

## Implementation Progress Report – June 2017:

***Queensland Health response to the Final Report – When mental health care meets risk: A Queensland sentinel events review into homicide and public sector mental health services***

## **Implementation Progress Report – June 2017:**

### ***Queensland Health response to the Final Report - When mental health care meets risk: A Queensland sentinel events review into homicide and public sector mental health services 2016***

© State of Queensland (Queensland Health) 2017



This work is licensed under a Creative Commons Attribution Non-Commercial No Derivatives 3.0 Australia licence. In essence, you are free to copy and communicate the work in its current form for non-commercial purposes, as long as you attribute Queensland Health and abide by the licence terms. You may not alter or adapt the work in any way. To view a copy of this licence, visit <http://creativecommons.org/licenses/by-nc-nd/3.0/au/deed.en>

For further information contact the Executive Director Mental Health Alcohol and Other Drugs Branch, Department of Health, GPO Box 2368, Fortitude Valley BC QLD 4006, email [MHD\\_dchocorro@health.qld.gov.au](mailto:MHD_dchocorro@health.qld.gov.au), phone (07) 3328 9538.

For permissions beyond the scope of this licence contact: Intellectual Property Officer, Queensland Health, PO Box 2368, Fortitude Valley BC, QLD 4006, email [ip\\_officer@health.qld.gov.au](mailto:ip_officer@health.qld.gov.au), phone (07) 3328 9862.

# 1. Message from the Director-General

A focus on the continuous quality improvement of our health service is essential to the provision of contemporary, comprehensive and safe health care for our consumers. Excellence is one of five principles underpinning the vision and strategic direction of My health, Queensland's future: Advancing health 2026. The principle of excellence means that we will deliver appropriate, timely, high quality and evidence-based care, supported by innovation, research and the application of best practice to improve health outcomes.

In order to achieve excellence, we must be open to the identification of problems, strive to implement and monitor solutions and continuously study its effectiveness. Therefore, in 2015, I appointed an independent clinical review committee to examine fatal events involving people with a mental illness and make recommendations to inform public mental health service delivery strategic directions, policy and clinical practice, with a view to improving the care of people with mental illness.

The report of the clinical review, *When mental health care meets risk: A Queensland sentinel events review into homicide and public sector mental health services* (When mental health care meets risk 2016), and an accompanying Queensland Health response, outlining actions to address the recommendations contained in the report, were publicly released in September 2016. The report made 63 recommendations across 11 key areas, all of which I agreed to in-principle, whilst acknowledging that for some, further consideration is required to determine the best course of action.

The Department of Health is leading the implementation of the response supported by a governance structure comprising a broad range of Hospital and Health Service representatives, consumer and carers, and other key stakeholders such as the Queensland Police Service who reflect the complexity of Queensland's mental health service system. This report details the considerable achievements made to date in implementing the recommendations made in the When mental health care meets risk report.

I have been impressed by the commitment of all stakeholders to work in partnership to identify and implement achievable solutions to the challenges set by the report's findings and recommendations.

I would like to take this opportunity to thank the many consumers, carers, clinicians, service executive and policy officers who have contributed their knowledge, passion and time. In particular, I acknowledge the work of the Sentinel Events Review Implementation Team within the Mental Health Alcohol and Other Drugs Branch in the Clinical Excellence Division who are driving the progress forward.

I commend to you the first *Implementation progress report of the Queensland Health response to the Final Report – When mental health care meets risk: A Queensland sentinel events review into homicide and public sector mental health services* (Queensland Health response).

Michael Walsh

**Director-General, Department of Health**



# Contents

1. Message from the Director-General .....	ii
2. Background of the sentinel events review and the When mental health care meets risk report.....	1
3. Implementation and progress report .....	1
3.1 Key area: State-wide forensic mental health service model .....	2
3.2 Key area: Family engagement.....	5
3.3 Key area: The consumer journey .....	8
3.3.1 Comprehensive mental health assessment .....	8
3.3.2 Violence risk assessment and management.....	10
3.3.3 Formulation and treatment planning.....	13
3.3.4 Therapeutic relationship .....	17
3.4 Key area: Consumers with co-morbid conditions .....	18
3.5 Key area: Clinical systems and information.....	21
3.6 Key area: Building competencies and capabilities .....	23
3.7 Key area: Support services and linkages with other agencies .....	28
3.8 Key area: Mental health literacy and access .....	30
3.9 Key area: The Queensland Police Service.....	31
3.10 Key area: Mental health quality assurance.....	33
3.11 Consideration: Aboriginal and Torres Strait Islander peoples mental health and social and emotional wellbeing.....	34
Next steps.....	35
Appendix 1: Summary of 63 recommendations and implementation status June 2017 .....	36
Appendix 2: Abbreviations .....	46
Glossary .....	46

## 2. Background of the sentinel events review and the When mental health care meets risk report

In May 2015 the establishment of a mental health sentinel events review was announced by the Minister for Health and the Minister for Ambulance Services.

The review focused on homicides or attempted homicides involving people with a mental illness (either as the victim or perpetrator), as well as fatalities that resulted from police use of force where the person may have had a mental illness.

The aim of the review, which included events from January 2013 to April 2015, was to examine and assess the standard and quality of clinical assessment, treatment and care provided to those individuals, and the compliance with relevant clinical and administrative policies and procedures.

An independent Sentinel Events Review Committee was tasked with making findings and providing recommendations to improve systems and clinical practice with respect to reducing and where possible preventing such events.

The Committee identified no concerning trends or emerging system issues, however made findings across 11 key areas and provided 63 recommendations within the report When mental health care meets risk 2016.

The report and Queensland Health response, accepting in-principle all 63 recommendations and outlining actions to address the recommendations, were released in September 2016.

Both reports are available at the following website

<https://publications.qld.gov.au/dataset/mental-health-sentinel-events-review-2016>

## 3. Implementation and progress report

The Department of Health is leading the implementation of the Queensland Health response. A governance structure comprising a Steering Committee, supported by six advisory groups, is overseeing the activities scheduled for the first year of implementation and will guide the planning for years two and three. Membership of the Steering Committee and Advisory Groups are comprised of over 80 nominated representatives from Hospital and Health Services, consumers and carers, Arafmi, the Queensland Voice and other key stakeholders. A strong communication strategy has included; further consultation with clinicians through focus groups, and workshops and monthly updates provided at the state-wide Mental Health Clinical Directors and Executive Directors Meeting.

This document outlines progress made towards implementing the recommendations contained within the When mental health care meets risk report 2016. Intended implementation activities were identified in the Queensland Health response published in September 2016.

For ease of reference, this progress report summarises the findings of the Sentinel Events Review Committee in relation to each of the 11 key areas identified in the report, lists the recommendations made under each key area and repeats the Queensland Health response to each key area (*italics*). Progress made towards addressing the Sentinel Events Review

*Implementation Progress Report June 2017*

*Queensland Health response to the Final Report – When mental health care meets risk: A Queensland sentinel events review into homicide and public sector mental health services 2016*

Committee's recommendations in 2016-17 and implementation activities for years two (2017-18) and three (2018-19) are highlighted in a blue text box. The service reform initiatives undertaken in year one are complex and, in most instances, meet the requirements of a number of report recommendations. Therefore, the recommendation/s corresponding to the initiatives described are noted in parentheses throughout the year one progress update.

Appendix 1 lists a summary of each of the 63 recommendations in numerical order, along with the implementation status at 30 June 2017, demonstrating that to date the implementation of 60% (n=37) of the recommendations have been completed, 38% (n=25) commenced, and 2% (n=1) deferred due to its dependency on the completion of other implementation activities. Where the completed activities include work that has been published hyperlinks have been provided.

The activities listed as completed represent a substantial body of work involving the development of new resources and tools, the revision of existing resources and the undertaking of specific projects. The reach of the reviews findings and recommendations is demonstrated by the breadth of responses from both within the mental health alcohol and other drugs service system and also the Queensland Health service system. As an overview, the activities undertaken and completed include the:

- development of new resources such as multiple mental health policies; a communication protocol; a clinical documentation user guide; training modules; and a clinical audit evaluation framework
- revision of existing resources and tools for example two guidelines, clinical documentation, and training modules such as the *Critical Components of Risk Assessment and Management*, and *Mental Health Assessment*
- delivery of two projects; one to examine the multidisciplinary team review process and one to analyse the most effective way to provide information and support to victims of violence
- collaboration with the Office of the Director General on the revision of an memorandum of understanding to further support the sharing of information with the Queensland Police Service
- development of the guideline for the health workforce domestic and family violence training and the training modules by the Department of Health, Strategy Policy and Planning Division.

### 3.1 Key area: State-wide forensic mental health service model

The When mental health care meets risk report 2016 acknowledged that all components of a forensic mental health service were present in Queensland i.e. inpatient units, community-based services, prison mental health services, court liaison services, and policing and mental health services. However, it argued that the administration of the various components across several separate Hospital and Health Services resulted in a lack of a unified service model with a clear governance structure.

It was proposed that the development of an independent integrated state-wide forensic mental health service would result in improved governance, service responsiveness, management of forensic consumers, and the delivery of a consistent and integrated service.

## **Recommendations**

- 1 Develop an integrated state-wide forensic mental health service with a governance structure independent of Hospital and Health Services that enables the effective operation and maintenance of an integrated service across Queensland.
- 2 The position of Director of a state-wide forensic mental health service (SFMHS) is to have state-wide oversight of the integrated SFMHS, which provides and supports independence, governance, integrated standards and consistent practices.
- 3 Establish quarterly meetings between the Director of the state-wide forensic mental health services and Hospital and Health Services mental health service senior executives to improve quality, efficacy and integration of services.
- 4 State-wide forensic mental health services are provided to consumers assessed as being at a high risk of violence in addition to consumers on forensic orders under the *Mental Health Act 2000*.
- 5 The role and function of the Forensic Liaison Officer positions located within mental health services be quarantined for undertaking assessments and management of forensic mental health consumers and other consumers who pose a high risk of violence.
- 6 Develop collaborative and effective relationships between forensic mental health services and Hospital and Health Service mental health staff; and obtain knowledge of the models of mental health service delivery and available services/resources within the Hospital and Health Service region, by ensuring that identified Community Forensic Outreach Service teams are attached to specific Hospital and Health Services, thus ensuring teams and clinicians assigned gain an increased understanding of the Hospital and Health Service necessary to provide tailored support to that specific mental health service.
- 7 Upon completion of an assessment and prior to the finalisation of the recommendations state-wide forensic mental health services staff are to discuss their findings with the Hospital and Health Services mental health service clinicians responsible for the consumer's care to enhance the validity of the recommendations and to help ensure that they reflect the availability of resources and services in the Hospital and Health Service.
- 8 Develop a categorisation system to differentiate lower risk from higher risk consumers on forensic orders and adjust the treatment and monitoring requirements accordingly.
- 9 Consider the engagement model of Mental Health Intervention Coordinators with the Queensland Police Service in responding to potential mental health crisis situations as a component of the service delivery model for state-wide forensic mental health services.

## **Queensland Health response (published September 2016)**

*It is agreed that the development of a new model for an integrated state-wide forensic mental health service will result in an improved service response and outcomes for*

*Implementation Progress Report June 2017*

*Queensland Health response to the Final Report – When mental health care meets risk: A Queensland sentinel events review into homicide and public sector mental health services 2016*

consumers. Identifying a model that aligns with the Queensland Health structure, particularly in relation to the recommendation that the governance structure be independent of Hospital and Health Services, requires careful consideration and planning.

Within the next twelve months an options paper will be developed that includes:

- An analysis of existing systems and processes; such as the links between the state-wide forensic mental health service, Hospital and Health Services, correctional facilities and the Queensland Police Service. A review of the current forensic liaison officer model of service delivery and governance to ensure assessment and management of forensic mental health consumers and other consumers who pose a high risk of violence is the key focus of the role.
- Examination of the benefits and risks associated with existing forensic mental health service models within other jurisdictions.
- Consultation with Hospital and Health Services and other stakeholders.
- A workup of the identified options establishment, resource and financial implications.

Pending the outcome of the options paper, implementation will commence thereafter.

Recommendations for improvements to the governance structure will in part be addressed upon commencement of the Mental Health Act 2016 (MHA 2016) through a new Chief Psychiatrist policy. The Treatment and care of forensic and high risk patients policy (in draft) requires:

- the establishment of a clinical governance framework which strengthens the assessment and risk management of forensic patients and those persons subject to a treatment support order or a treatment authority who are considered to be high risk. The monitoring, treatment and care requirements of forensic and high risk patients will be determined by authorised mental health services (AMHS) after an evaluation of the individual's risk profile, all collateral material available and care and treatment needs.
- the formalisation of escalation pathways for clinicians that identify issues or concerns with a person's treatment and care. Clinicians will have the ability to escalate these issues or concerns through levels of management in the AMHS and, if required, to the Director, Queensland Forensic Mental Health Service and the Chief Psychiatrist.
- the establishment of an Assessment and Risk Management Committee (ARMC) at each AMHS for the review of the treatment and care of all forensic patients and those persons subject to a treatment support order or treatment authority whose risk profile is considered high. The ARMC must determine the frequency of monitoring and review of the person by the case manager, forensic liaison officer, and the authorised psychiatrist. The ARMC can also recommend that the person is referred to the Community Forensic Outreach Service (CFOS) for a forensic assessment.
- that when a referral is made to CFOS prior to the release of any report, the recommendations regarding the person's treatment and care must be discussed with the treating psychiatrist. This discussion will be led by the forensic psychiatrist, or on their authorisation, the clinician who undertook the assessment.

### Progress year 1

An external consultancy agency has been engaged to develop an options paper for an integrated state-wide forensic mental health service model, including a work up of establishment, resource and financial implications. The options paper will be delivered by September 2017 (**recommendations 1-6, 9**).

Released on 5 March 2017 the Chief Psychiatrist Policy *Treatment and Care of Forensic Order, Treatment Support Order and High Risk Patients* [1]

- requires community forensic outreach service staff to discuss recommendations regarding the person's treatment and care with the treating psychiatrist before the release of any report (**recommendation 7**)
- established a clinical governance framework for decisions relating to the assessment, management and monitoring of forensic patients; and those persons subject to a treatment support order or a treatment authority or who are considered to be high risk. Assessment and Risk Management Committees have been fully implemented at each Authorised Mental Health Service (**recommendation 8**).

Implementation activities year 2	Implementation activities year 3
Consideration, selection, and approval obtained for appropriate integrated state-wide forensic mental health service model and required resources identified.	Commence implementation of the approved integrated state-wide forensic mental health service model.

## 3.2 Key area: Family engagement

The When mental health care meets risk report 2016 found that far greater involvement with, and support of, family members, carers and support services and networks is required. The recovery of and outcomes for people with a mental illness are optimised when the consumer, their family, support network and mental health service staff work together collaboratively and in partnership.

### Recommendations

- 10 The comprehensive assessments conducted by clinicians must be informed by collateral information obtained from families/carers. Prompts on obtaining this information are to be added to the state-wide Standardised Suite of Clinical Documentation and, where no collateral is provided, the efforts made to contact and obtain the information are to be documented and audited.
- 11 Engagement with families is to occur at initial contact with the consumer and throughout the consumer's episode of care, consistent with the *National Standards for Mental Health Services 2010* and reflective of a tripartite model involving the consumer, clinician and the family/carer.
- 12 Families/carers are to be informed of potential risks to their safety, provided with support and strategies on how to mitigate risks, and given clear advice on how to maintain their

own safety in crisis and ongoing situations, including information about available support including support external to mental health services.

- 13 Prompts are to be included in comprehensive assessment, risk assessment and treatment planning as well as reminder included within staff training to ask about safety of family members, including ensuring that clinicians ask difficult questions about safety and risk.
- 14 Educate mental health services staff on information sharing legislation, particularly the approval to release information to family and other parties.
- 15 Revise the *Mental Health Alcohol and Other Drugs Branch information sharing booklet* to include information about providing advice and supporting families who may be at risk.
- 16 Identify opportunities to build mental health services staff knowledge on information sharing into the *Mental Health Act 2016* implementation process.

### **Queensland Health response (published September 2016)**

*The recommendations relating to the gathering of collateral information from families and carers to inform comprehensive assessments and safety planning will be addressed through the following actions:*

- *A review of the core documents within the state-wide standardised suite of clinical documentation was completed in March 2016. Additional instructions have now been added to these documents regarding the obtaining and recording of collateral information. The release of these documents has been scheduled to coincide with the commencement of the Mental Health Act 2016.*
- *A clinician user guide is under development to inform clinicians on how these revised documents can be used as tools to assist with comprehensive assessments and treatment planning. Further detail on the engagement with families and the collection of collateral information will be incorporated into the user guide.*
- *The Guideline on the use of the state-wide standardised suite of clinical documentation is being amended to accompany the release of the revised core documents. The guideline will address the requirements of Hospital and Health Services to collect and document collateral information, and undertake quality and assurance review processes such as auditing.*

*The Department of Health will develop an evaluation framework with audit tools to support Hospital and Health Services with the clinical audit process.*

*Consultation with mental health services, carer consultants and training providers will be undertaken to identify resources and training requirements needed to support clinicians in their ability to provide advice and support to families and carers whose safety is at risk.*

*The Mental Health Alcohol and Other Drugs Branch information sharing booklet promoting the involvement of families and other essential support services through the sharing of information is under revision to reflect the amendments within the Mental Health Act 2016. A section on the provision of advice to families who may be at risk will be included. In addition, consultation with Hospital and Health Services and training providers will be undertaken to identify and develop a sustainable model to inform and educate clinicians on the complex*

area of information sharing legislation and information privacy principles to maintain currency and required knowledge.

### Progress year 1

Released on 5 March 2017 the *Guideline on the use of the standard suite of clinical documentation*, *User guide for revised mental health clinical documentation* and the revised core suite of clinical documents include [12]:

- prompts for assessments to be informed by collateral from families/carers (**recommendation 10**)
- the requirement to engage with family/carers throughout the care period (**recommendation 11**)
- the need for families/carers at risk to be informed and supported. Specifically, the user guide emphasises where family members identify feeling unsafe, actions to improve their safety must be taken and documented. If the consumer poses a risk to others, clinicians are referred to the Information Sharing guidelines and instructed to document safety strategies, how potential victims will be informed and receive support. All actions or issues are included in the Care Plan, including a detailed safety plan for family/carers (**recommendation 12**).

Prompts are included within the clinical documentation, and mental health clinician training modules have been updated to reflect these changes (**recommendations 12 and 13**).

The Queensland Centre for Mental Health Learning has updated training packages QC9 *Critical Components of Risk Assessment and Management*, and QC14 *Mental Health Assessment* to include additional content related to the importance of engaging with consumers and family members throughout the assessment and treatment process (**recommendation 11**), and the importance of gathering collateral information, including longitudinal and historical information from family and carers (**recommendations 10-13**).

In order to support Hospital and Health Services with clinical audits aimed at reinforcing family engagement and support, an evaluation framework supported by a suite of clinical audit tools has been developed. Section A of the framework consists of a series of audit tools designed to identify the minimum standards required for the quality documentation of clinical information captured by each clinical form – there are seven clinical audit tools reflective of each of the core clinical forms in the standard suite of clinical documents. Section B of the framework consists of four audit tools designed to examine some of the key themes for clinical improvement identified in the *When mental health care meets risk* report 2016, i.e. engagement partnering and information sharing (**recommendations 10 and 11**), comprehensive mental health assessment, risk management (**recommendations 12 and 13**), and formulation, treatment and care planning. The suite of audit tools will be piloted and evaluated in year 2, with full implementation in year 3.

The identification of additional resources to assist clinicians in the provision of advice and support to families and carers whose safety is at risk (**to support recommendation 12**) is an expected outcome of the 12 month project being undertaken in response to key area 3.7

Support services and linkages with other agencies recommendations 54 to 56.

Education for mental health services staff on information sharing legislation and the enablers to release information to family/carers and other parties (**recommendation 14**) has been addressed through two activities:

- the *Mental Health Act 2016* online education package [6], which is mandatory for authorised doctor and authorised mental health practitioners, and also available to all staff in Queensland Health, covers the disclosure of confidential information in Module 10 of the eLearning training. This includes the provisions in the *Mental Health Act 2016* which require certain communications to take place and do not limit the discretion to disclose confidential information to other persons if it is permitted under the confidentiality provisions of the *Hospital and Health Boards Act 2011*.
- the Queensland Centre for Mental Health Learning has updated mental health clinician training materials to refer to the amended Queensland Health Guideline, *Information Sharing between Mental Health Workers, Consumers, Carers, Family and Others* [7]; and will refer all training participants to the *Mental Health Act 2016* online education package regarding disclosure of confidential information in Module 10 [8].

The Queensland Health Guideline, *Information sharing between mental health workers, consumers, carers, family and significant others* [9] has been revised to include the provision of information and support to families and carers who may be at risk of violence. (**recommendation 15**).

The Mental Health Act Implementation Team conducted two hour training sessions on the *Mental Health Act 2016* across Queensland in the first half of 2016. Sessions involved video presentations on the major reform areas of the new legislation with staff being available to respond to questions. Information sharing and disclosure of confidential information was addressed at these forums and the relevant provisions shared (**recommendation 16**).

Implementation activities year 2	Implementation activities year 3
Pilot and evaluation of the suite of clinical audit tools.	Full implementation of the evaluation framework and clinical audit tools.

## 3.3 Key area: The consumer journey

### 3.3.1 Comprehensive mental health assessment

The When mental health care meets risk report 2016 identified several areas for improvement in relation to the undertaking and timing of more detailed comprehensive mental health assessments for persons presenting or re-presenting to a mental health service.

## Recommendations

- 17 Mental health services need to undertake a comprehensive mental health assessment for all new consumers accepted into treatment.
- 18 Mental health services need to undertake a comprehensive mental health assessment for any persons who frequently present to emergency departments or are frequently referred by other services, regardless of whether the consumer is admitted to the service. Frequency is defined as presenting on three or more separate occasions within a three month period.
- 19 In emergency situations the minimum standard for an assessment includes:
  - identification of presenting problem
  - consideration of previous mental health history and contacts
  - mental state examination
  - risk screen
  - identification of any relevant co-occurring conditions
  - collateral information.
- 20 Comprehensive mental health assessments should, insofar as possible, be a longitudinal assessment informed by a consideration of historical, contextual and current factors.
- 21 Mental health services should ensure appropriate training, supervision and auditing of comprehensive mental health assessments.

## Queensland Health response (published September 2016)

*The revision of the Guideline on the use of the state-wide standardised suite of clinical documentation will include a requirement for Hospital and Health Services to undertake a comprehensive mental health assessment for all new consumers accepted into a service, and those persons who re-present or are referred on three or more occasions within a three month period.*

*The clinical documentation user guide (under development) will provide guidance on the preparation of a mental health assessment that is informed by a consideration of longitudinal components of a person's history in conjunction with an examination of their historical, contextual and current factors.*

*The recommendation for minimum standards for an assessment in emergency situations has been partially implemented. During the review of the core forms included within the state-wide standardised suite of clinical documentation in March 2016, a Triage and rapid assessment form was developed. The form, which outlines the minimum information fields required, has been scheduled for release with CIMHA enhancements to coincide with the commencement of the Mental Health Act 2016. The clinical documentation user guide will be updated to include the recommended minimum standards. In addition, risk assessment training will be enhanced across Hospital and Health Services as outlined in Section 3.6.*

## Progress year 1

Released on 5 March 2017 the *Guideline on the use of the standard suite of clinical documentation* [10] provides high level information to assist services to develop local procedures and protocols regarding clinical documentation, medico-legal requirements and principles of good clinical documentation. The guideline includes the need to:

- undertake a comprehensive mental health assessment for:
  - all new consumers accepted into treatment (**recommendation 17**)
  - those who are frequently\* referred to mental health services; or present to emergency departments (\*three or more separate occasions within three months (**recommendation 18**))
- provide training and supervision, and conduct audits (**recommendation 21**).

Published on 5 March 2017 to the Queensland Health Intranet (QHEPS) the *User guide for revised mental health clinical documentation* provides detailed instructions about the intended use of the forms and the clinical information to be recorded. The user guide

includes information regarding the:

- new clinical document the Triage and Rapid Assessment form for emergency situations (**recommendation 19**)
- inclusion of a longitudinal history within comprehensive mental health assessments (**recommendation 20**).

The Queensland Centre for Mental Health Learning has updated training packages QC9 *Critical Components of Risk Assessment and Management*, and QC14 *Mental Health Assessment* to include additional content related to the importance of gathering collateral information, including longitudinal, historical, contextual and current information from family and carers (**recommendation 20**). Additional content was added to QC14 *Mental Health Assessment* to facilitate staff accessing supervision and support while undertaking comprehensive mental health assessments (**recommendation 21**).

In order to support Hospital and Health Services with the clinical audit of mental health assessments, section B of the suite of clinical audit tools contained in the evaluation framework referred to under section 3.2, includes an audit tool specifically focusing on comprehensive mental health assessment (**recommendation 21**). The audit tools have been designed to be used flexibly by services to support regular whole of service auditing as well as supervision of individual clinical staff.

### 3.3.2 Violence risk assessment and management

The When mental health care meets risk report 2016 noted the widespread use of risk screening but a lack of evidence to demonstrate the use of more comprehensive assessments or validated risk assessment measures or the engagement of specialist input. It was also unable to identify a clear process by which the complexity and needs of the consumer were matched with appropriately experienced clinicians, service responses, and treatment and care planning.

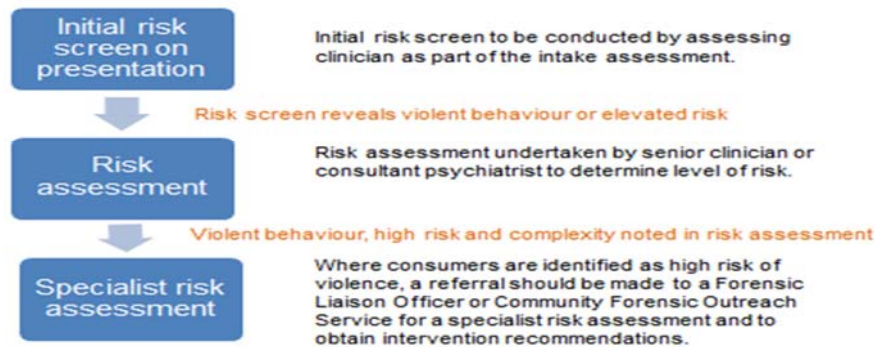
*Implementation Progress Report June 2017*

*Queensland Health response to the Final Report – When mental health care meets risk: A Queensland sentinel events review into homicide and public sector mental health services 2016*

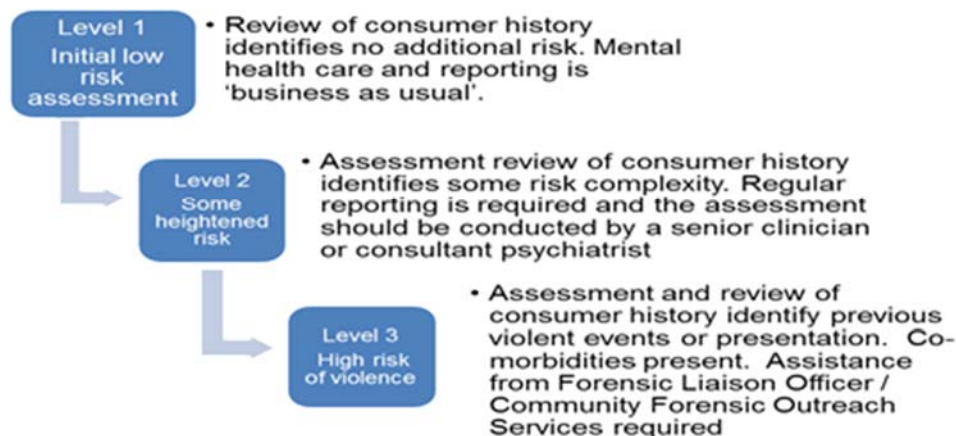
## Recommendations

22 Implement the following three level violence risk assessment:

### Risk Assessment Framework



- 23 The level of services required to address the consumer's level of risk should be commensurate with the level of risk identified for the consumer.
- 24 Consultant psychiatrists, and other senior clinical staff, are required to actively review and be involved in the development of management plans that expressly address violence risk factors for all consumers rated as Risk Level 3.
- 25 Forensic Liaison Officer positions should be quarantined from non-forensic mental health, or management of consumers at high risk for violence, service demands in order to maintain role, presence and expertise. Refer to Recommendation 5.



### Queensland Health response (published September 2016)

*A twelve month project will be undertaken to develop state-wide clinical documentation and guidelines on a three level risk assessment framework. In addition, this will be supported by enhancements to risk assessment and management training as outlined in responses to Section 3.6.*

*The draft Chief Psychiatrist policy Treatment and care of forensic and high risk patients establishes a clinical governance framework which strengthens the assessment and risk*

*Implementation Progress Report June 2017*

*Queensland Health response to the Final Report – When mental health care meets risk: A Queensland sentinel events review into homicide and public sector mental health services 2016*

*management of forensic patients and those persons subject to a treatment support order or treatment authority who are considered to be high risk by the treating team. The framework articulates that a forensic patient or person who is subject to a treatment support order or treatment authority must have a documented clinical risk management plan. Each identified risk must have an associated strategy to mitigate and manage the risk.*

*Ordinarily a person subject to a treatment support order or treatment authority will not be required to have their treatment and care reviewed by the ARMC. However, when the person has a change to their risk profile and is considered to be high risk by the treating team, the:*

- (a) clinical director should be notified immediately*
- (b) treating or an authorised psychiatrist must review the person's treatment and care as soon as practicable*
- (c) ARMC must review the treatment and care of the person within seven days of the change to that person's risk profile. This review must take place even if the person's risk profile changes from high to moderate or low within that seven day period and prior to a review of the ARMC occurring.*

*Consideration will be given to the expansion of the draft policy to include the requirement for psychiatrists to actively review, and be involved in the development of management plans, for all consumers rated as Risk Level 3 but who are not required to be reviewed by the ARMC.*

## Progress year 1

A guideline and clinical documents to support the implementation of a three-level violence risk assessment framework are under development and due for delivery September 2017. A full day workshop was held involving 20 senior clinicians from several Hospital and Health Services across the state to inform the development of the guideline and clinical forms. Two clinical forms for Level 1 screening and Level 2 assessment are undergoing end user testing at four Hospital and Health Services through to July 2017. These resources will be formally piloted in a phased process throughout year two of implementation to ensure the intent of the When mental health care meets risk report recommendations is met. The training required for clinicians at each of the three levels will need to be resourced and developed during year two, informed by the iterative feedback from the phased pilot trials. Full implementation is scheduled for year three (**recommendation 22**).

The guideline will capture the need to align service response with the level of risk identified (**recommendation 23**).

The Chief Psychiatrist Policy *Treatment and Care of Forensic Order, Treatment Support Order and High Risk Patients* [13] requires the involvement of consultant psychiatrists in the review, development of mitigation strategies, and management planning for consumers assessed as Level 3 high risk of violence (**recommendations 23 and 24**).

The quarantining of Forensic Liaison Officer positions from non-forensic mental health (**recommendation 25**) will be addressed within the options paper for an integrated state-wide forensic mental health service model under recommendation 1.

Implementation activities year 2	Implementation activities year 3
Two phased pilot of three-level violence risk assessment guideline and clinical documents.  Required resources and funding sourced to develop training program and materials for each of the three levels.	Full implementation of a three-level violence risk assessment framework.

## 3.3 Formulation and treatment planning

The When mental health care meets risk report 2016 suggested that treatment planning did not appear to be consistently informed and formulated by:

- comprehensive mental health assessments
- violence risk assessments including Community Forensic Outreach Service recommendations, historical and contextual information
- longitudinal assessment, treatment and competencies
- recovery oriented care, in particular plans made in collaboration with consumers.

## Recommendations

- 26 Formulations require a longitudinal perspective and should include information about mental illness, the relationship between mental illness and risk factors for violence, and the impact of risk of violence.
- 27 Management plans are to be informed by issues identified in the risk assessment and include proposals to address these issues including referrals to relevant agencies that can provide services that are outside of the scope of mental health services.
- 28 All consumers must have a completed care review and summary plan within six weeks of being accepted into the mental health service. A Recovery Plan should also be developed at this time, or explanation for its delay.
- 29 Undertake the 91 day Clinical Reviews in accordance with the *National Standards for Mental Health Services 2010* with a separate system of more comprehensive review to be developed by Hospital and Health Services for complex and high risk consumers.
- 30 Include within the state-wide Standardised Suite of Clinical Documentation a mechanism to trigger a comprehensive ad hoc review where indicated.
- 31 Clinical Reviews to include an assessment of the effectiveness of the previous care plans and include strategies to mitigate and reduce the level of risk and stabilise behaviour.
- 32 Community Forensic Outreach Services' reports to be noted by a consultant psychiatrist and resulting changes to the management plan documented in the clinical file.

## Queensland Health response (published September 2016)

*These recommendations have been partially met through the review of the core state-wide standardised suite of clinical documentation completed in March 2016. The risk assessment, care planning and review documents link the identification of risk with management and care planning, including the engagement of external support services.*

*The clinical documentation user guide (under development) will include guidance on the application of clinical formulation, and the development of risk assessment and management plans.*

*The revision of the Guideline on the use of the state-wide standardised suite of clinical documentation will include the time frame requirements for the completion of a care plan and strengthen the requirements regarding the development of a recovery plan.*

*An examination of the treatment planning and multidisciplinary team review (MDTR) process will be conducted to clarify that reviews are being undertaken in accordance with the National Standards for Mental Health Services 2010, and that MDTRs have the capacity to include more comprehensive reviews when required.*

*A review will be undertaken of current clinical practice monitoring and supervision processes.*

*The draft Chief Psychiatrist policy Treatment and care of forensic and high risk patients will partially meet the requirement for clinical reviews to include an assessment of the effectiveness of the previous care plans and include strategies to mitigate and reduce the level of risk and stabilise behaviour. The policy requires the establishment of Assessment*

*Implementation Progress Report June 2017*

*Queensland Health response to the Final Report – When mental health care meets risk: A Queensland sentinel events review into homicide and public sector mental health services 2016*

*and Risk Management Committees (ARMC) whose role and function is to review the treatment and care of all forensic patients and those persons subject to a treatment support order or treatment authority whose risk profile is considered high.*

### **Progress year 1**

The *Guideline on the use of the standard suite of clinical documentation* [15] identifies the need for:

- a care plan within six weeks of service commencement; and a recovery plan or an explanation for the delay (**recommendation 28**)
- 91 day clinical reviews to be undertaken as per the National Standards for Mental Health Services 2010 and for Hospital and Health Services to develop a separate system to comprehensively review complex and high risk consumers (**recommendation 29**).

Published on 5 March 2017 to the Queensland Health Intranet (QHEPS) the *User guide for revised mental health clinical documentation* includes information regarding the:

- inclusion of a longitudinal history within a clinical formulation, and consideration of the interaction between, and impact of, a mental illness and risk factors for violence (**recommendation 26**)
- risk assessments and mitigation strategies are to inform consumer care plans, including referrals to other services (**recommendation 27**).

Prompts included within the revised core suite of clinical documentation will indicate consideration be given to a comprehensive ad hoc review (**recommendation 30**).

In order to support Hospital and Health Services with clinical audit aimed at reinforcing high quality formulation and treatment planning, section B of the suite of clinical audit tools contained in the evaluation framework referred to under section 3.2 includes an audit tool specifically focusing on formulation, treatment and care planning **(recommendations 26-28 and 31)**.

A project to scope and review treatment planning and multidisciplinary team review (MDTR) processes, including the capacity for more comprehensive reviews, was completed in June 2017. The project involved a literature review to identify best practice characteristics and principles for MDTR in mental health services and what (if any) requirements were different for consumers with complex care needs; examination of data regarding when case reviews occur, for how long, and the reasons why case reviews could not occur within 91 days; and clinical documentation audits of case reviews. The project found that in the majority of cases (approximately 88%), 91 day clinical reviews are undertaken in accordance with the *National Standards for Mental Health Services 2010*, however MDTR processes do not appear to currently include the capacity to conduct a comprehensive adhoc review when required **(recommendation 29 and 30)**.

It is recognised that this project examined clinical documentation which has subsequently been replaced by the revised mental health clinical documentation released on 5 March 2017. Furthermore, it is expected that the revised documentation, user guide and clinical documentation guideline, the establishment of Assessment and Risk Management Committees (ARMC) and enhanced training provided by the Queensland Centre for Mental Health Learning will combine to address any outstanding support for Hospital and Health Services to improve the use of MDTR processes. Through its ongoing quality improvement role, the Office of the Chief Psychiatrist will continue to examine the full spectrum of case review and treatment planning activities which occur in public mental health services through clinical documentation audit, workshops with clinicians and a review of the recently established ARMCs. This work will include the development of clear definitions which explain the purpose or goals of a MDTR, ARMC and multi-service case conference/complex needs panel in order to establish a shared understanding for clinicians state-wide of how these case review and care planning processes contribute to the effectiveness of the team and positive outcomes for consumers.

Effective MDTR processes are also important mechanisms for the monitoring and supervision of clinical practice. Clinicians should present information regarding the care of each consumer under review including the case formulation (i.e. assessment outcome), care plan, treatment provided and the progress made towards achieving treatment and recovery goals. Discussion by the multidisciplinary team will guide future considerations and actions of the treating clinician.

Released on 5 March 2017 the Chief Psychiatrist Policy *Treatment and Care of Forensic Order, Treatment Support Order and High Risk Patients* [17] requires consultant psychiatrists to implement community forensic mental health service recommendations into the consumer's care plan within 14 days **(recommendation 32)**.

### 3.3.4 Therapeutic relationship

The When mental health care meets risk report 2016 identified variations in the level of consumer engagement by mental health services in the treatment and care provided to support recovery.

#### Recommendations

- 33 Mental health services should accelerate training of clinicians to work in collaborative, recovery-oriented practice with consumers, including those with a history of violence and/or forensic issues. For such consumers, clinicians may require more sophisticated training in application of the recovery model and techniques for addressing difficult issues, and specifically for managing risk of violence.
- 34 Training in more specialised applications of the recovery model and techniques to manage risk of violence should include input from consumers and forensic specialists.
- 35 Regular audits of case files should be undertaken ensuring evidence of consumer engagement is being documented, and shortfalls addressed in supervision and line management.

#### Queensland Health response (published September 2016)

*A scoping exercise will be undertaken to examine the current work of the Queensland Centre for Mental Health Learning in relation to the development of training and resources for recovery oriented practice. Options will be examined for the inclusion of enhanced training regarding balancing risk and recovery within current resources or the requirement to develop advanced training modules.*

*A revision of the state-wide Guideline regarding the use of the state-wide standardised suite of clinical documentation has commenced and will address Hospital and Health Services responsibility for clinical auditing, including the engagement and documentation of consumer involvement in their treatment and care planning. A planned future activity is the development of an evaluation framework and audit tools.*

#### Progress year 1

In February 2017 the Queensland Centre for Mental Health Learning commenced the provision of training to Queensland Health staff in the newly developed training package QC24 *Strengths to Recovery*. By the end of April 2017 approximately 91 staff had completed the face-to-face training and over 100 staff had completed the online eLearning package (**recommendations 33 and 34**).

A scoping exercise is planned for year two to examine whether an enhancement to the *Strengths to Recovery* training and/or an advanced module is required (**recommendations 33 and 34**).

The *Guideline on the use of the standard suite of clinical documentation* [41] and *User guide for revised mental health clinical documentation* were developed as tools to assist Hospital and Health Services to audit case files. The Guideline articulates local governance

responsibilities including Hospital and Health Service responsibility to undertake regular clinical chart / record audits (**recommendation 35**).

In order to support Hospital and Health Services with regular auditing of case files to examine evidence of consumer engagement, an evaluation framework supported by a suite of clinical audit tools has been developed. Section A of the framework consists of a series of audit tools designed to identify the minimum standards required for the quality documentation of clinical information captured by each clinical form – there are seven clinical audit tools reflective of each of the core clinical forms in the standard suite of clinical documents. Evidence of consumer engagement in the component of care captured by each clinical audit tool is required to be considered. Section B of the framework consists of four audit tools designed to examine some of the key themes for clinical improvement identified in the When mental health care meets risk report 2016, i.e. engagement partnering and information sharing (**recommendation 35**), comprehensive mental health assessment, risk management, and formulation, treatment and care planning. The audit tools have been designed to be used flexibly by services to support regular whole of service auditing as well as supervision of individual clinical staff.

<b>Implementation activities year 2</b>
A scoping exercise to examine whether an enhancement to the <i>Strengths to Recovery</i> training and/or an advanced module is required.

### 3.4 Key area: Consumers with co-morbid conditions

The When mental health care meets risk report 2016 emphasised the need to do more to improve the identification and management of mental health consumers with co-occurring or dual diagnosis conditions such as substance misuse, personality disorders, intellectual disability, developmental disorder, cognitive impairment, and acquired brain injury.

#### Recommendations

- 36 Greater consideration by clinicians is required during the comprehensive mental health assessment for the identification of dual diagnosis and co-occurring conditions (substance misuse, personality disorders, intellectual disability, developmental disorder, cognitive impairment, acquired brain injury) to ensure referral pathways are initiated.
- 37 Greater attention should be paid to the presence, and need for treatment, of co-morbid alcohol and other drug use and the implications of the substance misuse on consumer's mental health and risk of violence.
- 38 Greater attention should be paid to the presence of, and need for interventions for, co-morbid personality vulnerability and personality disorders and the implications of these conditions on consumer's mental health and risk of violence.
- 39 As part of the development of a formulation that includes mental health and risk of violence considerations, the role of any co-morbid or co-occurring conditions should be considered and incorporated.

- 40 Treatment plans should address and provide for the integrated management of complex consumers. Where required services fall outside the remit of mental health services, appropriate referrals should be made and, insofar as possible, the provision of external services should be monitored.
- 41 Multi-service case conferences would be beneficial to coordinating service efforts for consumers with co-morbid conditions, or those who repeatedly present to the mental health services.
- 42 Investigate ways to renew the functions of service integrated care coordinators for complex consumers, including those with mental health and dual disability, in consultation with the National Disability Insurance Scheme.
- 43 Investigate further mechanisms for managing particularly complex mental health consumers (i.e. those with any two of: substance misuse, personality disorder, intellectual disability, developmental disorder, cognitive impairment, acquired brain injury, history of violence or offending) employing a whole of government approach.

### **Queensland Health response (published September 2016)**

*Prompts have now been added to the state-wide standardised suite of clinical documentation regarding the identification and management of dual diagnosis and co-occurring conditions. The release of these documents has been scheduled to coincide with the commencement of the Mental Health Act 2016.*

*The clinical documentation user guide will include guidance on the detection and assessment of co-occurring conditions, personality vulnerabilities and/or personality disorders and the contribution of these conditions to the clinical formulation.*

*An update of the Queensland Health Dual Diagnosis Clinical Guideline is in progress and will be released in October 2016. The release will be supported by enhanced training in this area that will be supported through responses outlined in Section 3.6.*

*Consultation with the Queensland Centre for Mental Health Learning will be undertaken to discuss the inclusion of additional information in the existing risk assessment training relating to co-occurring conditions, alcohol and other drug use and the implications for a consumer's mental health and risk of violence.*

*Current treatment planning and multidisciplinary team review processes will be scoped to identify opportunities for the identification, referral, and evaluation of outcomes from service linkage and coordinated care, including opportunities for case conferencing.*

*The role of the service integration coordinator will be reviewed and considered in terms of multi-service case conferences, to assist in the management of consumers with complex needs and also in the education of Hospital and Health Services to utilise National Disability Insurance Scheme application mechanisms for appropriate consumers with complex needs. Initial discussions commenced at the State-wide service integration coordinator forum held on 13 June 2016.*

*The management and governance structures of existing Complex Needs Panels (other government agencies involved) will be reviewed and the formalisation of these panels across Queensland will be explored.*

## Progress year 1

Published on the Queensland Health Intranet (QHEPS) on 5 March 2017 the *User guide for revised mental health clinical documentation* informs clinicians to:

- note the presence of comorbidities, especially substance use and personality vulnerabilities or disorders, and how the presence of these factors influence the level of risk to self or others
- include within the clinical formulation co-occurring conditions such as; substance use/addictive behaviours, acquired brain injury, intellectual disability, cognitive impairment, dementia and physical health diagnoses
- consider co-occurring conditions and the relationship between, and impact of, mental illness and risk factors (**recommendations 36-39**)
- include within care plans strategies and interventions, and involvement of other service providers; person/service responsible; and target dates (**recommendation 40**)
- document case review discussions and decisions from multidisciplinary team review meetings which inform care planning. Review interventions provided by medical specialities, alcohol and drug services, psychosocial support services or referrals to agencies which provide services outside the scope of mental health services. Discuss progress with these interventions/referrals with regard to treatment and recovery goals. Consider the need for comprehensive and or complex case reviews, involving multiple service providers in attendance, as required by local Hospital and Health Service procedures (**recommendation 41**).

To assist Hospital and Health Services to monitor and reinforce the above requirements for the identification and management of mental health consumers with co-occurring or dual diagnosis conditions, section B of the suite of clinical audit tools contained in the evaluation framework referred to under section 3.2, includes a number of relevant audit requirements.

The Queensland Centre Mental Health Learning reviewed the training packages QC9 *Critical Components of Risk Assessment and Management*, and QC14 *Mental Health Assessment*. Modifications were made to include training to improve the identification of dual diagnosis and co-occurring conditions and their implications on a consumer's risk of violence and mental health (**recommendations 36-39**). Additional prompts were added for clinicians to consider referrals to external services where appropriate (**recommendation 40**).

At the June 2016 state-wide service integration coordinator forum it was agreed that the role of the service integration coordinator would continue to focus on consumers with complex needs, and to support clinicians to maximise consumer access to the National Disability Insurance Scheme (NDIS).

Service integration coordinator's support consumers with severe mental illness and complex needs to access clinical and community support services tailored to individual needs.

They also facilitate access to the NDIS for eligible consumers with severe psychosocial disability and dual or multiple diagnoses, and monitor the adequacy of consumers' plans and the effectiveness of their support (**recommendation 42**).

Further discussion on the role of service integration coordinators and their involvement with consumers with complex needs, including dual diagnosis, is planned for the state-wide service integration coordinator forum to be held by October 2017.

The Mental Health Alcohol and Other Drugs Branch and Hospital and Health Services work in partnership with multiple organisations to provide well-informed and timely responses for mental health consumers with complex needs. This includes working with disability services in the Department of Communities, Child Safety and Disability Services, the Magistrates Courts and the National Disability Insurance Agency. Opportunities to improve this whole of government approach are on a continuous quality improvement cycle (**recommendation 43**).

### 3.5 Key area: Clinical systems and information

The When mental health care meets risk report 2016 noted the importance of the need for clinical information to be stored and available in a consistent and accessible manner across Hospital and Health Services.

#### Recommendations

- 44 Use one consistent integrated state-wide clinical information system for mental health information. As Hospital and Health Services use the Consumer Integrated Mental Health Application (CIMHA), its continued use should be considered, however it is acknowledged that comment on Queensland Health information technology systems is out of scope of the Review.
- 45 Provide one area within the Consumer Integrated Mental Health Application for the storage of all information relating to a consumer's risk assessment, management and ongoing reporting. In addition to Mental Health Review Tribunal Reports, establish a clinical note category with a heading such as 'forensic reports' or similar to include all information relating to a consumer's history of aggression, criminal history, Community Forensic Outreach Service report, and Mental Health Court reports and risk assessment and management plans.

#### Queensland Health response (published September 2016)

*It is intended that in the short to medium term (2–5 years) CIMHA will remain as the state-wide clinical information system for mental health.*

*It is acknowledged some areas of general health are implementing electronic record solutions, which mental health services will be required to use, and work is underway to explore the seamless integration of the mental health electronic record with the general health electronic medical record initiatives.*

*The development of requirements for an interface with the integrated electronic Medical Record (ieMR) has commenced. The expected implementation time frame for a CIMHA/ieMR interface is mid-2018.*

*An interface between CIMHA and The Viewer already exists and The Viewer can be launched from both CIMHA and ieMR. The Viewer is a state-wide application that provides a web based view of patient information from speciality and clinical systems across Queensland Health.*

*Further development of CIMHA will be undertaken to provide a secure area to electronically store all information relating to a consumer's risk with implementation expected by the last quarter of 2017. Work on the specifications required to build the secure area has commenced.*

### Progress year 1

CIMHA remains the state-wide clinical information system for mental health. Discussions have commenced with eHealth Queensland on the topic of developing an eHealth roadmap to support mental health and addiction services in the collection of, and access to, clinical and legislative information, with a focus on integration with the broader health system. The outcome of this process may result in a mix of clinical information systems supporting mental health services across the state (**recommendation 44**).

The eHealth Queensland Clinical Program has been engaged to formally document the CIMHA / ieMR technical interface requirements. These requirements are expected to be completed in late 2017 (**recommendation 44**).

In November 2016 business rules regarding data entry into CIMHA and other electronic health records were released to mitigate any risk associated with mental health information not being readily available to general health services (**recommendation 44**).

A secure area for storing specific information relating to the *Mental Health Act 2016* and a patient's risk was implemented in March 2017. Work continues on the identification of one area within CIMHA, where specific information relating to a consumer's violence history, risk assessment, management and ongoing reporting requirements, can be viewed (**recommendation 45**).

Implementation activities year two	Implementation activities year three
Obtain approval to proceed and source funding for development of an interface between CIMHA / ieMR for commencement in 2018.  Identification of a technical solution for the sharing of clinical documentation across information systems through the eHealth Queensland Interoperability Project.	CIMHA / ieMR interface.
Consider the use of this platform to better share mental health information.  Establishment of one area within CIMHA, for information relating to a consumer's risk of violence.	

## 3.6 Key area: Building competencies and capabilities

The When mental health care meets risk report 2016 noted that quality clinical assessments, formulations and comprehensive treatment planning and delivery requires a competent, capable, supported and supervised workforce.

*Implementation Progress Report June 2017*

*Queensland Health response to the Final Report – When mental health care meets risk: A Queensland sentinel events review into homicide and public sector mental health services 2016*

## Recommendations

- 46 Consistent with the recommended phased model of risk assessment and management, all clinicians require training in principles of risk assessment of people with mental illnesses. This knowledge is necessary to complete the risk assessment screening required for all consumers. Senior clinicians require training in risk assessment and management necessary to enable them to undertake the level two risk assessments using and interpreting validated risk assessment measures.
- 47 Training in violence risk assessment, including the administration and interpretation of validated violence risk assessment measures, needs to strengthen formulation skill development and capability to ensure recommendations and care planning meet the consumers' needs rather than being passively identified in documents.
- 48 Provide training and supervision specific to identification of risk factors of violence to ensure appropriate escalation processes are included where indicated.
- 49 Provide training and supervision specific to recovery principles, and the dignity of risk (i.e. the realisation that all people including consumers carry with them some degree of risk and the important factor is how they manage that risk), to ensure treatment plans assist with firstly stabilising the consumer's presentation and working towards recovery which includes addressing violence risk factors.
- 50 Provide training on consumer confidentiality and release of information so that information sharing between the forensic mental health services, other service providers and carers/family allows for open discourse on risk and discovery of important factors to be considered in care planning.
- 51 Provide training and implementation support for the *Queensland Health dual diagnosis clinical guidelines and dual diagnosis clinical toolkit* to ensure all the consumer's needs for treatment and management are integrated and the necessary referral pathways engaged.
- 52 Implement a program of auditing skill acquisition for all relevant staff through review of documentation and other evidence to ensure necessary competencies have been transferred and evident in practice.
- 53 Explore opportunities to develop training and relationships with Primary Health Networks in relation to the assessment and management of risk of violence to others. Mental health services should develop better collaboration with domestic violence services in the management of family violence.

## Queensland Health response (published September 2016)

*A review will be undertaken of the current training products available through the Queensland Centre for Mental Health Learning on comprehensive mental health assessments, assessment of risk, formulation and treatment planning, in consultation with Department of Health, Hospital and Health Services staff and the Queensland Forensic Mental Health Service (QFMHS). The review will inform enhancements to the training and estimated resourcing requirements.*

*Preliminary consultation has commenced between the Department of Health and the QFMHS regarding Levels 2 and 3 risk assessment, management and monitoring, and the*

*Implementation Progress Report June 2017*

*Queensland Health response to the Final Report – When mental health care meets risk: A Queensland sentinel events review into homicide and public sector mental health services 2016*

*use of validated violence risk assessment measures. A review will be conducted of current training and education models and content to inform required training enhancements.*

*Chief Psychiatrist policies under the Mental Health Act 2016 (MHA 2016) will address supervision requirements in relation to the administration of the MHA 2016.*

*State-wide clinical documentation and guidelines on a three level risk assessment framework will be developed in consultation with the QFMHS and Hospital and Health Services with an estimated completion date of July 2017.*

*Opportunities will be explored to develop training and relationships with the Primary Health Networks in relation to the assessment and management of risk of violence to others.*

*Mental health services will work towards better collaboration with domestic violence services in the management of family violence. Activities planned by the Department of Communities, Child Safety and Disabilities Services to support the implementation of the Domestic and Family Violence Prevention Strategy and the First Action Plan 2015-2016, such as the establishment of high risk teams that include Queensland Health, will assist in the forging of these collaborative relationships.*

### **Progress year 1**

The Queensland Centre for Mental Health Learning provides training to Queensland Health mental health clinicians with a focus on the application of core mental health skills and the implementation of best practice standards to enhance consumer centred mental health services across the state. The Queensland Centre for Mental Health Learning was engaged by the Department of Health to support the implementation of recommendations referring to workforce development and building on mental health service staff capabilities and competencies. Activities undertaken were:

- a review of the training package *QC24 Strengths to Recovery* released in February 2017. Content related to addressing risk factors of violence was augmented (**recommendation 49**)
- training materials updated to refer to the amended Queensland Health Guideline, *Information Sharing between Mental Health Workers, Consumers, Carers, Family*

*and Others* [20]; and all training participants to be referred to the *Mental Health Act 2016* online education package disclosure of confidential information in Module 10 [21] (**recommendation 50**)

- training packages QC9 *Critical Components of Risk Assessment and Management*, and QC14 *Mental Health Assessment* updated to strengthen the response to the management of consumer's with a dual diagnosis and complex conditions, particularly with reference to the impact of personality disorders, co-morbidities, and substance use on risk assessment and management (**recommendation 51**).

Competencies and capabilities of staff can, in part, be inferred through an examination of clinical documentation. In order to support Hospital and Health Services with regular auditing of case files to monitor skills acquired by staff following their participation in training, an evaluation framework supported by a suite of clinical audit tools has been developed. Section A of the framework consists of a series of audit tools designed to identify the minimum standards required for the quality documentation of clinical information captured by each clinical form – there are seven clinical audit tools reflective of each of the core clinical forms in the standard suite of clinical documents. Section B of the framework consists of four audit tools designed to examine some of the key themes for clinical improvement identified in the *When mental health care meets risk* report 2016, i.e. engagement partnering and information sharing, comprehensive mental health assessment, risk management, and formulation, treatment and care planning. The audit tools have been designed to be used flexibly by services to support regular whole of service auditing as well as supervision of individual clinical staff. The suite of audit tools and evaluation framework will be piloted and evaluated in year 2, with full implementation in year 3. The pilot and evaluation process will ensure that the tools adequately capture evidence of clinical skills acquired through participation in training programs currently delivered by the Queensland Centre for Mental Health Learning and future training to be developed to support implementation of the three level violence risk assessment framework (**recommendation 52**).

Supervision requirements in relation to the administration of the *Mental Health Act 2016* (MHA 2016) are addressed through Chief Psychiatrist policies. Under section 301 of the MHA 2016, the Chief Psychiatrist's functions include facilitating the proper administration of the Act, and monitoring and auditing compliance with the Act.

The Chief Psychiatrist policy, *Notifications to Chief Psychiatrist of Critical Incidents and Non-Compliance* with the Act [22], outlines the relevant provisions of the MHA 2016 regarding the information to be notified to the Chief Psychiatrist about critical incidents and non-compliance with the MHA 2016 relating to patients.

The Chief Psychiatrist policy on *Appointment of Authorised Doctors and Authorised Mental Health Practitioners* [23] outlines the relevant provisions of the MHA 2016, and the policy requirements regarding the appointment of authorised doctors and authorised mental health practitioners, including the competencies necessary for appointment and maintenance of appointment (**recommendation 52**).

The guideline and clinical documents to support the implementation of a three-level violence risk assessment framework are under development and due for delivery September 2017 (recommendation 22). The training required for clinicians at each of the three levels will require resourcing and development in year two, informed by the iterative feedback from the phased pilot trials of the risk assessment framework and associated resources. Discussions have commenced regarding a model to address the training requirements for:

- all clinicians for a Level 1 risk of violence screen and management plan
- senior clinicians and consultant psychiatrists for a Level 2 risk of violence assessment and management plan
- specialist forensic mental health service staff for a Level 3 assessment and management plan (**recommendations 46-48**).

The *Queensland Health dual diagnosis clinical guidelines* and associated *clinician toolkit* was revised to provide updated content on: a range of mental health disorders; alcohol and other drug use; cultural considerations; and special considerations such as tobacco use, pregnancy, pain, homelessness, human immunodeficiency virus, recently released prisoners, behavioural addictions and overdose. The revised document is in the final stages of preparation for publication to the Queensland Health website.

Hospital and Health Services, members of the state-wide Alcohol and Other Drugs Service Improvement Group and the Queensland Centre for Mental Health Learning will be informed of the availability of the revised resource for promotion within their services, clinical networks and educator networks.

A Dual Diagnosis eLearning program is available through the Queensland Centre for Mental Health Learning for clinicians from both mental health and alcohol and other drugs services. This program will be revised to align it to the contemporary policy context. A copy of the revised *Queensland Health dual diagnosis clinical practice guide and clinician toolkit* will be provided to the Queensland Centre for Mental Health Learning to enable progression of this work.

Additional training in alcohol and drug assessment and treatment interventions is available through *Insight*, a service offering free online induction modules, weekly seminars and a progressive learning program, from credentialed core skills to specialised alcohol and other drugs training (**recommendation 51**).

In February 2017 the Department of Health released the *Health workforce domestic and family violence training* guideline [24] providing information about resources and training programs available, promoting consistency and best practice, and to ensure all health employees are aware of their roles and responsibilities in recognising and responding to domestic and family violence. Within the Guidelines:

- all new employees are to be provided with introductory information
- Health professionals working in specified clinical areas including mental health, and alcohol and other drug services, are required to complete the *Clinical response to*

*Domestic and Family Violence* blended learning package within six months of commencement and refresh every three years.

The *Clinical Response to Domestic and Family Violence* training module aims to support clinicians working in a range of clinical areas (e.g. maternity services, emergency departments and mental health) to identify domestic and family violence through a sensitive inquiry model and to respond appropriately.

To deliver the training the Department has implemented a train-the-trainer program for key clinicians in both public and private sector health services regarding clinical responses to domestic and family violence (**recommendation 53**):

- the training was developed in consultation with several Primary Health Networks and delivered at 29 sites, the training was co-presented by either a local community based domestic and family violence or a person with a lived experience. Attendees included non-government organisations, and private health clinicians
- the train-the-trainer program is available to all mental health clinicians.

### 3.7 Key area: Support services and linkages with other agencies

The *When mental health care meets risk* report 2016 stated that greater uptake, utilisation and collaboration with available services is required to support people at risk, either as perpetrators or victims, of violence.

#### Recommendation

- 54 Given the disproportionate number of victims of homicide who were family members, there is an urgent need to enhance the awareness and capacity of the role of Victim Support Services to work with families who have experienced violence. This could be achieved by making the service more visible to Queensland clinicians, consumers, and the broader community, via an awareness campaign.
- 55 Consider the role that Victim Support Services could play in supporting consumers, family members, and others who have been victimised or are vulnerable to victimisation. Information about the service should be readily available at all points of contact with Queensland Health (e.g. emergency departments and outpatient units). This may result in an increase in the workload for the service, and this needs to be managed accordingly.
- 56 Undertake exploration to identify other government/non-government organisations/community-based services to support people at risk either as perpetrator or victim of violence, and to establish inter-disciplinary links so as to maximise service delivery to the families/carers of consumers.

#### Queensland Health response (published September 2016)

*The Queensland Health Victim Support Service (QHVSS) has undertaken a recent project to raise awareness and inform victims / families and clinicians of the role of the service through Implementation Progress Report June 2017*

*Queensland Health response to the Final Report – When mental health care meets risk: A Queensland sentinel events review into homicide and public sector mental health services 2016*

*the development of a video. The video will be available on the QHVSS website from September 2016.*

*Victim Assist Queensland, through the Department of Justice and Attorney General, provides access to specialised support services and financial assistance to help victims of personal violence crime with their recovery. The Department of Health is currently working with Victim Assist Queensland to develop a consistent process for the delivery of their information brochures to Queensland Health Emergency Departments.*

*QHVSS primarily assists victims of violence only when the person who committed the violence is referred to the forensic mental health system. The QHVSS currently responds to a small number of referrals for families prior to, or in absence of, any charges.*

*A 12 month project will be undertaken to analyse the most effective way to provide information and support to family members / carers who are victims of violence. This will include service re-design to respond to families early after violence when they do not wish to press charges, but require assistance for risk management and support. Consideration needs to be given as to whether this new function aligns with the role of Queensland Health or would be better met through other government and non-government agencies. The project will explore the nature of support needs of victims and the services available e.g. therapeutic and/or practical and how to best meet these needs. The requirement to establish more effective partnerships, particularly with domestic and family violence victim and perpetrator services will also be investigated.*

*The Department of Communities, Child Safety and Disabilities Services identified that the recommendations and response plan aligns with the strategic direction and implementation of the Domestic and Family Violence Prevention Strategy and the First Action Plan 2015-2016. In particular, the actions identified in Supporting outcome 3: Queensland community, business, religious, sporting, and all government leaders are taking action and working together, and Supporting outcome 5: Victims and their families are safe and supported, will contribute to the implementation of recommendations 56 and 57.*

### Progress year 1

The 12 month project to examine the most effective way to provide information and support to family members / carers who are victims of violence was completed 14 June 2017. The Department of Health will consider the outcomes and implications from the project which examined:

- the most effective way to provide information and support to family members / carers who are victims of violence (**recommendation 54**)
- consider Queensland Health Victim Support Services re-design to respond to families when they do not wish to press charges (**recommendation 55**)
- explore the nature of support needs of victims and the services available and the need to establish more effective partnerships, particularly with domestic and family violence victim and perpetrator services (**recommendation 56**).

### Implementation activities year 2

Consideration of Queensland Health Victim Support Service project outcomes, selection and approval of appropriate options, and required resources identified.

## 3.8 Key area: Mental health literacy and access

While the When mental health care meets risk report 2016 acknowledges the achievements in improving mental health literacy within Queensland, there is more work to be done to engage people with mental health concerns with the appropriate support services.

### Recommendation

57 A whole of government strategy aimed at enhancing mental health literacy and access to support services with a focus on referral pathways and access to public mental health services would have beneficial effects for the management of all cases within scope of the Review.

### Queensland Health response (published September 2016)

*The Queensland Government has released the Mental Health Promotion, Prevention and Early Intervention Action Plan 2015-17 which includes community awareness and stigma reduction activities. Under the Plan the Queensland Mental Health Commission (QMHC) will develop a more coordinated approach to mental health awareness training in Queensland. The QMHC has undertaken an audit of the delivery of Mental Health First Aid training in Queensland. This training has been shown to improve community awareness of mental health issues. The report on the audit will be completed shortly and will be used to inform partnership opportunities in relation to this recommendation.*

### Progress year 1

The Queensland Mental Health Commission engaged Open Minds Australia to undertake an audit of mental health literacy training in Queensland. The audit examined the delivery of common training programs, gaps in community training needs, existing coordination and quality assurance processes, and instructor accreditation and support needs. The audit has highlighted several challenges for the delivery of mental health literacy training in terms of relevance of current training content, accessibility and flexibility, coordination and quality. The Commission is currently considering the implications of the audit findings and actions that may be taken to improve training coordination and quality into the future with the aim of enhancing the mental health literacy of the community (**recommendation 57**).

## 3.9 Key area: The Queensland Police Service

No issues were raised within the When mental health care meets risk report 2016 regarding the appropriateness and competency of the mental health treatment provided to those who died as a result of police use of force intervention. However, opportunities were identified for improvements in information sharing, collaboration and the level of specialist forensic mental health support.

### Recommendations

- 58 Establish communication protocols between mental health services and the Queensland Police Service to advise of changes in care status (including discharge from care) for those consumers who were brought to emergency departments by the Queensland Police Service.
- 59 Update training in mental health for Queensland Police Services to include de-escalation techniques for persons presenting in mental health crisis, understanding the difference between mental illness and being affected by substance use and knowledge of criteria for detaining a person involuntarily under mental health legislation.
- 60 Retain the co-responder model<sup>1</sup> where mental health clinicians are available within the Police Communications Centre to provide support and access to necessary information to assist in managing police matters where the individual appears to be affected by mental illness. The services should be expanded to offer 24-hour coverage, as required.

### Queensland Health response (published September 2016)

*Queensland Health and the Queensland Police Service (QPS) have been collaborating on various projects which support these recommendations. For example, the mental health consumer Crisis Intervention Plan has been redeveloped to provide specific information and strategies to assist the QPS to mediate a mental health event involving the consumer in the community.*

---

<sup>1</sup> Note While the Sentinel Events Review Committee used the term co-responder model-they were referring to the Police Communications Centre Mental Health Liaison Service.

*The recently revised Mental Health Collaboration Memorandum of Understanding between Queensland Health and the QPS allows for broader information sharing and is expected to be prescribed under the Hospital and Health Boards Regulation 2012 by December 2016.*

*Further work will be required to establish communications protocols, including the engagement with emergency departments, with a completion date of April 2017.*

*The Queensland Mental Health and Police Steering Committee established in May 2016 has a key role in overseeing state-wide mental health and police initiatives such as training. The Committee will consider an audit of existing mental health training provided to police by mental health services, with a view to identifying any necessary improvements.*

*The Police Communications Centre Mental Health Liaison Service has been retained with further expansion planned for 2016-17. Additional funding of \$513,000 has been provided to expand the coverage by mental health clinicians, taking the total annual recurrent investment to \$947,000.*

*An evaluation of the Police Communications Centre Mental Health Liaison Service was finalised in May 2016 and recommended a staged approach to service expansion with each stage evaluated for efficiency and effectiveness prior to further resource commitment.*

### **Progress year 1**

The legal framework for releasing confidential information relating to the change of care status of a patient brought to an emergency department by an officer of the Queensland Police Service is being established under section 151 of the *Hospital and Health Boards Act 2011*. In these instances it is planned that a Queensland Police Service officer may request information under the Memorandum of Understanding between the Chief Executive Queensland Health and the Chief Executive Queensland Police Service Confidential Information Disclosure (2017), currently in draft, and to be prescribed in 2017-18 (**recommendation 58**).

In addition, a communication protocol has been developed and will be published through the state-wide emergency department network on the network's website, with an additional link to the Mental Health Alcohol and Other Drugs Branch website, Queensland Health intranet (QHEPS) (**recommendation 58**).

Queensland Police Service training packages on the topics of mental health and vulnerable persons have been updated to include de-escalation techniques, understanding the difference between mental illness and being affected by substance use, and knowledge of criteria for detaining a person under the appropriate legislation (**recommendation 59**).

The Queensland Police Service and Mental Health Steering Committee considered undertaking an audit of existing training materials. With the inclusion of the recommendations provided within the Queensland Health response to the When mental health care meets risk report 2016 the committee agreed the training meets the current needs of the Queensland Police Service. The committee also agreed an audit at this time would be premature however, it will continue to monitor training over the next 12 months. In addition, targeted training will be delivered as required (**recommendation 59**).

### 3.10 Key area: Mental health quality assurance

The When mental health care meets risk report 2016 acknowledged improvements to the mental health service system standards of care since the Achieving Balance Review Report 2005 and noted the quality of Hospital and Health Services policies, protocols and procedures. However, the examination of the materials within consumer's files indicated local processes and policies had not been consistently translated into standard practice.

#### Recommendations

- 61 Create a state-wide mental health Quality Assurance Committee to oversee the safety and quality of mental health services through formal assessment and evaluation processes.
- 62 Include within the remit of a Quality Assurance Committee the review of homicides and other serious acts of violence committed by or on consumers of public mental health services.
- 63 Include within the remit of a Quality Assurance Committee an oversight role in monitoring the regularity and suitability of care reviews and summaries of consumers identified as at a Category 3 risk of violence.

#### Queensland Health response (published September 2016)

*The Department of Health will establish a mental health alcohol and other drugs Quality Assurance Committee by June 2017.*

##### Progress year 1

Planning for the establishment of the state-wide Mental Health Alcohol and Other Drugs Quality Assurance Committee (MHAOD Quality Assurance Committee) has commenced. Draft Terms of Reference have been developed and agreed between the Mental Health Alcohol and Other Drugs Branch and the Patient Safety and Quality Improvement Service (PSQIS). The PSQIS provides oversight, assistance and governance support to state-wide Quality Assurance Committees. The establishment of the MHAOD Quality Assurance Committee will occur upon completion of negotiations regarding the resourcing and governance arrangements planned for year two (**recommendation 61**).

Under development, data requirements are being mapped out (**recommendation 62**) with further work pending the development of the three level risk assessment framework, particularly the identification of consumers requiring a Level 3 assessment of risk of violence (**recommendation 63**).

Implementation activities year two	Implementation activities year three
Establish MHAOD Quality Assurance Committee. Identify data pathways and sources. Develop methodology for monitoring case reviews and care plans.	Full implementation of MHAOD Quality Assurance Committee.

*Implementation Progress Report June 2017*

*Queensland Health response to the Final Report – When mental health care meets risk: A Queensland sentinel events review into homicide and public sector mental health services 2016*

### 3.11 Consideration: Aboriginal and Torres Strait Islander peoples mental health and social and emotional wellbeing

The When mental health care meets risk report 2016 did not identify any specific findings in relation to the provision of mental health care to Aboriginal and Torres Strait Islander peoples, but provided information for consideration.

#### Considerations

Queensland Health to learn from positive models introduced by Indigenous Health Organisations and engage in real collaboration on the planning for and implementation of services to meet the social and emotional wellbeing and also mental health needs for Aboriginal and Torres Strait Islander peoples<sup>2</sup>.

#### Queensland Health response (published September 2016)

*The Queensland Health Aboriginal and Torres Strait Islander Mental Health Strategy 2016-2021 (to be released shortly) includes a number of initiatives to promote a seamless service system between Hospital and Health Services and community controlled health services. Actions include the development of clear and effective referral pathways in and out of specialist mental health services, protocols to support transfer of care, joint treatment and recovery planning, and enhanced training in relation to trauma informed assessment and care. The strategy articulates an expectation that routine collaborative planning is undertaken in partnership between Hospital and Health Services and primary care providers to meet the social and emotional wellbeing and mental health needs of the local Aboriginal and Torres Strait Islander community.*

*The Queensland Mental Health Commission (QMHC) has released a discussion paper 'Improving Aboriginal and Torres Strait Islander Social and Emotional Wellbeing in Queensland'. This discussion paper seeks the views of stakeholders on actions to be taken as part of the whole-of-government Queensland Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Action Plan 2016-18 currently under development. Queensland Health has consulted with the QMHC in relation to considerations submitted by the Review.*

---

<sup>2</sup> Both Aboriginal and Torres Strait Islander peoples and Indigenous peoples are used in this document due to the two terms being used interchangeably in the literature, other reports and data.

## Progress year 1

Published on the Queensland Health website in September 2016 the overarching vision of the *Queensland Health Aboriginal and Torres Strait Islander Mental Health Strategy 2016-2021* [25] is the elimination of the gap in mental health outcomes between Aboriginal and Torres Strait Islander Queenslanders and non-Indigenous Queenslanders.

Actions against four result areas to help achieve this vision are:

- developing culturally capable mental health services
- connecting healthcare
- partnering for prevention and recovery
- enhancing the evidence base.

Published by the Queensland Mental Health Commission the *Queensland Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Action Plan 2016-18*; 'Proud and Strong' [26] aims to improve social and emotional wellbeing. The Action Plan outlines 62 actions to be taken by government in partnership with non-government organisations in three priority areas:

- inclusive communities
- thriving and connected families
- resilient people.

## Next steps

During this first year of implementation, efforts have been focussed on the development of policies, frameworks, guidelines, information and training to support services to provide consumers, families and carers with quality contemporaneous evidence-informed care. As mentioned in section 3 this work represents the completed implementation of 60% (n=37) of the 63 recommendations.

The goal for the next year (2017-18) is to pilot these tools in the clinical setting and evaluate their efficacy through an iterative feedback process. Work will continue on the development of the three level risk assessment and management framework including piloting the clinician guideline and clinical forms and the development of a training program for clinicians at all three levels.

Full implementation of the recommendations is planned for the third and final year (2018-19). It is expected that during this period the assimilation of these quality improvement activities into service delivery and clinical practice will be finalised.

This ongoing work will continue to be done in collaboration with Hospital and Health Service staff, consumers and carers, and other stakeholders, further strengthening these important relationships to the benefit and safety of all those use, or are touched by, these services.

# Appendix 1: Summary of 63 recommendations and implementation status June 2017

When the mental health meets risk report recommendations (summarised)		Status	Deliverables
<b>Key Area 1: State-wide forensic mental health service model</b>			
1	Develop an integrated state-wide forensic mental health service model with governance structure	Commenced	Options paper on model due November 2017 <b>Year 2</b> model selection, approval and resourcing <b>Year 3</b> implementation
2	Director state-wide forensic mental health service to have state-wide oversight	Commenced	Options paper on model due November 2017 <b>Year 2</b> model selection, approval and resourcing <b>Year 3</b> implementation
3	Director and HHS mental health service executive to meet quarterly	Commenced	Options paper on model due November 2017 <b>Year 2</b> model selection, approval and resourcing <b>Year 3</b> implementation
4	Services to be provided to patients on forensic orders <b>and</b> consumers assessed at high risk	Commenced	Options paper on model due November 2017 <b>Year 2</b> model selection, approval and resourcing <b>Year 3</b> implementation
5	Forensic Liaison Officer positions quarantined for forensic and high risk consumers	Commenced	Options paper on model due November 2017 <b>Year 2</b> model selection, approval and resourcing <b>Year 3</b> implementation
6	Community Forensic Outreach Services linked to specific HHS mental health services	Commenced	Options paper on model due November 2017 <b>Year 2</b> model selection, approval and resourcing <b>Year 3</b> implementation
7	Forensic mental health service staff to discuss with mental health service staff recommendations arising from assessment prior to finalisation	Completed	Chief Psychiatrist Policy <i>Treatment and Care of Forensic Order, Treatment Support Order and High Risk Patients</i> 1. <a href="https://www.health.qld.gov.au/_data/assets/pdf_file/0028/635932/cpp-forensic-policy.pdf">https://www.health.qld.gov.au/_data/assets/pdf_file/0028/635932/cpp-forensic-policy.pdf</a>
8	Categorisation system to differentiate between low and high risk patients on forensic orders and align treatment/monitoring	Completed	Chief Psychiatrist Policy <i>Treatment and Care of Forensic Order, Treatment Support Order and High Risk Patients</i> : 1. <a href="https://www.health.qld.gov.au/_data/assets/pdf_file/0028/635932/cpp-forensic-policy.pdf">https://www.health.qld.gov.au/_data/assets/pdf_file/0028/635932/cpp-forensic-policy.pdf</a>
9	Consider inclusion of the Mental Health Intervention Co-ordinators within state-wide forensic mental health service model	Commenced	Options paper on model due November 2017 <b>Year 2</b> model selection, approval and resourcing <b>Year 3</b> implementation
<b>Key Area 2: Family engagement</b>			
10	Assessments to be informed by family/carers collateral. Prompts added to the clinical documentation, efforts to obtain recorded and audited	Completed	<i>Guideline on the use of the standard suite of clinical documentation</i> 2. <a href="https://www.health.qld.gov.au/_data/assets/pdf_file/0030/368454/qh-gdl-365-1.pdf">https://www.health.qld.gov.au/_data/assets/pdf_file/0030/368454/qh-gdl-365-1.pdf</a>  <i>User guide for revised mental health clinical documentation</i>

Implementation Progress Report June 2017

Queensland Health response to the Final Report – When mental health care meets risk: A Queensland sentinel events review into homicide and public sector mental health services 2016

		Commenced	<p>Revised core suite of clinical documents: Queensland Health Intranet (QHEPS)</p> <p>Content added to Queensland Centre for Mental Health Learning training packages</p> <p>Develop evaluation framework with clinical audit tools</p> <p><b>Year 2</b> pilot</p> <p><b>Year 3</b> implementation</p>
11	Engagement with families/carers from initial contact and throughout the consumers care	Completed	<p><i>Guideline on the use of the standard suite of clinical documentation</i></p> <p>3. <a href="https://www.health.qld.gov.au/_data/assets/pdf_file/0030/368454/qh-gdl-365-1.pdf">https://www.health.qld.gov.au/_data/assets/pdf_file/0030/368454/qh-gdl-365-1.pdf</a></p> <p><i>User guide for revised mental health clinical documentation: Queensland Health Intranet (QHEPS)</i></p> <p>Content added to Queensland Centre for Mental Health Learning training packages</p> <p>Ongoing quality assurance reinforced by the evaluation framework and clinical audit tools</p>
12	Families/carers informed of risks to safety and provided with support	Completed	<p><i>Guideline on the use of the standard suite of clinical documentation</i></p> <p>4. <a href="https://www.health.qld.gov.au/_data/assets/pdf_file/0030/368454/qh-gdl-365-1.pdf">https://www.health.qld.gov.au/_data/assets/pdf_file/0030/368454/qh-gdl-365-1.pdf</a></p> <p><i>User guide for revised mental health clinical documentation: Queensland Health Intranet (QHEPS)</i></p> <p>Content added to Queensland Centre for Mental Health Learning training packages</p> <p>Ongoing quality assurance reinforced by the evaluation framework and clinical audit tools</p>
13	Prompts to ask about safety –consumer and family/carer included in assessment and care planning	Completed	<p><i>Guideline on the use of the standard suite of clinical documentation</i></p> <p>5. <a href="https://www.health.qld.gov.au/_data/assets/pdf_file/0030/368454/qh-gdl-365-1.pdf">https://www.health.qld.gov.au/_data/assets/pdf_file/0030/368454/qh-gdl-365-1.pdf</a></p> <p><i>User guide for revised mental health clinical documentation</i></p> <p>Revised core suite of clinical documents: Queensland Health Intranet (QHEPS)</p> <p>Ongoing quality assurance reinforced by the evaluation framework and clinical audit tools</p>
14	Educate mental health service staff on information sharing with family and other parties	Completed	<p><i>Mental Health Act 2016</i> online education package Module 10 disclosure of confidential information:</p> <p>6. <a href="https://ilearn.health.qld.gov.au/d2l/login">https://ilearn.health.qld.gov.au/d2l/login</a></p>

			Queensland Centre for Mental Health Learning to provide links to Module 10 to all training participants
15	Include within information sharing booklet the provision of advice and support to at risk families	Completed	<i>Information Sharing between Mental Health Workers, Consumers, Carers, Family and Others:</i> 7. <a href="https://www.health.qld.gov.au/_data/assets/pdf_file/0026/444635/info_sharing.pdf">https://www.health.qld.gov.au/_data/assets/pdf_file/0026/444635/info_sharing.pdf</a>
16	Opportunities during <i>Mental Health Act 2016</i> implementation to build knowledge on information sharing	Completed	<i>Mental Health Act 2016</i> online education package Module 10 disclosure of confidential information 8. <a href="https://ilearn.health.qld.gov.au/d2l/login">https://ilearn.health.qld.gov.au/d2l/login</a>  <i>Mental Health Act 2016</i> implementation state-wide education training sessions included information sharing provisions
<b>Key Area 3: Consumer journey</b>			
<b>3.3.1 Comprehensive mental health assessment</b>			
17	Comprehensive mental health assessment for all new consumers accepted into treatment	Completed	<i>Guideline on the use of the standard suite of clinical documentation:</i> Queensland Health Intranet (QHEPS) 9. <a href="https://www.health.qld.gov.au/_data/assets/pdf_file/0030/368454/qh-gdl-365-1.pdf">https://www.health.qld.gov.au/_data/assets/pdf_file/0030/368454/qh-gdl-365-1.pdf</a>  Ongoing quality assurance reinforced by the evaluation framework and clinical audit tools
18	Comprehensive mental health assessment for consumers who are frequently referred or present to emergency departments (3 or more separate occasions within 3 months)	Completed	<i>Guideline on the use of the standard suite of clinical documentation:</i> Queensland Health Intranet (QHEPS) 10. <a href="https://www.health.qld.gov.au/_data/assets/pdf_file/0030/368454/qh-gdl-365-1.pdf">https://www.health.qld.gov.au/_data/assets/pdf_file/0030/368454/qh-gdl-365-1.pdf</a>  Ongoing quality assurance reinforced by the evaluation framework and clinical audit tools
19	Emergency situations minimum standard for assessment	Completed	<i>Guideline on the use of the standard suite of clinical documentation</i> 11. <a href="https://www.health.qld.gov.au/_data/assets/pdf_file/0030/368454/qh-gdl-365-1.pdf">https://www.health.qld.gov.au/_data/assets/pdf_file/0030/368454/qh-gdl-365-1.pdf</a>  <i>User guide for revised mental health clinical documentation</i>  Triage and Rapid Assessment form: Queensland Health Intranet (QHEPS)  Ongoing quality assurance reinforced by the evaluation framework and clinical audit tools
20	Comprehensive mental health assessments to include longitudinal history	Completed	<i>User guide for revised mental health clinical documentation:</i> Queensland Health Intranet (QHEPS)

			Content added to Queensland Centre for Mental Health Learning training packages  Ongoing quality assurance reinforced by the evaluation framework and clinical audit tools
21	Services to ensure appropriate training, supervision and auditing of comprehensive mental health assessments	Completed   Commenced	<i>Guideline on the use of the standard suite of clinical documentation:</i> Queensland Health Intranet (QHEPS) 12. <a href="https://www.health.qld.gov.au/_data/assets/pdf_file/0030/368454/qh-gdl-365-1.pdf">https://www.health.qld.gov.au/_data/assets/pdf_file/0030/368454/qh-gdl-365-1.pdf</a>  Content added to Queensland Centre for Mental Health Learning training packages  Develop evaluation framework with clinical audit tools <b>Year 2</b> pilot <b>Year 3</b> implementation
<b>3.3.2 Violence risk assessment and management</b>			
22	Implement a three level violence risk assessment framework 1. initial risk screen 2. risk assessment 3. specialist risk assessment	Commenced	Three level violence risk assessment framework guideline and clinical documents due September 2017 <b>Year 2</b> pilot guideline and clinical tools and develop training for all three levels <b>Year 3</b> implementation
23	Level of services commensurate with identified level of risk	Commenced   Completed	For inclusion within three level violence risk assessment framework guideline and clinical documents due September 2017 <b>Year 2</b> pilot guideline and clinical tools and develop training for all three levels <b>Year 3</b> implementation  Chief Psychiatrist Policy <i>Treatment and Care of Forensic Order, Treatment Support Order and High Risk Patients:</i> 13. <a href="https://www.health.qld.gov.au/_data/assets/pdf_file/0028/635932/cpp-forensic-policy.pdf">https://www.health.qld.gov.au/_data/assets/pdf_file/0028/635932/cpp-forensic-policy.pdf</a>
24	Consultant psychiatrists/other senior clinicians involved in review and development of management plans that address violence risk factors for Level 3	Commenced   Completed	For inclusion within three level violence risk assessment framework <b>Year 2</b> pilot guideline and clinical tools and develop training for all three levels <b>Year 3</b> implementation  Chief Psychiatrist Policy <i>Treatment and Care of Forensic Order, Treatment Support Order and High Risk Patients:</i> 14. <a href="https://www.health.qld.gov.au/_data/assets/pdf_file/0028/635932/cpp-forensic-policy.pdf">https://www.health.qld.gov.au/_data/assets/pdf_file/0028/635932/cpp-forensic-policy.pdf</a>  Ongoing quality assurance reinforced by the evaluation framework and clinical audit tools
25	Forensic Liaison Officer positions quarantined from non-forensic mental health	Commenced	To be addressed within options paper on an integrated state-wide forensic mental health

			service model due November 2017 (see recommendation 5)
<b>3.3.3 Formulation and treatment planning</b>			
26	Formulations include longitudinal information on mental illness, relationship with risk factors for violence, and the impact on risk	Completed	<p><i>User guide for revised mental health clinical documentation:</i> Queensland Health Intranet (QHEPS)</p> <p>Ongoing quality assurance reinforced by the evaluation framework and clinical audit tools</p>
27	Management plans informed by risk assessment and mitigation strategies, including referrals to external services	Completed	<p><i>User guide for revised mental health clinical documentation:</i> Queensland Health Intranet (QHEPS)</p> <p>Ongoing quality assurance reinforced by the evaluation framework and clinical audit tools</p>
28	Care review and summary plan completed within six weeks of acceptance into service. Recovery Plan developed or explanation for delay	Completed	<p><i>Guideline on the use of the standard suite of clinical documentation</i></p> <p>15. <a href="https://www.health.qld.gov.au/_data/assets/pdf_file/0030/368454/qh-gdl-365-1.pdf">https://www.health.qld.gov.au/_data/assets/pdf_file/0030/368454/qh-gdl-365-1.pdf</a></p> <p><i>User guide for revised mental health clinical documentation:</i> Queensland Health Intranet (QHEPS)</p> <p>Ongoing quality assurance reinforced by the evaluation framework and clinical audit tools</p>
29	91 day clinical reviews as per <i>National Standards for Mental Health Services 2010</i> . HHS to develop separate system to comprehensively review complex and high risk consumers	<p>Completed</p> <p>Completed</p> <p>Completed</p>	<p>Project to scope treatment planning and the multidisciplinary team review process, incl. capacity for comprehensive reviews, completed June 2017</p> <p><i>Guideline on the use of the standard suite of clinical documentation</i></p> <p>16. <a href="https://www.health.qld.gov.au/_data/assets/pdf_file/0030/368454/qh-gdl-365-1.pdf">https://www.health.qld.gov.au/_data/assets/pdf_file/0030/368454/qh-gdl-365-1.pdf</a></p> <p><i>User guide for revised mental health clinical documentation:</i> Queensland Health Intranet (QHEPS)</p> <p>Chief Psychiatrist Policy <i>Treatment and Care of Forensic Order, Treatment Support Order and High Risk Patients:</i></p> <p>17. <a href="https://www.health.qld.gov.au/_data/assets/pdf_file/0028/635932/cpp-forensic-policy.pdf">https://www.health.qld.gov.au/_data/assets/pdf_file/0028/635932/cpp-forensic-policy.pdf</a></p>
30	State-wide standardised suite of clinical documentation to include trigger for ad hoc review	Completed	Revised core suite of clinical documents: Queensland Health Intranet (QHEPS)
31	Clinical reviews to assess effectiveness of previous care plans and include strategies to mitigate level of risk and stabilise behaviour	Completed	<p><i>User guide for revised mental health clinical documentation:</i> Queensland Health Intranet (QHEPS)</p> <p>See also scoping project multidisciplinary review process (recommendation 29)</p>

			Ongoing quality assurance reinforced by the evaluation framework and clinical audit tools
32	Community Forensic Outreach Services' reports to be noted by a consultant psychiatrist and changes to management plan documented in the clinical file	Completed	Chief Psychiatrist Policy <i>Treatment and Care of Forensic Order, Treatment Support Order and High Risk Patients</i> : 18. <a href="https://www.health.qld.gov.au/_data/assets/pdf_file/0028/635932/cpp-forensic-policy.pdf">https://www.health.qld.gov.au/_data/assets/pdf_file/0028/635932/cpp-forensic-policy.pdf</a>
<b>3.3.4 Therapeutic relationship</b>			
33	Mental health services to accelerate clinician training in recovery oriented practice, including consumers with a history of violence/forensic issues	Completed	Queensland Centre for Mental Health Learning training package QC24 <i>Strengths to Recovery</i> released February 2017
34	Training in specialist applications of the recovery model and management of risk of violence to include consumer/forensic specialist input	Year two	QC24 <i>Strengths to Recovery</i> training released February 2017 <b>Year 2</b> scoping exercise to examine current recovery oriented training and further requirements
35	Regular case file audits for documentation of consumer engagement; shortfalls addressed in supervision and line management.	Completed  Commenced	<i>Guideline on the use of the standard suite of clinical documentation and User guide for revised mental health clinical documentation</i> : Queensland Health Intranet (QHEPS) 19. <a href="https://www.health.qld.gov.au/_data/assets/pdf_file/0030/368454/qh-gdl-365-1.pdf">https://www.health.qld.gov.au/_data/assets/pdf_file/0030/368454/qh-gdl-365-1.pdf</a>  Develop evaluation framework with clinical audit tools <b>Year 2</b> pilot <b>Year 3</b> implementation
<b>3.4 Consumers with co-morbid conditions</b>			
36	Comprehensive mental health assessment to consider dual diagnosis /co-occurring conditions and initiate referral pathways	Completed	<i>User guide for revised mental health clinical documentation</i> : Queensland Health Intranet (QHEPS)  Queensland Centre for Mental Health Learning training packages QC9 <i>Critical Components of Risk Assessment and Management</i> , and QC14 <i>Mental Health Assessment</i> augmented  Ongoing quality assurance reinforced by the evaluation framework and clinical audit tools
37	Address presence and need for treatment for co-morbid alcohol and other drug use and implications for mental health and risk of violence	Completed	<i>User guide for revised mental health clinical documentation</i> : Queensland Health Intranet (QHEPS)  Queensland Centre for Mental Health Learning training packages QC9 <i>Critical Components of Risk Assessment and Management</i> , and QC14 <i>Mental Health Assessment</i> augmented  Ongoing quality assurance reinforced by the evaluation framework and clinical audit tools

38	Address presence and need for treatment for co-morbid personality vulnerability and personality disorders and implications for mental health and risk of violence	Completed	<p><i>User guide for revised mental health clinical documentation:</i> Queensland Health Intranet (QHEPS)</p> <p>Queensland Centre for Mental Health Learning training packages QC9 <i>Critical Components of Risk Assessment and Management</i>, and QC14 <i>Mental Health Assessment</i> augmented</p> <p>Ongoing quality assurance reinforced by the evaluation framework and clinical audit tools</p>
39	Formulations that include risk of violence to consider role of co-morbid or co-occurring conditions	Completed	<p><i>User guide for revised mental health clinical documentation:</i> Queensland Health Intranet (QHEPS)</p> <p>Queensland Centre for Mental Health Learning training packages QC9 <i>Critical Components of Risk Assessment and Management</i>, and QC14 <i>Mental Health Assessment</i> augmented</p> <p>Ongoing quality assurance reinforced by the evaluation framework and clinical audit tools</p>
40	Treatment plans to address integrated management of complex consumers. Referrals to external services made and monitored	Completed	<p><i>User guide for revised mental health clinical documentation:</i> Queensland Health Intranet (QHEPS)</p> <p>Queensland Centre for Mental Health Learning training packages QC9 <i>Critical Components of Risk Assessment and Management</i>, and QC14 <i>Mental Health Assessment</i> augmented</p> <p>Ongoing quality assurance reinforced by the evaluation framework and clinical audit tools</p>
41	Multi-service case conferences for consumers with co-morbid conditions, or repeated presentations to mental health services	Completed	<i>User guide for revised mental health clinical documentation:</i> Queensland Health Intranet (QHEPS)
42	Renew Service Integrated Care Co-ordinator functions for complex consumers (incl. mental and dual disability), in consultation with the National Disability Insurance Scheme	Completed	Role to focus on complex consumers; and support access to and monitor progress of those linked with the National Disability Insurance Scheme
43	Mechanisms for a whole of government approach for consumers with particularly complex mental health needs (substance misuse, personality disorder, intellectual disability, development disorder)	Completed	Ongoing continuous quality improvement cycle
<b>3.5 Clinical systems and information</b>			
44	One integrated state-wide clinical information system for mental health information, such as the Consumer Integrated Mental Health Application (CIMHA)	Commenced	<b>Year 2</b> improvements to integration/interface with broader health system

45	Provide one area in CIMHA for all information relating to risk of violence and management	Commenced	<b>Year 2</b> for completion
<b>3.6 Building competencies and capabilities</b>			
46	All clinicians to be trained in risk assessment and management (screening Level 1) Senior clinicians to be trained for level two assessments incl use and interpretation of validated risk assessments measures	Completed  Commenced	Queensland Centre for Mental Health Learning training package QC9 <i>Critical Components of Risk Assessment and Management</i> augmented  <b>Year 2</b> training program to be designed upon development of the three level violence risk assessment framework in September 2017
47	Training in violence risk assessment to strengthen skills in formulation, recommendations and active care planning	Commenced	<b>Year 2</b> training program to be designed upon development of the three level violence risk assessment framework in September 2017
48	Training and supervision on identification of risk factors to ensure escalation when indicated	Commenced	<b>Year 2</b> training program to be designed upon development of the three level violence risk assessment framework in September 2017
49	Training and supervision on recovery principles, and the dignity of risk, so that treatment plans firstly assist with stabilising presentation and work towards recovery (incl. addressing violence risk factors)	Completed  Commenced	Queensland Centre for Mental Health Learning training package QC24 <i>Strengths to Recovery</i> released February 2017  <b>Year 2</b> training program to be designed upon development of the three level violence risk assessment framework in September 2017
50	Training on information sharing between services and carers/family for open discourse on risk and care planning considerations	Completed	Queensland Health Guideline, <i>Information Sharing between Mental Health Workers, Consumers, Carers, Family and Others</i> 20. <a href="https://www.health.qld.gov.au/_data/assets/pdf_file/0026/444635/info_sharing.pdf">https://www.health.qld.gov.au/_data/assets/pdf_file/0026/444635/info_sharing.pdf</a>  <i>Mental Health Act 2016</i> online education package Module 10 disclosure of confidential information 21. <a href="https://ilearn.health.qld.gov.au/d2l/login">https://ilearn.health.qld.gov.au/d2l/login</a>
51	Training and implementation support for the <i>Queensland Health dual diagnosis clinical guidelines and dual diagnosis clinical toolkit</i> to enable integrated care and referral pathways	Completed	Revised clinical guidelines <b>and</b> toolkit in final stages for publication to <a href="http://www.health.qld.gov.au">www.health.qld.gov.au</a>  Queensland Centre for Mental Health Learning training packages QC9 <i>Critical Components of Risk Assessment and Management</i> , and QC14 <i>Mental Health Assessment</i> augmented
52	Practice skills acquisition audit through review of documentation/other	Commenced	Develop evaluation framework with clinical audit tools <b>Year 2</b> pilot <b>Year 3</b> implementation  The Chief Psychiatrist policy, <i>Notifications to Chief Psychiatrist of Critical Incidents and Non-Compliance</i> with the Act 22. <a href="https://www.health.qld.gov.au/_data/assets/pdf_file/0020/">https://www.health.qld.gov.au/_data/assets/pdf_file/0020/</a>

			<a href="https://www.health.qld.gov.au/data/assets/pdf_file/0032/636854/cpp_appointment_ad_amhp.pdf">465212/cpp-notific-critical-incidence.pdf</a>  The Chief Psychiatrist policy on <i>Appointment of Authorised Doctors and Authorised Mental Health Practitioners</i> 23. <a href="https://www.health.qld.gov.au/data/assets/pdf_file/0032/636854/cpp_appointment_ad_amhp.pdf">https://www.health.qld.gov.au/data/assets/pdf_file/0032/636854/cpp_appointment_ad_amhp.pdf</a>
53	Opportunities to develop training and relationships with Primary Health Networks in the assessment and management of risk of violence to others. Services to collaborate with domestic violence services in the management of family violence	Completed	<i>Guideline health workforce domestic and family violence training</i> 24. <a href="https://www.health.qld.gov.au/data/assets/pdf_file/0028/637453/qh-gdl-441.pdf">https://www.health.qld.gov.au/data/assets/pdf_file/0028/637453/qh-gdl-441.pdf</a>  Clinical Response to Domestic and Family Violence training developed in consultation with Primary Health Networks  Further collaboration with domestic family violence services pending outcome from project in relation to recommendation 56
<b>3.7 Support services and linkages with other agencies</b>			
54	Enhance awareness of and capacity for QH Victim Support Services to work with families who have experienced violence	Completed	Twelve month project outcomes submitted to Department of Health June 2017 for consideration <b>Year 2</b> activities pending consideration of project outcomes
55	Information about Queensland Health Victim Support Services readily available at all points of contact within Queensland Health	Completed	Twelve month project outcomes submitted to Department of Health June 2017 for consideration <b>Year 2</b> activities pending consideration of project outcomes
56	Identify and establish links with other government/non-government/community-based organisations to support people at risk of violence -either as victim or perpetrator	Completed	Twelve month project outcomes submitted to Department of Health June 2017 for consideration <b>Year 2</b> activities pending consideration of project outcomes
<b>3.8 Mental health literacy and access</b>			
57	Whole of government strategy on mental health literacy and access to support services. Focus on referral and access to public mental health services	Lead agency Queensland Mental Health Commission	Queensland Mental Health Commission considering findings of an audit of mental health literacy training in Queensland and actions that may be taken
<b>3.9 The Queensland Police Service</b>			
58	Establish communication protocols with mental health services and QPS to advise of changes in care status for people brought in to emergency departments	Completed	Authority to release information to be established within draft Memorandum of Understanding Confidential Information Disclosure under section 151 of the <i>Hospital and Health Boards Act 2011</i> . For release 2017/2018 to the Queensland Health Intranet (QHEPS) and the Queensland Police Service equivalent  Communication protocol to be published on Queensland Health Intranet (QHEPS)

59	Update QPS training in mental health to include de-escalation techniques for persons presenting in a mental health crisis	Completed	Training modules are internal to the Queensland Police Service
60	Retain Police Communications Centre Mental Health Liaison Service	Completed	Additional funding of \$513,000 provided in 2016-17. Total annual recurrent funding \$947,000
<b>3.10 Mental health quality assurance</b>			
61	Establish a state-wide mental health Quality Assurance Committee	Commenced	<b>Year 2</b> for completion
62	Quality Assurance Committee to include review of homicides and other serious acts of violence	Commenced	Under development—pending outcome of other implementation activities e.g. the three level violence risk assessment framework, and the establishment of the MHAOD Quality Assurance Committee <b>Year 2</b> finalise
63	Quality Assurance Committee to monitor frequency and suitability of care reviews and plans for Level 3 risk of violence	Commenced	Under development—pending outcome of other implementation activities e.g. the three level violence risk assessment framework, and the establishment of the MHAOD Quality Assurance Committee <b>Year 2</b> finalise
<b>3.11 Consideration: Aboriginal and Torres Strait Islander peoples mental health and social and emotional wellbeing</b>			
	Learn from Indigenous Health Organisations' models and collaborate on planning and implementation of services	Completed  Completed	<p>Queensland Health Aboriginal and Torres Strait Islander Mental Health Strategy 2016-2021. Published September 2016: 25. <a href="https://www.health.qld.gov.au/_data/assets/pdf_file/0030/460893/qhatsi-mental-health-strategy.pdf">https://www.health.qld.gov.au/_data/assets/pdf_file/0030/460893/qhatsi-mental-health-strategy.pdf</a></p> <p>Queensland Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Action Plan 2016-18: 26. <a href="https://www.qmhc.qld.gov.au/wp-content/uploads/2016/03/Queensland-Aboriginal-and-Torres-Strait-Islander-Social-and-Emotional-Wellbeing-Action-Plan-2016-18_WEB-FINAL.pdf">https://www.qmhc.qld.gov.au/wp-content/uploads/2016/03/Queensland-Aboriginal-and-Torres-Strait-Islander-Social-and-Emotional-Wellbeing-Action-Plan-2016-18_WEB-FINAL.pdf</a></p>

## Appendix 2: Abbreviations

Acronym	Title
ARMC	Assessment and Risk Management Committee
CFOS	Community Forensic Outreach Service
CIMHA	Consumer Integrated Mental Health Application
QFMHS	Queensland Forensic Mental Health Service
SFMHS	State-wide forensic mental health service
The Review	The Mental Health Sentinel Events Review 2016
The Sentinel Events Review Committee	The Mental Health Sentinel Events Review Committee
When mental health care meets risk report 2016	<i>When mental health care meets risk: A Queensland sentinel events review into homicide and public sector mental health services</i>

## Glossary

Term	Description
Assessment	Process by which the characteristics and needs of consumers, groups or situations are evaluated or determined so they can be addressed. The assessment forms the basis of a plan for services or action.
Carer	A person whose life is affected by virtue of close relationship with a consumer, or who has a chosen caring role with a consumer. Carer, in this document, may also refer to the consumer's identified family, including children and parents, as well as other legal guardians and people significant to the consumer.
Clinical formulation	A clinical summary of the assessment including information regarding the predisposing, precipitating, perpetuating and protective factors that are relevant to the person's clinical presentation, the diagnosis, the prognosis and current risks.
Co-morbid or co-occurring condition	Existing simultaneously with and usually independently of another condition.
Consumer	A person who is currently using, or has previously used, a mental health service.
Dual diagnosis	Co-occurring mental health and substance misuse problems.
Forensic	Related to, or associated with, legal issues.
Forensic mental health services	The forensic mental health system refers to the components, both in the health system and the justice system, which respond to people with a mental illness who have been charged with an indictable offence.
Indigenous	Indigenous Australian peoples
Mental health	The capacity of individuals within groups and the environment to interact with one another in ways that promote subjective wellbeing, optimal development and use of mental abilities (cognitive, affective and relational) and achievement of individual and collective goals consistent with justice.
Mental health service	Specialised mental health services are those with the primary function to provide treatment, rehabilitation or community health support targeted towards people with a mental illness or psychiatric disability.

Implementation Progress Report June 2017

Queensland Health response to the Final Report – *When mental health care meets risk: A Queensland sentinel events review into homicide and public sector mental health services 2016*

Term	Description
	These activities are delivered from a service or facility that is readily identifiable as both specialised and serving a mental health care function.
<b>Mental illness</b>	<p>A clinically diagnosable disorder that significantly interferes with an individual's cognitive, emotional or social abilities.</p> <p>The diagnosis of mental illness is generally made according to the classification systems of the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) or the International Classification of Diseases, Tenth Edition (ICD-10). These classification systems apply to a wide range of mental disorders (for the DSM-5) and mental and physical disorders (for the ICD-10).</p>
<b>Recovery</b>	Clinical recovery pertains to a reduction or cessation of symptoms and restoring social functioning. Personal recovery is defined as being able to create and live a meaningful and contributing life in a community of choice with or without the presence of mental health issues.
<b>Risk</b>	The chance of something happening that will have a (negative) impact. It is measured in terms of consequence and likelihood.
<b>Risk assessment</b>	The process of identification, analysis and evaluation of a risk.
<b>Risk management</b>	In health care, designing and implementing a program of activities to identify and avoid or minimise risks to patients, employees, visitors and the institution.
<b>Sentinel event</b>	When a patient unexpectedly dies or is seriously physically or psychologically injured in a way that is not related to the natural course of the patient's illness or treatment.
<b>Wellbeing</b>	The state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief or economic and social condition.