Implementation progress report – June 2018:

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*

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1. Message from the Director-General

It is my pleasure to present the second 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 (2016)*.

The continued progress towards improving the care of people with mental illness through excellence in mental health service delivery strategic directions, policy and clinical practice, reflects one of the 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.

The Department of Health is leading the implementation of the response to the 63 recommendations across 11 key areas provided within the report *When mental health care meets risk: A Queensland sentinel events review into homicide and public sector mental health services (2016)*. The department is well supported and guided in its endeavours by a governance structure comprising expert representation from Hospital and Health Services, consumer and carers, and other key stakeholders.

The activities undertaken during this second year of implementation demonstrate the complexity and scope of the Review Committee's recommendations and the Queensland Health response. The considerable achievements made to date are the result of a substantial investment of; time and input from all involved, resourcing and consultation. Three major projects – the Options paper for a statewide integrated forensic mental health services model (recommendations 1-6, and 9), the development of a Violence risk assessment and management framework (recommendations 22 to 24), and the establishment of a Mental Health Alcohol and Other Drugs Quality Assurance Committee (recommendations 60 to 63) – required greater consultation and response times than had been initially estimated, however it is vital that we get these key reform activities right and remain flexible when weighing up priorities and factors such as quality and timeliness. As noted in the report, these considerations have meant that some of the activities initially planned for year two have been deferred to the third and final year.

Once again, I have been impressed by the commitment and collaboration of all stakeholders to reach 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.

Michael Walsh

Director-General, Department of Health

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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 as a consequence of police use of force interventions 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 Review Committee identified no concerning trends or emerging system issues, however made findings across 11 key areas and provided 63 recommendations within their report *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).

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

A progress report detailing activities undertaken in the first year of implementation of the Queensland Health response, up to June 2017, has also been released. All reports are available at the 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 Advisory and Working Groups, provides oversight of the activities scheduled within the second year of implementation and guides the planning for the third and final year. The membership of the Steering Committee, Advisory and Working Groups provide expertise and representation from multiple stakeholder areas such as Hospital and Health Services, consumers and carers, peak bodies Arafmi and the Queensland Voice and others. An ongoing communication strategy to keep Hospital and Health Services engaged with, and informed of, the progress has included; consultation with clinicians and key stakeholders through various meetings, presentations, news letters, monthly updates to the statewide Mental Health Alcohol and Other Drugs Senior Leaders Group, and quarterly updates to the three Mental Health Alcohol and Other Drugs Clinical Clusters and the Mental Health Alcohol and Other Drugs Clinical Network.

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*).

The blue text boxes provide a brief summary of activities completed in the first year of implementation (2016-17), details progress made during the second year (2017-18), and outlines activities planned for year three (2018-19).

In most instances, implementation activities 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 two progress update.

Where further responses or post implementation actions have occurred for those items completed in year one an update has been provided – indicated by 📈.

Where there are initiatives or activities underway that are not a direct response to the recommendations made but are related and will result in an improved mental health service system response to all consumers, including those who pose a risk of violence to others, a spotlight section been included – indicated by ℹ.

Appendix 1 lists a summary of each of the 63 recommendations in numerical order, along with the implementation status at 30 June 2018, demonstrating that to date the implementation of 62% (n=39) of the recommendations have been completed, with the other 38% (n=24) commenced. Where the completed activities include work that has been published hyperlinks have been provided.

In brief: key achievements for year two

- Review of the forensic mental health services and models for an integrated statewide service to improve the system's responsiveness proposed for consideration.
- Completion of a draft three-tiered Violence risk assessment and management framework to improve mental health service responses for consumers who pose a risk of violence towards others.
- Existing training updated and new training packages developed to enhance clinician's skills in the identification, assessment and management of risk.
- Five Hospital and Health Services engaged to pilot the Violence risk assessment and management framework - mental health services. Training on the Framework was delivered to all services and specialist training on the assessment and management of risk was delivered to 130 senior clinicians in preparation for the pilot commencing 2 July 2018.
- Establishment of a Mental Health Alcohol and Other Drugs Quality Assurance Committee which will review critical events involving suspected homicides and serious acts of violence to drive ongoing improvements to the safety and quality of services delivered.

In brief: key activities planned for year three

By June 2019 the vast majority of responses to the recommendations will have been completed.

- The Violence risk assessment and management framework - mental health services informed by the pilot, will have been rolled out and become usual practice within all Hospital and Health Services.
- A mechanism will have been identified to provide oversight on the regularity and suitability of case reviews and care plans for consumers assessed as requiring a Tier 3 response within the Violence risk assessment and management framework.
- The suite of clinical audit tools will be finalised following a pilot within eight Hospital and Health Services in preparation for statewide release.
- The results of the 12-month project to examine the most effective way to provide information and support to family members / carers who are victims of violence, including the re-design of the Queensland Health Victim Support Service, will have been considered and a response developed.
- The determination of, and planning for, an integrated statewide forensic mental health service model is a substantial undertaking and will continue on past the three year implementation plan as part of the strategic and service delivery planning process.

3.1 Key area: Statewide 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 statewide 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 statewide 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 statewide forensic mental health service (SFMHS) is to have statewide 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 statewide forensic mental health services and Hospital and Health Services mental health service senior executives to improve quality, efficacy and integration of services.

4 Statewide 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 statewide 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 statewide forensic mental health services.

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

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

Summary of progress year one

Improvements to the development of treatment and monitoring plans for consumers identified as a high risk of violence were introduced through the release of the Chief Psychiatrist Policy *Treatment and Care of Forensic Order, Treatment Support Order and High Risk Patients*. The Policy provides a governance structure to support engagement with, and liaison between, mental health and forensic mental health services; and the determination of treatment and monitoring requirements for forensic patients based on their individual requirements **(recommendations 7 and 8).**

Update on outcome of recommendations 7 and 8

A post implementation evaluation of the Chief Psychiatrist Policy *Treatment and Care of Forensic Order, Treatment Support Order and High Risk Patients* was undertaken by the Office of the Chief Psychiatrist. The evaluation utilised information and data collected from 5 March to 5 September 2017. This allowed sufficient time for authorised mental health services (AMHSs) to complete initial Assessment and Risk Management Committee reviews, required under the clinical governance framework, for forensic patients. The evaluation found that AMHSs considered the clinical governance framework developed within the Policy to be of value for the improved assessment, management and monitoring of forensic and high risk patients.

Progress year two

An independent expert forensic mental health consultancy team was engaged to develop an options paper for a statewide integrated forensic mental health services model in Queensland. The options paper was delivered in February 2018 **(recommendations 1-6, 9)**.

The options paper represents an extensive body of work comprising:

- a literature review of international and national service models
- data capture, mapping exercise and analysis to develop an overview of mental health services in Queensland, and an in-depth understanding of forensic mental health service delivery
- consultation with over 160 representatives from mental health, justice and related key stakeholder agencies.

The paper acknowledged the good reputation that Queensland has for its innovative and strong forensic mental health service components. A number of positive changes to the system were noted such as the *Mental Health Act 2016,* and the substantial progress made through the completion of / or commencement of actions in response to the recommendations within the When mental health care meets risk report 2016.

The Consultancy found that many of the adaptations made to service delivery since the establishment of 16 Hospital and Health Services under the *Hospital and Health Boards Act 2011* were positive such as being more responsive to the health needs of the local population. However, the decentralisation has created challenges for statewide specialist services such as the forensic mental health service which lacks a unified service model with a clear governance structure.

Three key issues to be addressed are: the need for forensic services to work collaboratively rather than independently; to have clearly defined lines of accountability and authority; and to be integrated – both within the forensic mental health service system and with mental health services.

The paper identifies three possible models for consideration and provides a high level analysis of each option against the model's ability to meet the recommendations set out within the When mental health care meets risk report 2016 (recommendations 1-6, and 9).

All three models require substantial changes to corporate and clinical governance and service system delivery. All recommend a centralised hub of expertise with functions ranging from strategic planning, policy and purchasing to clinical governance.

The paper did not identify resource implications however all three models have financial, human resourcing and industrial relations implications to varying degrees. In addition, the paper identified current service delivery gaps for consideration e.g. Community Forensic Outreach Service, forensic mental health beds, inpatient programs and problem behaviour services.

The Mental Health Alcohol and Other Drugs Branch undertook a preliminary analysis of the models identified through the development of an Evaluation Paper whereby each option was measured against six criteria; community confidence, governance and accountability, fair and equitable access, integration, sustainability, and provision of services to Aboriginal and Torres Strait Islander people.

In 18 April 2018 the Evaluation Paper was endorsed at the When mental health care meets risk Implementation Steering Committee meeting where it was agreed that each model

contained different merits, costs and benefits with no one model being a clear standout option that would be the best fit for Queensland.

Other influences and interdependencies on the final model will be the outcomes of the following projects:

- Response to the Barrett Adolescent Centre Commission of Inquiry Recommendation 1: review of statewide services March 2017.
- A review of the Queensland Forensic Disability Service System conducted in 2018 with the report under consideration.
- Offender Health Services review currently underway with the report due August 2018.
- The inclusion of a forensic mental health component within the National Mental Health Service Planning Framework. This extensive undertaking is in the planning phase, with the initial scoping work to develop the technical specifications related to forensic mental health systems across Australia due for completion June 2019.

Further consideration and consultation will be required to analyse the implications of each of the options and to determine the service model that will best meet the needs of forensic mental health consumers, their carers and families, the community and other interrelated government and non-government agencies.

Implementation activities year three and ongoing business thereafter

To inform the determination of the best fit model for Queensland, a staged approach to implementation across two areas, service reform and clinical governance, is planned **(recommendations 1-6, 9).**

Service reform will require further consultation and consideration including resource requirements to support an integrated statewide forensic mental health service consistent with the intent of the recommendations of the When mental health care meets risk report 2016.

Connecting care to recovery 2016-2021: A plan for Queensland's State funded mental health, alcohol and other drug services provides a guidepost for future action and investment in the mental health alcohol and drug service system. Resourcing requirements are best considered through the planning process to inform the next state funded mental health alcohol and other drug services plan.

Over the next 12 to 18 months the Mental Health Alcohol and Other Drugs Branch will give consideration to corporate and clinical governance enhancements that can be undertaken within existing resources and that are independent of the final 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 statewide 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 statewide 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 statewide 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.

Summary of progress year one

Implementation of **recommendations 10 to 16** focused on strengthening mental health service engagement and collaboration with carers/families and support services through the revision of clinical documentation, and the provision of educational modules and information sharing resources. Implementation of **recommendations 10 to 16** were completed through the delivery of:

- the revised core suite of clinical documents, the *Guideline on the use of the standard suite of clinical documentation,* and the *User guide for revised mental health clinical documentation*
- updates to the training packages QC9 *Critical Components of Risk Assessment and Management*, and QC14 *Mental Health Assessment*
- inclusion of information and support to families and carers who may be at risk of violence within the Queensland Health factsheet *Information sharing between mental health workers, consumers, carers, family and significant others*.

Progress year two

To support Hospital and Health Services to evaluate their engagement with and support of families the development of a suite of clinical audit tools commenced in year one. Four audit tools were designed to examine themes of: 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.

In July 2017, the Office of the Chief Psychiatrist conducted a feasibility workshop on the suite of clinical audit tools to inform minor changes to the useability of the tools and the conversion of the tools to an electronic format for further testing.

A mini-pilot of the suite of clinical audit tools was conducted within two Hospital and Health Services from September to November 2017.

In December 2017 it was decided that given the complexity of the activities being undertaken in year two, and due to competing priorities within the implementation work plan, the finalisation of the clinical audit tools would be placed on hold and deferred to year three.

Implementation activities year three and ongoing business thereafter

Feedback obtained from the mini-pilot will be incorporated into the clinical audit tools in preparation for a six-month pilot within eight participating Hospital and Health Services.

Upon completion of the pilot in July 2019 the finalised suite of clinical audit tools will be implemented across the state.

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 statewide 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 statewide 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.

Summary of progress year one

Implementation of recommendations 17 to 21, relating to improving comprehensive mental health assessments, focussed on providing guidance to mental health services on the frequency of assessments, resources to support the use of the core suite of clinical documents and training. Implementation of **recommendations 17 to 20** were completed through the delivery of:

- the *Guideline on the use of the standard suite of clinical documentation,* and the *User guide for revised mental health clinical documentation*
- updated training packages QC9 *Critical Components of Risk Assessment and Management*, and QC14 *Mental Health Assessment.*

Recommendation 21 was partially completed with the addition of content to QC14 *Mental Health Assessment* to facilitate staff accessing supervision and support while undertaking an assessment.

Progress year two

In order to support Hospital and Health Services with the clinical audit of mental health assessments, the suite of clinical audit tools commenced in year one and 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.

Implementation activities year three and ongoing business thereafter

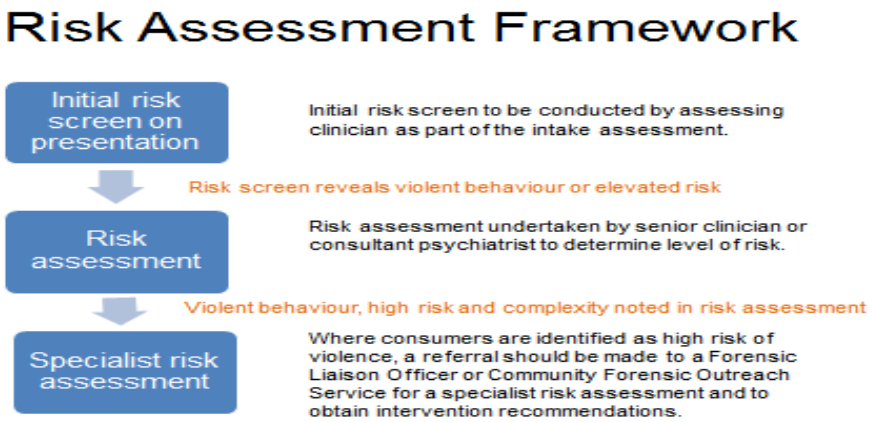
As noted in section 3.2 some preliminary testing of the clinical audit tools was undertaken in year two with a full pilot and finalisation deferred to year three with statewide roll out to follow.

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.

Recommendations

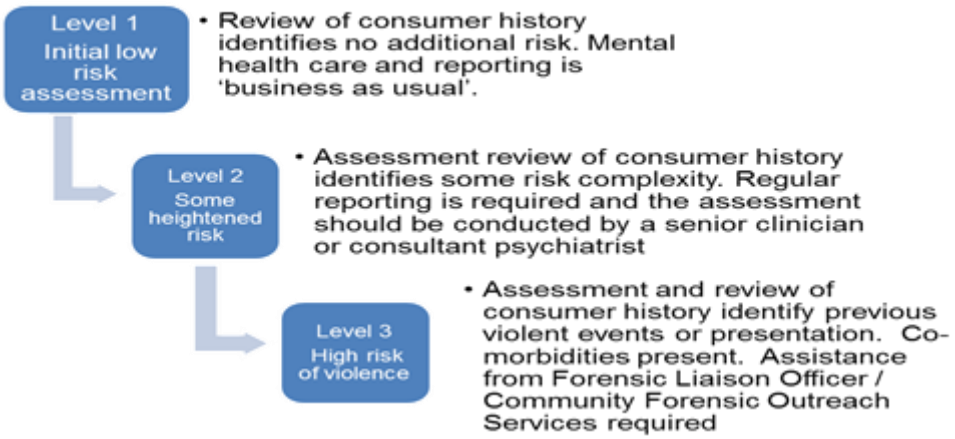
22 Implement the following three level violence risk assessment:



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 statewide 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 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.

Summary of progress year one

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

Development of a guideline and clinical documents to support the implementation of a three-tiered violence risk assessment framework commenced (**recommendations 22, 23 and 24**).

Progress year two

In September 2017 the draft Violence risk assessment and management framework - mental health services (the Framework) including three clinical documents was finalised. The Framework provides a structured three-tiered approach for the identification, assessment and management of consumers who pose a risk of violence towards others (**recommendation 22**).

The Framework's three tiers align service responses with the level of risk identified, and actively engage senior clinicians, including consultant psychiatrists, in the assessment, management and review of consumers with an elevated risk profile (**recommendation 23 and 24**).

The Framework is supported by enhancements to clinician training on risk assessment and management at each of the three tiers as noted within key area 3.6 building competencies and capabilities (recommendations 46-48).

Training program enhancements to align with the Framework

The Mental Health Alcohol and Other Drugs Branch engaged the Queensland Centre for Mental Health Learning (Learning Centre), and content experts from adult and child and youth forensic mental health services to update the training for Tier 1 and to develop the training requirements for Tier 2.

For Tier 1 screening

- Tier 1 within the Framework is informed by the Risk Screening Tool from the core suite of clinical documents. Minor amendments were made to the violence/aggression component contained within the Tool.
- The QC9 Critical Components of Risk Assessment and Management training builds capability in screening and prevention oriented management for multiple domains of risk, including violence, and provides mental health clinicians with training on the use of the Risk Screening Tool.
- Training modules were updated on the identification of future factors that may impact on the risk for violence, placed greater emphasis on prevention oriented risk management, and introduced information about the Framework.

For Tier 2 assessment

- A new violence risk assessment and management clinical document was developed to support Tier 2. This level of assessment and management planning will be undertaken by senior mental health clinicians, including forensic liaison officers and consultant psychiatrists.
- A new training package the QC30 Violence Risk Assessment and Management provides senior clinicians with the content knowledge required to undertake this assessment and develop risk mitigation management plans.

For Tier 3 specialist forensic assessment

Within the Framework, Tier 3 assessments and management plans are undertaken by specialist forensic mental health services, informed whenever possible by validated violence risk assessment measures. The Mental Health Alcohol and Other Drugs Branch provided funding to the Community Forensic Outreach Service (adults) to deliver training requirements for a Tier 3 response to forensic mental health service clinicians.

The training delivered was on three validated risk assessment measures; the Risk for Sexual Violence Protocol (RSVP); the Spousal Assault Risk Assessment Guide (SARA); and the Terrorist Radicalization Assessment Protocol-18 (TRAP-18).

Pilot of the Framework

The Framework will be piloted in five Hospital and Health Services from 2 July 2018 to 7 January 2019. Preparation has been extensive and has included:

- Several meetings with the five Hospital and Health Services to discuss their engagement in the pilot, service profiles and staffing levels, and to deliver training on the Framework and the evaluation requirements.
- Establishment of a governance structure, monitoring and communication process.
- Establishment of a communities of practice network with pilot site coordinators.
- Delivery of QC30 training to approximately 130 senior clinicians, including consultant psychiatrists, across the five Hospital and Health Services by the Learning Centre and co-facilitated by a local mental health service clinical director or their delegate.
- Attendance by forensic mental health experts as observers at each of the QC30 training sessions to monitor progress, record participant feedback, and provide any content updates to the Learning Centre for inclusion in the training programs.

Implementation activities year three

Pilot of the Framework from 2 July 2018 to 7 January 2019 in five Hospital and Health Services.

Following amendments to the Framework and associated training informed by the pilot evaluation, statewide implementation will begin in March 2019.

To prepare for the statewide roll out the Mental Health Alcohol and Other Drugs Branch has entered into service agreements with:

- the Learning Centre to deliver QC30 training to approximately 612 senior clinicians within the 16 Hospital and Health Services from March to June 2019
- Child and Youth Forensic Outreach Services for training in the application of two validated risk assessment measures; the Assessment of Violence Risk in Youth (SAVRY), and the Short Term Assessment of Risk and Treatability-Adolescent version (START)
- Community Forensic Outreach Services to undertake a project to develop statewide standardised processes for consumers requiring a Tier 3 response.

The final recommendation within the Violence risk assessment and management section of the When mental health care meets risk 2016 report (**recommendation 25**) refers to the quarantining of the role and function of Forensic Liaison Officers located within mental health services.

Forensic Liaison Officers are included within the group of senior clinicians undertaking Tier 2 assessment and management planning within the Framework. This decision aligns with **recommendation 5** that states that Forensic Liaison Officer positions be quarantined for undertaking assessments and management of forensic mental health consumers and other consumers who pose a high risk of violence. The issue of quarantining these positions from other general mental health service functions will be addressed within the response to the options paper for a statewide integrated forensic mental health service model (refer progress of recommendations 1-6 and 9).

3.3.3 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 statewide 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 statewide 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 statewide 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 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.

Summary of progress year one

Implementation of **recommendations 26 to 31**, focused on formulation and treatment planning, emphasised the importance of transferring the information gathered through the

assessment process into treatment planning, and the review of the treatment plans for efficacy and mitigation of risk. Implementation activities included the addition of prompts relating to comprehensive ad hoc reviews into the core suite of clinical documentation; instructions within the *Guideline on the use of the standard suite of clinical documentation*; and release of the *User guide for revised mental health clinical documentation*.

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

Implementation activities for year three and ongoing business thereafter

In order to support Hospital and Health Services with clinical audits aimed at reinforcing high quality formulation and treatment planning, the suite of clinical audit tools referred to under section 3.2 includes an audit tool specifically focusing on formulation, treatment and care planning **(recommendations 26-28 and 31)**. As noted in section 3.2 preliminary testing of the clinical audit tools was undertaken in year two with a full pilot and finalisation deferred to year three, with statewide roll out to follow.

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 statewide Guideline regarding the use of the statewide 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.

Summary of progress year one

Training in recovery oriented practice – *QC24 Strengths to Recovery* – was launched by the Queensland Centre for Mental Health Learning in February 2017 **(recommendations 33 and 34)**.

Hospital and Health Service's responsibilities in the undertaking of regular clinical chart / record audits were outlined within the *Guideline on the use of the standard suite of clinical documentation* with the *User guide for revised mental health clinical documentation* being a useful tool to assist in the audit of case files **(recommendation 35)**.

Progress year two

A scoping exercise was planned for year two to examine whether an enhancement to the *Strengths to Recovery* training and/or an advanced module would be required.

Activities undertaken were a desk top review, attendance at the *QC24 Strengths to Recovery* training, brief discussions with the attendees, and also the membership of the When mental health care meets risk Implementation Steering Committee. Noting that augmentation of *QC24 Strengths to Recovery* to include risk factors of violence was completed in year one **(recommendation 49)**, it was agreed that no amendments were required to the Q24 training.

Applications of the recovery model and balancing risk and recovery with consumers who pose a risk of violence to others were included within the training developed for Tier 2 of the Violence risk assessment and management framework - mental health services. The QC30 Risk Assessment and Management for senior clinicians was developed by the Queensland Centre for Mental Health Learning, with forensic specialist input provided by adult and child and youth forensic mental health service clinicians. The QC30 training package was endorsed by the Violence Risk Framework Advisory Committee comprising multiple stakeholders including consumer representatives **(recommendations 33 and 34).**

Implementation activities year three and ongoing business thereafter

In order to support Hospital and Health Services with regular auditing of case files to examine evidence of consumer engagement the suite of clinical audit tools commenced in year one and referred to under section 3.2 includes an audit tool designed to examine the key theme of engagement, partnering and information sharing **(recommendation 35)**. Examination includes consumer involvement and engagement throughout all phases of care the assessment, care planning, review, transfer and discharge 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.

As noted in section 3.2 preliminary testing of the clinical audit tools was undertaken in year two with a full pilot and finalisation deferred to year three, with statewide roll out to follow.

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 statewide 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 Statewide 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.

Summary of progress year one

To promote consideration of comorbidities within the consumer's assessment, formulation, treatment planning and review, **recommendations 36 to 41** were implemented through:

- the *User guide for revised mental health clinical documentation* which provides clinicians with information on considerations and inclusions when completing the core suite of clinical documentation
- updates to training QC9 *Critical Components of Risk Assessment and Management*, and QC14 *Mental Health Assessment*.

Implementation of **recommendations 42 and 43** focused on how mental health services could assist consumers with comorbid conditions and/or complex needs to access support through the National Disability Insurance Scheme (NDIS), and exploration of other opportunities employing a whole of government approach. **Recommendations 42 and 43** were implemented through:

- the agreement that service integration coordinators would facilitate access to the NDIS for eligible consumers with severe psychosocial disability and dual or multiple diagnoses, monitor the adequacy and efficacy of consumers' plans, and support clinicians to maximise consumer access
- ongoing exploration of opportunities for partnerships across multiple organisations for the provision of care and support to mental health consumers.

Spotlight

The Mental Health Alcohol and Other Drugs Branch has developed NDIS workshop activity modules providing education on terminology, documentation including the provision of evidence of functional impairments related to psychosocial and other disabilities, education on the review process and preparation for planning meetings. The purpose of these modules is to ensure eligible consumers are accessing the NDIS supports.

Starting in December 2017 the workshop modules have been delivered to Service Integration Coordinators, mental health clinicians and their Queensland Health funded non-Government Organisation partners across the State.

Service Integration Coordinators and mental health leaders have been provided with workshop modules that they can deliver to their mental health colleagues within Hospital and Health Services.

In June 2018 the Service Integration Coordinators Forum continued to build on the skills of participants to access NDIS and/or community mental health supports for consumers with complex mental health needs and/or psychosocial disability. The shared experience interactive forum utilised presentations and panels involving Service Integration Coordinators and a wide range of partners who support clients with access to the NDIS. Partners included the Department of Housing and Public Works, Office of the Public Guardian, Legal Aid, Correctional Services, Queenslanders with a Disability Network and the Statewide Forensic Mental Health and Prison Mental Health Services.

The Mental Health Alcohol and Other Drugs Branch is participating in the National Psychosocial Supports Measure Working Group to complete the *Bilateral Agreement between the Commonwealth and Queensland: National Psychosocial Support Measure* which outlines the arrangements for delivering Commonwealth and Queensland Health funded psychosocial supports in the community to NDIS ineligible clients from 2017-18 to 2020-21.

The Mental Health Alcohol and Other Drugs Branch continues to participate in discussions with other Queensland Government agencies and the National Disability Insurance Agency to ensure consumers with complex mental health support needs gain access to NDIS supports and to resolve issues that arise, particularly for consumers awaiting discharge to suitable accommodation and supports.

Implementation activities year three and ongoing business thereafter

To assist Hospital and Health Services to monitor and reinforce requirements for the identification and management of consumers with dual diagnosis and co-occurring conditions, the suite of clinical audit tools commenced in year one referred to under section 3.2, includes a number of relevant audit requirements **(recommendations 36-40).** As noted in section 3.2 preliminary testing of the clinical audit tools was undertaken in year two with a full pilot and finalisation deferred to year three, with statewide roll out to follow.

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 statewide 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 statewide 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 statewide 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.

Summary of progress year one

Both **recommendations 44 and 45** were commenced with:

- the Consumer Integrated Mental Health Application (CIMHA) remaining the statewide clinical information system for mental health and discussions on the integration of clinical information with the broader eHealth system
- planning for an area within CIMHA to view information relating to a consumer's violence history, risk assessment, management and ongoing reporting requirements.

Progress year two

CIMHA remains the statewide clinical information system for mental health. In January 2018 eHealth Queensland Clinical Program delivered high level requirements and proposed four solution models for a CIMHA and ieMR interface. The Mental Health Alcohol and Other

Drugs Branch and eHealth Queensland continue to examine the feasibility of an interface between CIMHA and the ieMR **(recommendation 44)**.

In parallel to the CIMHA and ieMR interface work, a high-level analysis will be undertaken by the Mental Health Alcohol and Other Drugs Branch in conjunction with eHealth Queensland to determine the best solution for mental health alcohol and other drug services.

The integration of Queensland Health clinical information systems represents a major body of ongoing work that is being undertaken by the Department of Health. As such, it is beyond the scope of the When mental health meets risk report implementation project. Therefore, activities related to Queensland Health clinical information systems development will no longer be reported on in the context of When mental health care meets risk report implementation **(recommendation 44)**.

With the April 2018 release of CIMHA 3.0, clinicians can run a Violence Risk Report which collates clinical note templates relevant to a consumer's risk of violence, management and ongoing reporting. A sample of templates included are the: Risk Screening Tool, Forensic Intake form, Violence Risk Assessment and Management form, Forensic Service Assessment and Response – Violence Risk form, Mental Health Review Tribunal reports, Acute Management Plan, and the Police and Ambulance Intervention Plan. The inclusion of relevant *Mental Health Act 2016* forms is scheduled for the final quarter of 2018 **(recommendation 45)**.

CIMHA 3.0 further established the technical foundations for future releases, specifically the secure transfer of clinical documentation to external health service providers. This technical capability enables mental health services to deliver integrated care through sharing of information to the medical and health care community **(recommendation 45)**.

Implementation activities year three and ongoing business thereafter

Inclusion of *Mental Health Act 2016* templates within the reporting capabilities of the Violence Risk Report **(recommendation 45)**.

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.

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 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.

Statewide 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.

Summary of progress year one

To build a competent, capable, supported and supervised mental health service workforce, implementation activities included:

- augmentation of training *QC24 Strengths to Recovery* to include risk factors of violence **(recommendation 49)**
- training materials updated to include the Guideline *Information Sharing between Mental Health Workers, Consumers, Carers, Family and Others; Mental Health Act 2016* online education package Module 10 **(recommendation 50)**
- development of training and relationships with Primary Health Networks in the assessment and management of risk of violence through collaborative development and delivery of the *Clinical Response to Domestic and Family Violence* training **(recommendation 53)**.

Update on recommendation 53

The Department of Health, in consultation with key stakeholders, has developed additional resources to assist health professionals in identifying and responding to domestic and family violence.

The resources provide health professionals with guidance in the following areas:

- Domestic and family violence information sharing
- Responding to presentations of non-lethal strangulation
- Domestic and family violence antenatal screening.

These resources are available to both public and private sector health professionals.

Progress year two

The training of clinicians in principles of risk screening, risk assessment, the application and interpretation of validated risk assessment measures and escalation when indicated are addressed in the draft Violence risk assessment and management framework–mental health services (the Framework) **(recommendations 46-48)**.

The Framework refers to the minimum training requirements for mental health service clinicians at each of the three tiers. Full details on the training requirements for risk screening, risk assessment and specialist forensic assessments and the responses developed are provided under section 3.2.2 of this report.

Implementation activities year three and ongoing business thereafter

Competencies and capabilities of staff can, in part, be inferred through an examination of clinical documentation. To support Hospital and Health Services with regular auditing of case files to monitor skills acquired by staff following their participation in training **(recommendation 52)**, a suite of clinical audit tools was developed in year one and referred to under section 3.2. A series of audit tools were designed to identify the minimum standards required for the quality documentation of clinical information captured by each clinical form.

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.

As noted in section 3.2 preliminary testing of the clinical audit tools was undertaken in year two with a full pilot and finalisation deferred to year three, with statewide roll out to follow.

Update on recommendation 51

The Office of the Chief Psychiatrist, in consultation with the Queensland Alcohol and Other Drug Service Improvement Group (AOD-SIG), led a review of the Queensland Health Dual Diagnosis Clinical Practice Guide and Clinician Tool Kit. It was agreed that this resource had been superseded by a range of other initiatives being undertaken to enhance the treatment and care for consumers and clients of mental health alcohol and other drug services. As a result, it was decided not to proceed with the publication of the revised *Dual Diagnosis Clinical Practice Guide* and *Clinician Tool Kit* while the office progress a range of complementary initiatives.

Following the finalisation of these initiatives a review of the need for this resource will be undertaken with consideration given to a revised approach for a more condensed guideline addressing service and workforce responsibilities toward consumers with co-occurring mental health and alcohol and other drug problems. The 2010 versions of the *Dual Diagnosis Clinical Practice Guide* and *Clinician Tool Kit* reflect the Queensland Health policy position and clinical practice recommendations and remain available to clinicians and the general public on the internet.

Spotlight on dual diagnosis

A key priority of the Mental Health Alcohol and Other Drugs Statewide Clinical Network is to support the effective integration of Queensland Health mental health services and alcohol and other drug services to promote accessible, safe and high quality assessment and treatment for people with mental illness and/or substance use disorders. Through several funded projects, the Clinical Network is progressing work in relation to good practice for the integration of Queensland Health mental health services and alcohol and other drug services.

In late 2017, the Clinical Network approved the good practice principles of service integration between mental health and alcohol and other drug services.

A project examining the local experience of integration of one Hospital and Health Service was completed in June 2018.

Following the review of the recommendations from this project, the proposed strategies and learnings will inform discussions regarding a statewide approach to the promotion of integration in Hospital and Health Services, including consideration of partnering with nominated Hospital and Health Services, and or the establishment of communities of practice to support the trialling of integration strategies.

This work will led by the Clinical Network as part of its role of promoting safe and quality care and showcasing successful local implementation of quality and safety initiatives.

The Mental Health Alcohol and Other Drugs Branch is progressing the development of an integrated electronic medical record for Queensland public mental health and alcohol and other drug service consumers and clients (Consumer Integrated Mental Health Application). The integrated record is intended to assist clinicians to consider, recognise, document and treat co-occurring mental health and alcohol and drug issues for consumers.

In December 2017, the Office of the Chief Psychiatrist convened an Advisory Group, comprising senior clinicians from mental health and alcohol and other drug services, to guide the development of clinical forms which support an integrated clinical approach.

A fully integrated and semi-modular core suite of clinical documents will be supported by optional assessment 'modules' (forms) addressing specific clinical needs. During 2018-19 an extensive consultation will be undertaken with Hospital and Health Service mental health and alcohol and other drug services on the suitability of the integrated forms. In addition, work will continue on the development of technical functions for the integrated record.

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 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-redesign 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.

Summary of progress year one

Completion of a 12 month project to examine the most effective way to provide information and support to family members / carers who are victims of violence **(recommendation 54)**. The project also considered a Queensland Health Victim Support Service re-redesign to enable the service to support families when they do not wish to press charges **(recommendation 55)**.

In addition, the nature of support needs of victims and the services available were explored, and the need to establish more effective partnerships, particularly with domestic and family violence victim and perpetrator services, was highlighted **(recommendation 56).**

Progress year two

Due to competing clinical governance and sentinel event review implementation priorities, consideration of the Queensland Health Victim Support Service project outcomes, including options and required resources was deferred to year three.

Implementation activities year 3 and ongoing business thereafter

Consideration of the Queensland Health Victim Support Service project report, identification of appropriate options, and sourcing and approval of resources required.

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.

Summary of progress year one

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 Commission was considering the implications of the audit findings and actions that may be taken to improve training coordination and quality to enhance the mental health literacy of the community **(recommendation 57)**.

Progress year two

The audit of mental health literacy training highlighted gaps in the content, accessibility, coordination and quality of common mental health first aid and suicide prevention training programs. The Commission has commenced sharing audit findings with key agencies involved in the design and delivery of common mental health literacy programs, to identify ways of addressing the issues identified in the audit.

The Commission is also working with the Queensland Transcultural Mental Health Centre to identify ways to enhance mental health and suicide prevention training and literacy for cultural and linguistically diverse communities, and is continuing funding for the beyondblue suite of mental health awareness activities.

Implementation activities year three and ongoing business thereafter

The Commission is the lead agency for mental health promotion, prevention and early intervention activities. Where required Queensland Health will respond to requests from the Commission to engage in activities to address the issues identified through the audit.

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[1] 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.

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 oversighting statewide 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.

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[1] 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.

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.

Summary of progress year one

Enhancements to the Queensland Police Service response to people with a known or suspected mental illness (**recommendations 58 and 59**) were implemented through:

- a communication protocol, and the Memorandum of Understanding between the Chief Executive Queensland Health and the Chief Executive Queensland Police Service Confidential Information Disclosure prescribed on 29 March 2018
- updated Queensland Police Service training packages regarding mental health and vulnerable persons.

An expansion of the *Police Communications Centre Mental Health Liaison Service* had been completed prior to the publication of the Queensland Health response in September 2016 **(recommendation 60).**

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 statewide 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.

Summary of progress year one

Planning commenced for a statewide Mental Health Alcohol and Other Drugs Quality Assurance Committee and draft terms of reference were developed **(recommendation 61)**.

Mapping of data requirements **(recommendation 62)**, with further work pending the development of the three tier violence risk assessment and management framework, particularly the identification of consumers requiring a Tier 3 response **(recommendation 63)**.

Progress year two

On 5 September 2017, following approval by the Director-General, the Mental Health Alcohol and Other Drugs Quality Assurance Committee was established.

Appointment to the Committee was determined through expressions of interest circulated to Hospital and Health Service Chief Executives inviting participation of suitably qualified representatives. A selection panel was convened comprising executives from the Mental Health Alcohol and Other Drugs Branch and the Mental Health Alcohol and Other Drugs Clinical Network to evaluate the expressions of interest. A total of 18 members were appointed to the Committee in November 2017.

The Committee has met four times since its establishment, with the terms of reference endorsed at the 30 January 2018 meeting. The approach for the initial direction of the committee and inaugural work plan are currently under consideration **(recommendation 61).**

Included within the scope of the Committee's functions is the review of suspected homicides and other serious acts of violence committed by consumers of public mental health services **(recommendation 62).**

The Committee has agreed to explore its role in the provision of oversight in the monitoring of the regularity and suitability of case reviews and care plans of consumers identified as at a Tier 3 risk of violence. The Quality Assurance Committee Advisory Group to the When mental health care meets risk implementation Steering Committee provided a final report to the Quality Assurance Committee. The report contains information and recommendations for consideration regarding the governance, oversight and monitoring functions, and potential data sources **(recommendation 63)**.

In May 2018, funding was sourced and approval obtained for the appointment of a full-time secretariat for a 12-month period (2018-19) to support the ongoing operations of the Committee. Recruitment to the position commenced on 29 May 2018 with the appointment anticipated in July 2018.

Implementation activities year three

Consideration of the mechanism for oversight of case reviews and care plans of consumers identified as at a Tier 3 risk of violence following the March 2019 implementation of the Violence risk assessment and management framework – mental health services. Confirmation of the inaugural work plan and priority actions for the Quality Assurance Committee **(recommendation 63)**.

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 [2].

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.

Summary of progress year one

Release of the *Queensland Health Aboriginal and Torres Strait Islander Mental Health Strategy 2016-2021* with result areas of:

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

Release of the *Queensland Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Action Plan 2016-18* outlining 62 actions in three priority areas:

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

Next steps

Efforts in the second year of implementation of the When mental health care meets risk report 2016 recommendations have focussed on three major projects; the mental health service system response to the assessment and management of risk of violence, a model for the delivery of a unified, accountable and responsive forensic mental health service, and the

[2] 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.

establishment of an oversight system to monitor the safety and quality of services and drive ongoing improvements.

The focus of the third and final year of implementation will be to complete all activities outlined in the Queensland Health response to the When mental health care meets risk report 2016 through the:

- statewide implementation of the Violence risk assessment and management framework
- commencement of the Mental Health Alcohol and Other Drugs Quality Assurance Committee's inaugural work plan
- development of a quality assurance process to monitor case reviews and care plans for consumers assessed as requiring a Tier 3 response within the Violence risk assessment and management framework - mental health services
- consideration of the most effective provision of information and support to family members / carers who are victims of violence, including through the Queensland Health Victim Support Service
- finalisation of a suite of clinical audit tools to support Hospital and Health Services in the evaluation of the quality of clinical care provided and guide decision making where needed for targeted quality improvement activities.

By June 2019 the vast majority of responses to the recommendations will have been completed. The responses to the recommendations have been deliberately designed to become embedded into core business practices within the mental health system and will be the ongoing responsibility of the Hospital and Health Services, our partners such as the Queensland Police Service, and the Mental Health Alcohol and Other Drugs Branch as system manager. Indicators of the roles and responsibilities for this core business have been included within the status section of Appendix 1.

The only recommendations that will remain outstanding are the finalisation of an integrated statewide forensic mental health service model which will be addressed through the strategic service delivery planning process. Given the substantial undertaking and significance of the reform, this is to be expected.

Work will continue during 2018-19 to examine enhancements to corporate and clinical governance that may be accomplished independent of the final service model. Planning for the next state-funded mental health alcohol and drugs services plan, which provides a guidepost for future action and investment in the mental health alcohol and other drug service system, will commence shortly thereafter.

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 who use, or are touched by, these services.

Appendix 1: Summary of 63 recommendations and implementation status June 2018

When the mental health meets risk report recommendations (summarised)		Status	Deliverables
Key Area 1: Statewide forensic mental health service model			
1	Develop an integrated statewide forensic mental health service model with governance structure	Commenced MHAOD Branch	**Year 2** Options paper proposing models completed February 2018 **Year 3 and onwards** model selection, resourcing, and implementation
2	Director statewide forensic mental health service to have statewide oversight	Commenced MHAOD Branch	**Year 2** Options paper proposing models completed February 2018 **Year 3 and onwards** model selection, resourcing, and implementation
3	Director and HHS mental health service executive to meet quarterly	Commenced MHAOD Branch	**Year 2** Options paper proposing models completed February 2018 **Year 3 and onwards** model selection, resourcing, and implementation
4	Services to be provided to patients on forensic orders **and** consumers assessed at high risk	Commenced MHAOD Branch	**Year 2** Options paper proposing models completed February 2018 **Year 3 and onwards** model selection, resourcing, and implementation
5	Forensic Liaison Officer positions quarantined for forensic and high risk consumers	Commenced MHAOD Branch	**Year 2** Options paper proposing models completed February 2018 **Year 3 and onwards** model selection, resourcing, and implementation
6	Community Forensic Outreach Services linked to specific HHS mental health services	Commenced MHAOD Branch	**Year 2** Options paper proposing models completed February 2018 **Year 3 and onwards** model selection, resourcing, and implementation
7	Forensic mental health service staff to discuss with mental health service staff recommendations arising from assessment prior to finalisation	Completed HHS core business	Chief Psychiatrist Policy *Treatment and Care of Forensic Order, Treatment Support Order and High Risk Patients* https://www.health.qld.gov.au/__data/assets/pdf_file/0028/635932/cpp-forensic-policy.pdf
8	Categorisation system to differentiate between low and high risk patients on forensic orders and align treatment/monitoring	Completed HHS core business	Chief Psychiatrist Policy *Treatment and Care of Forensic Order, Treatment Support Order and High Risk Patients:* https://www.health.qld.gov.au/__data/assets/pdf_file/0028/635932/cpp-forensic-policy.pdf
9	Consider inclusion of the Mental Health Intervention Co-ordinators within statewide forensic mental health service model	Commenced MHAOD Branch	**Year 2** Options paper proposing models completed February 2018 **Year 3 and onwards** model selection, resourcing, and implementation
Key Area 2: Family engagement			
10	Assessments to be informed by family/carer collateral. Prompts added to the clinical documentation, efforts to obtain recorded and audited	Completed HHS core business	*Guideline on the use of the standard suite of clinical documentation* https://www.health.qld.gov.au/__data/assets/pdf_file/0030/368454/qh-gdl-365-1.pdf *User guide for revised mental health clinical documentation* and Revised core suite of clinical documents: Queensland Health Intranet (QHEPS) Content added to Queensland Centre for Mental Health Learning training packages

			Year 2 preliminary testing of draft clinical audit tools completed **Year 3** complete pilot and prepare for statewide release
11	Engagement with families/carers from initial contact and throughout the consumers care	Completed HHS core business	*Guideline on the use of the standard suite of clinical documentation* https://www.health.qld.gov.au/__data/assets/pdf_file/0030/368454/qh-gdl-365-1.pdf *User guide for revised mental health clinical documentation:* Queensland Health Intranet (QHEPS) Content added to Queensland Centre for Mental Health Learning training packages Ongoing quality assurance reinforced by the clinical audit tools
12	Families/carers informed of risks to safety and provided with support	Completed HHS core business	*Guideline on the use of the standard suite of clinical documentation* https://www.health.qld.gov.au/__data/assets/pdf_file/0030/368454/qh-gdl-365-1.pdf *User guide for revised mental health clinical documentation:* Queensland Health Intranet (QHEPS) Content added to Queensland Centre for Mental Health Learning training packages Ongoing quality assurance reinforced by the clinical audit tools
13	Prompts to ask about safety – consumer and family/carer included in assessment and care planning	Completed HHS core business	*Guideline on the use of the standard suite of clinical documentation* https://www.health.qld.gov.au/__data/assets/pdf_file/0030/368454/qh-gdl-365-1.pdf *User guide for revised mental health clinical documentation* Revised core suite of clinical documents: Queensland Health Intranet (QHEPS) Ongoing quality assurance reinforced by the clinical audit tools
14	Educate mental health service staff on information sharing with family and other parties	Completed HHS core business	*Mental Health Act 2016* online education package Module 10 disclosure of confidential information: https://ilearn.health.qld.gov.au/d2l/login Queensland Centre for Mental Health Learning included 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 HHS core business	*Information Sharing between Mental Health Workers, Consumers, Carers, Family and Others:* https://www.health.qld.gov.au/__data/assets/pdf_file/0026/444635/info_sharing.pdf

16	Opportunities during *Mental Health Act 2016* implementation to build knowledge on information sharing	Completed HHS core business	*Mental Health Act 2016* online education package Module 10 disclosure of confidential information https://ilearn.health.qld.gov.au/d2l/login *Mental Health Act 2016* implementation statewide education training sessions included information sharing provisions
Key Area 3: Consumer journey			
3.3.1 Comprehensive mental health assessment			
17	Comprehensive mental health assessment for all new consumers accepted into treatment	Completed HHS core business	*Guideline on the use of the standard suite of clinical documentation* https://www.health.qld.gov.au/__data/assets/pdf_file/0030/368454/qh-gdl-365-1.pdf Ongoing quality assurance reinforced by the 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 HHS core business	*Guideline on the use of the standard suite of clinical documentation* https://www.health.qld.gov.au/__data/assets/pdf_file/0030/368454/qh-gdl-365-1.pdf Ongoing quality assurance reinforced by the clinical audit tools
19	Emergency situations minimum standard for assessment	Completed HHS core business	*Guideline on the use of the standard suite of clinical documentation* https://www.health.qld.gov.au/__data/assets/pdf_file/0030/368454/qh-gdl-365-1.pdf *User guide for revised mental health clinical documentation* and Triage and Rapid Assessment form: Queensland Health Intranet (QHEPS) Ongoing quality assurance reinforced by the clinical audit tools
20	Comprehensive mental health assessments to include longitudinal history	Completed HHS core business	*User guide for revised mental health clinical documentation:* Queensland Health Intranet (QHEPS) Content added to Queensland Centre for Mental Health Learning training packages Ongoing quality assurance reinforced by the clinical audit tools
21	Services to ensure appropriate training, supervision and auditing of comprehensive mental health assessments	Completed HHS core business Commenced	*Guideline on the use of the standard suite of clinical documentation:* Queensland Health Intranet (QHEPS) https://www.health.qld.gov.au/__data/assets/pdf_file/0030/368454/qh-gdl-365-1.pdf Content added to Queensland Centre for Mental Health Learning training packages **Year 2** preliminary testing of draft clinical audit tools completed **Year 3** complete pilot and prepare for statewide release

3.3.2 Violence risk assessment and management			
22	Implement a three level violence risk assessment framework 1. initial risk screen 2. risk assessment 3. specialist risk assessment	Commenced HHS core business	**Year 2** three level Violence risk assessment and management framework and clinical documents endorsed September 2017 Training developed for all three levels. **Year 3** pilot, and statewide implementation completed
23	Level of services commensurate with identified level of risk	Commenced HHS core business Completed HHS core business	**Year 2** included within Violence risk assessment and management framework and clinical documents endorsed September 2017 Training developed for all three levels. **Year 3** pilot, and statewide implementation completed Chief Psychiatrist Policy *Treatment and Care of Forensic Order, Treatment Support Order and High Risk Patients:* https://www.health.qld.gov.au/__data/assets/pdf_file/0028/635932/cpp-forensic-policy.pdf
24	Consultant psychiatrists/other senior clinicians involved in review and development of management plans that address violence risk factors for Level 3	Commenced HHS core business Completed HHS core business	**Year 2** included within Violence risk assessment and management framework and clinical documents endorsed September 2017 Training developed for all three levels. **Year 3** pilot, and statewide implementation completed Chief Psychiatrist Policy *Treatment and Care of Forensic Order, Treatment Support Order and High Risk Patients:* https://www.health.qld.gov.au/__data/assets/pdf_file/0028/635932/cpp-forensic-policy.pdf Ongoing quality assurance reinforced by the clinical audit tools
25	Forensic Liaison Officer positions quarantined from non-forensic mental health	Commenced MHAOD Branch	To be addressed within response to options paper on an integrated statewide forensic mental health service model (see recommendation 5)
3.3.3 Formulation and treatment planning			
26	Formulations include longitudinal information on mental illness, relationship with risk factors for violence, and the impact on risk	Completed HHS core business	*User guide for revised mental health clinical documentation:* Queensland Health Intranet (QHEPS) Ongoing quality assurance reinforced by the clinical audit tools
27	Management plans informed by risk assessment and mitigation strategies, including referrals to external services	Completed HHS core business	*User guide for revised mental health clinical documentation:* Queensland Health Intranet (QHEPS) Ongoing quality assurance reinforced by the clinical audit tools
28	Care review and summary plan completed within six weeks of acceptance into service. Recovery	Completed HHS core business	*Guideline on the use of the standard suite of clinical documentation*

	Plan developed or explanation for delay		https://www.health.qld.gov.au/__data/assets/pdf_file/0030/368454/qh-gdl-365-1.pdf *User guide for revised mental health clinical documentation:* Queensland Health Intranet (QHEPS) Ongoing quality assurance reinforced by the clinical audit tools
29	91 day clinical reviews as per *National Standards for Mental Health Services 2010*. HHS to develop separate system to comprehensively review complex and high risk consumers	Completed MHAOD Branch core business Completed HHS core business Completed HHS core business	Project to scope treatment planning and the multidisciplinary team review process, incl. capacity for comprehensive reviews, completed June 2017 *Guideline on the use of the standard suite of clinical documentation* https://www.health.qld.gov.au/__data/assets/pdf_file/0030/368454/qh-gdl-365-1.pdf *User guide for revised mental health clinical documentation:* Queensland Health Intranet (QHEPS) Chief Psychiatrist Policy *Treatment and Care of Forensic Order, Treatment Support Order and High Risk Patients:* https://www.health.qld.gov.au/__data/assets/pdf_file/0028/635932/cpp-forensic-policy.pdf
30	Statewide standardised suite of clinical documentation to include trigger for ad hoc review	Completed HHS core business	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 HHS core business	*User guide for revised mental health clinical documentation:* Queensland Health Intranet (QHEPS) See also scoping project multidisciplinary review process (recommendation 29) Ongoing quality assurance reinforced by the 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 HHS core business	Chief Psychiatrist Policy *Treatment and Care of Forensic Order, Treatment Support Order and High Risk Patients:* https://www.health.qld.gov.au/__data/assets/pdf_file/0028/635932/cpp-forensic-policy.pdf
3.3.4 Therapeutic relationship			
33	Mental health services to accelerate clinician training in recovery oriented practice, including consumers with a history of violence/forensic issues	Completed HHS core business	Queensland Centre for Mental Health Learning training package *QC24 Strengths to Recovery* released February 2017
34	Training in specialist applications of the recovery model and management of risk of violence to include consumer/ forensic specialist input	Completed HHS core business	*QC24 Strengths to Recovery* training released February 2017 **Year 2** no amendment to QC 24 training required. Principles of recovery oriented practice incorporated into the senior clinician training QC30 Violence and Risk Assessment and

			management training developed under recommendations 46–48
35	Regular case file audits for documentation of consumer engagement; shortfalls addressed in supervision and line management.	Completed HHS core business Commenced HHS core business	*Guideline on the use of the standard suite of clinical documentation* and *User guide for revised mental health clinical documentation*: Queensland Health Intranet (QHEPS) https://www.health.qld.gov.au/__data/assets/pdf_file/0030/368454/qh-gdl-365-1.pdf **Year 2** preliminary testing of draft clinical audit tools completed **Year 3** complete pilot and prepare for statewide release
3.4 Consumers with co-morbid conditions			
36	Comprehensive mental health assessment to consider dual diagnosis /co-occurring conditions and initiate referral pathways	Completed HHS core business	*User guide for revised mental health clinical documentation:* Queensland Health Intranet (QHEPS) Queensland Centre for Mental Health Learning training packages *QC9 Critical Components of Risk Assessment and Management,* and *QC14 Mental Health Assessment* augmented Ongoing quality assurance reinforced by the 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 HHS core business	*User guide for revised mental health clinical documentation:* Queensland Health Intranet (QHEPS) Queensland Centre for Mental Health Learning training packages *QC9 Critical Components of Risk Assessment and Management,* and *QC14 Mental Health Assessment* augmented Ongoing quality assurance reinforced by the 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 HHS core business	*User guide for revised mental health clinical documentation:* Queensland Health Intranet (QHEPS) Queensland Centre for Mental Health Learning training packages *QC9 Critical Components of Risk Assessment and Management,* and *QC14 Mental Health Assessment* augmented Ongoing quality assurance reinforced by the clinical audit tools
39	Formulations that include risk of violence to consider role of co-morbid or co-occurring conditions	Completed HHS core business	*User guide for revised mental health clinical documentation:* Queensland Health Intranet (QHEPS) Queensland Centre for Mental Health Learning training packages *QC9 Critical Components of Risk Assessment and Management,* and *QC14 Mental Health Assessment* augmented

			Ongoing quality assurance reinforced by the clinical audit tools
40	Treatment plans to address integrated management of complex consumers. Referrals to external services made and monitored	Completed HHS core business	*User guide for revised mental health clinical documentation:* Queensland Health Intranet (QHEPS) Queensland Centre for Mental Health Learning training packages *QC9 Critical Components of Risk Assessment and Management,* and *QC14 Mental Health Assessment* augmented Ongoing quality assurance reinforced by the clinical audit tools
41	Multi-service case conferences for consumers with co-morbid conditions, or repeated presentations to mental health services	Completed HHS core business	*User guide for revised mental health clinical documentation:* 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 HHS core business supported by MHAOD Branch	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 MHAOD Branch core business	Ongoing continuous quality improvement cycle
3.5 Clinical systems and information			
44	One integrated statewide clinical information system for mental health information, such as the Consumer Integrated Mental Health Application (CIMHA)	Commenced Department of Health and MHAOD Branch core business	**Ongoing** improvements to integration/interface with broader health system
45	Provide one area in CIMHA for all information relating to risk of violence and management	Partially Completed HHS core business	**Year 3** for completion upon inclusion of *Mental Health Act 2016* documentation
3.6 Building competencies and capabilities			
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 HHS core business Commenced HHS core business	Queensland Centre for Mental Health Learning training package *QC9 Critical Components of Risk Assessment and Management* augmented **Year 2** training program developed for the three level violence risk assessment framework. Amendments to Tier 1 training completed, Tier 2 training developed and training in the use of validated risk assessment measures provided for Tier 3 **Year 3** for completion upon statewide roll out of the Framework
47	Training in violence risk assessment to strengthen skills in formulation, recommendations and active care planning	Commenced HHS core business	**Year 2** training program developed for the three level violence risk assessment framework. Amendments to Tier 1 training completed, Tier 2 training developed and training in the use of validated risk assessment measures provided for Tier 3

			Year 3 for completion upon statewide roll out of the Framework
48	Training and supervision on identification of risk factors to ensure escalation when indicated	Commenced	**Year 2** training program developed for the three level violence risk assessment framework. Amendments to Tier 1 training completed, Tier 2 training developed and training in the use of validated risk assessment measures provided for Tier 3 **Year 3** statewide roll out
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 HHS core business Commenced	Queensland Centre for Mental Health Learning training package *QC24 Strengths to Recovery* released February 2017 **Year 2** recovery principles incorporated into training developed for tier 2 of the three level violence risk assessment and management framework **Year 3** for completion upon statewide roll out of the Framework
50	Training on information sharing between services and carers/family for open discourse on risk and care planning considerations	Completed HHS core business	Queensland Health Guideline, *Information Sharing between Mental Health Workers, Consumers, Carers, Family and Others* https://www.health.qld.gov.au/__data/assets/pdf_file/0026/444635/info_sharing.pdf *Mental Health Act 2016* online education package Module 10 disclosure of confidential information https://ilearn.health.qld.gov.au/d2l/login
51	Training and implementation support for the *Queensland Health dual diagnosis clinical guidelines and dual diagnosis clinical toolkit* to enable integrated care and referral pathways	Completed MHAOD Branch core business	Ongoing review of clinician resources Queensland Centre for Mental Health Learning training packages *QC9 Critical Components of Risk Assessment and Management,* and *QC14 Mental Health Assessment* augmented
52	Practice skills acquisition audit through review of documentation/other	Commenced HHS core business	**Year 2** preliminary testing of draft clinical audit tools **Year 3** complete pilot and prepare for statewide release The Chief Psychiatrist policy, *Notifications to Chief Psychiatrist of Critical Incidents and Non-Compliance* with the Act https://www.health.qld.gov.au/__data/assets/pdf_file/0020/465212/cpp-notific-critical-incidence.pdf The Chief Psychiatrist policy on *Appointment of Authorised Doctors and Authorised Mental Health Practitioners* https://www.health.qld.gov.au/__data/assets/pdf_file/0032/636854/cpp_appointment_ad_amhp.pdf
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	Completed Department of Health and HHS core business	*Guideline health workforce domestic and family violence training* https://www.health.qld.gov.au/__data/assets/pdf_file/0028/637453/qh-gdl-441.pdf

	domestic violence services in the management of family violence		Clinical Response to Domestic and Family Violence training developed in consultation with Primary Health Networks https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/patient-safety/duty-of-care/domestic-family-violence/healthcare-workers Further collaboration with domestic family violence services pending outcome from project in relation to recommendation 56
3.7 Support services and linkages with other agencies			
54	Enhance awareness of and capacity for QH Victim Support Services to work with families who have experienced violence	Completed MHAOD Branch	Twelve month project outcomes submitted to Department of Health June 2017 for consideration **Year 3** 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 MHAOD Branch	Twelve month project outcomes submitted to Department of Health June 2017 for consideration **Year 3** 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 MHAOD Branch	Twelve month project outcomes submitted to Department of Health June 2017 for consideration **Year 3** activities pending consideration of project outcomes
3.8 Mental health literacy and access			
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
3.9 The Queensland Police Service			
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 Queensland Police Service and HHS core business	Authority to release information to be established within draft Memorandum of Understanding Confidential Information Disclosure under section 151 of the *Hospital and Health Boards Act 201.*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 Queensland Police Service core business	Training modules are internal to the Queensland Police Service
60	Retain Police Communications Centre Mental Health Liaison Service	Completed Queensland Police Service and MHAOD Branch core business	Additional funding of $513,000 provided in 2016-17. Total annual recurrent funding $947,000
3.10 Mental health quality assurance			
61	Establish a statewide mental health Quality Assurance Committee	Completed MHAOD Branch core business	**Year 2** Committee appointed November 2017

62	Quality Assurance Committee to include review of homicides and other serious acts of violence	Completed MHAOD Branch core business	**Year 2** included within MHAOD Quality Assurance Committee terms of reference
63	Quality Assurance Committee to monitor frequency and suitability of care reviews and plans for Level 3 risk of violence	Commenced MHAOD Branch core business	**Year 2** under development– **Year 3** completed pending outcome of other implementation activities e.g. the three tier violence risk assessment framework in March 2019, and finalisation of the MHAOD Quality Assurance Committee inaugural work plan
3.11 Consideration: Aboriginal and Torres Strait Islander peoples mental health and social and emotional wellbeing			
	Learn from Indigenous Health Organisations' models and collaborate on planning and implementation of services	Completed Department of Health and HHS core business Completed Queensland Mental Health Commission core business	*Queensland Health Aboriginal and Torres Strait Islander Mental Health Strategy 2016-2021.* Published September 2016: https://www.health.qld.gov.au/__data/assets/pdf_file/0030/460893/qhatsi-mental-health-strategy.pdf *Queensland Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Action Plan 2016-18:* 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

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	Statewide 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	*When mental health care meets risk: A Queensland sentinel events review into homicide and public sector mental health services*

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. These activities are delivered from a service or facility that is readily

Term	Description
	identifiable as both specialised and serving a mental health care function.
Mental illness	**A clinically diagnosable disorder that significantly interferes with an individual's cognitive, emotional or social abilities.** **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).**
Recovery	**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.**
Risk	**The chance of something happening that will have a (negative) impact. It is measured in terms of consequence and likelihood.**
Risk assessment	**The process of identification, analysis and evaluation of a risk.**
Risk management	**In health care, designing and implementing a program of activities to identify and avoid or minimise risks to patients, employees, visitors and the institution.**
Sentinel event	**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.**
Wellbeing	**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.**