning exchange, Non-Government Organisations expertise in recovery-oriented and community-based support.

4.1.2 Programs to support mental health and wellbeing in community

Objective: Optimise community-based care to proactively support consumer mental well-being in community settings and minimise relapse and re-hospitalisation.

Objective: Drive innovative care delivery models and strengthen interventional programs to prepare and optimise people living well in the community including inclusive care for diverse backgrounds, such multicultural backgrounds, people from refugee and asylum seeker backgrounds, LGBTQIA+ individuals.

Prioritised actions - further planning and resource implications		Priority
12	Enhance comprehensive physical health care screening within all Mental Health, Alcohol and Other Drug services to reduce preventable physical health conditions and improve life expectancy through: • routine and standardised physical health screening processes • integration of registered medical officers, internal medicine and emergency services (IMES) staff, pharmacists and allied health such as dietetics, physiotherapy and exercise physiologists in multidisciplinary mental health teams to support care planning • outreach clinics for at-risk cohorts embedded within community mental health teams e.g. smoking cessation, Hepatitis C and metabolic monitoring • implementation of a care pathway for non-lethal strangulation • implementation of discipline-led lifestyle and health promotion programs.	**High**
13	Co-design and implement emerging innovative community models of care to prevent lengthy acute inpatient admissions such as: • virtual care clinics as part of the MHCall model of care • introduce home-based withdrawal management trial via the alcohol and drug service • introduce day service programs, therapeutic treatment for engaged consumers to be delivered via Brief Intervention Clinics or Continuing Care Teams.	**High**
14	Implement residential sub-acute models of care which aim to address social barriers (unemployment, poverty, accommodation issues) to expediated discharge pathways and avoid re-admission for consumers in acute adult beds as a result of homelessness, or those awaiting residential aged care placement through Clinical Services Outsourcing Agreements. Examples include: • Transition housing in partnership with NGO's • Collaborate with Community and Oral Health for sub-acute older persons beds across all facilities. • Procure services with local aged care facilities.	**High**
Prioritised actions – workforce investment (no further planning required)		**Priority**
15	Explore opportunities to utilise multicultural health workers (with lived experiences) in a mental health concordance model for people with multicultural backgrounds, people from refugee and asylum seeker backgrounds.	**Medium**
Other actions - redesign for quality improvement		
16	Develop and implement a structured program of lifestyle-based interventions focussing on physical health, sleep, exercise, nutrition co-designed with and delivered by lived experience and clinical assistant workforce across Metro North facilities (inpatient and outpatient settings).	
17	Implement integrated support programs and resources for carers, families and kin that focus on early intervention, preventative measures, up-skilling to manage challenges, reduce stress, and plan for the future. These include: • psychoeducation programs (online and in-person) • co-designed peer carer support programs delivered throughout care continuum • education about crisis planning and safety plans for managing acute crises.	

3 This involves proactively engaging with individuals with mental illness (in various hospital settings e.g. Emergency Department), regardless of whether they are seeking help to offer care and support. This approach focuses on building rapport, offering assistance with medication adherence, housing, promoting overall well-being and other needs.

18	Enhance and continue to incorporate the expertise of carers with lived experience in the design and delivery of therapeutic programs.
19	Standardise community and home-based models of care (e.g. Home-Based Treatment within Acute Care Teams and Mobile Intensive Rehabilitation Teams) for innovative care delivery models which prevent avoidable lengthy admissions to acute wards.

4.1.3 Care in the community

Objective: Consumers experience safer, more seamless transitions between hospital, community, and primary care.

Objective: Multidisciplinary community teams deliver integrated, evidence-based care that is timely, therapeutic, and recovery-oriented.

Prioritised actions - further planning and resource implications		Priority
20	Increase community/ ambulatory services delivered by Continuing Care Teams in line with demand and activity projections.	**High**
21	Expand Metro North Health, Shared Care into Opioid Treatment program for local alcohol and drug service teams to establish and maintain relationships with community General Practitioners and facilitate flow to community.	**High**
22	Reorient community teams (including older persons mental health team), to include pharmacist input with defined roles in discharge liaison, comprehensive medication reviews initiating pathology forms for metabolic monitoring, patient education, providing expert advice to the multidisciplinary team.	**High**
Other actions - redesign for quality improvement		
23	Establish a networked system across Metro North Health for Opioid Dependence Treatment and medication assisted treatment for people who use substances to enable: • access to refined referral pathways and shared care arrangements for those interacting with Criminal Justice and Corrections • transitions across primary to specialist care for medication assisted treatment services with support for GPs to escalate where needed, and outflows back to primary care as consumers are stabilised • expanded roles for nurse practitioners in substance dependence treatment within alcohol and drug service to meet demand.	
24	Develop a communications strategy for Mental Health, Alcohol and Other Drug to: • actively showcase where existing services are located, service pathways both within and with external partners • communicate consistent, understandable branding and naming for clarity • increase understanding of the Adis 24/7 Alcohol and Drug Support, including its resources and service navigation, through a central Online Resource • create clear and easily accessible guides to help people navigate Mental Health, Alcohol and Other Drug services • co-design and promote public media campaigns which focus on recovery, strength-based care and lived experience which re-balances messaging away from crisis and towards Hope • address social stigma and promote mental health literacy for people from diverse backgrounds, such as multicultural backgrounds, people from refugee and asylum seeker backgrounds, LGBTQIA+ individuals. The campaign to be inclusive of easily accessible resources and information, empowering the diverse community with the literacy. • create a “passport” or digital personal care summary to support seamless care when people move between different teams.	
25	Review existing transitional care models across Metro North facilities (Royal Brisbane and Women’s Hospital (RBWH), The Prince Charles Hospital (TPCH) and Caboolture Hospital) and implement a consistent, integrated whole of Metro North Health Mental Health transitional care model.	

26	Establish a standardised General Practitioners referral pathway to Metro North Mental Health via MHCall, and Medicare Mental Health Centres and the Medicare Mental Health Phone Service with clear communication protocols and direct re-entry options for people with severe mental illness needing urgent care.
27	Implement a standardised evidence-based, consultant-led multidisciplinary team model of care for adult community mental health teams, which enables clinical leadership, supervision, and complex case formulation and care planning expertise, and support direct access to the acute hospital beds.
28	Explore flexible contemporary community models such as nurse practitioner clinics or discipline led Brief Intervention Clinics to support case managers to deliver therapeutic interventions aimed at holistic recovery, medication management and risk assessment.
29	Integrate teams of Mental Health, Alcohol and Other Drug professionals, to promote daily collaboration, shared learning, and direct consultation and attending care reviews.
30	Strengthen interface and access pathways to Forensics Mental Health Services by strengthening awareness and the established referral pathways and processes within Metro North Health.
31	Standardise and scale the implementation of nurse-led clozapine clinics across all hospitals. Embed models for comprehensive monitoring and review of clozapine and other complex medication regimens, leveraging point-of-care testing (PoCT) for full blood counts and other relevant pathology to improve efficiency, patient convenience and adherence and work with General Practitioners.
32	Strengthen collaboration and care pathways across mental health, alcohol and other drug services, Satellite Health Centres, and hospitals within Metro North Health by: • Establishing bi-directional care pathways supported by pre-agreed clinical protocols for triage, referral, and consumer transfer • Positioning Satellite Health Centres as key sites for delivering recovery-oriented, community-based mental health care and early intervention services, where clinically appropriate.

4.1.4 Care in emergency departments

Objective: Consumers experience timely, safe, and appropriate emergency care for people experiencing mental health and/or alcohol and other drug crises.

Objective: Consistent, integrated, and trauma-informed models of care across all Metro North emergency departments (ED's).

Prioritised actions - further planning and resource implications		Priority
33	Establish a behavioural assessment unit (BAU)[4] within all ED to rapidly assess and manage consumers experiencing acute behavioural disturbances, particularly those related to substance intoxication, mental illness, reducing the need for extended time in the emergency department[5].	**High**
34	Expand 'Working Together to Connect Care (WTTCC)' currently at TPCH and RBWH EDs, and augment with mental health roles to improve care coordination, reduce emergency department visits, and enhance the quality of life for people with Mental Health, Alcohol and Other Drug concerns.	**High**
35	Assign a dedicated credentialled Mental Health pharmacist for the Psychiatric Emergency Care (PEC) and similar acute units/teams to improve transitions of care, including transfers to watch houses, other hospitals, discharges, and admissions. Implement partnered pharmacist medication charting (PPMC) and prescribing in the ED.	**Medium**
36	Expand Drug and Alcohol Brief Intervention Teams to 24hrs across all Metro North ED and provide resources and training to ED staff e.g. information booklets printed by Adis 24/7 Alcohol and Drug Support.	**Low**

4 The behavioural assessment units are staffed by senior trained professionals, including nurses, psychiatrists, and other specialists, who are equipped to handle the complexities provide fast-track admission pathways of consumers affected by intoxication, mental illness or psycho-social crisis and provide front-loaded interventions provide safe and secure therapeutic environment for consumers and minimise stimulation.

5 Aligned with projections prepared for the Hospital Rescue Plan suggesting 8% presentations for mental health crisis in Metro North Emergency Departments.

37	Commission a feasibility study into establishing a dedicated toxicology ED unit at the RBWH or TPCH, which would provide a safe, quiet and holistic space for consumers presenting with complex mental health issues and with co-occurring medical, drug, and alcohol problems. ***Note:*** *The patient cohort for toxicology unit extends beyond mental health and alcohol and other drug services. Implementation of this action requires planning and implementation from multidisciplinary areas such as emergency, internal medicine.*	Not for prioritisation in this plan
38	Redesign the RBWH Psychiatric Emergency Centre (PEC) infrastructure and model of care to deliver high-quality, person-centred emergency care for individuals with complex mental health and alcohol and other drug related presentations. The redesigned model will foster a multidisciplinary, trauma-informed, and culturally safe environment co-staffed by emergency medicine, psychiatry, addiction medicine, and Aboriginal and Torres Strait Islander and peer support professionals. ***Note:*** *funding is being sought for an additional six beds and eight recliners by establishing a Mental Health Support Unit (MHSU) on the Lower Ground Floor of the Ned Hanlon Building and establishment of a Behavioural Assessment Unit (BAU) in the existing PEC.*	**High**
Prioritised actions – workforce investment (no further planning required)		**Priority**
39	Streamline and increase families and carers support in ED, including increasing peer carer positions, improved communication on care pathways and linkages with community supports.	**Medium**
Other actions - redesign for quality improvement		
40	Implement an integrated model of care at all Metro North Health emergency departments that fosters real-time collaboration between medical, mental health, and other clinical teams which: • Supports dual psychiatric and medical assessments for people presenting to the ED with both ED and Mental Health, Alcohol and Other Drug clinical teams working collaboratively. Concurrently implement a standardised 'fit for assessment pathway'. • Enables early senior decision making from both medical and mental health teams (including early senior psychiatrist) to support rapid triage, assessment, and intervention when needed. • Implements measurable key performance indicators which align to standardised ED targets. • Delivers shared information systems, integrated workflows, and trauma-informed environments.	
41	Review and refocus the role and functions of mental health teams in ED on relevant time targets. Consider the role responsibilities, capacity and utilisation of the workforce against demand-modelling and support a standardised model of care across facilities including systems that support this to occur in ED's.	
42	Establish models and referral pathways for consumers discharged from the ED, (without Mental Health team input/interaction) including: • timely follow-up in the community by primary health care services e.g. service navigation, Medicare Mental Health Centres, psychosocial supports, The Way Back Services and Behavioural Escalation Response Team (BERT) • referral pathways to Crisis Stabilisation Units and Short Stay Units • referral to Metro North Health services via MHCall or ADIS-Link with consumer consent.	
43	Develop rapid access pathways for withdrawal management beds through improved referral processes from ED to Hospital Alcohol and Drug Service at the RBWH.	
44	Expand inclusion criteria in mental health short stay units to support people with alcohol and other drug concerns.	
45	Explore a pilot of nurse and allied health prescribers of nicotine replacement therapy in the ED.	
46	Expand harm reduction programs aimed at reducing overdose in Metro North ED through introduction of the take-home naloxone program in TPCH, Redcliffe and Caboolture.	

4.1.5 Inpatient care

Objective: There is bed-based infrastructure aligned to demand, acuity, and cohort need (e.g. children and youth, older persons, mother and baby, alcohol and other drug, integrated medical-psychiatric).

Objective: Consumers experience seamless transitions and coordination across Mental Health, Alcohol and Other Drug and medical services (e.g. consultation-liaison, shared pathways, nurse-led models).

Objective: Consumers experience multidisciplinary, culturally safe, and least-restrictive care aligned to recovery principles and person-centred planning through enhanced workforce capability and model of service reform.

	Prioritised actions - further planning and resource implications	Priority
47	Develop integrated inpatient models of care for consumers with concurrent acute medical and mental health needs by expanding dedicated medical consultation liaison services into Mental Health wards to meet the needs of the facilities.	**High**
48	Collaborate with Health Infrastructure Queensland to plan and assess feasibility to increase mental health beds in line with demand and activity projections and deliver evidence-based models of care in purpose-built contemporary facilities. Additional beds required at a whole of Metro North Heath level by 2036-37 are provided below. **Projected growth to 2036-37** **Acute:** • 6 adolescent and 41 young adult beds • 19 adult and older persons inpatient beds • Including new Inpatient ward at Redcliffe Hospital (transferred beds from Caboolture Hospital) • 7 perinatal and infant mental health beds • 3 eating disorder beds • 8 hospital-based withdrawal (statewide allocation) **Sub and non-acute hospital bed-based services:** • 2 adult Step Up Step-Down • 82 community care unit • -1 youth Step Up Step-Down **Residential bed-based/ extended services:** • 89 older adults • 11 Secure Mental Health Rehabilitation Unit ***Notes:*** • *Tables 18 - 20 in background paper 3 provide further details.* • *The bed requirements are based on hospital catchment level demand and projections noting that whole of Metro North Health service planning and Master planning will impact on where service infrastructure will be commissioned or enhanced.* • *MHAOD Strategy and Planning Branch, System Policy and Planning Division sets target at 80 per cent of the full NMHSPF resource estimates* • *There is urgent need for refurbishment and safety enhancements to existing facilities, but a lack of decanting options for works to be undertaken.*	**High**

49	Expand the Hospital in the Home model at RBWH across Metro North Health.	**High**
50	Deliver tailored holistic treatment programs, therapeutic and recovery-oriented care and enhancing pharmacological intervention by: • implementing identified opportunities through the TPCH 'Inpatient Reform Project' solution design across Metro North • delivering integrated, evidence-based psychosocial therapy in a therapeutic hub model • providing stepped psychological intervention on acute mental health wards and recovery-oriented interventions through a collaborative, multidisciplinary workforce.	**Medium**
51	Optimise the Alcohol and Other Drug Consultation Liaison Services (ADCLS) by expanding service at TPCH, RBWH (including at STARS, Redcliffe Hospital, Caboolture Hospital).	Low
52	Explore feasibility to establish dedicated integrated medical/psychiatric unit to manage patients with concurrent acute medical and mental health needs, at TPCH and Redcliffe/ Caboolture based on the demand.	Low
Other actions - redesign for quality improvement		
53	Review Mental Health, Alcohol and Other Drug Consultation Liaison service model, including referral pathways to streamline operations for effective patient carer and flow across departments.	
54	Review roles of senior nurses (clinical nurse consultants, nurse navigator and nurse practitioners) and develop a consistent inpatient care coordination model for: • emergency frequent presenters and patient flow • complex care coordination • management of consumers with comorbidities, complex care, mental health and medical issues, e.g. epilepsy concurrently or diabetes or an infection • criteria-led discharge and long-stay.	
55	Enhance Alcohol and Other Drug treatment needs in all inpatient mental health facilities by: • increasing evidence-based alcohol and other drug screening interventions for all consumers • expanding dual diagnosis coordinator resourcing at each mental health facility to provide an adequate response to inpatient wards through a dedicated inpatient role • enhancing access to addiction psychiatrists in inpatient wards through efficient specialist consultation referral pathways • enhancing consistent access to multidisciplinary allied health professionals such as dietetics, physiotherapy and exercise physiologists • expanding security models to reduce use of substances on wards through supported screening and surveillance of drug use on wards. • enhancing management of frail adults • establishing pathways to alcohol and other drug rehabilitation programs to support continuing consumers goal of abstinence when transitioning from inpatient settings to community.	
56	Develop a model for 'Brief Planned Admissions' or "Patient-Initiated Brief Admission" (PIBA), through short stay units and step up step-down units which can be embedded within advanced care planning, to ensure timely and culturally safe access to inpatient care and prevent avoidable crisis-driven presentations. Ensure accessibility for populations such as consumers in continuing care teams and people with borderline personality disorder.	
57	Partner with Mental Health Intensive Discharge (MIND) Team to improve access and timely responses to NDIS, with the aim of supporting timely discharge planning for complex mental health consumers with psychosocial disabilities.	

4.2 Actions for targeted population groups and conditions

Supplementary actions primarily for targeted population groups and conditions are contained in this section. These actions are in addition to their overall care actions, outlined in sections above and should be considered together.

4.2.1 Redcliffe Hospital

	Prioritised actions - further planning and resource implications	Priority
58	Establish a Mental Health and Alcohol and Other drug service at Redcliffe Hospital based on demand (actual bed numbers to be finalised as part of Hospital Rescue Plan submission).	High

4.2.2 Aboriginal and Torres Strait Islander people

Actions included in the Roadmap and Metro North Health Equity Strategy currently under development.

4.2.3 Older persons

Objective: A comprehensive, integrated model of care for older people with mental health needs across emergency, inpatient, community, and aged care settings ensuring timely, specialised, and coordinated responses that address the complex interplay of physical, cognitive, and psychiatric conditions associated with ageing.

	Prioritised actions - further planning and resource implications	Priority
59	Collaborate to Health Infrastructure Queensland to plan and assess feasibility to establish an older person-centred inpatient unit for admission of older consumers at TPCH, with referral flows of consumers with both medical and psychiatric conditions from Redcliffe and Caboolture hospitals, staffed with a nursing skill mix (including mental health nurses and medical/geriatric nurses) and allied health professionals to address complex care needs. Demand data indicates the need for 29 Older Adult Acute beds for Metro North with 17 of these being at TPCH.	High
60	Embed specialist older persons' community mental health roles within all community teams, fostering close collaboration, supporting care planning and workforce capability, shared care arrangements with geriatric specialist multidisciplinary teams and primary care (General Practitioner's and Aged Care providers).	High
61	Expand older persons specialist mental health services including access to older persons psychiatrists in inpatient settings (including consultation-liaison to general hospital).	Medium
	Prioritised actions – workforce investment (no further planning required)	**Priority**
62	Expand the older persons mental health service (OPMHS) inpatient teams across all Metro North Hospitals to provide specialised assessment and in-reach to the ED.	High
	Other actions – redesign for quality improvement	
63	Implement a collaborative, multidisciplinary care pathway for the assessment and management of older persons in the emergency departments (and other care continuum) ensuring integration across medical and mental health services through, addition of Mental Health roles on The Residential Aged Care District Assessment and Referral (RADAR) or The Geriatric Emergency Department Initiative (GEDI) equivalent teams.	
64	Explore opportunities to work with Older Persons Emergency Network (OPEN) and Older Persons Mental Health Community teams to manage delirium patients at home.	
65	Partner with older persons substream to integrate pathways for residential aged care placements such as investigate the use and application of the Carebridge (a digital matching platform for matching patients with residential aged care facilities).	

4.2.4 Pregnant women, maternity, women's health

Objective: An integrated, specialist perinatal Mental Health, Alcohol and Other Drug care pathway that ensures timely, holistic, and ongoing support for pregnant women and parenting mothers presenting with mental health and substance use concerns.

	Prioritised actions - further planning and resource implications	Priority
66	Expand consultation liaison models to provide a dedicated services in maternity settings consistently across the RBWH, Redcliffe and Caboolture hospitals.	**Low**
67	Expand alcohol and other drug specialist in-reach into antenatal outpatient clinic to include maternity consistently across all facilities.	**Low**
68	Collaborate with the Mental Health and Alcohol and Other Drugs Strategy and Planning Branch, for specialised perinatal mental health beds supported by multidisciplinary mental health and perinatal care.	**Medium**
	Other actions – redesign for quality improvement	
69	Promote referral pathways for pregnant women presenting in ED via antenatal clinics, with mental health concerns (with suicide ideation, drug use, psychotic drug) for both their acute and long-term management through a partnership model between Women's and Perinatal Mental Health Team.	
70	Co-design mental health inpatient programs and clinical pathways to support pregnant women and parenting mums, with a focus on: • holistic interventions of care for parents with mental health concerns • high risk pregnancies complicated by substance use • breastfeeding education and support for mothers around the implication of medication on breastfeeding longer term • consistently implementing perinatal mental health screening in maternity and family settings across Metro North Health.	

4.2.5 Homelessness and/or at risk of homelessness

	Other actions – redesign for quality improvement
71	Implement and evaluate the Metro North Health wide procedure to develop a standardised social work-led pathway to ensure safe, supported, and sustainable discharges for people at risk, such as homeless consumers. This includes referral information for specialist community sector supports, domestic and family violence, housing & homeless, aged care and the disability sector.

4.2.6 Neurodiversity (e.g., Autism Spectrum Disorder, Attention Deficit Hyperactivity Disorder)

	Other actions – redesign for quality improvement
72	Implement best practice care for neurodiversity, mental health, and alcohol and other drug and establish comprehensive, neuro-affirming pathways for assessment, diagnosis, and treatment of Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD). This includes developing interdisciplinary protocols for early identification and intervention, tailored to the unique communication, sensory, and executive function needs of neurodivergent individuals.
73	Implement evidence-based training for all clinical and non-clinical staff across all clinical services. This training will focus on neuro-affirming principles, co-occurring conditions (with a specific emphasis on trauma and substance use), culturally safe and inclusive care for diverse backgrounds and de-escalation strategies to ensure a consistent, empathetic, and effective approach to patient care across all services.

4.2.7 Domestic and Family Violence (DFV)

	Prioritised actions - further planning and resource implications	Priority
74	Establish Mental Health, Alcohol and Other Drug specialist DFV allied health role (2x HP5 social worker positions), to cover the mental health and alcohol drug services throughout Metro North Mental Health. The role of the specialist will include: • To assertively respond to all functions and requests of the DFV High Risk Teams (HRT) Queensland Health. • Treating teams for case consultation assistance to screen, assess and safely respond to consumer presentations where the consumer is using violence or experiencing violence in their intimate partner relationships. • Facilitate integration of Metro North Mental Health, Alcohol and Other Drug staff and/or teams, into Metro North Health DFV work force (specialist, advanced social workers) for DFV training and additional resources for improved recognition and responses to DFV. • Liaise with the Mental Health Interventions Coordinators (MHICs at RBWH, TPCH, RED/CAB) to support a DFV informed approach to information sharing processes – primarily -through QPS vulnerable persons unit.	**High**
75	Establish a senior social work workforce, to provide specialist domestic and family violence screening, referral and support consistently in high-risk services (i.e. emergency, acute, crisis, inpatient (inclusive of hospital alcohol and drug services), perinatal and specialist/intensive services). This will assertively review psychosocial complexities consumers experience and respond in a trauma informed, DFV aware & culturally safe manner.	**High**
76	Expand Mental Health Intervention Coordinator (MHIC) teams to provide adequate risk mitigation (suicide and homicide risk factors) in care and discharge planning for victims of and perpetrators of domestic and family violence (particularly following new *Coercive Control legislation*).	**High**

4.2.8 People with a disability

	Other actions - redesign for quality improvement
77	Expand referral pathways, evaluate the impact of services like mental health intensive discharge and intellectual and developmental disability for complex consumers with disability, and ensure subsequent resourcing to meet the increased demand.
78	Evaluate and scale the Metro North Mental Health, Intellectual and Developmental Disability Service (MNMH-IDD Service) from the RBWH pilot (from Feb 2025) to whole of Metro North Health, for enhanced access and coordinated, tailored supports to consumers with co-occurring intellectual and developmental disabilities (IDD).
79	Implement integrated clinical pathways across services (medical, surgical, and mental health) and care continuum for consistent identification, holistic assessment, and comprehensive management of consumers presenting with a Behavior of Concern (BoC).

4.2.9 Early psychosis

	Prioritised actions - further planning and resource implications	Priority
80	Review and expand the early psychosis service model of care to provide access to intensive early psychosis to all ages, including delivery of specialised consultation-liaison for complex care e.g. perinatal psychosis.	**High**
	Other actions - redesign for quality improvement	
81	Implement the Metro North Mental Health early psychosis pathway including screening for psychosis from the emergency department through the care continuum including considerations for targeted populations such as young people, older persons, people of multicultural backgrounds, and Aboriginal and Torres Strait Islander peoples.	

4.2.10 Personality disorders

Prioritised actions - further planning and resource implications		Priority
82	Implement the Metro North Mental Health, Personality Disorders Project recommendations by establishing a consistent, stepped-care model of treatment for people who present with a personality disorder across all Metro North sites. This would encompass enhanced pathways for community-based brief crisis intervention following emergency department presentation (Project Air Gold Card clinic model), crisis admission pathways (structured evidence-based interventions in short stay pathways), inpatient programs, medium term outpatient programs (soler-dialectical behaviour therapy, wise choices, dialectical behaviour therapy -informed case management etc.) and intensive outpatient programs (making comprehensive dialectical behaviour therapy available at all facilities, general psychiatric management etc). Recognising and developing appropriate care for complex comorbidity within personality disorder including eating disorder (e.g. MED-dialectical behaviour therapy), substance use, psychotic illnesses and neurodivergence.	**High**
Other actions - redesign for quality improvement		
83	Strengthen clinician skills and knowledge on working with people with a personality disorder and actively reduce the stigma experienced in the service by this population, in consideration and partnership with lived experience, Aboriginal and Torres Strait Islander, and multicultural experts to develop programs that cater for these populations.	

4.2.11 Children, Adolescent and Young Adults

Actions relating to children, adolescents, young adults and child protection will be included in the Metro North Children, Adolescent and Young Adults, Clinical Services Plan.

4.3 Implementation, monitoring

Metro North Mental Health Directorate will lead the development of an implementation plan to progress actions throughout the five-year planning horizon. There are actions which will require additional resourcing, and these actions will be subject to Metro North budgetary allocation processes.

Implementation of the actions in the Plan, and the signs of success will be monitored and reported by the Metro North Mental Health Directorate at least yearly.

5 PART 2: Background scan

A suite of six background papers were developed to inform this Plan. These papers were developed in the following areas:

- Background paper 1 – Population and health status
- Background paper 2 – Service activity and trends
- Background paper 3 – Future service activity projections
- Background paper 4 – Service issues and opportunities
- Background paper 5 – Current service profile
- Background paper 6 – Literature themes, evidence and models of care
- Background paper 7 – Infrastructure profile

The following is a summary of the key information from these papers.

Detailed papers are available upon request.

5.1 Background paper 1 - Population and health status

Metro North Health is the second largest Hospital and Health Service in Queensland, representing 20.5 per cent of the Queensland population in 2023. Historical population growth trends indicate the Metro North catchment is growing at the same rate as the Queensland average at 1.8 per cent per annum.

In 2023, Metro North was home to 768,966 adult persons over the age of 25 and home to 348,712 children, adolescent and young adults (CAYA) under 25 years of age[6] representing a population distribution of 69 percent adults and 31 per cent CAYA.

North Lakes and Caboolture, located in the northern corridor of the catchment, had the greatest per annum growth rate of all Metro North areas between 2018 and 2023.

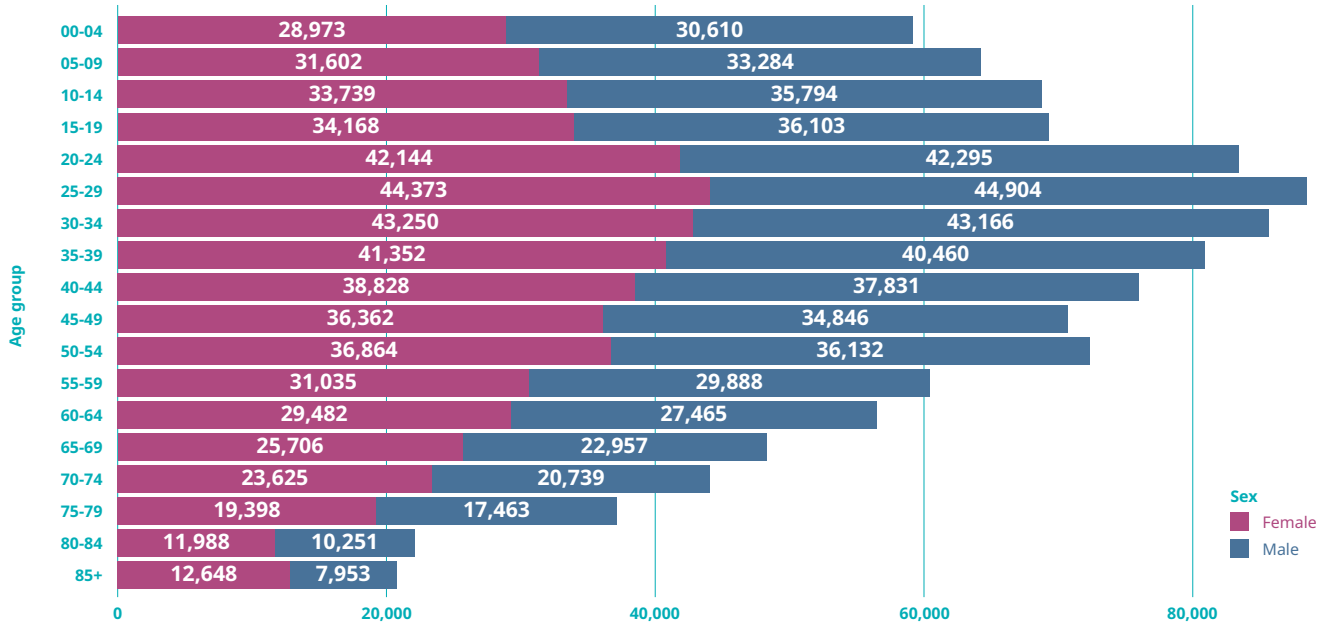
The Metro North population is anticipated to grow by 474,330 persons or 1.5 per cent per annum. This is higher than the Queensland rate of 1.4 per cent per annum between 2021 and 2046. Over the same period, children, adolescents and young adults are projected to grow 0.9 per cent per annum, representing a change from 326,468 to 419,739 CAYA.

Metro North has the second largest number of older persons in the State with 93,027 persons aged between 65 and 74 years.

Within Metro North, Aboriginal and/or Torres Strait Islander persons represent 3.1 per cent of the Metro North population (1,116,458 persons) in 2023.

6 Children, adolescent and young adults encompassing 0-25

FIGURE 5: Metro North estimated resident population by age group and sex, 2023.



Source: ABS 2024, Estimated resident population by SA1 (ABS consultancy), Australia, 2011 to 2024 (ASGS Edition 3, 2021)

Table 1: Metro North population projections by SA3, 2021-2046

SA3 Name	2021	2026	2031	2036	2041	2046	n	CAGR%
Bald Hills – Everton Park	46,714	49,477	51,235	52,732	54,329	55,845	9,131	0.72%
Bribie – Beachmere	37,504	40,113	41,733	42,208	42,630	42,938	5,434	0.54%
Brisbane Inner	43,269	53,598	64,236	72,544	79,596	86,608	43,339	2.81%
Brisbane Inner – North	101,955	112,762	118,839	124,667	131,335	139,238	37,283	1.25%
Brisbane Inner – West	61,443	65,897	68,389	70,921	73,443	76,044	14,601	0.86%
Caboolture	81,224	97,322	113,191	125,971	138,418	152,019	70,795	2.54%
Caboolture Hinterland	15,108	17,109	19,020	20,310	21,385	22,239	7,131	1.56%
Chermside	75,401	77,484	79,408	81,772	84,774	88,505	13,104	0.64%
Kenmore – Brookfield – Moggill	48,340	48,470	48,755	48,933	49,350	49,663	1,323	0.11%
Narangba – Burpengary	70,479	88,090	108,272	127,152	147,881	171,452	100,973	3.62%
North Lakes	89,832	105,280	117,250	126,319	134,280	141,192	51,360	1.83%
Nundah	43,643	49,121	52,754	56,232	59,855	63,686	20,043	1.52%
Redcliffe	64,680	71,104	78,360	85,578	93,058	101,233	36,553	1.8%
Sandgate	62,105	63,358	64,291	65,017	66,098	67,378	5,273	0.33%
Sherwood – Indooroopilly	35,483	37,751	39,210	40,668	42,562	44,962	9,479	0.95%
Strathpine	44,445	44,599	49,144	54,230	59,571	65,022	24,577	1.92%
The Gap – Enoggera	55,036	56,268	57,404	58,519	59,967	61,204	6,168	0.43%
The Hills District	91,334	94,691	98,674	102,042	105,880	109,097	17,763	0.71%
Total	**1,063,995**	**1,172,494**	**1,270,165**	**1,355,815**	**1,444,412**	**1,538,325**	**474,330**	**1.49%**

Source: Queensland Government population projections. 2023 edition, ABS. Regional population by age and sex 2021

In 2021, 24.7 per cent of the Metro North population were born overseas, higher than the Queensland rate of 22.7 per cent. North Lakes SA2 had the largest number of persons born overseas (7,972 persons), followed by Brisbane City (6,685), and Murrumba Downs – Griffin (6,164).

Of the people born overseas living within Metro North, 13.6 per cent reported being born in a non-English speaking country, which was higher than the Queensland average of 12.5 per cent. Within Metro North the highest number of people that were born in non-English speaking countries were Brisbane City (5425), Taigum - Fitzgibbon (4243), and Indooroopilly (4,437).

The SA2 regions with the highest proportions of people who speak another language at home and speak English either 'Not well' or 'Not at all' in were Spring Hill (4.1 per cent), Indooroopilly (3.6 per cent), Taigum – Fitzgibbon (3.4 per cent), and Zillmere (3.2 percent).

Metro North population health profile

Social determinants

- Caboolture, Bribie-Beachmere, and Redcliffe were the areas of greatest relative socio-economic disadvantage compared to Queensland.
- The unemployment rate for Keperra, Caboolture – South, Caboolture – West, and Caboolture – East regions was more than double the rate for Queensland.
- Metro North overall had higher proportion of low-income households under financial stress from mortgage/rent compared to Queensland. The rate for Brisbane Inner region was almost double the rate of Queensland.
- The highest rates of homelessness were in inner city areas including Spring Hill and New Farm. The rate for Spring Hill was almost 14 times higher than the overall rate for Metro North.
- The impact of cost of living; social isolation, loneliness and community connection; and economic and social stressors were key themes identified in the Joint Regional Needs Assessment 2024.

Mental health status and behaviour

- The most common self-reported long-term health condition in Metro North was Mental health conditions (including depression or anxiety). The regions with the highest rates were Caboolture, Strathpine, and Narangba – Burpengary.
- Caboolture and Narangba – Burpengary regions had rates of high or very high psychological distress above that of Queensland.
- The highest rates of affective disorders were in Caboolture and Caboolture Hinterland regions.
- Although Brisbane Inner – North, Brisbane Inner, and North lakes had the greatest number of people with anxiety disorders, the areas with the highest rates were Caboolture, Strathpine, and Redcliffe.
- Overall, for Metro North, women had higher rates of mental health disorders including affective disorders, anxiety disorders, and any mental health disorders. The rates were also higher for females across all levels of severity. However, the rate of substance use disorders in males was more than double that of females.
- Mental health disorders of moderate severity had higher rates in the population compared to both mild and severe levels across Metro North.
- Deaths rates from suicide and self-inflicted injuries were higher than Queensland in Bribie – Beachmere, Redcliffe, Strathpine, and Caboolture regions.
- The estimated proportion of Australians reporting anxiety and depression has increased from 11 per cent in 2009 to 19 per cent in 2021.
- In Australia, mental health and substance use disorders had the highest burden of disease in terms of total years lived with a disability, and the second highest in terms of total disability adjusted life years out of all major disease groups.

Alcohol and other drug

- Windsor had a rate of risky lifetime drinking of those aged 18 years and over higher than both Metro North and Queensland.
- The rate of self-reported daily smoking in Caboolture region was more than three times that of Metro North.
- The rate of cigarette smoking during the first 20 weeks of pregnancy for Indigenous peoples in Metro North was more than four times the rate for non-Indigenous people.
- The non-Indigenous rate of smoking during the first 20 weeks of pregnancy for Redcliffe region was more than double the rate of Metro North.

5.2 Background paper 2 - Service activity and trends

- In 2023-24, there were 28,180 ED presentations to Metro North facilities for patients with a primary or secondary diagnosis of Mental Health and or Alcohol and other Drug (MH/and or AOD), a decrease from a peak of 31,698 ED presentations in 2020-21.
- Arrivals to ED via ambulance has decreased from 12,529 ED presentations in 2019-20 to 9171 ED presentations in 2023-24 while arrivals to ED via police has increased from 6925 ED presentations in 2019-20 to 8853 ED presentations in 2023-24.
- Roughly half of all MH related ED presentations have a point of service from the MH Acute Care Team.
- Mental Health ED presentations are consistently not meeting QEAT targets compared to other diagnoses.
- Mental Health ED length of stay increasing whilst total ED Length of Stay stable or decreasing
- In 2023-24, there were 494 consumers who visited an ED more than 5 times but less than 10 time; 88 consumers visited ED more than 10 times but less than 15 times; 39 consumers visited ED more than 15 times but less than 20 times, and 46 consumers visited ED more than 20 times in the year.
- In 2023-24, there were 18,918 inpatient separations to Metro North facilities with a primary diagnosis of MH or AOD, representing 21.0 per cent of all admitted separations to Metro North public hospitals. Of the separations, 8,908 had a primary MH or AOD diagnosis and were managed by a dedicated Mental Health team overnight or in same day.
- The majority (70.0 per cent) of 63,162 separations had a secondary diagnosis of MH or AOD (44,247 separations).
- Mental Health bed occupancy rates have been consistently at or above 100 per cent across the majority of Metro North Mental Health wards.
- Average inpatient length of stay has increased 7.7 per cent from 12.1 in 2019-20 to 13.0 in 2023-24.
- From 2019-20 to April 2025, the Health Roundtable data shows notable increasing average length of stay for 18-25 and 64+ age groups from 7.6 to 12 days and 19.8 to 28.6 days.
- The 24/7 Queensland Health telephone triage service, MHCALL, averaged 85 calls per day, reaching 29,999 calls in 2023-24.
- The total number of community/ambulatory referrals increased by 2.8 per cent per annum from 2019-20 to 2023-24.
- Referrals resulting in a service episode was stable despite rising referrals. Referrals “Ended - Referred On” have increased 5.0 per cent per annum from 12,894 in 2019-20 to 15,676 in 2023-24, while referrals “Ended - No Referral Made” increased slightly 0.2 per cent per annum.
- The Health of the Nation Outcome Scales (HoNOS) clinical rating scale showed an overall increase in severity of psychiatric symptoms within episodes of mental health care for consumers.
- The AOD service landscape has undergone significant changes from 2020-21 to 2023-24, with overall significant growth in services provided at a compound annual growth rate (CAGR) of 14.3 per cent, and use of Harm Reduction Programs is also increasing.

5.2.1 Additional data to support actions

Implement residential sub-acute models of care

Table 2: Separations for MHAOD as primary or secondary diagnosis with ICD Code for Z59 as primary or secondary diagnosis (problems related to housing and financial circumstances) at Metro North facilities, 2023-24 to 2024-25

Facility	2022-23	2023-24	2024-25
Caboolture Hospital	212	208	168
Kilcoy Hospital	1	0	0
Redcliffe Hospital	47	61	67
RBWH	709	636	758
STARS	0	1	2
TPCH	228	225	361
Total	**1,197**	**1,131**	**1,356**

Source: ePADt via Metro North Data Lake, accessed 26 September 2025, all separations with a primary or secondary diagnosis of MH or AOD, 2022-23 to 2024-25

Table 3: Separations for MHAOD as primary or secondary diagnosis with ICD Code Z75.41 as primary or secondary diagnosis (unavailability and inaccessibility of residential aged care service) at Metro North facilities, 2023-24 to 2024-25

Facility	2022-23	2023-24	2024-25
Caboolture Hospital	1	0	0
TPCH	6	1	0
Total	**7**	**1**	**0**

Source: ePADt via Metro North Data Lake, accessed 26 September 2025, all separations with a primary or secondary diagnosis of MH or AOD, 2022-23 to 2024-25

Table 4: Continuity Care Teams by FTE, National Mental Health Service Planning Framework

Program	Catchment	2026–27	2031–32
Adult continuing care and MITT	Caboolture Hospital	47	50
	RBWH	99	105
	Redcliffe Hospital	34	37
	TPCH	104	111
Adult continuing care and MITT Total		**285**	**302**

Source: National Mental Health Service Planning Framework - Planning Support Tool V4.3 - Report 5: Jurisdictional Clinical Ambulatory Programs

Behavioural assessment unit

Table 5: MH and AOD presentations to Metro North emergency departments by facility, 2022-2023 to 2024-2025

Facility	2022-23	2023-24	2024-25
Caboolture Hospital	4,836	5,400	5,135
Kilcoy Hospital	45	53	49
RBWH	11,196	10,906	11,356
Redcliffe Hospital	3,437	3,899	3,701
TPCH	7,664	7,898	8,197
Total	**27,178**	**28,156**	**28,438**

Source: EDIS via Metro North Data Lake and DSS ED Patient Genwau, accessed 26 September 2025, all presentations with a primary or secondary diagnosis of MH or AOD, 2022-23 to 2024-25, *Redcliffe Data source no available from EDIS after 2023-2024.

Table 6: Projected emergency department acute treatment areas for mental health

Facility	2026-27	2031-32	2036-37
Caboolture Hospital	4.1	5.3	6.3
Caboolture Satellite Health Centre	0.3	0.4	0.4
Kallangur Satellite Health Centre	0.6	0.7	0.8
Kilcoy Hospital	0.1	0.1	0.1
Redcliffe Hospital	3.9	4.9	5.9
RBWH	4.5	5.4	6.1
TPCH	5.9	7.0	8.0
Total	**19.4**	**23.7**	**27.6**

Source: Health Service Projections 2025 (Base year 2023-24), System Planning Branch 2024, Functional conversation of 8% Adult ED Treatment spaces for mental health crisis in Metro North Emergency Departments.

Toxicology unit

Evidence and data:

Most advanced models of care, particularly in high-volume hospitals, incorporate a dedicated toxicology service or unit. These units have been shown to reduce the length of hospital stay by up to 66% for complex cases, decrease costly and unnecessary diagnostic testing, and streamline care by providing a consistent, evidence-based approach. The presence of these units improves both patient outcomes and resource efficiency.

Functions of dedicated toxicology unit include:

- rapid assessment, diagnosis, and stabilisation of acutely intoxicated patients
- expert and timely medical care for overdoses, withdrawal management including treatment of associated complications like infections or organ damage
- harm reduction by offering brief interventions
- further link to community - connecting patients with addiction treatment services, education on safe drug use and overdose prevention

Table 7: Emergency department presentations with a primary diagnosis to Metro North facilities (ICD codes F10-19, and poisoning by medical, drug, and alcohol), 2022-2023 to 2024-2025

Facility	2022-23	2023-24	2024-25
Caboolture Hospital			
Mental and behavioural disorders due to use of AOD (F10-19, F55)	635	798	887
Poisoning and toxic effects of AOD and other substances (T36-T52, T65)	440	501	427
Kilcoy Hospital			
Mental and behavioural disorders due to use of AOD (F10-19, F55)	4	8	3
Poisoning and toxic effects of AOD and other substances (T36-T52, T65)	4	8	2
RBWH			
Mental and behavioural disorders due to use of AOD (F10-19, F55)	3,402	3,336	3,883
Poisoning and toxic effects of AOD and other substances (T36-T52, T65)	801	819	809
Redcliffe Hospital*			
Mental and behavioural disorders due to use of AOD (F10-19, F55)	593	670	551

Facility	2022-23	2023-24	2024-25
Poisoning and toxic effects of AOD and other substances (T36-T52, T65)	394	456	538
TPCH			
Mental and behavioural disorders due to use of AOD (F10-19, F55)	1,047	1,161	1,408
Poisoning and toxic effects of AOD and other substances (T36-T52, T65)	719	803	781
Total	8,039	8,560	9,289

Source: EDIS via Metro North Data Lake, accessed 01 October 2025, 2022-23 to 2024-25. *Redcliffe Data source is not available from EDIS for 2024-25, and extracted from DSS ED Patient Activity Cube for 2024-25, accessed 02 October 2025.

Table 8: Emergency department presentations with a primary diagnosis to Metro North by admitted unit (ICD codes F10-19, and poisoning by medical, drug, and alcohol), 2022-2023 to 2024-2025

Admit Unit	2022-23	2023-24	2024-25
Emergency Medicine	4,525	4,598	4,703
Mental Health	249	261	219
Intensive Care Unit	207	290	206
Medical/Other wards	1,985	1,855	1,644
Total	**6,966**	**7,004**	**6,772**

Source: EDIS via Metro North Data Lake, accessed 02 October 2025, 2022-23 to 2024-25. *Redcliffe Data source is not available from EDIS for 2024-25.

Medical consultation liaison services

Table 9: Separations with a transfer at a Mental Health ward with concurrent acute episode type by Top 2 ICD Code (not MHAOD ICD) at Metro North facilities, 2022-2023 to 2024-2025

Facility/Top 2 ICD code	2022-23	2023-24	2024-25
Caboolture Hospital			
Z04.6	112	52	59
U73.8	60	32	30
RBWH			
Z72.0	2		5
F20.9	1	2	2
TPCH			
F17.2	1		6
U73.8	1	1	4
Total	**133**	**72**	**93**

Source: ePADt via Metro North Data Lake, accessed 26 September 2025, all separations with a transfer to a MH ward with acute type episode, 2022-23 to 2024-25 (Mental Health and AOD ICDs)

Table 10: Separations with a transfer at a Mental Health ward with concurrent acute episode type at Metro North facilities, 2022-2023 to 2024-2025

Facility	2022-23	2023-24	2024-25
Caboolture Hospital	195	138	153
RBWH	6	5	9
TPCH	2	3	22
Total	**203**	**146**	**184**

Source: ePADt via Metro North Data Lake, accessed 26 September 2025, all separations with a transfer to a MH ward with acute type episode, 2022-23 to 2024-25

Hospital in the Home

Table 11: Mental Health care type separations and Mental Health HITH days at Metro North facilities, 2022-23 to 2024-25

Facility	2022-2023		2023-2024		2024-2025	
	Seps	HITH Days	Seps	HITH Days	Seps	HITH Days
Caboolture Hospital	2,048	0	1,646	0	1,533	0
Redcliffe Hospital	31	0	30	0	39	0
RBWH	4,474	11	4,377	22	3,427	2,092
TPCH	2,346	5	1,846	0	3,501	0
Total	**8,899**	**16**	**7,899**	**22**	**8,501**	**2,092**

Source: DSS Inpatient Cube, Care type Mental Health, HITH, inpatient separations, 2022-23 to 2024-25

Dedicated integrated medical/psychiatric unit

Table 12: Separations with MHAOD ICDs as primary or secondary diagnosis with other primary/secondary diagnosis in the acute episode type by catchments, 2024-2025

Hospital Catchment	Primary MHAOD with Other Secondary ICD	Other Primary ICD with Secondary MHAOD	Total
Caboolture Hospital	2,535	11,988	**12,931**
Redcliffe Hospital	1,708	9,299	**9,907**
TPCH	2,587	11,636	**12,619**
RBWH	2,328	7,205	**7,998**
Other HHS or jurisdiction	2,392	7,564	**8,223**
Total	**11,550**	**47,692**	**51,678**

Source: ePADt via Metro North Data Lake, accessed 26 September 2025, all separations with a transfer to a MH ward with acute type episode, 2022-23 to 2024-25.

Note: *Other Secondary ICD Means their primary ICD was one of the Mental Health and AOD ICDs list, and Other Primary ICD is when their secondary ICD was one of the Mental Health and AOD ICDs list*

Older person-centred inpatient unit

Table 13: Total number of admitted separations of older people 65+, 2022-23 to 2024-25

Facility	2022-23	2023-24	2024-25
Caboolture Hospital	193	154	234
TPCH	230	211	252
RBWH	297	364	326
Total	**720**	**729**	**812**

Source: MHAP portal admitted separations report, accessed 25 September 2025, 2022-23 to 2024-25. (Episode Type Mental Health)

Perinatal mother and baby unit

Table 14: Separations for antenatal mental illness (ICD code Z35.3) at Metro North facilities by primary and secondary diagnosis, 2023-24 to 2024-25

Facility	Primary/Secondary	2022-23	2023-24	2024-25
Caboolture Hospital	Primary			3
	Secondary	3	3	13
RBWH	Primary	2		2
	Secondary	50	35	51
Redcliffe Hospital	Primary			4
	Secondary	5	3	13
Total		**60**	**41**	**86**

Source: ePADt via Metro North Data Lake, accessed 17 September 2025, all presentations with a primary or secondary diagnosis of MH or AOD, 2022-23 to 2024-25

Table 15: Separations for ICD code: O99.31 mental health disorders in pregnancy, childbirth and the puerperium at Metro North facilities by primary and secondary diagnosis, 2023-24 to 2024-25

Facility	Primary/Secondary	2022-23	2023-24	2024-25
Caboolture Hospital	Primary	15	17	20
	Secondary	67	46	48
Kilcoy Hospital	Secondary			1
RBWH	Primary	17	19	21
	Secondary	174	130	157
Redcliffe Hospital	Primary	2	3	7
	Secondary	76	35	46
TPCH	Primary	2		1
	Secondary	1		1
Total		**354**	**250**	**302**

Source: ePADt via Metro North Data Lake, accessed 17 September 2025, all presentations with a primary or secondary diagnosis of MH or AOD, 2022-23 to 2024-25

Table 16: Separations postnatal mental illness at Metro North facilities (ICD code: F32.00-32.91, F53.0-53.8) by primary and secondary diagnosis, 2023-24 to 2024-25

Facility	Primary/Secondary	2022-23	2023-24	2024-25
Caboolture Hospital	Primary	317	214	266
	Secondary	201	207	199
Kilcoy Hospital	Primary	1	1	
	Secondary	17	14	5
RBWH	Primary	400	389	342
	Secondary	409	396	461
Redcliffe Hospital	Primary	19	8	24
	Secondary	94	63	114
STARS	Primary	1	1	3
	Secondary	61	62	49
TPCH	Primary	424	318	468
	Secondary	366	229	282
Total		**2310**	**1902**	**2210**

Source: ePADt via Metro North Data Lake, accessed 17 September 2025, all presentations with a primary or secondary diagnosis of MH or AOD, 2022-23 to 2024-25.

Drug and Alcohol Brief Intervention Team (DABIT) teams

Table 17: Total AOD emergency department presentations to Metro North facilities, 0-17 years of age, 2022-23 to 2024-25

Facility	2022-23	2023-24	2024-25
Caboolture Hospital	36	38	34
Kilcoy Hospital		1	
Redcliffe Hospital	26	26	
RBWH	32	46	53
TPCH	66	63	71
Total	**160**	**174**	**158**

Source: EDIS via Metro North Data Lake, accessed September 2025, all ED presentations with a primary diagnosis of AOD, 2022-23 to 2024-25.

Note: *1. AOD Diagnosis codes from Mental Health and Addictions Portal (MHAP) AOD report applied.2. Excludes poisoning ICD codes.*

5.3 Background paper 3 - Future service activity projections

Data for estimated mental health bed need is sourced from the National Mental Health Service Planning Framework (NMHSPF), extracted Sep 2025, which projects resource requirements for an ideal system across public, private and primary providers. Data has been mapped to Metro North hospital catchments based on subregion which is equivalent to SA3.

Note MHAOD Strategy and Planning Branch, System Policy and Planning Division sets targets at 80 per cent of the full NMHSPF resource estimates below, these have not been applied and therefore represent the full NMHSPF projection. Metro North reported beds are the managed beds in direct control of the HHS, whereas allocated beds identify resources that are intended to be utilised by residents of the HHS. Allocated share of resources may be a subset of the HHS managed resources or managed through a different HHS. Planned beds refer to beds that are not yet operational but will be established through committed projects. Once operationalised these become managed beds.

Table 18: Projected beds, acute hospital bed-based services, Metro North, 2026-27 to 2036-37

Service	Catchment	Metro North reported beds	Planned	Projected beds					Growth		Current allocation relative to target	
				2026/27	2031/32	2036/37	2041/42	2046/47	2031/32	2036/37	2031/32	2036/37
Adolescent (12-17)	Caboolture Hospital	0	0	3	3	4	4	4	1	1	72%	66%
	RBWH	12	0	5	5	5	5	6	2	2	69%	64%
	Redcliffe Hospital	0	0	3	3	3	3	3	1	1	75%	70%
	TPCH	0	0	6	6	6	7	7	2	2	68%	64%
	Total	**12**	**0**	**17**	**17**	**18**	**19**	**20**	**5**	**6**	**70%**	**65%**
Young Adult (18-24)	Caboolture Hospital	0	0	6	6	6	7	7	6	6	0%	0%
	RBWH	0	0	16	18	17	17	18	18	17	0%	0%
	Redcliffe Hospital	0	0	5	6	6	6	6	6	6	0%	0%
	TPCH	0	0	11	12	12	12	13	12	12	0%	0%
	Total	**0**	**0**	**38**	**42**	**42**	**42**	**44**	**42**	**42**	**0%**	**0%**
Adult (25-65) and Older Person (65+) combined	Caboolture Hospital	55	4	33	36	39	43	48	-23	-20	81%	75%
	RBWH	75	0	61	65	69	73	77	-10	-6	116%	108%
	Redcliffe Hospital	0	0	31	33	35	38	41	33	35	80%	75%
	TPCH	66	0	66	71	75	79	83	5	9	99%	93%
	Total	**196**	**4**	**190**	**204**	**219**	**234**	**249**	**4**	**19**	**98%**	**91%**

Service	Catchment	Metro North reported beds	Planned	Projected beds					Growth		Current allocation relative to target	
				2026/27	2031/32	2036/37	2041/42	2046/47	2031/32	2036/37	2031/32	2036/37
Perinatal and Infant Mental Health (PIMH) (Statewide/ Networked service)	RBWH	0	0	4	4	4	5	5	4	4	0%	0%
	Caboolture Hospital	0	0	2	2	2	2	2	2	2	0%	0%
	Redcliffe Hospital	0	0	2	2	2	2	2	2	2	0%	0%
	TPCH	0	0	3	3	3	4	4	3	3	0%	0%
	Total	**0**	**30**	**10**	**10**	**10**	**12**	**12**	**10**	**10**	**0%**	**0%**
Eating Disorders (Statewide/ Networked service)	Caboolture Hospital	0	0	1	1	1	1	1	1	1	0%	0%
	RBWH	5	0	2	2	2	2	2	0	0	100%	100%
	Redcliffe Hospital	0	0	1	1	1	1	1	1	1	0%	0%
	TPCH	0	0	2	2	2	2	2	1	1	50%	50%
	Total	**5** (3 allocated to MN)	**0**	**6**	**6**	**6**	**6**	**6**	**3**	**3**	**50%**	**50%**
Hospital based withdrawal	Caboolture Hospital	0	0	2	2	2	3	3	1	2	29%	26%
	RBWH	16	0	3	4	4	4	4	3	3	30%	28%
	Redcliffe Hospital	0	0	2	2	2	2	2	1	1	33%	30%
	TPCH	0	0	3	3	4	4	4	2	3	32%	30%
	Total	**16** (3 allocated to MN)	**0**	**10**	**11**	**12**	**12**	**13**	**7**	**8**	**31%**	**29%**
Acute Total		**229** (218 allocated access)	**34**	**271**	**290**	**307**	**325**	**344**	**71**	**88**	**75%**	**71%**

Source: National Mental Health Service Planning Framework - Planning Support Tool; Queensland Drug and Alcohol Service Planning Model (Q-DASPM) via Mental Health Alcohol and Other Drugs Strategy and Planning Branch

Note: *Acute bed counts are inclusive of both low and high dependency (also known as intensive care) beds.*

Targets of 80 per cent of the full NMHSPF resource estimates (not including population demand) are in place to support growth across all service types.

Table 19: Projected beds, sub and non-acute hospital bed-based services, Metro North, 2026-27 to 2036-37

Service	Catchment	Metro North reported beds	Planned	Projected beds					Growth		Current allocation relative to target	
				2026/27	2031/32	2036/37	2041/42	2046/47	2031/32	2036/37	2031/32	2036/37
Adult SUSD	Caboolture Hospital	0	0	2	2	2	2	3	2	2	0%	0%
	RBWH	0	0	3	4	4	4	4	-1	-1	136%	128%
	Redcliffe Hospital	0	0	2	2	2	2	2	2	2	0%	0%
	TPCH	10	0	4	4	4	4	5	-1	-1	127%	120%
	Total	**10**	**0**	**11**	**11**	**12**	**13**	**14**	**1**	**2**	**88%**	**83%**
Community Care Unit (CCU)	Caboolture Hospital		0	21	23	25	28	31	12	14	48%	44%
	RBWH	20	0	39	42	45	48	50	22	25	47%	44%
	Redcliffe Hospital	20	0	20	21	23	25	26	12	14	43%	40%
	TPCH	20	0	43	46	49	52	54	26	29	44%	41%
	Total	**60**	**0**	**123**	**132**	**142**	**152**	**161**	**72**	**82**	**45%**	**42%**
Youth SUSD	Caboolture Hospital	6	0	1	1	1	1	1	-1	-1	197%	188%
	RBWH	0	0	1	1	1	1	1	0	0	68%	69%
	Redcliffe Hospital	0	0	1	1	1	1	1	-1	-1	224%	218%
	TPCH	0	0	2	2	2	2	2	1	1	52%	51%
	Total	**6**	**0**	**5**	**5**	**5**	**5**	**6**	**-1**	**-1**	**113%**	**111%**
Sub-acute Total		**76**	**0**	**139**	**149**	**159**	**170**	**181**	**73**	**83**	**51%**	**48%**

Source: National Mental Health Service Planning Framework - Planning Support Tool; Queensland Drug and Alcohol Service Planning Model (Q-DASPM) via Mental Health Alcohol and Other Drugs Strategy and Planning Branch

Table 20: Projected beds, Residential bed-based/extended services, Metro North, 2026-27 to 2036-37

Service	Catchment	Metro North reported beds	Planned	Projected beds					Growth		Current allocation relative to target	
				2026/27	2031/32	2036/37	2041/42	2046/47	2031/32	2036/37	2031/32	2036/37
Older adult	Caboolture Hospital	0	0	15	17	19	22	24	17	19	0%	0%
	RBWH	0	0	20	22	24	25	28	22	24	0%	0%
	Redcliffe Hospital	0	0	13	14	16	18	19	14	16	0%	0%
	TPCH	0	0	24	27	30	33	35	27	30	0%	0%
	Total	**0**	**0**	**72**	**81**	**89**	**97**	**106**	**81**	**89**	**0%**	**0%**
SMHRU (Statewide/ Networked service)	Caboolture Hospital	20	0	6	6	7	7	8	2	3	66%	61%
	RBWH	0	0	11	12	13	13	15	2	3	81%	79%
	Redcliffe Hospital	0	0	5	6	6	7	7	2	2	68%	64%
	TPCH	20	0	12	12	13	14	14	2	3	81%	76%
	Total	**40**	**0**	**34**	**37**	**39**	**41**	**45**	**9**	**11**	**77%**	**73%**
Acute Total		**40**	**0**	**106**	**117**	**127**	**138**	**151**	**89**	**99**	**24%**	**22%**

Source: National Mental Health Service Planning Framework - Planning Support Tool; Queensland Drug and Alcohol Service Planning Model (Q-DASPM) via Mental Health Alcohol and Other Drugs Strategy and Planning Branch

Note: *Targets of 80 per cent of the full NMHSPF resource estimates (not including population demand) are in place to support growth across all service types.*

5.4 Background paper 4 - Service issues and opportunities

Service issues

The issues and needs summarised below are based on collated information from staff and consumer consultations, background information gathered to inform the Plan, analysis of data, and previous and current projects. For example:

- Consultation sessions for emergency department, inpatient, outpatient/community, statewide settings of care, consumers, and survey.
- Ad-hoc and planned conversations with stakeholders.
- Key issues from the background service activity paper and the population and health status profile summary 2025.
- Joint Regional Needs Assessment (JRNA) 2024 survey and consultations.
- Part 9 Health Service Investigation.
- TPCH inpatient reform diagnostics report.
- Crisis Reform Strategy specifically, Engagement report and service maps and gap analysis.
- Metro North Mental Health in the ED survey.
- Operational Plan 2024.
- Strengthening Queensland Health's Forensic Mental Health Service Delivery.
- Consultations informing the Metro North Health Children, Adolescent and Young Adults Service Directions (2023-2033).
- Other sources referenced within the sections.

Summary of overall issues

Service access

- Limited MH AOD services available as alternative to ED in the community for people in crisis as well as limited out of hours access leading to increased presentations to ED.
- Shortage of MH, detox, and specialist inpatient beds contributing to increased wait time for consumers in ED.
- Inconsistencies of services across Metro North facilities, lack of service awareness, challenges navigating services for both consumers and staff, and a lack of referral pathways for those not requiring hospitalisation create additional challenges for consumers accessing MH AOD services.
- Access to early intervention and specialist care across the age span is limited, and there is under resourcing in key areas for community MH and AOD across cohorts and priority groups, e.g. people of low SES, children, people with a disability, and older people.
- Other barriers to accessing services in the community include out-of-pocket costs of services and lack of bulk-billing.

Increasing service demand and complexity

- Population growth along with increased prevalence and incidence of MH and AOD conditions in the population (e.g., depression, anxiety, substance use disorders, and ADHD across the lifespan and population groups) increases demand on services along with the increase in bed numbers not keeping pace.
- Increase in complex and chronic conditions and people with multiple co-occurring conditions, including comorbidity of mental health disorders with a physical condition, which contribute to increasing inpatient length of stay.

Service fragmentation and need for holistic care

- Disconnect of mental health services from the other services with a need to bridge the gap between physical health and mental health.
- Co-ordination and integration between crisis support services within tertiary, mental health, and community services needs improvement, including uplifting community awareness on services.
- Lack of continuity of care and follow up with increased risk of consumers re-presenting to ED risk due to gaps in integration of services with GPs, NGOs, and housing.
- Need for contemporary models of care including multidisciplinary care that includes access to psychological care.

Lack of tailored services for priority groups

- General lack of access to specialised MH and AOD care as well as a lack of services that are tailored for targeted and specific population groups and complex cohorts such as people of multicultural backgrounds, LGBTQIA+, consumers on lower income, child and adolescent, older persons, Aboriginal and Torres Strait Islander people, people with a disability and neurodiverse individuals, mothers, and people with eating disorders.

- Need for timely and compassionate triage and assessment in ED.
- Need for evidence-based treatments to enhance patient outcomes.
- A lack of culturally safe and inclusive outpatient services.
- Variable and inconsistent governance and delivery of child and youth MH care across the Directorate.

Infrastructure

- Inpatient ward environments do not always facilitate healing and recovery. There is a lack of safety and privacy in ED with a need for dedicated waiting areas for MH consumers. There is a need for spaces that are appropriate for children and adolescents and culturally safe spaces that are healing and respectful.
- Other infrastructure related issues include the need for consideration of infrastructure for community teams, a lack of accommodation for staff, ageing infrastructure, and governance and budget constraints limiting infrastructure, asset upkeep, and facility maintenance.

Workforce

- Overall workforce issues include an ageing workforce, workforce pressures such as exposure to violence and the added demand and complexity of MH issues which result in worker fatigue and burnout.
- Recruitment and retention challenges relating to a shortage of skilled and lack of experience and specialisation in the MH and AOD workforce, gaps in capability and skill mix, along limited availability of mental health-specific training (especially in general inpatient units) create care planning gaps and compromised patient and staff safety.
- Clinician awareness of services options for referral/pathways of care is lacking.
- A lack of allied health professionals across Mental Health, Alcohol and Other Drug settings and a need for multidisciplinary roles inclusive of lived experience, Aboriginal and Torres Strait Islander roles, and senior clinicians.
- Need for new workforce streams and as well as more agile and flexible roles.
- Need for MH clinicians in ED, staff trained in trauma informed care and mental health assessment, as well as there being limited use of peer support and alternative workforce to navigate care.

For a full list of detailed issues, needs, and opportunities including by settings of care and priority populations by can be found in the Issues and Opportunities Paper developed as part of this plan.

5.5 Background paper 5 - Current service profile

Mapping of health services identifies the distribution and current capacity, which can help identify gaps relative to population need, or areas that may benefit from better integration or coordination. There are several approaches that can be used to map health services. Mental Health and Alcohol and Drug Services in Metro North Health were mapped utilising two approaches: by the service type and geographic catchment. Metro North Mental Health Directorate provides services to a range of catchments both within and beyond the Metro North Health geographical catchment boundary. For the purposes of this plan mental health services have been mapped (Figure 6) with consideration of the National Mental Health Service Planning Framework service types and is included in the following sections:

- Hospital Bed based services (incorporating Inpatients, Consultation Liaison Services and Hospital in the Home).
- Crisis and Acute Care Services (incorporating Emergency Department, Community based teams and phone lines).
- Community bed-based services (incorporating residential and sub-acute).
- Community care services (incorporating outpatients outreach/mobile teams, clinics and harm reduction programs).
- Metro North hosts services (including Forensics, Eating Disorders, Insight and Adis) which provide services statewide and are subject to additional service planning and governance processes with Mental Health Alcohol and Other Drugs Branch (MHAODB) and Mental Health Alcohol and Other Drugs Strategy and Planning Branch (MHAODSPB).
- Metro North Health Directorate services (incorporates services or teams which support consumers or staff across the Directorate).
- Community Support Services funded by the Department of Health (not managed by Metro North but operate within the HHS catchment).

FIGURE 6: Mental Health Service: Summary of current service profile

Table: Metro North Mental Health Service profile with summary of service type and service location

	Location												
	Hospitals				Community								Satellite Health Centres and other sites
	RBWH	TPCH	Redcliffe	Caboolture	Biala / City	Windsor	Pine Rivers	Chermside	Nundah	Caboolture	Spring Hill	Redcliffe	
Mental Health, Alcohol and Other Drugs hospital bed-based services													
Adolescent Mental Health Beds	North of the Brisbane River to Rockhampton including Central West HHS	x	x	x	n/a								n/a
Adult Mental Health Beds (including subspecialty beds – Older Persons, Eating Disorders)	RBWH catchment	TPCH catchment	x	Redcliffe and Caboolture Hospital catchment									
Subspecialty Mental Health (older persons, patients with eating disorders, and vulnerable consumers	RBWH catchment	x	x	x									
Electroconvulsive Therapy (ECT)	RBWH catchment	TPCH catchment	x	Redcliffe and Caboolture Hospital catchment									
Consultation Liaison Psychiatry Service (CLPS)	Patients presenting to or admitted to the RBWH or STARS (limited service)	TPCH catchment	Redcliffe Hospital catchment	Caboolture Hospital catchment									
Hospital in the Home HITH	RBWH catchment	x	x	x									
Mental Health Short Stay Unit	x	All MN Catchment	x	Redcliffe and Caboolture Hospital catchment									
Hospital Alcohol and Drug Services (HADS)	Statewide catchment	x	x	x	n/a								n/a
Alcohol and Drug Service Consultation Liaison	Patients presenting to or admitted to RBWH (no service to STARS)	Patients presenting to or admitted to TPCH	Patients presenting to or admitted to Redcliffe Hospital	Patients presenting to or admitted to the Caboolture Hospital	n/a								n/a
Drug and Alcohol Brief Intervention Team (DABIT)	Patients presenting to RBWH ED	Patients presenting to TPCH ED	Patients presenting to Redcliffe ED	Patients presenting to Caboolture ED	n/a								n/a
Mental Health, Alcohol and Other Drugs crisis and acute care services													
Acute Care Team	x	TPCH catchment – *ART run by CHQ	x	x	x	x	x	x	x	x	RBWH catchment	X	Redcliffe Caboolture catchment (Caboolture Satellite Health Centre)
Psychiatric Emergency Centre (PEC) / Crisis Stabilisation Unit	Primarily RBWH catchment but also complex patient from other Metro North wide catchments as required	MN wide catchment	x	x	n/a								x
MHCall (delivered through ACT)	x	TPCH catchment	x	x	x	x	x	x	x	x	RBWH catchment	x	Redcliffe Caboolture catchment (Caboolture Satellite Health Centre)
Adis 24/7 Alcohol and Drug Support					Statewide								
Biala Acute Care Service (BACS – ADS)	x	x	x	x	No catchment	x	x	x	x	x	x	x	x
Mental Health community bed-based services													
Community Care Units (CCU)	n/a				x	RBWH catchment	TPCH catchment	x	x	x	x	Redcliffe and Caboolture hospital catchment	n/a
Secure Mental Health Rehabilitation Unit (SMHRU)		RBWH and TPCH hospital catchment		Redcliffe and Caboolture, and Sunshine Coast hospital catchment	x	x	x	x	x	x	x	x	x
Youth Step Up Step Down (YSUSD)	n/a				x	x	x	x	x	Statewide catchment	x	x	x
Adult Step Up Step Down	n/a				x	x	x	x	RBWH and TPCH hospital catchment	x	x	x	x
Mental Health, Alcohol and Other Drugs community care services													
Continuing Care Team	n/a				x	x	TPCH catchment	TPCH catchment	TPCH catchment	x	RBWH catchment	x	Redcliffe and Caboolture hospital catchment (Based at Caboolture Satellite Health Centre)
Mobile Intensive Recovery Team (MIRT)	n/a				x	x	x	TPCH catchment	x	x	RBWH catchment	x	Redcliffe and Caboolture hospital catchment (Based at Caboolture Satellite Health Centre)

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Location													
	Hospitals				Community								Satellite Health Centres and other sites
	RBWH	TPCH	Redcliffe	Caboolture	Biala / City	Windsor	Pine Rivers	Chermside	Nundah	Caboolture	Spring Hill	Redcliffe	
Older Person Mental Health Service	n/a				x	x	x	TPCH catchment	x	x	RBWH catchment	x	Redcliffe and Caboolture hospital catchment (Based at Caboolture Satellite Health Centre)
Homeless Health Outreach Team (HHOT)	n/a				x	x	x	x	x	x	5km Radius of Brisbane City	x	Redcliffe and Caboolture hospital catchment (Based at Caboolture Satellite Health Centre)
Child and Youth Mental Health Service (CYMHS)	*Inpatient Services runs from Lady Cilento and Youth Residential Rehabilitation Unit				x	x	x	*run by CHQ	*run by CHQ	Redcliffe and Caboolture hospital catchment	x	x	x
Harm Reduction Centres (NSP) Primary and Secondary	n/a				No catch-ment	X	x	x	x	No catchment	x	No catchment	x
Headspace	n/a				No catchment Outreach through multiple community locations in Headspace centres and MNMH Clinics – No catchment								Indooroopilly Headspace Nundah Headspace Redcliffe Headspace Strathpine Headspace Caboolture Headspace Bribie Island Headspace
Hot House (Youth Alcohol and Drug Treatment)	n/a				MN catchment	x	x	x	x	x	x	x	x
Alcohol and Drug Service - Medication Assisted Treatment Teams	n/a				RBWH and Inner City MSHHS	x	x	TPCH catchment	x	Redcliffe and Caboolture Hospital catchment	x	Redcliffe and Caboolture Hospital catchment	x
Alcohol and Drug Service – Psychosocial Treatment Teams	n/a				RBWH & MN catchment	x	x	TPCH catchment	x	Redcliffe and Caboolture Hospital catchment	x	Redcliffe and Caboolture Hospital catchment	x
Specialist Mental Health and Alcohol and Other Drugs Services													
Watch House AOD Consultation Liaison Service	n/a				n/a								No catchment: Prisoners of Brisbane City Watchhouse
Perinatal Mental Health Service	Metro North Catchment – delivered across hospitals, satellite health centres, clinics and community locations (based at Nundah Community Centre)												
Early Psychosis Service	n/a				x	x	x	x	RBWH and TPCH	x	x	Redcliffe and Caboolture hospital catchment	X
Mental Health Directorate support services													
MNMH Resource Team	In-reach to admitted patients/staff as required				Working across various Metro North Locations								
MNMH Lived Experience Team	Working across various Metro North Locations												
MNMH Mental Health Information Management	MN catchment	TPCH catchment	x	Redcliffe and Caboolture Hospital Catchment	x	x	x	x	x	x	x	x	x
MNMH Clinical Governance and Informatics	MN catchment	x	x	x	x	x	x	x	x	x	x	x	x
Central Clinical Cluster	x	x	x	x	x	x	x	x	x	x	x	x	Statewide (based at Herston)
Mental Health Clinical Collaborative	x	x	x	x	x	x	x	x	x	x	x	x	Statewide (based at Herston)
MNMH Research	MN catchment	x	x	x	x	x	x	x	x	x	x	x	
MNMH Finance and Business	MN catchment	TPCH Catchment	x	Redcliffe and Caboolture Hospital Catchment	MN catchment	x	x	x	x	x	x	x	
Independent Patient Rights Advisors	x	x	x	x	x	x	x	x	x	x	x	xx	Multiple locations
Metro North Hosted Statewide services													
Insight Training and Education Dovetail – Youth alcohol and drug training and education	x				Statewide	x							
Queensland Eating Disorder Service	In-reach to MHH for RBWH catchment	In-reach to East and West Wings		In-reach to Ward 1 & 2	x	Statewide (Intake)	x	x	x	x	x	x	Statewide - Indooroopilly
Adis 24/7 Alcohol and Drug Support	x				Statewide	x							
Queensland Health Victim Support Service (QHVSS)	x												x
Queensland Forensic Mental Health Service – Community Forensic Outreach Service (CFOS)	x				Statewide Gold Coast to Central Qld	x	x	x	x	x	x	x	x
Queensland Forensic Mental Health Service – Police Communications Centre Mental Health Liaison Service (PCC MHLS)	x				Statewide	x	x	x	x	x	x	x	Police Communications Centre Brisbane
Queensland Forensic Mental Health Service – Indigenous Mental Health Intervention Program (IMHIP)	x				Custodial settings within Qld	x	x	x	x	x	x	x	Provides in-reach services to three correctional centres across two HHSs
Queensland Forensic Mental Health Service – Queensland Fixated Threat Assessment Centre (QFTAC)	x				Statewide	x	x	x	x	x	x	x	Based at Biala & Police Communications Centre provides a statewide service
QNMH Queensland Forensic Mental Health Service	x				Statewide	x	x	x	x	x	x	x	People attending Brisbane City Magistrates Court
Queensland Forensic Mental Health Service – Court Liaison Service (CLS)	x				Gold Coast to Wide Bay	x	x	x	x	x	x	x	Watchhouse across SEQ providing services across multiple HHSs from Gold Coast to Wide Bay

FIGURE 7: Service programs for Mental Health Directorate

5.6 Background paper 6 - Literature themes, evidence and models of care

The purpose of this literature scan was to capture the most prominent themes from current research, grey literature into contemporary and evidence based Mental Health, Alcohol and Other Drug services. The paper aims to answer the following questions:

- What are the models of service delivery for Mental Health, Alcohol and Other Drug services nationally and internationally in emergency, inpatients and community care? This includes policies, legislation, guidelines, standards, plans and reports
- Which emerging technologies and clinical advancements will impact the delivery of Mental Health, Alcohol and Other Drug service over the next five to ten years?

Table 21: Summary of findings

Summary of best practice and evidence		
Mental Health (MH)	**Alcohol and other Drug (AOD)**	**Co-occurring MH and AOD**
Emergency Departments		
• Specialist mental health teams in EDs • Dedicated assessment areas and environments • Alternative care pathways • Telepsychiatry and remote assessments • Integrated care and rapid response • Operational and design considerations • Focus on targeted populations • Best practice guidelines • System reforms	• Safety-oriented • Patient-centred approach that prioritises medical stabilisation • Calm, low-stimulus environment, dedicated behavioural assessment units (BAUs) • De-escalating agitation • Supportive care • Brief interventions and referrals to specialist alcohol and drug services to facilitate long-term recovery and prevent future ED visits • Incorporate a dedicated toxicology service or unit for comprehensive care • Crisis stabilisation units	
Inpatient Care		
• Individualised treatment plans: Tailored care based on specific diagnoses and goals. • Evidence-based therapies: Use of cognitive behavioural therapy and dialectical behaviour therapy. • Trauma-informed care: A non-judgmental environment that acknowledges past trauma. • Pharmacotherapy: Medically supervised medication management.	• Medically assisted substance withdrawal management: Safe management of withdrawal symptoms using pharmacotherapy. • Pharmacotherapy: Use of medications like naltrexone or buprenorphine to reduce cravings. • Psychoeducation & counselling: Individual and group sessions to develop relapse prevention skills. • Peer support: Introduction to mutual aid groups	• Integrated care model: A single, multidisciplinary team treats both conditions simultaneously. • Therapeutic communities (TCs): Structured residential programs using the community as a therapeutic tool. • Phased, stage-based treatment: Care is tailored to a patient's readiness for change, using Motivational Interviewing (MI). • Comprehensive discharge planning: Robust plans to ensure a smooth transition to outpatient care and prevent re-hospitalisation.

Summary of best practice and evidence		
Mental Health (MH)	**Alcohol and other Drug (AOD)**	**Co-occurring MH and AOD**
Inpatient Care (continued)		
		• The Trieste Model's "Open Door—No Restraint System" is a community-based approach to mental health care, born from the anti-institutional movement. Features deinstitutionalisation, Open Door 24/7 Community Mental Health Centres (CMHCs): Person and Context, Rights-Based Approach, Continuity and Comprehensive Care, Social Inclusion and Employment.
Outpatient & Community Care		
• Person-centred care: Treatment is based on the individual's goals and preferences. • Evidence-based therapies: Outpatient use of CBT, Contingency Management (CM), and other effective therapies. • Pharmacotherapy: Ongoing medication management for both MH and AOD. • Peer support: Encouragement of participation in mutual aid groups.	• Integrated treatment team: A unified team provides holistic care for both conditions Assertive Community Treatment (ACT): Intensive, flexible, and hands-on support in the patient's home and community for severe cases. • Motivational interviewing (MI): Used to build a patient's intrinsic motivation for recovery. • Therapeutic communities: Long-term residential rehabilitation models.	
Targeted population groups such as older people, children, people experiencing homelessness etc.		
• Integrated Dual Diagnosis Treatment (IDDT), incorporates motivational interviewing, skills training, and family psychoeducation • Therapeutic communities (TCs) • Trauma-informed Care • Assertive Community Treatment (ACT) and wraparound Services • Tailored treatment focused on age-related physiological and psychological factors		
Horizon scanning		
Emerging Technologies • Artificial Intelligence (AI) and Machine Learning (ML) • Digital Therapeutics (DTx) • Virtual and Augmented Reality (VR/AR) • Telehealth and Remote Patient Monitoring (RPM) • Clinical Advancements • Personalised Medicine and Pharmacogenomics • Integrated Care for Co-occurring Conditions • New Pharmacological Treatments • Psychedelic-Assisted Therapy		

5.7 Background paper 7 – Infrastructure profile

Metro North Health's mental health and alcohol and other drugs services are facing pressure from rising demand and more consumers presenting with increasing complexity of conditions. The system is challenged by ageing, and non-purpose-built infrastructure, which limits the ability of Metro North Health to meet the treatment, care and support needs of individuals and their families and carers.

This paper has been developed to identify and map the current infrastructure capacity and the current and future planning required to meet the identified priorities of this Plan.

Principles of design

Principles for mental health infrastructure design highlight the need for person-centred, trauma-informed, and recovery-oriented environments that are culturally safe, promote dignity and autonomy, and include access to natural light and green spaces. Key principles include equitable access, evidence-based practices, supported decision-making, and incorporating the advice of those with lived experience into the planning and design process.

In January 2024, the Mental Health Overarching Guideline, part of the Australasian Health Facility Guidelines (AusHFG), was updated incorporating feedback from experts across Australia and New Zealand. The Guideline revised planning and design principles seeking to promote positive physical environments to achieve optimal recovery outcomes for consumers. The design principles are:

- Co-design / Person-Centred: design is responsive to the needs of consumers, their support networks, and staff
- Recovery Focus: environment promotes person centred recovery and wellbeing and supports consumer aspirations and goals
- Trauma Informed Design: design consciously

addresses the sensitivities and vulnerabilities of people who have experienced trauma

- Welcoming Environment: environment is welcoming, safe, and supportive for consumers, family, carers, supporters, and other visitors
- Culturally Sensitive Design and Acknowledgement of Diversity; Internal and external spaces are culturally and spiritually responsive, inclusive, safe, and welcoming
- Support Effective Relationships with Staff; design supports positive relationships and interactions between consumers and those who provide input into their care, working as partners in care
- Foster and Maintain Meaningful Connections with Support Networks; environment encourages strong and continuous relationships with family, friends and other support people
- Safe Environment: delivery of a safe and appropriate environment, that considers the physical, psychological, and cultural safety of all
- Staff Wellbeing: Staff feel safe and supported with spaces away from the clinical environment to enable staff to relax.

All planning undertaken by Metro North will be informed by these principles to achieve the best possible outcomes for consumers and the wider community.

Current infrastructure profile

An Environmental Audit of all Metro North Mental Health Facilities was conducted between September 2023 and November 2023. The Audit was commissioned by the Metro North Mental Health (MNMH) Infrastructure and Assets Committee and was conducted with consideration given to:

- MNMH's commitment to Health Equity as outlined in Metro North Health Equity Strategy 2025-2028
- MNMH's commitment to considering the Lived and Living Experience of consumers and their families throughout all areas of decision making
- The recommendations from Mental Health Act 2016 Report: Review into the use of Seclusion, Mechanical Restraint under the Mental Health Act
- Workplace Health and Safety legislation and other Human Resource related policies (including Occupational Violence)
- The Australian National Safety and Quality Standards (including a review of ligature points)
- General condition, aesthetics and accessibility.

The Audit determined the total MNMH Estate:

- is dispersed across 28 buildings on 17 sites
- consists of approximately 34,500m2 of accommodation (21,500m2 beds and 13,000m2 outpatient or administrative) with only 2,200m2 as leased space
- includes approximately 340 mental health beds including acute, short stay, psychiatric emergency care, hospital alcohol and drug services, secure mental health rehabilitation unit, step-up step-down facilities, and community care units
- accommodates more than 1,600 staff (full time equivalent) across medical, nursing, allied health, administration and operational streams.

The audit found of the 28 buildings across 17 sites delivering mental health services in Metro North Health almost all were operating at, or beyond capacity in terms of clinical services and staff accommodation and 200 of the approximately 340 mental health beds were delivered in environments that were evaluated as no longer enabling delivery of contemporary care. As a result, Metro North developed a program of work to:

- review and analyse the data obtained from the audit to determine a list of priorities and issues that could be addressed in the short term
- develop a Metro North Mental Health Clinical Services Plan (to which this paper is a background document)
- develop a Metro North Mental Health Infrastructure Master Plan (to be developed as part of the broader Metro North Infrastructure Master Plan due for completion June 2026).

The current infrastructure profile as identified through the audit is summarised in Table 22 by Acute Hospital beds, Community Based Services and Residential Bed-based Services.

Table 22: Summary of Metro North Mental Health Care Facilities, Environmental Audit 2023

Mental Health Facility	Function	**Built** (Age years)	**Owned / Leased**	**Beds** (seclusion)	**Outpatient** (Consult)	**Administration** (Workstations incl. NUM)
Acute Hospital Beds				265 (17)	12	334
Caboolture Building 5	**Acute bed**	**1998 (27)**	**Owned**	**27**		**29**
Caboolture Building 16	Acute bed	2010 (15)	Owned	43 (3)		51
Ground – G1	Secure Mental Health Unit	2010 (15)	Owned	23 (2)		
Ground – G2	Clinic / Admin	2010 (15)	Owned			51
Ground – G3	Acute Bed	2010 (15)	Owned	20 (1)		
Caboolture Short Stay	**Acute bed**	**2022 (3)**	**Owned**	**8**		**10**
RBWH – Building 21	**RBWH Inpatient Mental Health Facility**	**1995 (30)**	**Owned**	**87 (7)**	**12**	**130**
Level E	Clinic / Admin	1995 (30)	Owned		12	41
Level F	Acute bed, Adolescent	1995 (30)	Owned	12 (1)		10
Level G	Acute bed	1995 (30)	Owned	25 (2)		14
Level H	Acute beds	1995 (30)	Owned	25 (2)		8
Level I	Acute beds	1995 (30)	Owned	25 (2)		8
Level J	Admin / Research	1995 (30)	Owned			49
RBWH – Building 41 (in Emergency)	**Psychiatric Emergency Care**	**2002 (23)**	**Owned**	**4 (1)**		**7**
RBWH – Building 52	Hospital Alcohol and Drug Service	1987 (38)	Owned	22 built 16 funded		
TPCH – Building 17	**Secure Mental Health Rehabilitation Unit**	**2000 (25)**	**Owned**	**20 (2)**		**7**
TPCH – Building 5	TPCH Inpatient Mental Health Facility	1999 (26)	Owned	60 (4)		90
Ground East	Acute bed	1999 (26)	Owned	30 (2)		25
Ground Centre	Clinic / Admin	1999 (26)	Owned			28
Ground West	Acute bed	1999 (26)	Owned	30 (2)		11
Level 1	Admin / Community	1999 (26)	Owned			26
Community Based Services					99	802
Ashgrove Community Health Centre	**Victim Support**		**Owned**		**2**	**10**
Ground	**Victim Support**		**Owned**		**1**	
Level 1	**Crisis Support**		**Owned**		**1**	**10**
Biala	Community Mental Health Services	2001 (24)	Owned			186
Ground	Needle and Syringe Program	2001 (24)	Owned			15
Level 2	QFMH Service	2001 (24)	Owned			36
Level 3	Youth Psychosocial	2001 (24)	Owned			19

Mental Health Facility	Function	**Built** (Age years)	**Owned / Leased**	**Beds** (seclusion)	**Outpatient** (Consult)	**Administration** (Workstations incl. NUM)
Level 4	Insight / Dovetail	2001 (24)	Owned			33
Level 5	Crisis Support	2001 (24)	Owned			32
Level 6	Roma St Clinic	2001 (24)	Owned			28
Level 7	Admin	2001 (24)	Owned			23
Caboolture Community Health	**Crisis Support / Telehealth**		**Owned**		**2**	**38**
Ground	Crisis Support / Telehealth		Owned		2	38
Caboolture Health Centre	Clinic / Admin	2023 (2)	Owned		13	41
Caboolture Regional Acute Care Team	**Crisis Support / Telehealth**	**2008 (17)**	**Owned**			**28**
Chermside Community Health Centre	Clinic / Admin		Owned		9	76
Lower Ground	Record Storage		Owned			
Ground	Clinic		Owned		9	76
Haskings Street	**Clinic / Admin**	**Fit out 2023**	**Leased**		**8**	**37**
Inner North Brisbane Community Service (Wharf St)	Community Mental Health Services	2024 (1)	Leased		38	189
Ground	Clinic	2024 (1)	Leased		20	6
Level 1	Clinic	2024 (1)	Leased		18	6
Level 2	Admin	2024 (1)	Leased			93
Level 3	Admin	2024 (1)	Leased			84
Nundah Community Health Centre	**Clinic / Admin**	**2008 (17)**	**Owned**		**3**	**34**
Ground	Clinic / Admin	2008 (17)	Owned		3	
Level 1	Administration	2008 (17)	Owned			34
Pine Rivers Community Health Centre	Clinic / Admin	1996 (29)	Owned		10	28
Pye House (RBWH)	**Administration**	**1941 (84)**	**Owned**			**27**
Ground	Admin	1941 (84)	Owned			12
Level 1	Admin	1941 (84)	Owned			15
Queensland Eating Disorder Service	Community Mental Health	1972 (53)	Owned		4	12
Ground	Clinic	1972 (53)	Owned		2	
Level 1	Clinic / Admin	1972 (53)	Owned		2	12
Redcliffe Community Health Centre	Clinic / Admin	1984 (41)	Owned		10	55
Rosemount / Lawrence House	Lived Experience / QuEDS		Owned			25
TPCH Building 12	Mental Health Admin		Owned			16

Mental Health Facility	Function	**Built** (Age years)	**Owned / Leased**	**Beds** (seclusion)	**Outpatient** (Consult)	**Administration** (Workstations incl. NUM)
Residential bed-based services				**76**		**35**
Nundah House Step-up Step-down	**Adult**	**2018 (7)**	**Owned**	**10**		**6**
Ground		2018 (7)	Owned			6
Level 1		2018 (7)	Owned	5		
Level 2		2018 (7)	Owned	5		
Caboolture Step-up Step-down	**Youth**	**2019 (6)**	**Owned**	**6**		**5**
Rosemount / Somerset House	**Community Care**	**2001 (24)**	**Owned**	**20**		**11**
SH1 Ground and L1	Community Care	2001 (24)	Owned	12		
SH2 Ground and L1	Community Care	2001 (24)	Owned	4		
SH3 Ground and L1	Community Care	2001 (24)	Owned	2		
SH4 Ground and L1	Community Care	2001 (24)	Owned	2		
SH Hall Ground	Therapy / Admin	2001 (24)	Owned			11
Pine Rivers Community Care Unit	**Community Care**	**1996 (39)**	**Owned**	**20**		**12**
Admin	Community Care	1996 (39)	Owned			12
A	Community Care	1996 (39)	Owned	4		
B	Community Care	1996 (39)	Owned	4		

Note: *This audit was a snapshot in time and it is acknowledged some infrastructure works may have progressed*

Current infrastructure challenges

To understand how infrastructure can better support mental health services Metro North Health has conducted consultation with key stakeholders, considered the current state of services, and assessed the projected service demand to determine the chief drivers for change. This work revealed a critical, and urgent need for the development of purpose-built mental health infrastructure across Metro North. The drivers for change are both clinical service and asset condition driven, and are summarised below:

Demand and capacity

With the growing burden of both an ageing population and the increasing levels of social isolation, loneliness and loss of community connection, change in case mix with a significant rise in higher acuity and complexity, an average bed occupancy rate of 89.7%, and a limited ability to expand within current building footprints the delivery of mental health services across Metro North Health is challenged to meet projected demand, both within catchment and supporting the state.

The demand for additional beds across Metro North Health to 2036-37 is summarised below and can be reviewed in greater detail in Background Paper 3 – Future service activity projections. The below bed requirements are based on hospital catchment level demand projections noting that whole of Metro North Service Planning and Master Planning will impact on where service infrastructure will be commissioned or enhanced.

Projected growth to 2036-37

Acute

- 6 adolescent and 41 young adult beds
- 19 adult and older persons inpatient beds
  - Including new Inpatient ward at Redcliffe

Hospital (transferred beds from Caboolture Hospital)

- 7 perinatal and infant mental health beds
- 3 eating disorder beds
- 8 hospital-based withdrawal (statewide allocation) Sub and non-acute hospital bed-based services
- 2 adult Step Up Step-Down
- 82 community care unit
- -1 youth Step Up Step-Down Residential bed-based/ extended services
- 89 older adults
- 11 Secure Mental Health Rehabilitation Unit

The above indicates Metro North has a shortfall of 65 acute beds, 83 sub and non-acute beds and 99 residential bed-based services and unless infrastructure is prioritised, planned and delivered in the short-term (following 5 years) the result will be a critical lack of care for the Metro North Health and Queensland community.

Ageing infrastructure

The majority of mental health infrastructure no longer meets the needs for the delivery of contemporary models of care compromising clinical and non-clinical areas, with flow-on effects to patient care, service development, workplace health and safety, and staff satisfaction and well-being.

Table 22 articulates the age of the majority of buildings, of note:

- the average age of acute hospital beds across Metro North is 26 years, excluding the acute emergency short stay beds delivered as part of Stage 1 of the Caboolture Hospital Redevelopment
- of the approximate 34,500m2 of space dedicated to deliver mental health services only 7,243m2, or 21 per cent, was assessed as functional and able to meet the needs for the delivery of contemporary models of care
- of the 341 beds (inclusive of acute hospital and residential beds) less than ten percent of beds were assessed as being functional for contemporary care delivery
- the urgent need for refurbishment to existing facilities is limited by a lack of appropriate decanting options across Metro North.

Advancing technology

Advances with respect to access to telehealth, enhanced digital patient management systems, and the production and distribution of complex medical clinical assessments is now expected by the consumer. Metro North Health is looking to embrace new technology however is constrained by the lack of space to expand, a network requiring improvements, and a complex relationship between information and technology services across Digital Metro North and eHealth.

Workforce challenges

As one of the mental health services that hosts statewide services (acute adolescent, eating disorder and hospital alcohol and drug services) and as a centre for research and education Metro North Health attracts highly credentialed staff. The lack of fit for purpose infrastructure, an increase

in incidents of occupational violence and limited staff education, training and wellbeing-built spaces impacts workforce attraction and retention.

Current infrastructure planning

Metro North has received funding from Mental Health Alcohol and other Drugs (MHAOD) capital program, identified through a process of strategic capital planning and service needs analysis.

This investment in MHAOD Infrastructure aligns with priority one of Better Care Together: a plan for Queensland's state-funded mental health and other drug services to 2027, with a focus on strengthening service capacity and the built environment.

The program of works completed in 2025 or currently underway across Metro North is outlined in Table 23 below.

Table 23: Summary of Metro North MHAOD funded infrastructure projects 2025

Project	Outcome	Progress to date
RBWH Psychiatric Emergency Centre Refurbishment	The refurbishment of the present space within the RBWH Emergency Department, to align with a model of care for a Behavioural Assessment Unit (BAU). The BAU will allow the rapid assessment and management of consumers experiencing acute behavioural disturbances, particularly those related to substance intoxication, mental illness or forensic (classified) consumers. This work aligns with prioritised action on BAU of this Plan.	Project managed by Sustainable Assets and Infrastructure. Currently working with stakeholders to develop a schematic design.
Preliminary Business Case: Multifunction Acute Mental Health Unit at The Prince Charles Hospital	Identification of a preferred option for the development, on The Prince Charles Hospital campus, of a purpose-built contemporary facility that will deliver: • 16 Adolescent beds (including eating disorder beds) • 16 Young Adult beds (a new service to Metro North Health) • 16 Older Persons beds (a specialised service for Metro North Health) • 60 Adult beds (replacement of the existing adult beds which are no longer fit-for purpose). This work, if funded to delivery, aligns with prioritised action of this Plan.	Preliminary Business Case anticipated completion November 2025. No funding for capital delivery currently.
Preliminary Business Case: Queensland Eating Disorder Service (QuEDS) Rebuild	Identification of a preferred option to rebuild the existing building that houses QuEDS.	Preliminary Business Case completed. Awaiting Government decision regards funding to progress.
Anti-ligature enhancements	Safety enhancements across Metro North mental health facilities.	Project active
Caboolture Hospital Mental Health Intensive Care Unit	Delivery of additional Intensive Care Unit beds at Caboolture Hospital (2 additional beds in total)	Project active
Caboolture Community MHAOD facility	Leasing and fit-out of space to deliver community services. This work aligns with prioritised actions of this Plan	Project active
The Prince Charles Hospital Community MHAOD facility	Leasing and fit-out of space to deliver community services. This work aligns with prioritised actions of this Plan	Project active

Note: *Project summary developed as at October 2025.*

These projects are not anticipated to rectify the shortfall in bed numbers but to remedy immediate needs, such as refurbishments, leasing of additional space for community teams and critical anti-ligature upgrades.

Metro North Health were also the recipient of significant funding under the Hospital Rescue Plan. This Plan will deliver $18.53 billion, the biggest investment in health infrastructure in the state's history, to fund critical assets and deliver more than 2,600 new beds across Queensland. Metro North Health will see delivery of three major projects, expansions of both the Redcliffe and Prince Charles Hospitals and the building of a specialist hospital the Queensland Cancer Centre.

These three projects are currently working through replanning phases aligned to service need utilising refreshed clinical services planning to ensure the delivered clinical services meet the needs of the community. This replanning has identified the need for a mental health service at Redcliffe Hospital (priority action 47 of this Plan), the quantum of beds and services is now being investigated for inclusion in the Redcliffe Hospital Expansion.

Strategic Asset Management Plan

Metro North Health is currently developing our Strategic Asset Management Plan (SAMP) 2026/27 to 2035/36 – Strategy for future health infrastructure investment – the key infrastructure investment and prioritisation framework for physical assets to ensure the infrastructure developed supports service delivery, optimises patient outcomes, and delivers maximum value from our investments.

As the key infrastructure decision-making tool, it sets out the forward investment program and financial and strategic planning approach to how Metro North Health manages assets to achieve organisational goals and aligns to the asset program with health service strategies and clinical priorities, digital innovation and transformation.

The growth of mental health services and the need for additional beds will be highlighted within the priorities of the SAMP as will a program of refurbishment across mental health buildings to support contemporary care delivery to achieve improved outcomes for consumers and their families.

Future infrastructure planning

Metro North is currently developing the Metro North Clinical Services Plan 2025 – 2030 which will identify the service demand across Metro North Health further corroborating that identified in this Plan, which specifically talks to Mental Health, Alcohol and Other Drug Services.

Following the completion of the Metro North Clinical Services Plan a Metro North Infrastructure Master Plan will be developed that maps the additional infrastructure required to meet the health service demand from the community. This work will include a specific Metro North Mental Health Infrastructure Master Plan that will map out the required infrastructure, including location and services, to enable a 10-year capital delivery plan to be developed.

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APPENDIX 1

Prioritisation criteria

Actions are prioritised based on the criteria below and allocated the category low, medium, high priority.

Criteria		Rating
1.	Stakeholder validation Actions that are important to the community based on consultations, professional expertise and feedback of participants in the prioritisation process	1. Low level of importance 2. Medium level of importance 3. High level of importance
2.	Best practice, evidence supports the action	1. Low alignment to best practice and evidence 2. Medium 3. High
3.	**Feasibility of implementation** Consider the following factors: • current work already occurring- in progress • people already in place to do the work (skilled people) • low effort (linked to client outcomes) • in-kind cost • opportunistic funding available or likely to be available *Rating 1 allocated to action where the factors above are least met* *Rating 2 allocated to action where the factors are somewhat met* *Rating 3 allocated to factors where the factors are largely met*	1. Not easy to implement 2. Reasonably easy to implement 3. Very easy to implement
4.	**Urgency and value proposition** This criterion is related to the: • rate of growth in demand (specifically considering life of the Plan 3-5 years) • the need for immediate action, gaps in current service, activity projections • improving service access *Rating 1 allocated to action where the factors above are least met* *Rating 2 allocated to action where the factors are somewhat met* *Rating 3 allocated to factors where the factors are largely met*	1. Low urgency and value proposition 2. Medium 3. High
5.	Impact on vulnerable/ targeted population groups	1. Low 2. Medium 3. High
6.	Magnitude of issue requiring action	1. Low 2. Medium 3. High
7.	Risk to patient outcomes, safety if action is not implemented	1. Low risk to outcomes and safety 2. Medium 3. High risk
8.	Action contributes to value based, efficient and effective care	1. Low 2. Medium 3. High