Gold Coast Crisis Reform 2021–2024

RESPONSIVE, EFFECTIVE, COMPASSIONATE AND CONNECTED CARE

A strategic approach to transforming Mental Health crisis care across the Gold Coast region

Gold Coast Health always care

Queensland Government

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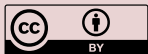
This document been developed in partnership with healthcare consumers.

Gold Coast Crisis Reform: A Strategic Approach to Transforming Mental Health Crisis Care
Published by the State of Queensland (Queensland Health), December 2020



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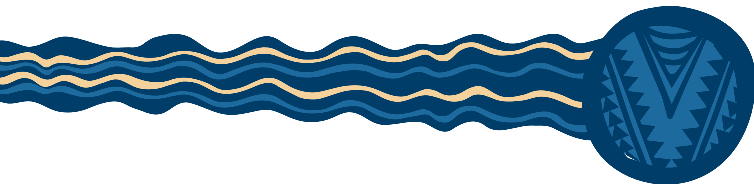

The Gold Coast Mental Health and Specialist services pays respect to Aboriginal and Torres Strait Islander Elders, past, present and future. We also acknowledge the important role played by Aboriginal and Torres Strait Islanders as the First Peoples, their traditions, cultures and customs across Queensland.

We acknowledge all people living with mental illness, problematic alcohol and other drug use and all who are impacted by suicide. We commend your resilience and courage and are moved by your personal stories.

To all those who have provided feedback in the preparation of this strategy, thank you for your contribution. A special thank you to the people with a Lived Experience* who have bravely shared their stories and experiences so we may learn to improve the services we provide.

We would also like to acknowledge Making Tracks' artwork produced for Queensland Health by Gilimbaa used throughout this document.

Our sincere thank you to all the stakeholders who gave their time and shared their knowledge in the development of this strategy.

** The terms person/people with lived experience and consumer/consumers/service users will be used interchangeably. The terms lived experience workforce/peer workforce (inclusive of carer peer workforce) will also be used interchangeably throughout the document.*

Artwork produced for Queensland Health by Gilimbaa.

INTERNAL STAKEHOLDERS

Gold Coast Mental Health and Specialist Services (GCMHSS) Clinical and Operational staff

Gold Coast University Hospital (GCUH) and Robina Emergency Department Clinical and Operational Staff

GCH Peer Workforce

GCMHSS Consumer, Carer & Family Participation Team

EXTERNAL STAKEHOLDERS

Gold Coast Primary Health Network

Queensland Police Service

Queensland Ambulance Service

Kalwun Health Service

Lifeline

Headspace

Mental Health Alcohol & Other Drugs Branch, Clinical Excellence Queensland

Gold Coast Mental Health Peer Workforce Network

Primary & Community Care Services

Lived Experience representatives

Queensland Forensic Mental Health Service

Lives Lived Well

Way Back Support Service Wesley Mission

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FOREWORD

DR KATHRYN TURNER
CLINICAL DIRECTOR, GOLD COAST MENTAL HEALTH AND SPECIALIST SERVICES

Over the past 18 months, representatives from across the Gold Coast have come together to develop a vision for how we can work together to improve our responses to mental health crisis within our Gold Coast region.

Finding solutions to how we improve our responses to crisis within our communities is a vital but enormously complex task with no simple solutions. The answer will lie in both a coordinated network for responding at a regional level, and ensuring we have a comprehensive continuum of care available to meet the needs of people who experience mental health crisis.

Consideration of specific populations such as Aboriginal and Torres Strait Islander, child and youth populations, culturally and linguistically diverse and other diverse groups is also required.

A narrow focus on how we respond once a significant crisis has developed, or a focus on stand alone services will not meet the needs of our community, nor will it align with a growing evidence base internationally. Only with an connected, continuum of services will we be able to prevent crises from developing or reduce likelihood of re-presentations in the future. A comprehensive system will also include social and housing support to enable recovery and prevent a cycle of repeated crises.

The likely impact of COVID19 on mental health and crisis in our community, brings with it an urgent need to address these issues.

The system of care is multi-agency and is built around a shared framework that broadly conceptualises crisis in terms of how we prevent and intervene prior to a crisis, how we respond in a coordinated way to crisis when it does occur, and the provision of services and supports following a crisis, that help to promote recovery.

These components need to be evidence based, aligned with the individuals' human rights, and on a foundation of core principles that should infuse all of this work, including Trauma-Informed Care, recovery, least restrictive practices, Zero Suicide framework, the central role of lived experience in the system and holistic integrated mental health, drug and alcohol, and physical healthcare.

This co-designed, shared strategy builds on a strong foundation of work already occurring across the region, including innovative responses to crisis with partnerships between our GCMHSS teams and QAS, QPS, PHN and NGOs in a range of programs, and some excellent work already occurring across NGOs in the region.

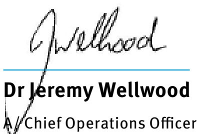
This Strategy outlines important components of a system of care, core principles that should be the foundation of everything we do and essential elements including Leadership across the region; Training to support staff including Lived Experience workforce; and Using data and electronic communication systems to effectively drive real time decision making, seamless communication, and facilitating a continuous quality improvement approach to the crisis system.

We welcome the opportunity to all work together in our goal to provide a more responsive, effective, compassionate and connected crisis system.

Dr Kathryn Turner

CLINICAL DIRECTOR, MENTAL HEALTH AND SPECIALIST SERVICES

December 2020



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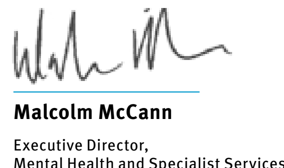

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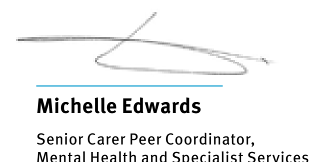

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phn
GOLD COAST
An Australian Government Initiative

AT A GLANCE

Responsive, Effective, Compassionate and Connected Care.

This regional mental health crisis response represents a coordinated and integrated system of care, that is multi-agency and is built around a shared framework that broadly conceptualises crisis in terms of how we prevent, respond, intervene, and care following a crisis, promoting resolution and recovery.

A multi-agency coordinated and integrated network of care under pinned by core values that support a co-designed, recovery-oriented, Trauma-Informed Care, least restrictive practices, Zero Suicide framework, the central role of peers in the system and holistic integrated mental health, alcohol and other drug and physical healthcare, using a framework that conceptualises crisis in terms of prevention, early intervention, responding to crisis and crisis resolution.

Building on a strong foundation of work already occurring across the region, this strategy is supported by leadership across the region, training to support staff including Lived Experience workforce; and using data and electronic communication systems to effectively drive real time decision making, seamless communication, and facilitating a continuous quality improvement approach to the crisis system.

A STRATEGIC APPROACH TO TRANSFORMING MENTAL HEALTH CRISIS CARE

ACTION AREAS SUPPORTED BY A COMMITMENT TO SHARED CORE PRINCIPLES:

Inclusive of Lived Experience	Recovery Orientated Care
Involvement of Families and Carers	Trauma-Informed Care
Culturally Safe	Journey to Zero Seclusion and Restraint
Responding to Diversity	Integrated MHAOD and Physical Health

SETTING THE DIRECTION AND PRIORITIES FOR ACTION GC CRISIS REFORM

Action Area	Priorities
ACTION AREA 1 **Leadership: Driving Reform** *Regional leadership network coordinating comprehensive crisis care*	Oversight through the Joint Regional Plan Commitment to shared core principles A Restorative Just Culture Lived Experience in leadership roles A COVID-19 Pandemic Response Plan Regional leadership network coordinating comprehensive crisis care
ACTION AREA 2 **Crisis Continuum of Care** *Enhancing a regional coordinated, comprehensive approach to crisis care*	Enhancing a regional coordinated, comprehensive approach to crisis care Early intervention Responding to crisis Crisis resolution Prevention
ACTION AREA 3 **Training** *Enhance network connections through shared training*	Develop a competent, confident, compassionate and caring workforce Lived Experience workforce training on crisis intervention, Trauma-Informed Care, Lived Experience training
ACTION AREA 4 **Data, Improvement and Research** *Shared systems, real time data to enhance communication and planning*	Data for real-time response and data driven decision making and continuous improvement Shared electronic systems to enhance communication and shared care planning Contributing to the evidence base through evaluation and research

GC CRISIS REFORM GUIDED BY QUEENSLAND GOVERNMENT STRATEGIC PLANS

THE GOLD COAST CRISIS REFORM FRAMEWORK

COORDINATED NETWORK:

Mental Health and Alcohol and Other Drug Service (Gold Coast Health), Emergency Department, Queensland Police Service, Queensland Ambulance Service, GCPHN, Private Practice, Primary Care, NGOs.

SETTING THE SCENE

The Need for Gold Coast Crisis Reform

QUEENSLAND
AMBULANCE SERVICE

SETTING THE SCENE FOR THE GOLD COAST REGION

WHERE WE LIVE

The Gold Coast is a coastal city in the Australian state of Queensland, approximately 66 kilometers (41 mi) south-southeast of the state capital Brisbane and immediately north of the border with New South Wales. With an estimated population of approximately 600,000, at June 2018, the Gold Coast is the sixth-largest city in Australia, making it the largest non-capital city, and Queensland's second-largest city.[3]

DEFINING CRISIS

A mental health crisis is any situation in which a person's actions, feelings, and behaviors can put them or others at risk of harm, or make them unable to care for themselves or function in the community in a healthy manner. Mental health crisis is best considered from the individual's perspective and experience, considering the person's position on the crisis continuum rather than just focusing on the presence of certain symptoms. The definition should be person-centred, strength-based, non-coercive and self-management focused [1].

Mental health crisis is not synonymous with mental illness, but a prolonged crisis can lead to one. It has been estimated that around half of Australians will experience a mental illness at some point in their lives, with most prevalent disorders being anxiety, depression and substance use disorders (2). Mental health may be impacted by individual or societal factors, including economic disadvantage, poor housing, lack of social support and the level of access to, and use of, health services (2). Delays in accessing treatment for mental health concerns can lead to increased morbidity and mortality, including the development of various psychiatric and physical comorbidities [3].

Having poor mental health is a well-known risk factor for suicide (4), though it needs to be noted that not all persons with mental illness will experience suicidality, nor do all deaths by suicide occur in the context of mental illness (5). Indeed, a person can be at risk for suicide due to a complex interaction of individual, social and other factors, with no single factor solely responsible for suicidal behaviour. This has been recognised in the Gold Coast Mental Health and Specialist Services Suicide Prevention Strategy (6), which explicitly states the importance of not using a mental illness diagnosis as a gateway to support.

The GC Crisis Reform Strategic approach outlines a clear way forward for the Gold Coast region to make significant and positive changes to the way we identify and respond to people in crisis. It represents a culmination of efforts between a broad range of partners, working together with the sole aim of improving the care for people in crisis.

THE NEED FOR REFORM

While there has been important progress in improving mental health systems in general, there is widespread acknowledgement locally, nationally and internationally that the current system for responding to mental health crisis is frequently inadequate and not fit for purpose. There is an urgent need to address the whole crisis care system in order to effectively, sustainably and compassionately respond to the needs of consumers and their families.

Despite important progress in improving mental health systems and supports on the Gold Coast in recent years, it is acknowledged that the current system for responding to mental health crisis is frequently inadequate and the quality and accessibility of mental health crisis care remains highly variable. Crisis responses frequently do not respond well to the needs of individuals and emergency mental health care is frequently compared unfavourably to emergency physical care, raising issues of lack of parity.

There is a need for health services (physical health, mental health, alcohol and other drugs services), social services and emergency response services such as police and ambulance, to work together. It is recognised that there is a need for a review of the whole model of care of the mental health crisis system. [6]

The continuum of mental health services is also critical to success of the mental health crisis reform. Queensland's Mental Health, Alcohol and Other Drugs Strategic Plan 2018-2023 (Shifting Minds)[7] outlines there is a need to move to a more comprehensive, integrated and recovery-oriented system, and it will rely on whole of government and whole of community commitment to drive the reform needed.

The importance of crisis response has also been highlighted in the Commonwealth Government's Fifth National Mental Health and Suicide Prevention Plan[8] which specifies the system based approach to Suicide Prevention addressing 11 elements. These include crisis intervention, ensuring communities have the capacity to respond to crises with appropriate interventions, and postvention with improved response to and support of those affected by suicide and suicide attempts.

Emergency Departments (EDs) are frequent places for people in mental health crisis to present, with over 250,000 presentations per year across EDs in Australia. In general people presenting with mental health issues wait longer to be seen initially in EDs than other consumers with a similar severity of physical illness and of concern, they were twice as likely as other ED presentations to leave before their treatment and care was complete. [10]

It has been speculated that the increasing type and route of presentations of consumers in mental health crisis to EDs is driven by gaps in the number, type and coordination of mental health, social work, Aboriginal Health Liaison Officers, drug and alcohol or homeless services with particular gaps in afterhours services, and unofficial handing over of responsibility to law enforcement.

People with mental health issues are 16 times more likely to arrive to an ED via police or correctional services and nearly twice as likely to arrive by ambulance where lengths of stay are often prolonged due to waiting for beds. [11]

CO-DESIGN WITH STAKEHOLDERS

Consumers' experiences in ED settings, with the high stimulus environments and noise, can lead to worsening symptoms, distress and agitation. [12]

There is evidence that reliance on EDs and police is less effective and more expensive than community-based mental health crisis intervention models of care based in the community. [13]

As was highlighted in the joint report of the National Association of State Mental Health Program Directors in the US, Beyond Beds, The Vital Role of a Full Continuum of Psychiatric Care, "the solution will not lie with the addition of a facility or beds alone, but "by building and invigorating a robust, interconnected, evidence-based system of care that goes beyond beds". [14]

The report highlights issues such as the full continuum of mental health care, diversion from criminal justice system, appropriate numbers and types of beds, data driven solutions, whole of government approaches and identifying and closing gaps in the system, workforce development including peer support, and family and carer partnership. [14]

Fragmented, siloed and patchy services in both funding and service delivery currently present significant challenges for the mental health crisis system.

Where crisis services may be present, ongoing care is necessary but may not be readily available. [15]

"Building a robust crisis continuum without the foundation of an equally robust community-based service array will only shift repeated use of hospital services to repeated use of crisis services." [13]

The voice of key stakeholders was captured through a range of co design meetings held on the Gold Coast across 2019 and 2020.

These included an internal stakeholders meeting, external stakeholders, specific consumer and carer stakeholders meeting and planning days with representation from multiple agencies, including consumer and carer representatives and staff from across the GCHHS service.

The themes identified within these meetings resonate well with much of the literature and frameworks previously discussed and outlined in the following sections:

DRIVERS FOR CHANGE STAKEHOLDERS' RECOMMENDATIONS

A continuum of care

Recovery-focused "network of services", interface between government and NGO, strong partnerships with all community groups.

Responding to diversity

Priority groups: Aboriginal and Torres Strait Islander people, Culturally and Linguistically diverse, Youth, and LGBTIQ+.

Central role of peers

Peer/carer workforce embedded in the continuum of care.

Workforce development

Inclusive of Lived Experience workforce development.

Early intervention

Safe Spaces that were peer led, and available to support people before going into crisis.

Follow up and recovery

Community integration and long term follow up that includes relapse prevention.

Holistic care

Address mental health, physical and substance use issues, "No wrong door".

Crisis Response into the community

Mobile community response with clinician/peer whenever possible, and QAS or QPS support as needed.

Home-based treatment

Offering choice AND alternatives to ED and admission.

Alternatives to the ED

Stabilisation facility for acute patients in crisis, strong peer involvement, improved responsiveness, improved environment safe and sensory space.

Data

Using live data to inform system improvements and ensure continuous quality improvement.

Underlying principles

Trauma-informed, recovery-orientated, family and carer involvement, carer wellbeing, Restorative Just Culture.

POLICY AND FRAMEWORKS

A range of local, state, national and international plans are driving the ongoing development of mental health services.

GOLD COAST PLANS

The Gold Coast Joint Regional Plan: Gold Coast Hospital and Health Service (GCHHS) and Gold Coast Primary Health Network focuses on collaboration and integration between mental health, suicide prevention and alcohol and other drugs services in the Gold Coast region.

Informed by a 'stepped care approach' which aims to match the needs of the individual with the appropriate care at that time, with an emphasis on early intervention and self-care, the Gold Coast Joint Regional Plan identified a number of common priorities which resonate well with this crisis reform work. These include: models of care, partnerships, and collaboration; an aim to provide more care in the community and early intervention; workforce development; suicide prevention; equity for at-risk population groups; addressing stigma and discrimination; better use of data and digital platforms; and people-centred care with Lived Experience engagement at all levels.

Gold Coast Suicide Prevention Community Action Plan 2020-2022 (draft) was developed as a component of the joint regional planning, adopting Black Dog Institute's Lifespan Framework [16] to guide the work. The inclusion of the nine evidence-based strategies, targets population to individual-level risk with the use of best evidence-based programs and interventions.

These strategies align well with the GCHHS Strategic Plan (2020-2024) [17], which aims to 'lead and develop one-system' for healthcare by partnering with and enabling other sectors agencies and providers.

STATE AND NATIONAL PLANS

At a state level, Queensland outlines a plan to tackle several major challenges, including suicide prevention in Our Future State [18]. Connecting Care to Recovery 2016-2021: Plan for Queensland's state-funded mental health, alcohol and other drug services [19] included a specific priority on responding to suicide risk, improving assertive outreach for those being discharged from the ED or inpatient units, and enhancing clinical skills and capacity of staff including ED staff.

Shifting Minds, The Queensland Mental Health Alcohol and Other Drugs Strategic Plan 2018–2023 [7] includes a focus on improving our response to mental health crisis, including alternatives to EDs, expanding co-responder models, responding to consumers presenting with self-harm, assertive follow up following ED presentations and admissions, enhancing workforce capacity including trauma-iInformed care, a well-integrated peer workforce, least restrictive practice, and whole of system improvements.

Every Life: The Queensland Suicide Prevention Plan 2019-2029 (Every Life)[22] includes a range of actions focused on crisis response including a consistent follow-up, connecting care, establishing a "comprehensive integrated model of suicide and mental health crisis care for Queensland."

The Fifth National Mental Health and Suicide Prevention Plan [8] outlines eight priority areas, many of which have an impact on the whole mental health system. Of importance is the development of a regional integrated system of crisis response.

INTERNATIONAL FRAMEWORKS

A range of frameworks from the US and UK have influenced the development of the GC Crisis Reform Strategy. These include systematic literature reviews of effective crisis components. There was significant alignment between these frameworks and our stakeholder feedback.

Report: Crisis Services: Effectiveness, Cost-Effectiveness, and Funding Strategies noted growing research base demonstrating services being able to divert people from EDs and unnecessary hospitalisation, enabling treatment in least restrictive settings at lower costs. **The Crisis Services Task Force of the National Action Alliance for Suicide Prevention** (Action Alliance) [22] argued strongly that a piecemeal approach was unacceptable, and all core elements were required in order to save lives in a cost-effective way noting a shift towards using data in real time, 24/7 mobile response, residential crisis stabilisation and underpinned by core principles including recovery orientation, trauma-informed, Zero Suicide principles, strong commitment to safety and collaboration with law enforcement. **National Confidential Inquiry into Suicide and Safety** publishes recommendations on a regular basis and has developed a list of 10 key elements for safer care for patients,[32] including safer wards, early follow-up on discharge, no out-of-area admissions, 24-hour crisis resolution/home treatment teams, family involvement, guidance on depression, personalised risk management, outreach teams, and low staff turnover.

Southern Arizona Crisis System[24] depicted the crisis system to include Crisis Prevention, Early Intervention, Crisis Response, and Post-Crisis services and supports. Three important system components included Accountability (ensuring governance, importance of system values and outcomes, and holding providers accountable). Similarly the **Crisis Care Concordat: Improving outcomes for people experiencing mental health crisis**[25] developed and signed by multiple stakeholders involved in mental health crisis in the UK, focused on access and support before a crisis, urgent and emergency access to crisis care, quality of treatment and care when in crisis and recovery and staying well.

Building on this, the **Report: Be the change: Ensuring an effective response to all in psychiatric emergency equal to medical care summit on urgent and emergency behavioural healthcare**[15] presented 10 recommendations to achieve reform and improved outcomes in mental health crisis care.

While the Gold Coast Crisis framework is intended to provide an overarching strategy for crisis reform on the Gold Coast for all age ranges, a review of broad frameworks for responding to youth in crisis has informed its development. **Intensive In-home Child & Adolescent Psychiatric Services (IICAPS)**[26] components resonate well with crisis frameworks in general, including a comprehensive approach to assessment, community and home-based focus, integration with a network of mental health and other services including schools, justice system, medical system, support and engagement of families and specific interventions.

Mobile Stabilisation Service (MSS) for youth[27], are reported to be not only clinically effective but also cost-effective as part of a comprehensive crisis continuum of care. Similar to adult models they can play an important role in preventing ED use, psychiatric hospitalisation, residential treatment, and placement disruptions among children, youth, and young adults experiencing a behavioural health crisis, which contributes to improved cost and quality outcomes.[69]

The THRIVE framework[28] based in the UK is an integrated, person-centered and needs-led approach to delivering mental health services for children, young people and families which conceptualises need in five categories or needs based groups: Thriving, Getting Advice, Getting Help, Getting More Help and Getting Risk Support. The target population is 0-25 years of age. The THRIVE framework can support embedding principles and indicators across a regional response.

One of the challenges in considering crisis reform is the limited evidence and quality of evidence available on clinical effectiveness and cost effectiveness. This may reflect the challenges in researching this area involving complex interventions for people in mental health crisis. There have been several reviews of this area supporting some important aspects of a crisis system, however gaps in research remain.

THE CRITICAL ACTIONS FOR GC CRISIS REFORM

A multi-agency coordinated and integrated network of care that is co-designed, recovery-oriented, and trauma-informed, using a framework that conceptualises crisis in terms of prevention, early intervention, responding to crisis and crisis resolution.

Through a process of stakeholder engagement and co-design, a review of literature, local, state and national strategic frameworks, the following essential elements of the GC Crisis Reform:

- Core principles
- Leadership
- Crisis continuum of care
- Training
- Data, improvement and research

This framework supports a multi-agency coordinated and integrated network of care that uses data to drive a continuous improvement approach to mental health crisis reform on the Gold Coast.

The aim is to provide responsive, effective, compassionate and connected care.

CORE PRINCIPLES

Core principles will be embraced and embedded into all components of crisis reform on the Gold Coast

CORE PRINCIPLES

Work on some of the core principles is well established in GCMHSS (e.g. Zero Suicide framework, recovery-orientation, comprehensive care). Other core principles will be driven through the GC Crisis Reform Strategy.

TRAUMA-INFORMED CARE

Mental health crises and suicidality are often rooted in trauma. The effects of interpersonal trauma can impact a person throughout their life and result in increased likelihood of mental illness, self-harm, suicidality, substance use and poor medical health. [29]

Responding to crisis in stressful environments, or involving the use of force and containment, can be re-traumatising, leading to worse symptoms and a reluctance to seek help in the future. These risks need to be recognised and work undertaken to prevent re-traumatisation.

A service based on principles of trauma-informed care will reframe and normalise symptoms and behaviours, understanding "what has happened to you" rather than "what is wrong with you?"

This underlines the importance of safe and calm environments that support healing. A supportive environment is necessary for staff who may have also experienced trauma. [30] One example of a framework is the 2014, Substance Abuse and Mental Health Services Administration (SAMHSA) posted six guiding principles for Trauma-Informed Care [30]:

1. Safety
2. Trustworthiness and transparency
3. Peer support and mutual self-help
4. Collaboration and mutuality
5. Empowerment, voice and choice
6. Cultural, historical and gender issues

LIVED EXPERIENCE AND INVOLVEMENT OF FAMILIES CENTRAL TO ALL MODELS OF CARE

Peers are core members of the crisis team, a vital component of Recovery Oriented Care providing their experiences, capability and compassion, leading to strengthened hope, relationship, recovery and self-advocacy skills and improved community living skills.[31]

"Peers can relate without judgment, can communicate hope in a time of great distress, and can model the fact that improvement and success are possible. This increases engagement while reducing distress." [32]

Peers can foster hope, challenge stigma and discrimination, connect consumers to important peer networks and community supports and promote the engagement of family and carers. They can assist in promoting choice and collaboration.

An important foundation principle is meaningful engagement of families, carers and loved ones in the consumers mental health recovery, at every point in the consumer's journey where possible. This is also an important safety consideration and has been highlighted in reviews such as When Mental Health Care Meets Risk Qld Government. [33]

"For most people with a mental illness, the meaningful engagement of people who play a significant part in their lives is an important part of their recovery. It is fundamental to a consumer centred approach".[34]

CULTURALLY SAFE | RESPONDING TO DIVERSITY

Responding to diversity and cultural sensitivity are important core principles in crisis reform. Many of these groups are over-represented in crisis services and in suicide statistics. Males, Young people, Aboriginal and Torres Strait Islander populations, LGBTQI+, Older people, Culturally and Linguistically Diverse (CALD), refugees and asylum seekers are all over-represented in suicides.

Aboriginal and Torres Strait Islander present at rates far higher than the general population making up 11% of mental health presentations while accounting for 3% of the population.[10]

In terms of LGBTIQ+, the National LGBTI Health Alliance has indicated that 32.6% of LGBTI+ people aged 16 to 27 who had not used a crisis support service during their most recent personal or mental health crisis indicated that their decision was due to anticipated discrimination.[35]

The National LGBTI Health Alliance Sexuality and Gender Identity Organisational Audit survey tool was recently used to look at attitudes and practices across Gold Coast Mental Health and Specialist Services (GCMHSS).

This tool assesses practices in relation to consumers with diverse sexualities, gender identities and intersex variance across the following seven areas:

1. Creating a welcoming and safe environment
2. The intake process
3. The consultation
4. Staff training
5. Health promotion and outreach
6. Staffing issues
7. Services offered.

A range of recommendations arising from this review have been made. Stakeholder feedback has also reinforced the importance of identifying a range of priority groups including Aboriginal and Torres Strait Islander people, Culturally and linguistically diverse, Youth, and LGBTIQ+.

Further consultation with these groups was recommended.

INTEGRATED MENTAL HEALTH, ALCOHOL, OTHER DRUG AND PHYSICAL HEALTH CARE

The presence of co-occurring disorders (mental health, alcohol and other drugs, and physical health conditions) is the expectation rather than the exception, and yet has been underestimated and inadequately addressed within the health system for many years. Individuals with co-occurring disorders present with increased complexity, with a range of negative physical and psychosocial impacts on the individual and their family and carers.[36]

Despite the acknowledgment of the high rates of co-morbidity, systems for treatment of mental health, alcohol and other drugs, and physical health care are often siloed parallel treatment services, with varying, and often inadequate levels of coordination between the services.[37]

Fully integrated systems of mental health, alcohol and other drugs, and physical health care have often been seen as an ideal, however evidence demonstrating effectiveness and resources required have often been barriers to implementation.[38]

Frameworks that describe a continuum of capacity to address co-occurring disorders, such as that described by SAMHSA consensus panel [39] may assist services, or teams within services, in coming to an understanding of where they currently sit and also encourage and give a framework for moving to more integrated services.

Further to the levels of program capacity, which looks at moving to more integrated teams and systems, the Four Quadrant Model[40] provides a framework for determining where an individual might best sit within these services. There is evidence that this is a valid approach to determining the setting for people presenting to a service or ED. However, importantly a "no wrong door" approach should also be embedded to ensure that consumers are supported to get to the most appropriate service for them.

There are strong themes in the literature that support tailoring approaches to consumers and interventions provided to the consumer's stage of change.[41] Tools can assist in determining the stage of change, and frameworks and training for staff can then support the matching of interventions to the stage.

Regardless of where a service might be in terms of the continuum of capacity to address co-occurring disorders, there are important recognised best practice principles for treating co-occurring disorders, which include trauma-informed care; recovery oriented practice that engages the consumer collaboratively in care; addressing a broad range of issues including identifying (including through screening approaches) all co-occurring disorders, and more broadly the socio-cultural context; matching interventions to readiness for change; an approach that addresses critical practical issues in the consumer's life; anticipating and working with likely cognitive and functional impairments; engaging the consumer's broader support system; and supporting continuity of holistic care through strong linkages with primary care.[36, 39]

ADOPTING A JOURNEY TO ZERO SECLUSION AND RESTRAINT

The experience of consumers, carers and staff is central to how we support people in their recovery, which is why we are working towards implementing a range of reforms to make sure that Recovery Oriented Practice and Trauma-Informed Care are core business for our services.

The GCMHSS is taking a strategic approach to reforming mental health inpatient care with the development of the GC Zero Seclusion and Restraint reform framework.

There are six critical components of the Framework:

1. Leadership
2. Using data to inform practice
3. Workforce development
4. Seclusion and restraint reduction approaches
5. Service user/consumer roles in inpatient units
6. Debriefing techniques

The GCMHSS are investing in improving how people and staff experience care in our inpatient mental health services. We want to create real positive change and a belief that a sustained effort will significantly reduce the use of seclusion and restraint.

Three care approaches are integral to the GCMHSS framework development. They reflect contemporary mental health practices and should assist in any efforts to improve a person's experience of care. Therefore, they are part of any program of activity that would reduce restrictive interventions.

The three care approaches are:

- Recovery Oriented Practice
- Trauma-Informed Care
- Supported decision making

CORE PRINCIPLES: CRITICAL ACTIONS

TRAUMA-INFORMED CARE

- Leadership vision and commitment across the sector to ensure the implementation of trauma-informed care within GCMHSS and any services associated with the crisis reform on the Gold Coast.
- A Strategic plan and Implementation plan for embedding trauma-informed care within GCMHSS is developed which includes:
- All policies, procedures and practices need to be trauma-informed.
- Staff supported through specialist training, supervision, debriefing and reflective learning.
- Screening for trauma occurs across services, and processes to ensure mitigate re traumatisation.
- Implementation of specialist trauma focused intervention.

LIVED EXPERIENCE AND INVOLVEMENT OF FAMILIES & CARERS | CENTRAL TO ALL MODELS OF CARE

- All models of care of new services associated with crisis reform to have Lived Experience workforce embedded wherever possible.
- Peer workforce to be supported through training, professional development and welfare support.
- Active engagement of consumers in their own care.
- Engage of families and carers in care of consumers.
- Engagement of families and carers in reviews of critical incidents in line with principles of Restorative Just Culture.

CULTURALLY SAFE | RESPONDING TO DIVERSITY

- Engage with Aboriginal and Torres Strait Islander groups on the Gold Coast to ensure appropriate and tailored responses to responding to crisis in this community and that Models of service and Clinical Pathways to be tailored to the needs of Aboriginal and Torres Strait Islander people through the Identification of relevant frameworks and tools.
- Ensure that services and crisis pathways respond adequately to diversity by addressing at-risk groups, are culturally safe and age-appropriate. Ensure that learnings and recommendations from the National LGBTI Health Alliance Sexuality and Gender Identity Organisational Audit are embedded into all services associated with crisis reform.

INTEGRATED MENTAL HEALTH, ALCOHOL, OTHER DRUGS AND PHYSICAL HEALTH CARE

- Develop a framework for change to increase integrated mental health and alcohol and other drugs care more broadly, and development of a model of service for crisis presentations that represents a truly integrated approach to mental health, alcohol and other drugs and physical health care.
- Develop pathways of care that support an integrated approach to mental health, alcohol and other drugs and physical health care, using appropriate screening and brief intervention tools, more specialised skills as appropriate and collaborative care and warm handovers with other organizations when required.
- Provide interventions that are tailored to the individual's stage of change.
- Provide training and supervision to support these models of care and pathways.
- Enhance consideration of physical health assessment and treatments for people presenting in crisis.

ADOPTING A JOURNEY TO ZERO SECLUSION AND RESTRAINT

- Commitment to supporting seclusion and restraint reduction initiatives that instils the belief that seclusion and restraint can be significantly reduced.
- Identification and application of a zero seclusion and restraint framework.
- Identification and application of a data driven quality improvement approach to inform system changes and better care for those at risk.
- Training will be an essential component to implementing new least restrictive practices and approaches and will include lived experience in facilitation and training development.
- Inclusion of service users or people with personal experience in recovery in a variety of roles in the service to assist in the reduction of seclusion and restraint.

LEADERSHIP DRIVING REFORM

Local leadership coalition coordinating a network for responding at a regional level and leading the development of a comprehensive continuum of care available to meet the needs of people who experience mental health crisis.

The aim is a strategic approach to transforming mental health crisis care across the Gold Coast Region.

A multi-agency coordinated and integrated network of care that is co-designed, recovery-oriented, trauma-informed and using a framework that conceptualises crisis in terms of Prevention, Early Intervention, Responding to Crisis and Crisis Resolution.

The network will utilise data to drive a continuous improvement approach to mental health crisis reform on the Gold Coast, and support staff to ensure responsive, effective, compassionate and connected care.

LEADERSHIP DRIVERS FOR REFORM

Essential leadership actions include:

- Integration and oversight through the Joint Regional Plan (JRP) with senior representation from key groups across the Gold Coast which may include HHS, PHN, QAS, QPS, private sector, social services and local governments, schools.
- Engagement of all stakeholders, including persons with Lived Experience into leadership, through an ongoing process of co design.
- Embed shared core principles into all models of service development.
- Continued embedding of a culture of safety, a restorative just culture.
- A COVID Response plan addressing the challenges of the COVID-19 pandemic.

LEADERSHIP DRIVING REFORM: CRITICAL ACTIONS

LEADERSHIP
The GCMHSS and GCHHS executive in partnership with GCPHN and a number of lead agencies across the district drive the development and transformation of crisis services across the Gold Coast region through a process of co-design to develop whole of government, all of community solutions that ensure effective and enhanced delivery of compassionate, responsive, connected care for people in crisis on the Gold Coast.
This reform should include persons with Lived Experience in leadership and planning roles; and should engage in partnerships with primary care, emergency services and departments, and other non-government organizations.
The continued embedding of a culture of safety and a restorative just culture.
The identification and utilisation of core principles to drive models of service development and ensure that all service models adhere to and are inclusive of recovery-orientated care.
There should be representation from all parts of the GCMHSS in the leadership of this reform to ensure it represents all areas including community, inpatient, Child and Youth, AODS and Specialist Programs.
In partnership with community partners identify and implement a crisis continuum framework of care which aligns with a stepped care approach to guide and support the development and implementation of crisis services across the Gold Coast region.
Embed a COVID-19 Response plan, addressing ongoing development of safe and alternative measures to ensure the health and safety of staff and consumers.

CRISIS CONTINUUM OF CARE

The GC Crisis Reform Strategy emphasises a continuum of care of services within a region. Many services are being developed or in existence currently through separate processes. The following actions represent those services, particularly within the public health system, that will be driven by this strategy.

EARLY INTERVENTION

ESSENTIAL SERVICES AND MODELS THAT PREVENT CRISIS

Identifying potential crisis and responding early is an essential element of the GC Crisis Reform approach. Early intervention can assist in resolving potential crisis before it escalates to a more serious level and will help to support a healthy and resilient community.

We must provide a range of choices to consumers about where and how they can receive the support they need when they need it.

People have a need for self-determination and self-sufficiency and early intervention with care and support will go some way to meet that need, building resilience and personal growth and prevent crisis from occurring.

The services that are central to early identification and early intervention in preventing crisis include:

- Primary care, NGOs, private sector
- Enhancing PHN- funded Central Intake, Triage and Referral Service
- Crisis phone lines (e.g. Lifeline)
- Crisis safe space and similar crisis spaces
- Structured psychological interventions eg Beyond Blue New Access

CRISIS SAFE SPACES

There may be benefits of alternatives to hospitalisation in terms of improved preservation of social functioning, and development of skills, social networks and enhanced coping to mitigate future crises in the community.[5]

Access for vulnerable people in a crisis at an early stage has shown to support a sense of control, de-escalation of the crisis and avoidance of needing to enter into mainstream services such as Mental Health Act, QAS, referral to secondary care, and assessments at the ED. Outcomes have included improved consumer experience with recurrent themes of consumer statements as welcoming, safe, warm, comfortable, open and relaxed, and improved social connections within local community. It has also been found to be cost effective.[5]

Funding has been allocated from the Queensland Health's Mental Health Alcohol and Other Drugs Branch (MHAODB) for the establishment of a Crisis Support Space on the Gold Coast for commencement of service by July 2021. The service will operate out-of-hours and provide support for consumers who are experiencing or at risk of developing a mental health crisis.

The model of service is currently being developed by the MHAODB using co-design principles in consultation with people with Lived Experience, PHN's and non-government organisations.

RESPONDING TO CRISIS

ESSENTIAL SERVICES AND MODELS TO EFFECTIVELY RESPOND TO PEOPLE IN CRISIS

The GC Crisis Reform approach aims to enhance and improve responsiveness to people in crisis on the Gold Coast with services and models of care that are evidence-based and informed and offer collaborative choice and alternatives to hospitalisation.

Improved outcomes for people experiencing crisis will be achieved by providing the right service at the right place and time. Some of the essential services that have been identified to enhance and improve response to crisis include:

REGIONAL GOLD COAST 24/7 HUB | 1300MHCALL WITH AIR TRAFFIC CONTROL FEATURES

Equity of access, quick referral and care without delay are seen as important functions of effective access to support before a crisis point. [5]

A regional hub can support this process. The skills of the personnel in the Hub are critical so that they can make decisions regarding deployment of crisis response teams and identify physical health issues that help inform admission to a crisis stabilisation facility versus the ED.[6]

Skills and knowledge of the Hub personnel in the area of drug and alcohol is also vital to assist in appropriate responses to drug and alcohol issues and provide appropriate integrated mental health and drug and alcohol care to individuals in crisis.

There is a need to progress to real time, technology driven coordination and collaboration via Air Traffic Control (ATC) systems through the enhancement of the 1300MHCALL response. As with aviation, tragedies can be avoided when there is always an awareness of where the individual is in the system, and that verification occurs when the person is safely transitioned to the next service provider.[15]

An ATC system provides:

- Effective deployment of mobile crisis response.
- Timely, appropriate access to facilities including crisis stabilisation and crisis respite.
- Ideally adequate senior clinical input that will support a role in access to inpatient facilities.
- Integrate as much as possible with other referral and crisis lines, such as QAS and QPS, primary care, Lifeline and other organisations.
- Real time performance outcomes dashboards tracking a variety of metrics such as call volume, number of referrals, time-to-answer, abandonment rates, and service accessibility performance.

The objective of the 24/7 Hub is to triage consumers experiencing mental health crisis in the community to services other than the ED wherever possible.

MOBILE CRISIS RESPONSE WITH LIVED EXPERIENCE TO BUILD ON CO-RESPONDER MODELS

Community-based mobile crisis services use face-to-face professional and peer intervention, deployed in real time to the location of a person (children and adults) in crisis, in order to achieve the needed and best outcomes for that individual, using GPS tracking to assist.[42]

Peer support workers often take the lead on engagement and may also assist with continuity of care by providing support that continues past the crisis period.

Goals of mobile crisis response teams include:[42]

1. Help individuals experiencing a crisis event to experience relief quickly and to resolve the crisis situation when possible.
2. Meet individuals in an environment where they are comfortable.
3. Provide appropriate care/support while avoiding unnecessary police involvement, ED use, and hospitalisation.

These teams provide triage and screening, comprehensive assessment, de-escalation and resolution, peer support, coordination of medical and mental health services, and crisis planning and follow up.

Evidence suggests that mobile crisis teams are cost effective and assist in avoiding hospitalisation and enhance connection to follow up services.[21]

Planning as part of the GC Crisis Reform Strategy identified the need to source funding to establish three mobile crisis response teams for the Gold Coast to provide assessment and support of consumers experiencing a mental health crisis in the community.

The mobile crisis response team is an integral component of crisis reform on the Gold Coast, connecting a community response to other services, such as the Crisis Stabilisation Facility.

The model of service will build on the co-responder model currently supporting QAS and QPS in the community.

NICE Quality Standards on service user experience in adult mental health services note that Crisis Resolution and Home Treatment Teams (CRHHT) should be available 24 hours per day, seven days per week, regardless of diagnosis.[43]

CRHHT have been found to be clinically and cost effective, and associated with reductions in hospital admissions, and greater consumer satisfaction compared with inpatient admission [44, 45]. However, this evidence is limited and based on a small number of studies.

There is also significant variability in implementation of these models and only some teams in the UK exhibiting good practice in a range of criteria. [44]

CRISIS STABILISATION FACILITIES (CSF) | EXTENDED OBSERVATION UNITS | THREE DAY BEDS

The CSF will include: A short term (23-hour) assessment and crisis stabilisation unit; short stay inpatient unit with a 72-hour length of stay; and access to a range of community-based services to support a safe discharge.

The purpose of a 23-hour crisis observation or stabilisation is a direct service that provides individuals in severe distress with up to 23 consecutive hours of supervised care to assist with de-escalating the severity of their crisis and/or need for urgent care. Appropriate crisis response would be suboptimal if it did not address both mental health and Substance Use Disorders (SUDs). [6]

Best outcomes of Crisis Stabilisation Facilities can be achieved when they:

- Function as part of an integrated regional crisis system
- Have a home like environment
- Have peers as integral staff members
- There is 24/7 access to psychiatrists or senior mental health clinicians.

Access should be via the ATC-capable hub of the regional system.

It is anticipated that a CSF will be established on the Gold Coast by mid 2021. The facility will offer 24/7 crisis support of up to 23 hours, designed to have a home-like environment, peer workers and mental health clinicians aiming to avoid unnecessary hospitalisation for persons whose crisis may resolve with time and observation.[41]

HOME-BASED TREATMENT TEAMS

The National Confidential Inquiry into Suicide and Safety (NCISH 2016) [23] recommend that all community mental health services should include a 24-hour crisis resolution/home treatment team (CRHT) with sufficiently experienced staff and staffing levels.

They provide an alternative to in-patient care. CRHT teams should be monitored to ensure that they are being used safely and that contact time within CRHTs reflects the specialist and intensive nature of that role. Overall, introducing a CRT appears to have a positive impact on safety of the mental health service.

A note of caution is indicated by the National Confidential Inquiry into Suicide[23] which found that, while the average rate of suicides fell by 18% between the first and last two years of its data, the suicide rate was almost twice as high as that found in inpatient (14.6 per 10,000 under crisis care compared with 8.8 per 10,000 admissions).

CSF work best with a multidisciplinary approach and partnerships (police, hospitals, nurses, ambulatory services, clinicians.)

The Gold Coast facility will be trialled to inform the development of a state-wide model of service for CSF in Queensland.

THREE DAY BEDS / SHORT STAY BEDS

Inpatient care is still required at times as part of the system responding to mental health crisis. The constant presence of staff can provide a number of benefits including continuous multidisciplinary care, and more intensive treatments requiring a high level of monitoring. The temporary containment provided by inpatient admission may be required to address risk at that time.[5]

Identification of the goals or tasks of admission are important. Consumer feedback regarding inpatient admissions raise a number of concerns including containment without intervention, boredom, lack of structure, safety, including sexual safety concerns, and limited bed stock leading to lack of access or moves from one ward to another.[5] Intense programs of consumer activities have been associated with reduced self-harm.[46]

This Short Stay Pathway (SSP) implemented at Gold Coast University Hospital in 2016 focuses on collaborative assessment, identification of needs, brief psychological interventions, and supported transitions of care to the community, with strong links to, and rapid follow up by the community Acute Care Team. For consumers presenting in suicidal crisis, SSP includes the safety planning intervention.[47] It has been shown to have superior results in terms of length of stay and readmission rates compared with treatment as usual.[48]

There are further opportunities to enhance inpatient care through the embedding of peer workers.

The National Confidential Inquiry into Suicide and Safety in Mental Health Services [23] noted the importance of reviewing in-patient safety, focusing on three main areas:

- Removal of ligature points
- Reduced absconding (e.g. through improved monitoring and improved inpatient experience through recreation, privacy and comfort
- Skilled in-patient observation (to be carried out by experienced staff)

Discharge from inpatient units is often a time of high risk, with the initial two weeks being particularly high risk. This makes a focus on reduction of suicide and self harm post discharge a high priority. [49]

This suggests a need for a more, focused effort on follow up following discharge to occur as soon after discharge as possible rather than the overall goal of a “seven day follow up”. NCISH [23] notes the importance of:

- Consumers discharged from psychiatric in-patient care should be followed up by the service within two to three days of discharge.
- A care plan should be in place at the time of discharge and during pre-discharge leave.

As with all other services involvement of persons with lived experience with inpatient beds is also an important consideration.

EMERGENCY DEPARTMENT REFORM

Some consumers will still need to go to EDs, and ongoing efforts must be made to improve their experience.

Consideration should be given to continuing to embed trained peer workforce in EDs (including motivational interviewing, resources and referrals). [15]

The Australasian College of Emergency Medicine (ACEM) and Royal Australian and New Zealand College of Psychiatrists (RANZCP) Consensus Statement on mental health care in EDs [10] emphasised principles including respectful, patient-centred recovery-oriented care, with consideration of involvement of peer workers, prevention and early intervention, timely access to appropriate care, early and effective mental health interventions in the ED, safe and supportive care in the ED, reductions in restrictive practices (seclusion and restraint), and sedation through appropriate models of care in the ED.

Also important are access to culturally safe care and reduction of length of stay in the ED through appropriate access to both a network of community supports and inpatient beds.

The Black Dog Institute published guidelines for integrated suicide-related crisis and follow-up care in EDs and other acute settings [50]. The authors note that this provides a new benchmark for the health system and ensures a life-affirming experience for every person who presents to the ED in suicidal crisis.

CRISIS RESOLUTION

ESSENTIAL SERVICES AND MODELS THAT COLLABORATIVELY ASSIST CRISIS RESOLUTION

The Gold Coast Crisis Reform Strategy aims to enhance the way we engage and collaboratively work with people in crisis.

To provide a range of choices to consumers about where they would like to receive care whilst using the best evidence-based crisis practices to support resolution. Improved outcomes for people experiencing crisis will be achieved by improving collaborative crisis intervention that supports choice and opportunity for personal growth, and positive change that improves crisis resolution outcomes.

Treatment modality and approaches used to enhance crisis resolution include*:

- Inpatient care
- Step-up, step-down capacity
- Way Back Support Service
- Project Air
- GCMHSS, GP, private, NGO
- Housing, employment, Centrelink

CRISIS PREVENTION

ESSENTIAL SERVICES AND MODELS THAT PREVENT CRISIS

The most effective way to reach a positive outcome for people in crisis is to help prevent the person from going into crisis in the first place.

The Gold Coast Crisis Reform Strategy aims to enhance the way we engage and collaboratively work with people who have experienced a crisis to ensure a positive and healthy resolution that supports personal growth, self-determination and self-sufficiency as key human psychological needs. Building resilience and relapse prevention planning are core elements to prevent people from going into crisis.

Some of the approaches and services that can enhance the prevention of crisis include:

- Enhancing safety planning, wellness and recovery plans, relapse prevention plans, and Advance Health Directive as part of comprehensive care
- School-based services

People with mental illness and/or crisis may benefit from having an advanced directive statement, safety planning, wellness and recovery plans and crisis prevention plans which can be used to help prevent a future crisis and also support consumer needs if they do have a crisis.

Collaborative crisis planning has shown effectiveness and may lead to reductions in compulsory admissions. [21]

CRISIS CONTINUUM OF CARE: CRITICAL ACTIONS

CRISIS SAFE SPACE
Work in collaboration with the MHAODB on the Model of Service for the Crisis Safe Space.
A partnership approach between the GCMHSS and GCPHN, in collaboration with stakeholders in the Gold Coast region including those with Lived Experience, to ensure implementation is appropriate to the local context.
Ensure the service aligns with the core principles of the GC Crisis Reform Strategy and is integrated into the network of care as per the strategy.
Ensure an evaluation process is embedded, which will include a focus on continuous quality improvement.

REGIONAL GOLD COAST 24/7 HUB | 1300MHCALL WITH AIR TRAFFIC CONTROL FEATURES
Develop a model of service to transform the current 1300 MHCALL service to a regional ATC hub, which embeds the GC Crisis Reform Strategy core principles.
Skills of the care team to ensure an integrated approach to mental health, alcohol and other drug care.
System to support awareness of where the individual is in the system, and that verification occurs when the person is safely transitioned to the next service provider. Real time performance outcomes dashboards tracking a variety of metrics such as call volume, number of referrals, time-to-answer.
Ensure an evaluation process is embedded, which will include a focus on continuous quality improvement.
Develop a model of service for the mobile crisis response teams that aligns with the core principles of the GC Crisis Reform initiative and integrates with the other components of the system to support an integrated network of services. This will include the central role of the Hub in deploying the mobile crisis teams, and the use of GPS tracking and ATC functionality.
Look for opportunities for funding this vital component of the GC Crisis Reform continuum of care.

HOME-BASED TREATMENT TEAM
Develop a model of service for the Home-Based Treatment Teams (HBTT) that aligns with the core principles of the GC Crisis Reform initiative, and integrates with the other components of the system to support an integrated network of services.
Look for opportunities for funding this vital component of the GC Crisis Reform continuum of care.
Skills of the care team to ensure an integrated approach to mental health, alcohol and other drug care, and training developed to support all components of the model of service.
Ensure an evaluation process is embedded, which will include a focus on continuous quality improvement.
System to support awareness of where the individual is in the system, and that verification occurs when the person is safely transitioned to the next service provider. Real time performance outcomes dashboards tracking a variety of metrics such as call volume, number of referrals, time-to-answer, abandonment rates, and service accessibility performance. Exploration of integration of systems with Consumer Integrated Mental Health Application (CIMHA) to avoid duplication of data entry.
Ensure an evaluation process is embedded, which will include a focus on continuous quality improvement.

CRISIS STABILISATION UNIT
Develop a model of service for the CSU that aligns with the core principles of the GC Crisis Reform initiative and integrates with the other components of the system to support an integrated network of services.
Skills of the care team to ensure an integrated approach to mental health, alcohol and other drug, physical health care, and training, developed to support all components of the model of service.
A strong focus on comprehensive care, with collaborative formulation and care planning for all consumers.
Ensure an evaluation process is embedded, which will include a focus on continuous quality improvement.

SHORT STAY BEDS
Establish capacity for an enhanced short stay pathway to align with the CSF.
Develop a model of service for the short stay beds that aligns with the core principles of the GC Crisis Reform initiative and integrates with the other components of the system to support an integrated network of services.
Establish capacity for an enhanced short stay pathway to align with the CSF.
Develop a model of service for the short stay beds that aligns with the core principles of the GC Crisis Reform initiative and integrates with the other components of the system to support an integrated network of services.
A strong focus on safety on the inpatient unit including removal of ligature points and reduced absconding e.g. through improved monitoring and improved inpatient experience through recreation, privacy and comfort and skilled in-patient observation (carried out by experienced staff).
A focused effort on follow up following discharge to occur as soon after discharge as possible, aiming for within two to three days of discharge.
A care plan should be in place at the time of discharge and during pre-discharge leave.
Skills of the care team to ensure an integrated approach to mental health, alcohol and other drug, physical health care, and training developed to support all components of the model of service.
Ensure an evaluation process is embedded, which will include a focus on continuous quality improvement.

EMERGENCY DEPARTMENT REFORM
Develop a model of service for mental health presentations to the Gold Coast EDs, that builds on the many existing strategies and aligns with the ACEM and RANZCP Consensus Statement and the Black Dog Institutes's Guidelines for integrated suicide-related crisis and follow-up care in EDs and other acute settings.
Continue to embed trained peer workforce in EDs with a further exploration of roles they may undertake.
A focused effort on follow up following discharge to occur as soon after discharge as possible aiming for within two to three days of discharge.
Skills of the care team to ensure an integrated approach to mental health, alcohol and other drug, physical health care, and training developed to support all components of the model of service.
Ensure an evaluation process is embedded, which will include a focus on continuous quality improvement.

TRAINING

The GC Crisis Reform Leadership Group will develop a competent, confident, compassionate and caring workforce and recognises training as an essential component of implementing crisis services across the Gold Coast Region.

Training has been identified by many stakeholders as being of central importance to the success of a Crisis Reform initiative.

This includes training and professional development to all staff, including our peer workforce. The aim of training is to help support the development of a competent, confident, compassionate and caring workforce.

Training is essential to help develop the attitudes and beliefs of staff; to ensure that the core principles are firmly embedded into all aspects of our services; and to ensure the development of skills to support clinical interventions and pathways of care.

Training can support mental health staff, primary care, first responders, consumer literacy, peer workforce training, administration staff and general public, and non-mental health staff (such as in EDs and medical wards).

Opportunities for shared training across organizations can assist in achieving a consistent approach and shared language, attitudes and beliefs which will be important in an integrated network of care and include:

- training developed to support all underlying principles and new models of service
- opportunities to enhance connections of networks of services through shared training
- lived experience workforce training
- all staff receive training on crisis intervention,trauma-informed care, lived experience principles.

TRAINING: CRITICAL ACTIONS

The GCMHSS executive will develop a competent, confident, compassionate and caring workforce and recognises training as an essential component of implementing crisis services across the Gold Coast Region.
It is essential that all staff receive training in crisis intervention, Lived Experience principles and Trauma-Informed Care.
Training for clinical and peer staff should include evidence-based assessment and treatment interventions specifically focused on crisis intervention, trauma-informed care, lived experience principles and benefits to ensure consistency in approach across the service.
All training will ensure effective alignment of programs, services and operational processes across the GCMHSS and GCHHS.
All training should include a co-facilitator with lived experience where possible and include people with lived experience in the development and approach to training.
All training should focus on a culturally safe practices and include consultation advice and co-facilitation from Aboriginal and Torres Strait Islander representatives.
Following determination of the GC Crisis Continuum Framework and specific interventions, there will be an assessment of current levels of confidence, skills and knowledge of staff in providing crisis intervention services which will help inform approaches and focus training.

DATA, IMPROVEMENT AND RESEARCH

The GC Crisis Reform Strategy has identified data driven quality improvement approach as a key priority required to implement a new crisis reform approach across the Gold Coast region. This section outlines key actions and measurable smart solutions under the Data, Improvement and Research priority area.

Important considerations in data, improvement and research include:

- the need for real time displays of data to inform rapid decision making and tracking of consumers during their crises.
- data to drive a continuous quality improvement process.
- research projects that can add to the evidence base in this area.

There is a need to develop a data-driven quality improvement approach to inform clinical, cultural and system changes that will lead to improved outcomes for people in crisis on the Gold Coast.

Evaluation frameworks should align with the underlying values of the crisis system and should measure both the broader crisis system and individual components of the system.[13]

The measures should also be feasible, easy to collect and actionable as well as inform continuous quality improvement within the sphere of influence of the organisation.[24]

There are a range of value-based measures reflective of a broader crisis system, and domains include:[26]

- timeliness
- accessibility
- least restrictive settings
- community safety
- diversion from criminal justice system
- minimise ED boarding
- community and family centredness
- meet needs of complex patients
- effectiveness.

A number of frameworks exist including a facility-based evaluation framework, using the Critical to Quality (CTQ) Tree, which initially defines its values and then builds the attributes that would define excellent crisis services from multiple perspectives.[24] This framework aligns with the Six Aims of Improvement: safe, patient-centred, effective, timely, efficient, and equitable, however, adapted this to include attributes more specifically aligned to the crisis setting. [24]

DATA, IMPROVEMENT AND RESEARCH: CRITICAL ACTIONS

Develop a data-driven quality improvement approach to inform clinical, cultural and system changes that will lead to improved outcomes for people in mental health crisis on the Gold Coast.
Contribute to the development of a stronger evidence base in crisis intervention through the development of a GC Crisis Reform research strategy, in collaboration with academic partners.
Establish capacity for an enhanced Short Stay Pathway to align with the CSF.
Development of real time data reporting.
Shared electronic systems to enhance communication and shared care planning with consumers across the network or services.
Development of a framework for evaluation of the broad strategy and individual components, that aligns with a range of value-based measures.
Implementation of a continuous quality improvement approach to evaluation.

ABBREVIATIONS

ABS	Australian Bureau of Statistics
ACEM	Australian College of Emergency Medicine
AOD	Alcohol and Other Drugs
ATC	Air Traffic Control
CBT	Cognitive Behavioural Therapy
CIMHA	Consumer Integrated Mental Health Application
COVID 19	CO' stands for corona, 'VI' for virus, and 'D' for disease
CRHTT	Crisis Resolution and Home Treatment Team
CSF	Crisis Stabilisation Facility
DBT	Dialectical Behavioural Therapy
ED	Emergency Department
GC	Gold Coast
GCHHS	Gold Coast Hospital and Health Service
GCMHSS	Gold Coast Mental Health and Specialist Services
GCPHN	Gold Coast Primary Health Network
GCUH	Gold Coast University Hospital
HHS	Hospital and Health Service
HIV	Human Immunodeficiency Virus
IDDT	Integrated Dual Diagnosis Disorder Treatment
IICAPS	Intensive in-Home Child and Adolescent Psychiatric Services
LGBTI	Lesbian, Gay, Bisexual, Transsexual and Intersex
LGBTIQ+	Lesbian, Gay, Bisexual, Transsexual, Gender Diverse, Intersex, Queer, Questioning
MH	Mental Health
MHAODB	Mental Health Alcohol and Other Drugs Branch

MOS	Model of Service
MSS	Mobile Stabilisation Service
NCISH	National Confidential Inquiry into Suicide and Homicide
NGO	Non-Government Organisation
NHS	National Health Service (UK)
PHN	Primary Health Network
QAS	Queensland Ambulance Service
QPS	Queensland Police Service
QH	Queensland Health
QLD	Queensland
QMHC	Queensland Mental Health Commission
RANZCP	Royal Australian and New Zealand College of Psychiatrists
SAMHSA	Substance Abuse and Mental Health Services Administration (USA)
SPS	Suicide Prevention Strategy
SP	Safety Plan
SPP	Suicide Prevention Pathway
SSP	Short Stay Pathway
SUDS	Substance Use Disorders
TIC	Trauma Informed Care
TOR	Terms of Reference
UK	United Kingdom
US	United States (of America)
USA	United States of America

APPENDIX 1.

EXISTING STRATEGIES AND PROCESSES DRIVING ELEMENTS OF THE GC CRISIS REFORM FRAMEWORK

As this GC Crisis Reform represents a coordinated and integrated network there are a variety of existing strategies and processes that are driving parts of this framework. The following are important components of the framework.

CORE PRINCIPLES

CRITICAL ACTION	DRIVEN BY
Ongoing work to embed core principles in all aspects of the crisis continuum and underpin any new models of service	GC Crisis Reform Strategy
Recovery orientation	GC Crisis Reform Strategy
Trauma-informed care	GC Crisis Reform Strategy
Lived Experience and involvement of families central to all models of care	GC Crisis Reform Strategy
Continuing to build on Zero Suicide principles	GC Crisis Reform Strategy
Adopting a Journey to Zero Seclusion and Restraint	GC Crisis Reform Strategy
Integrated mental health, alcohol and other drug and physical health care	GC Crisis Reform Strategy
Comprehensive care	GC Crisis Reform Strategy
Culturally safe, responding to diversity	GC Crisis Reform Strategy

LEADERSHIP: DRIVING REFORM

CRITICAL ACTION	DRIVEN BY
Integration and oversight through the Joint Regional Plan (JRP) with senior representation from key groups across the Gold Coast which may include HHS, PHN, QAS, QPS, private sector, social services, local governments and schools	GC Crisis Reform Strategy
Engagement of all stakeholders, including persons with lived experience into leadership, through an ongoing process of co design	GC Crisis Reform Strategy
Identifying and closing gaps in systems	GC Crisis Reform Strategy
Supporting and enhancing the culture of learning and safety underpinned by Restorative Just Culture principles, including a focus on staff welfare.	GC Crisis Reform Strategy
Strong commitment to safety for consumers and staff	GC Crisis Reform Strategy
Ensuring delivery of responsive, effective, compassionate and connected care	GC Crisis Reform Strategy
Core principles to drive all models of service development	GC Crisis Reform Strategy
A COVID Response Plan that addresses drivers of and response to increase crisis in the community as a result of the COVID-19 pandemic	GC Crisis Reform Strategy

CONTINUUM OF CARE

EARLY INTERVENTION

CRITICAL ACTION	DRIVEN BY
Primary care, NGOs, private sector	Joint Regional plan / primary care
Enhancing PHN Central Intake, Triage and Referral Service	Joint Regional plan / primary care
Crisis phone lines (e.g. Lifeline)	GCMHSS separate projects / ongoing work
Crisis safe space and similar crisis spaces	GC Crisis Reform Strategy
Beyond Blue New Access	NGOs /other agencies

RESPONDING TO CRISIS

CRITICAL ACTION	DRIVEN BY
Regional Gold Coast 24/7 Hub (1300MHCALL) with air-traffic control features	GC Crisis Reform Strategy
Mobile crisis response with Lived Experience to build on co-responder models	GC Crisis Reform Strategy
Home-Based Treatment Team	GC Crisis Reform Strategy
Crisis Stabilisation Facility	GC Crisis Reform Strategy
ED reform	GC Crisis Reform Strategy
Short stay beds	GC Crisis Reform Strategy

CRISIS RESOLUTION

CRITICAL ACTION	DRIVEN BY
Inpatient care	GCMHSS separate projects / ongoing work
Step-up, step-down capacity	GCMHSS separate projects / ongoing work
Lotus/Way Back Support Service	NGOs /other agencies
Project Air	Joint Regional plan / primary care
GCMHSS, GP, Private, NGO	Joint Regional plan / primary care
Housing, employment, Centrelink	Joint Regional plan / primary care

PREVENTION

CRITICAL ACTION	DRIVEN BY
Enhancing safety planning, Relapse prevention plans, and Advance Health Directive as part of comprehensive care	GCMHSS separate projects / ongoing work
School-based services	NGOs /other agencies

TRAINING

CRITICAL ACTION	DRIVEN BY
Develop a competent, confident, compassionate and caring workforce	GC Crisis Reform Strategy
Training developed to support all underlying principles and new models of service	GC Crisis Reform Strategy
Opportunities to enhance connections of networks of services through shared training	GC Crisis Reform Strategy
Lived Experience workforce training	GC Crisis Reform Strategy
All staff receive training on crisis Intervention, Trauma-Informed Care, Lived Experience principles	GC Crisis Reform Strategy

DATA, IMPROVEMENT AND RESEARCH

CRITICAL ACTION	DRIVEN BY
Data for real-time response and data driven decision making.	GC Crisis Reform Strategy
Data for continuous improvement	GC Crisis Reform Strategy
Shared electronic systems to enhance communication and shared care planning with consumers across the network or services	GC Crisis Reform Strategy
Contributing to the evidence base through evaluation and research opportunities	GC Crisis Reform Strategy

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