

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

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

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1. Message from the Director-General

The primary purpose of the healthcare sector is to look after the unwell, including those who, as a result of their mental illness, are at high risk for violence or who commit grave offences.

The Sentinel Events Review was established to examine fatal events involving people with a mental illness and provide recommendations to inform public mental health service delivery strategic directions, policy and clinical practice, with a view to improving the care of people with mental illness, and to minimise or prevent the recurrence of such events.

The Sentinel Events Review aligns with the delivering healthcare direction of [My health, Queensland's future: Advancing health 2026](#) as it focuses on improving equitable access to quality and safe healthcare.

On 29 April 2016, on behalf of the Sentinel Events Review Committee the Co-Chairs, Associate Professor Peter Burnett and Professor James Ogloff AM, submitted the 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 report 2016).

I would like to thank the Sentinel Events Review Committee for their time and dedication in undertaking this review and committing themselves to an examination of extensive materials and broad consultation with organisations and stakeholders. The result is a comprehensive report with recommendations that will guide improvements to the mental health service system to enhance the support provided to people with a mental illness, their families and the community.

This report provides the initial response and proposed actions to address the When mental health care meets risk report 2016 findings across 11 key areas and 63 recommendations. Queensland Health agrees in-principle to all recommendations; acknowledging that some will require further consideration to determine the best course of action, resourcing and budget requirements.

The Queensland Health response to the When mental health care meets risk report 2016 recommendations will achieve:

- improved outcomes for those persons with a mental illness who pose a risk of harm to others
- greater involvement, engagement, support and safety for families and others who may be at risk of violence
- a clinical workforce that is empowered by knowledge, skills, specialist support and services to be able to assist consumers to address their very complex needs and achieve better outcomes in their recovery.

I would like to take this opportunity to offer my condolences and acknowledgement of the suffering and impact of such tragic events to all involved; the victims, their families and communities, the family members of the perpetrators, the long term consequences for the perpetrators themselves, and service and support staff.

Michael Walsh
Director-General, Department of Health

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2. Establishment of the Sentinel Events Review

Since January 2013 there have been a number of high profile fatal events in Queensland related to homicide or police use of force intervention involving persons with a known or suspected mental illness. While the number of these events is very low, the impact of each event is devastating for all involved: the victims, families, service providers, community and the perpetrators. Events such as these represent the worst possible outcome of severe mental illness and warrants investigation as a mechanism for continuous service development.

In May 2015, the Minister for Health and Minister for Ambulance Services announced the establishment of a state-wide clinical review to examine mental health sentinel events in Queensland.

The Sentinel Events Review was undertaken by an independent Sentinel Events Review Committee comprised of a psychiatrist, a lawyer and psychologist, a mental health nurse, a patient safety expert, and a person with a lived experience of mental illness.

The Sentinel Events Review Committee was appointed to assess the standard and quality of clinical assessment, treatment and care provided by public mental health services and make findings and recommendations on systemic matters to inform strategic directions, policy and clinical practice, with a view to improving the care of people with mental illness and minimising or preventing the recurrence of such events.

The Sentinel Events Review Committee's report *When mental health care meets risk: A Queensland sentinel events review into homicide and public sector mental health services* was submitted on 29 April 2016 (When mental health care meets risk report 2016).

3. Review findings and recommendations

Overall the Sentinel Events Review found that the Queensland mental health service system had made genuine efforts and significant progress since implementing the recommendations from *Achieving Balance: Report of the Queensland review of fatal mental health sentinel events. A review of systemic issues within Queensland Mental Health Services 2002–2003*, resulting in a range of system reforms including standardised clinical processes, state-wide education and training, policy and information system development.

The When mental health care meets risk report 2016 did not identify any widespread patient safety issues and concluded that overall the cases reviewed were isolated occurrences. In conducting the review the Sentinel Events Review Committee recognised the high level of commitment and professionalism by public health service staff and all persons consulted throughout the course of the review.

The findings should be interpreted in context of the challenge of consumers with complex needs who pose a high risk of violence, rather than as a general representation of the quality and standard of mental health service provision in Queensland.

The When mental health care meets risk report 2016 raises serious concerns in relation to the assessment of risk of violence and treatment for people with mental illness. It argues that more can be done to improve the outcomes for those few people with a known or suspected

mental illness who pose a risk of violence to others. This can be achieved through improvements in risk assessment and management; engaging with and supporting families; enhancing information sharing practices between the mental health service and others; and building on the competencies, capacity and support of clinicians working with this very complex consumer cohort.

The When mental health care meets risk report 2016 contains 11 key areas with 63 recommendations. Queensland Health welcomes the opportunity to address the issues identified to improve mental health service delivery and the outcomes for consumers, their families, and the community.

Queensland Health has accepted in-principle all 63 recommendations. Some are amenable to an immediate response while others require further consideration. For example, careful consideration is required to determine a state-wide forensic mental health service model that aligns with the infrastructure of how health services are delivered through independent Hospital and Health Services. Resourcing and financial implications will also need to be considered.

This response has been informed through a preliminary consultation with key stakeholders. Further consultation on the recommendations and implementation of the action plan will be undertaken once the When mental health care meets risk report 2016 has been released.

This report provides a brief introduction to each of the 11 key areas identified by the Sentinel Events Review Committee, lists the 63 recommendations and two considerations, followed by the Queensland Health response to address the recommendations.

4. Key areas, recommendations and response

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

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

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

Recommendations

- 1 Develop an integrated state-wide forensic mental health service with a governance structure independent of Hospital and Health Services that enables the effective operation and maintenance of an integrated service across Queensland.

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

Queensland Health response

It is agreed that the development of a new model for an integrated state-wide forensic mental health service will result in an improved service response and outcomes for consumers. Identifying a model that aligns with the Queensland Health structure, particularly in relation to the recommendation that the governance structure be independent of Hospital and Health Services, requires careful consideration and planning.

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

- An analysis of existing systems and processes; such as the links between the state-wide forensic mental health service, Hospital and Health Services, correctional facilities and the Queensland Police Service. An 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.

3.2 Key area: Family engagement

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

Recommendations

- 10 The comprehensive assessments conducted by clinicians must be informed by collateral information obtained from families/carers. Prompts on obtaining this information are to be added to the state-wide Standardised Suite of Clinical Documentation and, where no collateral is provided, the efforts made to contact and obtain the information are to be documented and audited.
- 11 Engagement with families is to occur at initial contact with the consumer and throughout the consumer's episode of care, consistent with the *National Standards for Mental Health Services 2010* and reflective of a tripartite model involving the consumer, clinician and the family/carer.
- 12 Families/carers are to be informed of potential risks to their safety, provided with support and strategies on how to mitigate risks, and given clear advice on how to maintain their own safety in crisis and ongoing situations, including information about available support including support external to mental health services.
- 13 Prompts are to be included in comprehensive assessment, risk assessment and treatment planning as well as reminder included within staff training to ask about safety of family members, including ensuring that clinicians ask difficult questions about safety and risk.
- 14 Educate mental health services staff on information sharing legislation, particularly the approval to release information to family and other parties.
- 15 Revise the *Mental Health Alcohol and Other Drugs Branch information sharing booklet* to include information about providing advice and supporting families who may be at risk.
- 16 Identify opportunities to build mental health services staff knowledge on information sharing into the *Mental Health Act 2016* implementation process.

Queensland Health response

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

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

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

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

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

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

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

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

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

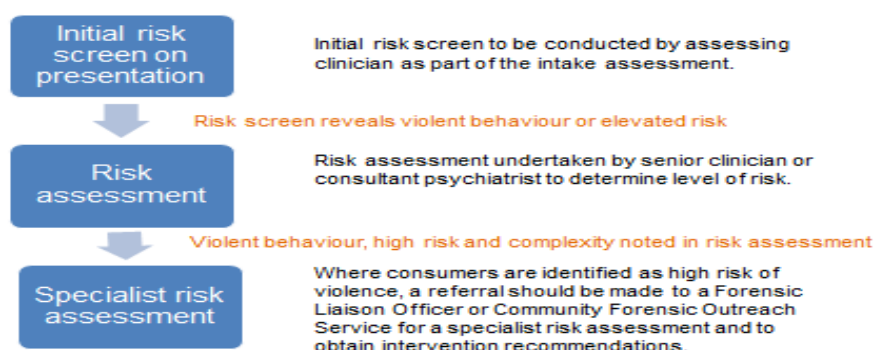
3.3.2 Violence risk assessment and management

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

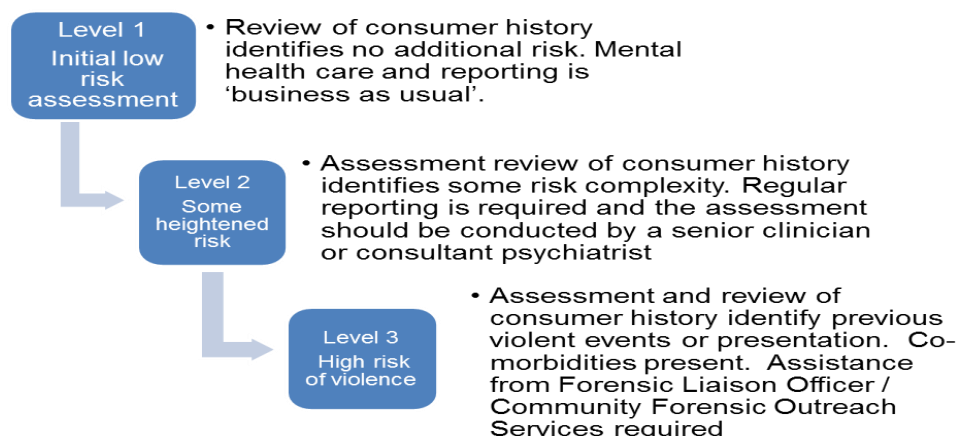
22 Implement the following three level violence risk assessment:

Risk Assessment Framework



23 The level of services required to address the consumer's level of risk should be commensurate with the level of risk identified for the consumer.

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



Queensland Health response

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

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

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 state-wide Standardised Suite of Clinical Documentation a mechanism to trigger a comprehensive ad hoc review where indicated.
- 31 Clinical Reviews to include an assessment of the effectiveness of the previous care plans and include strategies to mitigate and reduce the level of risk and stabilise behaviour.
- 32 Community Forensic Outreach Services' reports to be noted by a consultant psychiatrist and resulting changes to the management plan documented in the clinical file.

Queensland Health response

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

3.5 Key area: Clinical systems and information

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

Recommendations

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

Queensland Health response

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

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

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

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

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

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

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.

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

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

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

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

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-design to respond to families early after violence when they do not wish to press charges, but require assistance for risk management and support. Consideration needs to be given as to whether this new function aligns with the role of Queensland Health or would be better met through other government and non-government agencies. The project will explore the nature of support needs of victims and the services available e.g. therapeutic and/or practical and how to best meet these needs. The requirement to establish

more effective partnerships, particularly with domestic and family violence victim and perpetrator services will also be investigated.

The role of Queensland Health service integration coordinators will be strengthened in relation to maintaining interdisciplinary links.

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.

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

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.

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 model¹ 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

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 overseeing state-wide mental health and police initiatives such as training. The Committee will consider an audit of existing mental health training provided to police by mental health services, with a view to identifying any necessary improvements.

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

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

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.

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.

Recommendations

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

Queensland Health response

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

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 peoples².

Queensland Health response

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

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.

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.

Abbreviations

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

Glossary

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

Term	Description
	towards people with a mental illness or psychiatric disability. These activities are delivered from a service or facility that is readily identifiable as both specialised and serving a mental health care function.
Mental illness	<p>A clinically diagnosable disorder that significantly interferes with an individual's cognitive, emotional or social abilities.</p> <p>The diagnosis of mental illness is generally made according to the classification systems of the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) or the International Classification of Diseases, Tenth Edition (ICD-10). These classification systems apply to a wide range of mental disorders (for the DSM-5) and mental and physical disorders (for the ICD-10).</p>
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.