Independent Patient Rights Advisers

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General

The Mental Health Act 2016 establishes the positions of Independent Patient Rights Advisers (IPRAs). A key function of these positions is to advise patients and their appointed nominated support persons (NSPs), family, carers and other support persons of their rights under the Mental Health Act 2016. IPRAs play a very important role in liaising between clinical teams, patients and support persons.

The Mental Health Act 2016 contains many important patient rights. For these rights to be effectively accessed, patients and their support persons must be aware of these rights.

The Mental Health Act 2016 provides that a Chief Executive of a Hospital and Health Service (HHS) must appoint one or more Independent Patient Rights Advisers.

In addition, any private hospital with authorised mental health service (AMHS) beds for public patients must ensure those patients have access to advice and supports from an IPRA.

It is not a requirement under the Mental Health Act 2016 for private AMHSs to engage IPRAs, however, all AMHSs must have systems in place to ensure that patients are advised of their rights under the Mental Health Act 2016.

While IPRAs play a key role in advising patients of their rights under the Mental Health Act 2016, this does not affect the obligation of other persons in AMHSs to advise patients of their rights and to provide information to patients about their treatment and care.

Scope

This policy is mandatory for all AMHSs. An authorised doctor, authorised mental health practitioner, AMHS administrator, or other person performing a function or exercising a power under the Mental Health Act 2016 must comply with this policy.

Staff should work collaboratively and in partnership with individuals in their care to ensure their unique-age related, cultural and spiritual, gender-related, religious and communication needs are recognised, respected and followed to the greatest extent practicable. This should include the timely involvement of appropriate local supports and a recovery-oriented focus.

This policy must be implemented in a way that is consistent with the objects and principles of the Mental Health Act 2016.

This policy is issued under section 305 of the Mental Health Act 2016

Dr John Reilly
Chief Psychiatrist, Queensland Health

Chief Psychiatrist Policy
Independent Patient Rights Advisers
Policy

1 Statewide Coordinator

The IPRA Statewide Coordinator is employed within the Mental Health Alcohol and Other Drugs Branch, Queensland Health. The Statewide Coordinator reports directly to the Chief Psychiatrist.

The Statewide Coordinator’s responsibilities include:

- providing advice to IPRAs on the interpretation and application of complex provisions of the Mental Health Act 2016 that relate to patient rights
- establishing and coordinating a statewide network of IPRAs
- identifying and resolving major concerns in relation to patient rights identified by IPRAs, as reported to the Statewide Coordinator including through regular reporting processes
- liaising with a broad range of mental health stakeholders, including mental health consumer and carer groups, advocacy organisations, non-government organisations, and staff of HHSs and AMHSs
- advising and consulting with IPRAs in relation to performing their functions under the Mental Health Act 2016, and
- assisting the Chief Psychiatrist in ensuring compliance with the Mental Health Act 2016 and protecting the rights of patients and NSPs, family, carers and other support persons.

2 Health Service and external agency requirements

For the purpose of this policy, a Health Service includes a:

- public sector Hospital and Health Service, or
- private hospital with authorised mental health service beds for public patients.

Each Health Service is required to comply with this policy as a condition of the funding provided under service agreements with the Department of Health.
Where a Health Service elects to perform the IPRA functions through a contract or agreement with an external agency (such as a non-government organisation), the Health Service is responsible for:

- ensuring the entity and the services it provides are compliant with the service agreement and this policy.

Without limiting this, the relevant agreement must:

- attach this policy, and
- require compliance with the policy as part of the agreement, including but not limited to:
  - employment under the role description
  - remunerating staff at the level that meets the functional requirements of the position (recognising the relevant awards and organisational structures of the non-government sector)
  - working co-operatively with other IPRAs and the Statewide Coordinator
  - enabling access to relevant patient information systems (e.g. the Consumer Integrated Mental Health and Addiction (CIMHA) application)
  - complying with the record-keeping requirements
  - participation in training and professional development sessions arranged by the Statewide Coordinator
  - providing information requested by the Chief Psychiatrist or Statewide Coordinator relevant to IPRA functions or outcomes, and
  - the filling of vacancies.

3 Employment and function of IPRAs

An IPRA may be either:

- an employee of an entity that a Health Service has engaged to provide services (such as a non-government organisation), or
- an employee of a Health Service but not employed in the Health Service’s mental health service.

IPRAs are to be employed in accordance with a standard role description – Attachment 1.

IPRAs employed within HHSs are to be remunerated at a level equivalent to ‘Administration Stream classification level AO7’ in the ‘District Health Services wage rates table’.

IPRAs employed in an external entity, such as a non-government organisation or private hospital, are to be remunerated at a level commensurate with the required competencies for the position.
3.1 Performance management

IPRAs are accountable either to a health service or external entity.

Health services are to ensure that IPRAs are subject to usual performance management processes and have plans developed with clear and measurable performance indicators and associated record keeping requirements.

For IPRAs employed in external entities, these performance measures are to be included in the agreement with the external entity.

The performance management process is not to interfere with or limit the independence of IPRAs.

Where the IPRA is employed in an external entity, Health Services must establish a point of contact within the Health Service to discuss any operational management issues, such as access to patients.

4 Coverage

Health Services **must**, as a minimum, appoint the number of IPRAs stated in Attachment 2.

In cases where Health Services are not large enough to warrant at least one full time position, arrangements **must** be made with another Health Service to provide support, for example, through a joint appointment of IPRAs. These arrangements are to be negotiated locally between the Health Services.

5 Functions

The *Mental Health Act 2016* outlines various roles and responsibilities for people performing functions under the Act. This includes, for example, specifying when a nominated clinician, authorised doctor or AMHS administrator needs to provide and explain information to the patient and their support persons.

Specific IPRA functions are outlined in s294 of the *Mental Health Act 2016* and include:

- ensuring that patients and NSPs, family, carers and other support persons have been advised of their rights and responsibilities under the *Mental Health Act 2016*
- helping patients and NSPs, family, carers and other support persons to communicate to health practitioners the patient’s views, wishes and preferences about the patient’s treatment and care
- working cooperatively with community visitors under the *Public Guardian Act 2014*
• consulting with authorised mental health practitioners, authorised doctors, AMHS administrators and the Chief Psychiatrist on the rights of patients under the Mental Health Act 2016, the Guardianship and Administration Act 2000, Powers of Attorney Act 1998 and other laws

• advising patients and NSPs, family, carers and other support persons of the patient’s rights at Mental Health Review Tribunal hearings

• if requested, helping patients engage a representative for a Mental Health Review Tribunal hearing

• working cooperatively with any personal guardian or attorney to further the patient’s interests, and

• advising patients of the benefits of an advance health directive (AHD) or enduring power of attorney (EPOA) for a personal matter.

In performing their functions under the Mental Health Act 2016, an IPRA:

• **must** act independently and impartially, and

• is not subject to direction by any person in relation to the advice given to a patient or a patient’s NSPs, family, carers and other support persons.

The independence and impartiality of an IPRA does not preclude the IPRA from working with the treating team. All staff are expected to work in a respectful and collaborative manner which is focused towards supporting patients having access to and understanding their rights. This may include for example, a nominated clinician and an IPRA talking with a patient together to explain their rights under the Mental Health Act 2016.

**IPRAs must** work co-operatively with the Statewide Coordinator and other IPRAs.

IPRAs may liaise as required with the Statewide Coordinator. For example, if an IPRA is of the opinion that an AMHS is not being sufficiently responsive to a complaint or to concerns raised about a patient’s rights, or to ensure statewide consideration of patient rights issues that have been identified locally within a Health Service.

In circumstances where the immediate attention of the Chief Psychiatrist may be required, the IPRA **must** contact the Statewide Coordinator for assistance.

### 6 Complaints management

IPRAs **must** ensure that any concerns or complaints regarding patients’ rights or treatment and care, raised by a patient, their NSP, family, carers or other support person, are managed in accordance with the Chief Psychiatrist Policy Management of Complaints and Right to a Second Opinion.
7 Assessing patient needs and prioritising provision of advice

IPRAs will need to prioritise interaction with patients, having regard to their needs and circumstances, including:

- the patient's mental condition,
- the patient's social circumstances, including family and social support,
- whether the patient is a child or adolescent,
- whether the patient is a newly admitted patient, involuntary or voluntary patient, inpatient or community-based patient, and
- information about the patient received from clinicians and NSPs, family, carers and other support persons.

IPRAs will also need to prioritise the provision of advice to NSPs, family, carers and other support persons, having regard to the needs and circumstances of the support person and the relevant patient.

8 Recordkeeping, communication information, disclosure and accessing records and notes

8.1 Confidentiality provisions

Disclosure of information to IPRAs

The requirement for ‘designated persons’, such as health service employees, to keep patient information confidential is outlined in the Hospital and Health Boards Act 2011.

However, the Hospital and Health Boards Act 2011 creates exceptions to this, including that designated persons can disclose confidential information about a patient, including the patient’s health records and written notices given under the Hospital and Health Boards Act 2011 to a person performing functions under the Mental Health Act 2016.

Wherever possible, information should be shared with the consent of the person to whom the information relates.

IPRA use and disclosure of information

Under the Mental Health Act 2016, IPRAs are defined as ‘relevant persons’ (see definitions) and are subject to the Mental Health Act 2016 duty of confidentiality provisions. An IPRA may only use or disclose personal information about a patient:
• if the patient consents to the use or disclosure of their information, or
• to the extent necessary to allow IPRAs to perform their functions under the Mental Health Act 2016, or
• to allow another ‘relevant person’ to perform their functions under the Mental Health Act 2016, or
• if the use or disclosure is otherwise permitted or required by law.

Where disclosure of information is required and does not meet the above criteria, the Hospital and Health Boards Act 2011 also allows for disclosure of confidential information in particular circumstances.

Refer to the Queensland Health Guideline Information Sharing between mental health staff, consumers, family, carers, nominated support persons and others for further information.

8.2 Communicating information and disclosure

IPRAs must ensure proper communication of any serious risk information, such as suicidal thoughts or an allegation of assault or mistreatment by a staff member, in accordance with health service procedures.

8.3 Recordkeeping

IPRAs must keep a detailed record of patient interactions, including:

• patient name,
• date, time, duration and location of interaction,
• nature of interaction (e.g. face-to-face, audio-visual),
• other persons present (e.g. NSPs, family, carers, other support persons or members of the treating team),
• whether an interpreter was required and provided,
• for inpatients, how long after admission the patient was seen,
• concerns raised by the patient about their rights or their treatment and care, and whether further action is required,
• serious risks issues, and
• where follow up action is required, all action taken must be clearly documented, including information disclosed under a legislative authority (refer to the Queensland Health Guideline Information Sharing between mental health staff, consumers, family, carers, nominated support persons and others)
These detailed notes are generally to be kept confidential from the patient's treating team.

To help ensure continuous improvement of IPRA services and to enhance patient outcomes, IPRAs must keep a record of common issues raised by patients or their NSPs, family, carers and other support persons in relation to patient rights. This information is to be provided to the Statewide Coordinator upon request.

8.4 Accessing records and notes

<table>
<thead>
<tr>
<th>Key points</th>
</tr>
</thead>
<tbody>
<tr>
<td>IPRA records must be accessible for the proper management of complaints about treatment and care in accordance with established Health Service procedures.</td>
</tr>
<tr>
<td>The Chief Psychiatrist Policy Management of Complaints and Right to a Second Opinion must also be followed.</td>
</tr>
<tr>
<td>IPRA notes are to be accessible:</td>
</tr>
<tr>
<td>• to other IPRAs operating within the Health Service, or</td>
</tr>
<tr>
<td>• if a patient is being treated in another Health Service, by the IPRA working in that Health Service.</td>
</tr>
</tbody>
</table>

The Chief Psychiatrist and the Statewide Coordinator may request access to IPRA notes at any time, for example, to investigate a serious complaint in relation to patients’ rights.

An AMHS administrator may also request access to IPRA notes at any time, for example, if a patient is absent from an AMHS and there are concerns about the patient’s health and well-being.

9 Skills, knowledge and training

9.1 Provision and quality of advice

IPRAs must provide advice to patients and their NSPs, family, carers and other support persons, which is consistent with the information contained in the Guide to Patient Rights under the Mental Health Act 2016.

Health Services must ensure that IPRAs have sufficient skills and knowledge to allow them to capably and confidently perform their roles, prior to commencement of their employment.
9.2 Justices of the Peace and Commissioners for Declarations

One of the functions of IPRAs is to advise patients of the benefits of making an AHD or EPOA for a personal matter. AHDs and EPOAs must be witnessed by a person who is a Justice of the Peace, a Commissioner for Declarations, or a lawyer.

While this policy does not make it mandatory for IPRAs to be Justices of the Peace or Commissioners for Declarations, there are operational benefits in this. Health Services should consider whether to endorse IPRAs to undertake relevant training.

9.3 Training materials

The Statewide Coordinator is responsible for developing and disseminating training and other reference materials to the IPRA network.

IPRAs are responsible for understanding these materials and relaying relevant information to patients and NSPs, family, carers and other support persons.

9.4 Participation in the IPRA network and training

IPRAs must engage regularly with other IPRAs on the statewide network, and participate in any training, professional development sessions or information activities arranged by the Statewide Coordinator.

10 Coordination of statewide resources

10.1 Monitoring IPRA positions

Monitoring of IPRA positions and maintaining the network of IPRAs is the responsibility of the Statewide Coordinator.

- Health Services must advise the Statewide Coordinator of IPRA appointments before employment commences.
- Any subsequent changes to IPRAs must also be advised to the Statewide Coordinator at the earliest opportunity.

10.2 Information and assistance upon request

IPRAs and Health Service representatives must provide any information requested by the Chief Psychiatrist or the Statewide Coordinator relevant to IPRA functions or outcomes.
IPRAs and Health Service representatives must make every effort to assist the Chief Psychiatrist and the Statewide Coordinator to carry out their functions as they relate to IPRAs.

10.3 Filling vacancies and handovers

Health Services must advise the Statewide Coordinator within five (5) business days of an IPRA role becoming vacant, including on resignation of an IPRA.

- The Health Service must immediately make arrangements to fill the IPRA role, ensuring uninterrupted continuity of the position.

When an IPRA is on annual leave, arrangements must be made to fill the position, before the period of leave commences.

If an IPRA resigns or takes annual leave for any period of time, arrangements must be made to ensure a comprehensive handover is delivered, to ensure continuity of patient care.
# Further information

## Definitions and abbreviations

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMHS</td>
<td>Authorised mental health service - a health service, or part of a health service, declared by the Chief Psychiatrist to be an authorised mental health service. AMHSs include both public and private sector health services. While treatment and care is provided to both voluntary and involuntary patients, additional regulation applies under the <em>Mental Health Act 2016</em> for individuals subject to involuntary treatment and care.</td>
</tr>
<tr>
<td>Health Service</td>
<td>For the purpose of this policy, a Health Service includes:  &lt;br&gt;  - public sector Hospital and Health Services  &lt;br&gt;  - private hospitals with authorised mental health service beds for public patients.</td>
</tr>
<tr>
<td>IPRA</td>
<td>Independent Patient Rights Adviser as defined under Chapter 9 Part 5 of the <em>Mental Health Act 2016</em>.</td>
</tr>
<tr>
<td>NSP</td>
<td>Nominated support person - a family member, carer or other support person formally appointed by a patient to be their nominated support person. NSP rights include:  &lt;br&gt;  - must be given all notices about the patient that are required under the <em>Mental Health Act 2016</em>  &lt;br&gt;  - may discuss confidential information about the patient's treatment and care  &lt;br&gt;  - may represent, or support the person, in any hearings of the Mental Health Review Tribunal, and  &lt;br&gt;  - may request a psychiatrist report if the person is charged with a serious offence.</td>
</tr>
<tr>
<td>Patient</td>
<td>&lt;br&gt;  - An involuntary patient, or  &lt;br&gt;  - a voluntary patient receiving treatment and care for a mental illness in an AMHS, including a person receiving treatment and care under an advance health directive or with the consent of a personal guardian or attorney.</td>
</tr>
<tr>
<td>Support person/s</td>
<td>Includes, a nominated support person or, if the person does not have a nominated support person, a family member, carer or other support person.</td>
</tr>
<tr>
<td>Term</td>
<td>Definition</td>
</tr>
<tr>
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</tr>
<tr>
<td>Relevant Person</td>
<td>A relevant person under ch17 of the Mental Health Act 2016 means each of the following individuals:</td>
</tr>
<tr>
<td></td>
<td>(a) the chief psychiatrist</td>
</tr>
<tr>
<td></td>
<td>(b) the administrator of an authorised mental health service</td>
</tr>
<tr>
<td></td>
<td>(c) the director of forensic disability</td>
</tr>
<tr>
<td></td>
<td>(d) the administrator of the forensic disability service</td>
</tr>
<tr>
<td></td>
<td>(e) an authorised doctor</td>
</tr>
<tr>
<td></td>
<td>(f) an authorised mental health practitioner</td>
</tr>
<tr>
<td></td>
<td>(g) a member of the tribunal</td>
</tr>
<tr>
<td></td>
<td>(h) a member of the staff of the tribunal or registry</td>
</tr>
<tr>
<td></td>
<td>(i) an assisting clinician</td>
</tr>
<tr>
<td></td>
<td>(j) a person representing another person at the hearing of a proceeding in the tribunal</td>
</tr>
<tr>
<td></td>
<td>(k) a member of a person’s support network accompanying the person under section 739 at the hearing of a proceeding in the tribunal</td>
</tr>
<tr>
<td></td>
<td>(l) an examining practitioner conducting an examination under a court examination order or an order mentioned in section 721(1)</td>
</tr>
<tr>
<td></td>
<td>(m) a designated person performing a function under this Act</td>
</tr>
<tr>
<td></td>
<td>(n) an independent patient rights adviser</td>
</tr>
<tr>
<td></td>
<td>(o) an inspector</td>
</tr>
<tr>
<td></td>
<td>(p) an authorised person.</td>
</tr>
</tbody>
</table>
Referenced policies and resources

Chief Psychiatrist policies

Management of complaints and right to a second opinion

Mental Health Act 2016 forms and other resources

Guide to Patient Rights under the Mental Health Act 2016

Statewide independent patient rights adviser contact list

Queensland Health Information Sharing Between mental health staff, consumers, family, carers, nominated support persons and others health guidelines

Legislation

Mental Health Act 2016

Hospital and Health Boards Act 2011

Public Guardian Act 2014

Powers of Attorney Act 1998

Document status summary

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<th>Description</th>
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<td>Date of effect:</td>
<td>5 April 2023</td>
</tr>
<tr>
<td>Supersedes version that took effect on:</td>
<td>22 April 2020</td>
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<tr>
<td>To be reviewed by:</td>
<td>31 March 2026</td>
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<tr>
<td>Assessment of compatibility with the Human Rights Act 2019 completed on:</td>
<td>1 December 2021</td>
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## Attachment 1: IPRA role description

<table>
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<tr>
<th>Position details</th>
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<tr>
<td><strong>Title</strong></td>
<td>Independent Patient Rights Adviser</td>
</tr>
<tr>
<td><strong>Location</strong></td>
<td>Statewide</td>
</tr>
<tr>
<td><strong>Salary range</strong></td>
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</tr>
<tr>
<td><strong>Classification</strong></td>
<td>AO7*</td>
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<tr>
<td><strong>Branch/work unit</strong></td>
<td>N/A</td>
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<td><strong>Reports to</strong></td>
<td>Depends on employment arrangement</td>
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<td><strong>Direct reports</strong></td>
<td>Nil</td>
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<tr>
<td><strong>Status</strong></td>
<td>Full time and/or part time</td>
</tr>
<tr>
<td><strong>Success factor profile</strong></td>
<td>Supervisor</td>
</tr>
</tbody>
</table>

*IPRAs employed in an external entity such as a non-government organisation are to be remunerated at a level commensurate with the required competencies for the position.*

### Insert details of Health Service

**Health Service includes:**
- a public sector Hospital and Health Service, or
- a private hospital with authorised mental health service beds for public patients.

### About the role

The purpose of this role is to advise patients and their nominated support persons, family, carers and other support persons of their rights under the *Mental Health Act 2016*.

The functions of Independent Patient Rights Advisers are set out in section 294 of the *Mental Health Act 2016*, namely:

- Ensure that a patient, and the patient’s nominated support persons, family, carers and other support persons have been advised of their rights and responsibilities under the *Mental Health Act 2016*,
- Help the patient, and the patient’s nominated support persons, family, carers and other support persons to communicate to health practitioners the patient’s views, wishes and preferences about the patient’s treatment and care,
- Work cooperatively with community visitors performing functions under the *Public Guardian Act 2014*,
- Consult with authorised mental health practitioners, authorised doctors, administrators of authorised mental health services, and the chief psychiatrist on the rights of patients under the *Mental Health Act 2016*, the *Guardianship and Administration Act 2000*, the *Powers of Attorney Act 1998* and other laws,
• In relation to hearings of the Mental Health Review Tribunal:
  o advise the patient, and the patient's nominated support persons, family, carers and other support persons of the patient's rights at the hearings,
  o if requested, help the patient engage a representative for the hearings,
• Identify whether the patient has a personal guardian or attorney and, if the patient has a personal guardian or attorney, work cooperatively with the personal guardian or attorney to further the patient’s interests, and
• If appropriate, advise the patient of the benefits of an advance health directive or enduring power of attorney for a personal matter.

An Independent Patient Rights Adviser, in performing the adviser’s functions:

  a) must act independently and impartially, and
  b) is not subject to direction or control by any person in relation to advice given, or help provided, to a patient or a patient’s nominated support persons, family, carers or other support persons,
  c) work in accordance with the Mental Health Act 2016 and the Chief Psychiatrist Policy Independent Patient Rights Advisers.

An Independent Patient Rights Adviser may be:

  • an employee of an entity that a Health Service has engaged to provide services; or
  • an employee of a Health Service but not employed in the service’s mental health service.

An Independent Patient Rights Adviser must have a commitment to patient rights, demonstrate professional integrity, and be committed to achieving results for the benefit of patients, family, carers and other support persons.

**Role fit**

The essential requirements for this role are:

• Demonstrated knowledge of the application and requirements of the Mental Health Act 2016 or ability to rapidly acquire such knowledge
• Demonstrated ability to consult with a broad range of mental health stakeholders, including mental health consumers, support persons, carers, authorised doctors and administrators of authorised mental health services
• Demonstrated high level oral and written communications skills and ability to support people from vulnerable population groups, such as persons with a mental illness, and
• High level negotiation and conflict resolution skills.
Specific working conditions

Intra-state travel may be required.

Independent Patient Rights Advisers may be required to witness Advance Health Directives for patients. Advance Health Directives may be witnessed by a justice of the peace, a commissioner for declarations, a lawyer or a notary public.

Employee obligations

[Health Service to insert details]
## Attachment 2: Allocation of IPRA program funding

<table>
<thead>
<tr>
<th>HHS</th>
<th>FTE</th>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td>Cairns and Hinterland</td>
<td>2</td>
<td>Includes extra capacity to support Torres and Cape HHS</td>
</tr>
<tr>
<td>Central Queensland</td>
<td>2</td>
<td>Includes extra capacity to support Central West HHS</td>
</tr>
<tr>
<td>Central West</td>
<td>0</td>
<td>Service to be provided by Central Queensland HHS</td>
</tr>
<tr>
<td>Darling Downs</td>
<td>2</td>
<td>Includes extra capacity to support South West HHS</td>
</tr>
<tr>
<td>Gold Coast</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Mater Hospital (authorised mental health service beds for public patients)</td>
<td>0*</td>
<td>Service to be provided by Children’s Health Queensland IPRA</td>
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<tr>
<td>Mackay</td>
<td>1</td>
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<tr>
<td>Metro North</td>
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<td></td>
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<tr>
<td>Metro South</td>
<td>5</td>
<td></td>
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<tr>
<td>North West</td>
<td>0</td>
<td>Service to be provided by Townsville HHS</td>
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<td>South West</td>
<td>0</td>
<td>Service to be provided by Darling Downs HHS</td>
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<td>Sunshine Coast</td>
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<td>Torres and Cape</td>
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<td>Service to be provided by Cairns and Hinterland HHS</td>
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<td>Townsville</td>
<td>2</td>
<td>Includes extra capacity to support North West HHS</td>
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<tr>
<td>West Moreton</td>
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<tr>
<td>Wide Bay</td>
<td>1</td>
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</tr>
<tr>
<td>Children’s Health Queensland</td>
<td>1*</td>
<td>*Children’s Health Queensland IPRA providing outreach support to Mater Hospital (Catherine’s House)</td>
</tr>
<tr>
<td>Statewide Coordinator (within the Office of the Chief Psychiatrist)</td>
<td>1</td>
<td></td>
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<tr>
<td><strong>Total</strong></td>
<td>29</td>
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