

Issue 2 – 27 May 2015

Centre for Excellence for Post-Traumatic Stress Disorder Expert Advisory Panel

Expert panel meeting update: 12 May 2015

The expert advisory panel, co-chaired by Associate Professor Susan Neuhaus C.S.C. and Professor Dorothy Keefe P.S.M. held their second workshop on Tuesday 12 May 2015.

The purpose of this workshop was to review the panel's work to date, about proposed elements of the model of care, and to further assess data. The panel achieved consensus on a framework for the model of care for the new Post-Traumatic Stress Disorder (PTSD) Centre for Excellence, identifying the service components essential to provision of quality care for Veteran's mental health for the next 50 years. The important elements are:

- Requirement for both inpatient and outpatient services
- Integration of services across inpatient/outpatient domains.

The diagram below outlines the model of care framework for the PTSD Centre for Excellence.

At the next workshop, scheduled for Tuesday 16 June 2015, the panel will assess potential sites for the Centre for Excellence, in consideration of the identified service components, and will review national and international best practice models of care. The panel will also discuss processes for deciding on a name for the Centre for Excellence, and will provide a recommendation on this process to the Minister.

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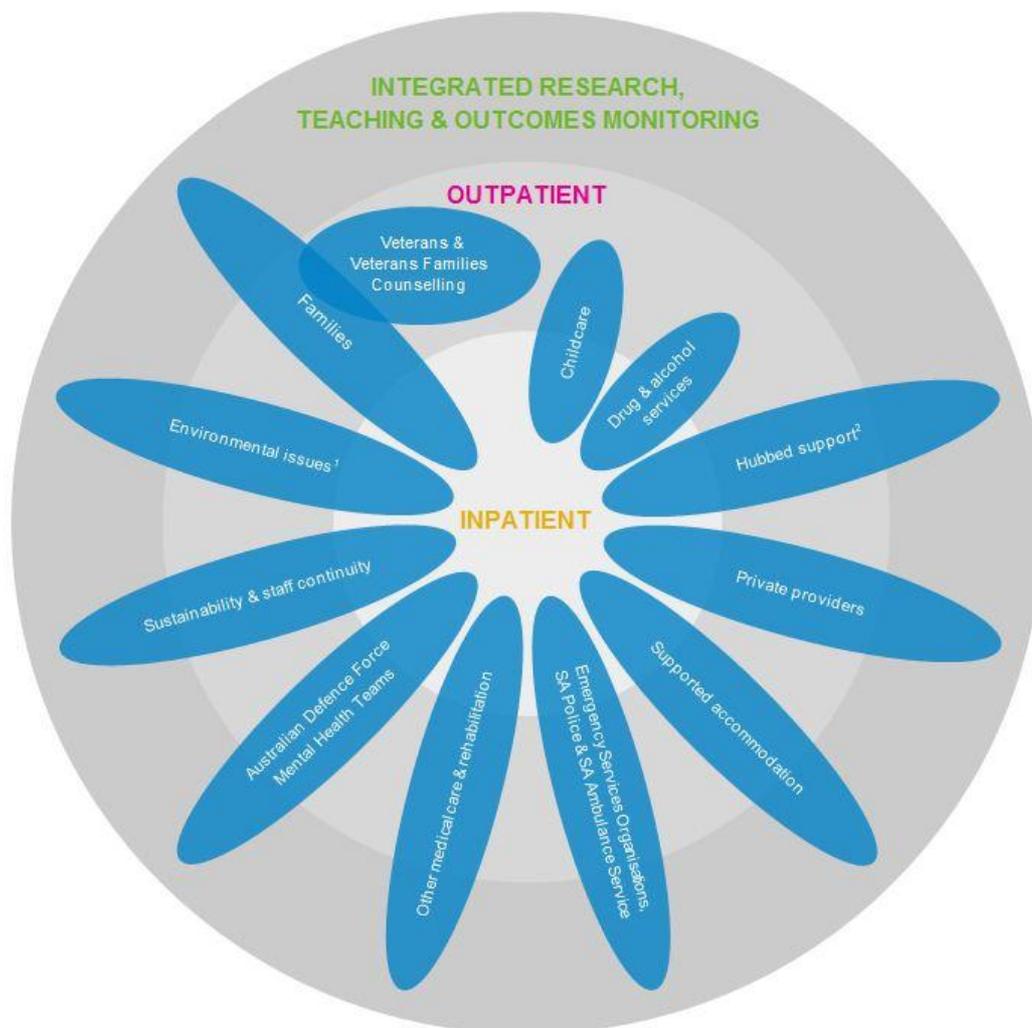
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Framework Model of Care: PTSD Centre for Excellence

The following framework shows all of the various service components that are considered essential to providing a quality service for Veteran and Service Communities Mental Health Care for the next 50 years.

This framework recognises that inpatient and outpatient services are both vital to PTSD treatment, as is ongoing integration of research and teaching.



¹Environmental issues include gardens, low stimulus, fitness facility, metropolitan access, arts in health etc.

²Hubbed support includes a drop in centre, Emergency Services Organisations liaison, pastoral care, coffee shop etc.

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The interdependencies and clinical and non-clinical considerations underpinning the service components are depicted as follows:

INTERDEPENDENCIES

Dietetics
Pain-unit
Physio-and-rehabilitation
Co-morbidities
Sleep-unit

Health-promotion
Gazetted-Hospital
Code-Blue/Black-Responses
Multidisciplinary-team
ECT
Inpatient-Outpatient
Teaching
CLINICAL

Carer-support
Fitness-facilities
Flexibility
Car-parking
NON-CLINICAL
ESO-support
Culture
Cafe
Garden
Ease-of-access
Support
Accommodation
VVF
Chaplaincy
Safety-and-trust

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