Communication tactics

Channel/tactic	Rationale
Online and digital communication	
Intranet (including spotlight) and Internet (new web pages and FAQs)	Low cost and a central repository for all project/program related information.
Internet new page(s) to HHS website including FAQs. Can emulate the Intranet page(s)	Low cost, engages both internal & external stakeholders
Social media (Twitter / Facebook)	Low cost, engages both internal & external stakeholders
Internal communications	
CE all staff emails / staff newsletter updates	Timely distribution from the CE re: key information (changes and updates)
E-alerts	Consider e-alerts to inform System Manager. May only be appropriate once new model of care has been determined.
Memos / letters and email to networks	Top down communications from CE on key information (changes and updates) about the project/program as they're about to roll out. These memos/ letters should be prepared for other HHS', NGOs etc.
Briefing note to Health Minister and System Manager	Bottom up communications on key information (changes and updates) about the project/program for noting or approval
Face-to-face	
Internal stakeholder briefings, trainings, meetings and focus groups	One-on-one engagement with key stakeholders such as BAC staff, Health Minister, other HHS' etc on project/program milestone activities prior to commencement.
External stakeholders briefings, meetings	Undertake a consultative approach with key stakeholders (e.g EQ, NGOs) to ensure messages align with stakeholder expectations.
Marketing collateral	
Fact sheet	Develop and distribute supporting collateral that explains, reinforces or triggers key project/program

Channel/tactic	Rationale
Mail out (letters)	messages.
Media	
Media statements	
Media conferences	
Community service announcements	
Social media (Twitter / Facebook)	

Action plan internal and external stakeholders

Activity	Target audience	Issues / risks	Messages / content	Responsibility	Budget	When	Priority	Status
Responses to correspondence	BAC existing patients, staff, general public, politicians who have submitted correspondence on issue	Correspondence writer may go to media	Develop standard response regarding background of project, reasoning etc. However, ensure response is updated to reflect various phases of project.	WMHHS CE/ Executive Team	Nil	ASAP	High	done
Media holding statements	Media, general public, WMHHS staff	Media attention will provoke negative public perception of project if not responded to quickly	Key messages with focus on care being provided to young people	Rowdy PR	Nil	ASAP	Medium	done
Fact sheet	WMHHS staff, consumers, general public, media	Outdated / inaccurate information	As above. Should also include info on consumer concerns	Rowdy PR, Project Lead, WM HHS online & marketing officer	Nil	1/12/12	Medium	
Briefing note to Health Minister & System Manager	Minister & Ministerial staff, Director-General(Dept Community Services et al)	May not support recommendations	Outline scope of project, reasoning and discussions to be covered in meeting with BAC staff	WMHHS CE MHAODB	Nil	W/C 26/11/12	High	
Internal stakeholder	BAC staff, WMHHS mental health staff	BAC staff currently do not support	Explain background for project, focus on key messages that youth	WMHHS CE	Nil	W/C 26/11/12	High	

Activity	Target audience	Issues / risks	Messages / content	Responsibility	Budget	When	Priority	Status
briefing		project	will not miss out					
Internal stakeholder briefing	Health Minister & Ministerial staff	Want solution now	Update on project and outcome of staff briefing	WMHHS CE	Nil	4/12/12	Medium	
Planning - Online communication	WMHHS staff, general public	If information is not timely and accurate will create negative perception and media attention	Start planning for content. Outline scope of project, reasoning and proposed way forward. Must be regularly updated with project phase information	Rowdy PR, Project Lead, WMHHS online & marketing officer	Nil	1/12/12	Low	
Media conferences / community service announcements	Media, general public	Negative media stories	Stick to key messages	WMHHS CE, Rowdy PR	Nil	As required	Medium	
Go live-Online communication	WMHHS staff, general public	If information is not timely and accurate will create negative perception and media attention	Go live information	Rowdy PR, Project Lead, WMHHS online & marketing officer	Nil	Mid-January	Low	
Social media (consider using the System Manager's social media channels if WMHHS has none available)	All	Negative feedback; no staff to monitor social media channels	Stick to key messages, outline scope of project, reasoning and proposed way forward. Must be regularly updated with project phase information Social media (consider using the System Manager's social media channels if WMHHS has none availalble)	WMHHS CE, Project Lead, WMHHS online & marketing officer	Nil	TBD	Low	

Evaluation

Evaluation of this plan will involve feedback being sourced at each phase of the project to ascertain the effectiveness of communications. The main channels for gaining feedback are as follows:

- Feedback from staff on concerns and issues
- Feedback from management groups
- Staff forums
- Media analysis and tracking
- Meetings

This feedback will be used as the main driver for up-dating and continually improving the communication plan.

Issues management

Issues management will form a critical part of the BAC communication plan and should be based on the following platforms:

Prevention of public media issues wherever possible

This can be achieved by:

- Avoiding the deliberate 'baiting' of likely opponents and instead focusing all information and communication on the positives of the BAC project and WMHHS.
- Providing tangible examples or explanations rather than playing the 'blame game'.
- Keeping focused on consistent delivery of key messages
- Factually answering all questions from media and opponents.
- Ensuring BAC staff and consumers are informed of the mechanisms available to address their concerns / issues, to avoid them going directly to the media with their concerns.

Effective and timely management of issues as and when they arise

This can be achieved by:

- Agreeing a process for issues management in the media with the Health Minister's and Premier's offices to ensure there are no obstacles to a fast and timely response.
- Preparing Q&As where possible for any significant issues that arise to ensure the HHS CE, Minister or Premier is prepared to answer all anticipated questions, and has a broad range of facts and figures at hand.
- Seek agreement with the HHS CE on a case-by-case basis which media inquiries the CE is prepared to respond to by interview, or via written statement.
- Preparing updated key messages for the HHS CE as issues flare to assist with responding to media inquiries.
- Ensuring all media inquiries that are issues-related are responded to quickly.
- Designating a suitable alternative spokesperson if the HHS CE is unavailable.

West Moreton Hospital and Health Service
TERMS OF REFERENCE

Terms of Reference: Expert Clinical Reference Group – Barrett Adolescent Strategy					
Date:	30.11.12	Review Date:	N/A	Version:	Final

1. Purpose:

1.1 The purpose of the Expert Clinical Reference Group is to:
Provide expert clinical advice to promote the development of a contemporary evidence based model of care to meet the needs of adolescent mental health consumers who experience severe and persistent psychiatric symptomatology that significantly interferes with social, emotional, behavioural and psychological functioning and development.

2. Scope and functions:

2.1 The Expert Clinical Reference Group will consider that the model(s) of care:

- will clearly articulate a contemporary model(s) of care for subacute mental health treatment and rehabilitation for adolescents in Queensland
- will be evidenced based, sustainable and align with Queensland mental health policy, current statewide models of service, National mental health policy, National mental health service planning frameworks and future funding models.
- will take into account the Clinical Services Capability Framework (for Mental Health) and
- will replace the existing Statewide services provided by Barrett Adolescent Centre – The Park.

3. Membership (position held only):

3.1 Members:

- Dr Michelle Fryer, Faculty Child and Adolescent Psychiatry
- Dr James Scott, Consultant Psychiatrist Early Psychosis, Metro North HHS
- Dr David Hartman, Clinical Director, CYMHS, Townsville HHS
- Dr Trevor Sadler, Clinical Director, BAC, West Moreton HHS
- Professor Philip Hazell, Director, Infant Child and Adolescent Mental Health Services, Sydney and South Western Sydney Local Health Districts
- Ms Josie Sorban, Director of Psychology, CYMHS, Children's Health Qld HHS
- Ms Amanda Tilse, Operational Manager, Alcohol Other Drugs and Campus Mental Health Services, Mater Children's Hospital
- Ms Amelia Callaghan, State Manager Qld NT and WA, Headspace
- Ms Emma Hart, NUM, Adolescent Inpatient Unit and Day Service, Townsville HHS
- Mr Kevin Rodgers PSM, Principal, Barrett Adolescent Centre School
- consumer representative
- carer representative

, Carer Consultant will provide support to the consumer and representative will on the Expert Clinical Reference Group.

The Chair on behalf of the Expert Clinical Reference Group, will invite additional nominated National experts on an as needs basis to provide additional input into the development of a contemporary evidence based model of care.

3.2 Proxies:
Due to the time limited nature of this reference group, it is unlikely that the use of proxies will be effective.

4. Chairperson

4.1 Dr Leanne Geppert, Director Planning and Partnerships Unit, Mental Health Alcohol & Other Drugs Branch (MHAODB)

West Moreton Hospital and Health Service
TERMS OF REFERENCE

5. Secretariat (position held only):

5.1 MHAODB will provide the secretariat to the Expert Clinical Reference Group.

6. Reporting relationships:

6.1 The Expert Clinical Reference Group will provide its recommendation regarding contemporary model(s) of care to the planning group as per the Project Plan for the Barrett Adolescent Strategy.

7. Sub Committees:

7.1 Nil.

8. Frequency of meetings:

8.1 Given the expected short duration of this forum, it is anticipated that the Expert Clinical Reference Group will meet on at least a fortnightly basis (in person or tele/videoconference) until a recommended model of care is developed. It may reconvene on an as needs basis to examine plans regarding the implementation of an endorsed model of care.

9. Quorum:

9.1 The quorum for Expert Clinical Reference Group meetings will be half of membership plus one.

10. Authorisation:

These Terms of Reference may be altered following committee consultation and endorsement by the Chief Executive West Moreton HHS and A/Executive Director MHAODB on the recommendation of the Expert Clinical Reference Group.

Chairperson: Dr Leanne Geppert, Director Planning and Partnerships Unit, MHAODB

Date: Signature:

West Moreton Hospital and Health Service

Board Meeting

May 24, 2013 at 09:00 - 17:00

Ipswich Hospice

37 Chermside Road

Eastern Heights

West Moreton Hospital and Health Board

BOARD COMMITTEE AGENDA PAPER

Committee: West Moreton Hospital and Health Board			
Meeting Date:	24 May 2013	**Agenda Item Number:**	4.3
Agenda Subject:	Barrett Adolescent Strategy - Recommendations		
Action required:	☒ For Approval	☐ For Discussion	☐ For Noting
Author: Sharon Kelly	**Position:** Executive Director, Mental Health & Specialised Services	**Date:** 15 May 2013	

☐ Recommendation/s are consistent with Strategic Plan
☐ Funding impacts are included within approved budget
☐ Risks are identified and mitigation/management strategies included
☐ Implications for patient and/or staff care and well-being have been identified

Proposal

That the West Moreton Hospital and Health Board:

Note the attached recommendations of the Expert Clinical Reference Group (ECRG) (Attachments 1 and 2).
Approve recommendations from Barrett Adolescent Strategy Planning Group (Attachment 3).
Approve development of a communication and implementation plan, inclusive of finance strategy, to support the closure of Barrett Adolescent Centre (BAC) on 30 September 2013.
Approve media statement (Attachment 4).
Note the need for a verbal briefing (at the earliest convenience) between the Minister for Health, and the West Moreton Hospital and Health Board Chair and Chief Executive.

Background

1. A project plan titled Barrett Adolescent Strategy was tabled by the Chief Executive at the meeting of the West Moreton Hospital and Health Board (the Board) on 23 November 2012.
2. Project updates were provided to the Board on 25 January and 26 April 2013.
3. A Planning Group has oversighted an ECRG of senior child and youth mental health experts to develop a Service Model Elements document according to the project plan.
4. Membership of the ECRG included multidisciplinary clinicians, a consumer representative, a carer representative, an inter-state clinician, and a representative of the Department of Education, Training and Employment. The ECRG met between 1 December 2012 and 24 April 2013.
5. The Park is designated to become an adult secure forensic facility within the Queensland Plan for Mental Health 2007-17. This process will progress to the next stage when the Extended Forensic Treatment and Rehabilitation Unit opens on 28 July 2013. The provision of adolescent services within the future forensic environment is not considered appropriate or safe, and poses a potential risk to adolescent consumers.
6. The current BAC is an aged facility that has been designated not-fit-for-purpose in the provision of inpatient services into the future. The state-funded capital project to build a replacement facility for BAC in Redlands has ceased due to unresolvable building and environmental barriers, and none of this capital funding is available to build the facility elsewhere.

Key Issues or Risks

7. The ECRG submitted a *Preamble* and the *Service Model Elements of an Adolescent Extended Treatment and Rehabilitation Services* document (refer Attachments 1 and 2) to the Chair of the Planning Group on 8 May 2013. These documents were reviewed by the Planning Group on 15 May 2013.
8. The Planning Group accepted all recommendations of the ECRG, with some caveats for note (refer Attachment 3).
9. The Service Model Elements document (and the associated recommendations for an alternative model of service) allows for the safe and timely closure of BAC.
10. Given out of young people from the current BAC inpatient group are aged , and that the length of stay is up to it is considered clinically adequate to provide a four month timeframe to complete discharge planning and aim to close BAC 30 September 2013.

11. The closure of BAC is not dependent on the next stages of progressing and consulting on a statewide service model; instead, the closure process is relevant to the needs of the current and wait-list consumer group of BAC, and the capacity for 'wrap-around' care in their local community services. The Planning Group noted this was feasible to commence now.

Consultation

12. The Planning Group has oversighted the development of a stakeholder engagement plan, terms of reference for the ECRG, a media protocol and fact sheets (posted on the internet).
13. All correspondence from stakeholders (email, ministerials etc) and media enquiries have and are being responded to in a timely manner with consistent key messages being utilised.
14. An updated media statement is attached for approval (refer Attachment 4).
15. The next phase of statewide consultation and service planning for adolescent extended treatment and rehabilitation services is proposed to be collaboratively led by Children's Health Services and the Mental Health Alcohol and Other Drugs Branch.
16. It is proposed that West Moreton HHS will develop a new communication and implementation plan with regard to the closure of BAC to ensure sensitive and comprehensive communication with consumers, families, staff, key stakeholders, and the community.

Financial and Other Implications

17. It is not possible at this stage to detail financial implications. It is proposed that West Moreton HHS convene a finance working group (as part of a broader implementation plan) to define the operational funds associated with the BAC, and to submit a plan to the Board for the transfer of these funds to the HHSs that will deliver the alternative service/s. The Mental Health Alcohol and Other Drugs Branch is a recommended working group member.
18. Historically, intentions to close BAC have generated significant consumer, staff and community concern, and have attracted media attention. It is anticipated that this will be partially addressed through the recommendations of the ECRG and Planning Group, and the identification of alternative, local service delivery.

Strategic and Operational Alignment

19. Both the ECRG and the Planning Group have been mindful that the final endorsed model(s) of care:
    a. need to clearly articulate a contemporary model(s) of care for extended treatment and rehabilitation for adolescents in Queensland; and
    b. be evidenced based, sustainable and align with statewide mental health policy, service planning frameworks and funding models.
20. The closure of BAC and removal of adolescent services from The Park forensic site aligns with both the strategic direction of the HHS and the Queensland Plan for Mental Health 2007-17.

Recommendation

21. **Note** the attached recommendations of the Expert Clinical Reference Group (ECRG) (Attachments 1 and 2).
    Approve recommendations from Barrett Adolescent Strategy Planning Group (Attachment 3).
    Approve development of a communication and implementation plan, inclusive of finance strategy, to support the closure of BAC on 30 September 2013.
    Approve media statement (Attachment 4).
    Note the need for a verbal briefing (at the earliest convenience) between the Minister for Health, and the West Moreton Hospital and Health Board Chair and Chief Executive.

Attachments

1. Preamble
2. Service Model Elements of an Adolescent Extended Treatment and Rehabilitation Service
3. Recommendations of the Planning Group
4. Media Statement

Committee: West Moreton Hospital and Health Board

Agenda Item Number: 4.3

Attachment: 1

Attachment 1

Proposed Service Model Elements
Adolescent Extended Treatment and Rehabilitation Services (AETRS)

Preamble

Mental health disorders are the most prevalent illnesses affecting adolescents today. Of particular note is the considerable evidence that adolescents with persisting and severe symptomatology are those most likely to carry the greatest burden of illness into adult life. Despite this, funding for adolescent (and child) mental health services is not proportional to the identified need and burden of disease that exists.

In the past 25 years, a growing range of child and youth mental health services have been established by Queensland Health (and other service providers) to address the mental health needs of children and adolescents. These services deliver mental health assessment and treatment interventions across the spectrum of mental illness and need, and as a service continuum, provide care options 24 hours a day, seven days a week. No matter where an adolescent and their family live in Queensland, they are able to access a Child and Youth Mental Health Service (CYMHS) community clinic or clinician (either via direct access through their Hospital and Health Service, or through telehealth facilities). Day Programs have been established for adolescents in South Brisbane, Toowoomba and Townsville. Acute mental health inpatient units for adolescents are located in North Brisbane, Logan, Robina, South Brisbane and Toowoomba, and soon in Townsville (May/June 2013). A statewide specialist multidisciplinary assessment, and integrated treatment and rehabilitation program (The Barrett Adolescent Centre [BAC]) is currently delivered at The Park Centre for Mental Health (TPCMH) for adolescents between 13 and 17 years of age with severe, persistent mental illness. This service also offers an adolescent Day Program for BAC consumers and non-BAC consumers of West Moreton Hospital and Health Service.

Consistent with state and national mental health reforms, the decentralisation of services, and the reform of TPCMH site to offer only adult forensic and secure mental health services, the BAC is unable to continue operating in its current form at TPCMH. Further to this, the current BAC building has been identified as needing substantial refurbishment. This situation necessitates careful consideration of options for the provision of mental health services for adolescents (and their families/carers) requiring extended treatment and rehabilitation in Queensland. Consequently, an Expert Clinical Reference Group (ECRG) of child and youth mental health clinicians, a consumer representative, a carer representative, and key stakeholders was convened by the Barrett Adolescent Strategy Planning Group to explore and identify alternative service options for this target group.

Between 1 December 2012 and 24 April 2013 the ECRG met regularly to define the target group and their needs, conduct a service gap analysis, consider community and sector feedback, and review a range of contemporary, evidence-based models of care and service types. This included the potential for an expanded range of day programs across Queensland and community mental health service models delivered by non-government and/or private service providers. The ECRG have considered evidence and data from the field, national and international benchmarks, clinical expertise and experience, and consumer and carer feedback to develop a service model elements document for Adolescent Extended Treatment and Rehabilitation Services in Queensland. This elements document *is not a model of service* – it is a conceptual document that delineates the key components of a service continuum type for the identified target group. As a service model elements document, it will not define how the key components will function at a service delivery level, and does not incorporate funding and implementation planning processes.

The service model elements document proposes four tiers of service provision for adolescents requiring extended mental health treatment and rehabilitation:

- **Tier 1** – Public Community Child and Youth Mental Health Services (existing);
- **Tier 2a** – Adolescent Day Program Services (existing + new);
- **Tier 2b** – Adolescent Community Residential Service/s (new); and
- **Tier 3** – Statewide Adolescent Inpatient Extended Treatment and Rehabilitation Service (new).

The final service model elements document produced was cognisant of constraints associated with funding and other resources (e.g., there is no capital funding available to build BAC on another site). The ECRG was also mindful of the current policy context and direction for mental health services as informed by the National Mental Health Policy (2008) which articulates that *'non acute bed-based services should be community based wherever possible'*. A key principle for child and youth mental health services, which is supported by all members of the ECRG, is that young people are treated in the least restrictive environment possible, and one which recognises the need for safety and cultural sensitivity, with the minimum possible disruption to family, educational, social and community networks.

The ECRG comprised of consumer and carer representatives, and distinguished child and youth mental health clinicians across Queensland and New South Wales who were nominated by their peers as leaders in the field. The ECRG would like to acknowledge and draw attention to the input of the consumer and carer representatives. They highlighted the essential role that a service such as BAC plays in recovery and rehabilitation, and the staff skill and expertise that is inherent to this particular service type. While there was also validation of other CYMHS service types, including community mental health clinics, day programs and acute inpatient units, it was strongly articulated that these other service types are not as effective in providing safe, medium-term extended care and rehabilitation to the target group focussed on here. It is understood that BAC cannot continue in its current form at TPCMH. However, it is the view of the ECRG that like the Community Care Units within the adult mental health service stream, a design-specific and clinically staffed bed-based service is essential for adolescents who require medium-term extended care and rehabilitation. This type of care and rehabilitation program is considered life-saving for young people, and is available currently in both Queensland and New South Wales (e.g., The Walker Unit).

The service model elements document (attached) has been proposed by the ECRG as a way forward for adolescent extended treatment and rehabilitation services in Queensland.

There are seven key messages and associated recommendations from the ECRG that need to underpin the reading of the document:

1. Broader consultation and formal planning processes are essential in guiding the next steps required for service development, acknowledging that services need to align with the National Mental Health Service Planning Framework

- The proposed service model elements document is a conceptual document, not a model of service. Formal consultation and planning processes have not been completed as part of the ECRG course of action.
- In this concept proposal, Tier 2 maps to the Clinical Services Capability Framework for Public and Licensed Private Health Facilities Version 3.1 (CSCF) Level 5 and Tier 3 maps to CSCF Level 6.

Recommendations:

a) Further work will be required at a statewide level to translate these concepts into a model of service and to develop implementation and funding plans.

b) Formal planning including consultation with stakeholder groups will be required.

2. Inpatient extended treatment and rehabilitation care (Tier 3) is an essential service component

- It is understood that the combination of day program care, residential community-based care and acute inpatient care has been identified as a potential alternative to the current BAC or the proposed Tier 3 in the following service model elements document.
- From the perspective of the ECRG, Tier 3 is an essential component of the overall concept, as there is a small group of young people whose needs cannot be safely and effectively met through alternative service types (as represented by Tiers 1 and 2).
- The target group is characterised by severity and persistence of illness, very limited or absent community supports and engagement, and significant risk to self and/or others. Managing these young people in acute inpatient units does not meet their clinical, therapeutic or rehabilitation needs.

- The risk of institutionalisation is considered greater if the young person receives medium-term care in an acute unit (versus a design-specific extended care unit).
- Clinical experience shows that prolonged admissions of such young people to acute units can have an adverse impact on other young people admitted for acute treatment.
- Managing this target group predominantly in the community is associated with complexities of risk to self and others, and also the risk of disengaging from therapeutic services.

Recommendation:

a) A Tier 3 service should be prioritised to provide extended treatment and rehabilitation for adolescents with severe and persistent mental illness.

3. Interim service provision if BAC closes and Tier 3 is not available is associated with risk

- Interim arrangements (after BAC closes and before Tier 3 is established) are at risk of offering sub optimal clinical care for the target group, and attention should be given to the therapeutic principles of safety and treatment matching, as well as efficient use of resources (e.g., inpatient beds).
- In the case of BAC being closed, and particularly if Tier 3 is not immediately available, a high priority and concern for the ECRG was the 'transitioning' of current BAC consumers, and those on the waiting list.
- Of concern to the ECRG is also the dissipation and loss of specialist staff skills and expertise in the area of adolescent extended care in Queensland if BAC closes and a Tier 3 is not established in a timely manner. This includes both clinical staff and education staff.

Recommendations:

a) Safe, high quality service provision for adolescents requiring extended treatment and rehabilitation requires a Tier 3 service alternative to be available in a timely manner if BAC is closed.
b) Interim service provision for current and 'wait list' consumers of BAC while Tier 3 service options are established must prioritise the needs of each of these individuals and their families/carers. 'Wrap-around care' for each individual will be essential.
c) BAC staff (clinical and educational) must receive individual care and case management if BAC closes, and their specialist skill and knowledge must be recognised and maintained.

4. Duration of treatment

- A literature search by the ECRG identified a weak and variable evidence base for the recommended duration of treatment for inpatient care of adolescents requiring mental health extended treatment and rehabilitation.
- Predominantly, duration of treatment should be determined by clinical assessment and individual consumer need; the length of intervention most likely to achieve long term sustainable outcomes should be offered to young people.
- As with all clinical care, duration of care should also be determined in consultation with the young person and their guardian. Rapport and engagement with service providers is pivotal.

Recommendation:

a) 'Up to 12 months' has been identified by the ECRG as a reasonable duration of treatment, but it was noted that this depends on the availability of effective step-down services and a suitable community residence for the young person. It is important to note that like all mental health service provision, there will be a range in the duration of admission.

5. Education resource essential: on-site school for Tiers 2 and 3

- Comprehensive educational support underpins social recovery and decreases the likelihood of the long term burden of illness. A specialised educational model and workforce is best positioned to engage with and teach this target group.
- Rehabilitation requires intervention to return to a normal developmental trajectory, and successful outcomes are measured in psychosocial functioning, not just absence of psychiatric symptoms.
- Education is an essential part of life for young people. It is vital that young people are able to access effective education services that understand and can accommodate their mental health needs throughout the care episode.
- For young people requiring extended mental health treatment, the mainstream education system is frequently not able to meet their needs. Education is often a core part of the intervention required to achieve a positive prognosis.

Recommendations:

a) Access to on-site schooling (including suitably qualified educators), is considered essential for Tiers 2 (day programs) and 3. It is the position of the ECRG that a Band 7 Specific Purpose School (provided by Department of Education, Training and Employment) is required for a Tier 3 service.

b) As an aside, consideration should also be given to the establishment of a multi-site, statewide education service for children/adolescents in acute units (hub and spoke model).

6. Residential Service: important for governance to be with CYMHS; capacity and capability requires further consideration

- There is no true precedent set in Queensland for the provision of residential or bed-based therapeutic community care (by non-government or private providers) for adolescents (aged up to 18 years) requiring extended mental health care.
- The majority of ECRG members identified concerns with regard to similar services available in the child safety sector. These concerns were associated with:
  - Variably skilled/trained staff who often had limited access to support and supervision;
  - High staff turn-over (impacting on consumer trust and rapport); and
  - Variable engagement in collaborative practice with specialist services such as CYMHS.

Recommendations:

a) It is considered vital that further consultation and planning is conducted on the best service model for adolescent non-government/private residential and therapeutic services in community mental health. A pilot site is essential.

b) Governance should remain with the local CYMHS or treating mental health team.

c) It is essential that residential services are staffed adequately and that they have clear service and consumer outcome targets.

7. Equitable access to AETRS for all adolescents and families is high priority; need to enhance service provision in North Queensland (and regional areas)

- Equity of access for North Queensland consumers and their families is considered a high priority by the ECRG.

Recommendations:

a) Local service provision to North Queensland should be addressed immediately by ensuring a full range of CYMHS services are available in Townsville, including a residential community-based service.

b) If a decision is made to close BAC, this should not be finalised before the range of service options in Townsville are opened and available to consumers and their families/carers.

Committee: **West Moreton Hospital and Health Board**

Agenda Item Number: **4.3**

Attachment: **2**

Attachment 2

Proposed Service Model Elements Adolescent Extended Treatment and Rehabilitation Services (AETRS)	
Attribute	**Details**
Service Delivered	The aim of this platform of services is to provide medium term, recovery oriented treatment and rehabilitation for young people aged 13 – 17 years with severe and persistent mental health problems, which significantly interfere with social, emotional, behavioural and psychological functioning and development. The AETRS continuum is offered across a range of environments tailored to the individual needs of the young person with regard to safety, security, structure, therapy, community participation, autonomy and family capacity to provide care for the young person. The AETRS functions as part of the broader, integrated continuum of care provided for young Queenslanders, that includes acute inpatient, day program and community mental health services (public, private and other community-based providers).
Over-arching Principles	The delivery of an Adolescent Extended Treatment and Rehabilitation Service continuum will: • develop/maintain stable networks • promote wellness and help young people and their families in a youth oriented environment • provide services either in, or as close to, the young person's local community • collaborate with the young person and their family and support people to develop a recovery based treatment plan that promotes holistic wellbeing • collaborate with other external services to offer continuity of care and seamless service delivery, enabling the young person and their family to transition to their community and services with ease • integrate with Child and Youth Mental Health Services (CYMHS), and as required, Adult Mental Health Services • recognise that young people need help with a variety of issues and not just illness • utilise and access community-based supports and services where they exist, rather than re-create all supports and services within the mental health setting • treat consumers and their families/carers in a supportive therapeutic environment provided by a multidisciplinary team of clinicians and community-based staff • provide flexible and targeted programs that can be delivered across a range of contexts and environments • have the capacity to deliver services in a therapeutic milieu with family members; support and work with the family in their own environment; and keep the family engaged with the young person and the mental health problems they face • have capacity to offer intensive family therapy and family support • have flexible options from 24 hour inpatient care to partial hospitalisation and day treatment with ambulant approaches; step up/step down • acknowledge the essential role that educational/vocational activities and networks have on the recovery process of a young person

Proposed Service Model Elements Adolescent Extended Treatment and Rehabilitation Services (AETRS)	
Attribute	**Details**
	• engage with a range of educational or vocational support services appropriate to the needs of the young person and the requirements of their treatment environment, and encourage engagement/reengagement of positive and supportive social, family, educational and vocational connections.
Key Distinguishing Features of an AETRS	Services are accessed via a tiered, least-restrictive approach, and may involve combinations of service types across the tiers. **Tier 1:** **Public Community Mental Health Services (Sessional)** • Existing Locations: All Hospital and Health Services (HHSs). • Access ambulatory care at a public community-based mental health service, within the local area. • Interventions should consider shared-care options with community-based service providers, e.g. General Practitioners and *headspace*. **Tier 2a: Level 5 CSCF.** **Day Program Services (Mon – Fri business hours).** • Existing Locations: Townsville (near completion), Mater, Toowoomba, Barrett Adolescent Centre (BAC). • Possible New Locations: Gold Coast, Royal Children's Hospital CYMHS catchment, Sunshine Coast. Funds from existing operational funds of BAC and Redlands Facility. Final locations and budget to be determined through a formal planning process. • Individual, family and group therapy, and rehabilitation programs operating throughout (but not limited to) school terms. • Core educational component for each young person – partnership with Education Queensland and vocational services required. This may be provided at the young person's school/vocational setting, or from the day program site. • Flexible and targeted programs with attendance up to 5 days (during business hours) a week, in combination with integration into school, community and/or vocational programs. • Integrated with local CYMHS (acute inpatient and public community mental health teams). • Programs are delivered in a therapeutic milieu (from a range of settings including day program service location, the family home, school setting etc.). • Programs will support and work with the family, keeping them engaged with the young person's recovery. • Consumers may require admission to Adolescent Acute Inpatient Unit (and attend the Day Program during business hours). • Proposal of 12 - 15 program places per Day Program (final places and budget should be determined as part of formal planning process).

Proposed Service Model Elements Adolescent Extended Treatment and Rehabilitation Services (AETRS)	
Attribute	**Details**
	Tier 2b: **[1]Community Residential Service (24h/7d).** • Existing Locations: Nil services currently. Note: Cairns Time Out House Initiative for 18y+. • Possible New Locations: Sites where Day Programs are currently delivered; Townsville identified as a priority in order to meet the needs of North Queensland families. Funding from existing operational funds of BAC and Redlands Facility. Final locations and budget to be determined through a formal planning process. • Day Program attendance as in Tier 2a during business hours. • This tier incorporates a bed-based residential and respite service for adolescents after-hours and on weekends (in the community). • There is potential for one or more of these services to provide 'family rooms', that will temporarily accommodate family members while their young person attends the Day Program or the Adolescent Acute Inpatient Unit (for example, in Townsville). • Integrated with local CYMHS (acute inpatient, day program and public community mental health teams). • Residential to be a partnership model for service delivery between a community-based service provider and QH – multidisciplinary staffing profile including clinical (Day Program) and community support staff (community-based provider). Partnership to include clinical governance, training and in-reach by CYMHS. • Residential component only provides accommodation; it is not the intervention service provider but will work closely with the intervention service provider to maintain consistency in the therapeutic relationship with the young person. • On-site extended hours visiting service from CYMHS Day Program staff. **Tier 3: Level 6 CSCF.** **Statewide Inpatient Extended Treatment and Rehabilitation Service (24h/7d)[2].** • Possible Location: S.E. Qld. Source of capital funding and potential site not available at current time[3]. Acknowledge accessibility issues for young people outside S.E. Qld.

[1] Note: The Department of Health takes a 'provider agnostic' view in determining non clinical support and accommodation services. Decisions to contract service providers will be determined by service merit, consumer need and formal planning and procurement processes.

[2] The Department of Health acknowledges the dedicated school and expertise provided by the Department of Education Training and Employment (DETE). The Department of Health values and supports partnership with DETE to ensure that adolescents have access to appropriate educational and vocational options to meet their educational/vocational needs.

[3] Until funding and location is available for Tier 3, all young people requiring extended treatment and rehabilitation will receive services through Tiers 1 and 2a/b (i.e., utilising existing CYMHS community mental health, Day Programs and Acute Inpatient Units until the new Day Programs and residential service providers are established). It is emphasised that this is not proposed to be a clinically preferred or optimal solution, and significant risks are associated with this interim measure.

Proposed Service Model Elements Adolescent Extended Treatment and Rehabilitation Services (AETRS)	
Attribute	**Details**
	• For young people whose needs could not be met by Tiers 1 and 2 above, due to risk, severity or need for inpatient extended treatment and care. These young people's needs are not able to be met in an acute setting. • In-patient therapeutic milieu, with capacity for family/carer admissions (i.e. family rooms). • All other appropriate and less restrictive interventions considered/tested first. • Proposal for approximately 15 beds – this requires formal planning processes. • Medium term admissions (approximately up to 12 months; however, length of stay will be guided by individual consumer need and will therefore vary). • Delivers integrated care with the local CYMHS of the young person. • Individualised, family and group rehabilitation programs delivered through day and evening sessions, available 7 days/week. These must include activity based programs that enhance the self esteem and self efficacy of young people to aid in their rehabilitation. As symptoms reduce, there is a focus on assisting young people to return to a typical developmental trajectory. • Consumers will only access the day sessions (i.e. Day Program components) of the service if they are an admitted consumer. • Programs maintain family engagement with the young person, and wherever possible adolescents will remain closely connected with their families and their own community. • Young people will have access to a range of educational or vocational support services delivered by on-site school teachers and will be able to continue their current education option[4]. There is an intentional goal that young people are integrated back to mainstream community and educational/vocational activities. • Flexible and targeted programs will be delivered across a range of contexts including individual, school, community, group and family.
Service specifications and other descriptors to illustrate service elements	
Target Age	• 13 - 17 years, with flexibility in upper age limit depending on presenting issue and developmental (as opposed to chronological) age.
Diagnostic Profile	• Severe and persistent mental health problems that significantly interfere with social, emotional, behavioural and psychological functioning and development. • Treatment refractory/non responsive to treatment - have not been able to remediate with multidisciplinary community, day program or acute inpatient treatment. • Mental illness is persistent and the consumer is a risk to themselves and/or others. • Medium to high level of acuity requiring extended treatment and rehabilitation.

[4] The provision of education at this level requires focused consideration; an on-site school and education program is proposed as a priority.

Suggested modelling attributes	
Average duration of treatment	**Tier 2a:** **Level 5 Day Program Services (Mon – Fri business hours)** • Up to 12 months; flexibility will be essential. • There will be wide variation in individual consumer need and their treatment program; length of stay will need to be responsive to this. **Tier 2b:** **Community Residential (24h/7d)** • Up to 12 months; flexibility will be essential. • There will be wide variation in individual consumer need and their treatment program; length of stay will need to be responsive to this. • Access to a community residential service requires the young person to be actively participating in a program with CYMHS. **Tier 3:** **Level 6 Statewide Inpatient Extended Treatment and Rehabilitation Service (24h/7d)** • Up to 12 months; flexibility will be essential. • There will be wide variation in individual consumer need and their treatment program; length of stay will need to be responsive to this. • Young people may be discharged from this Service to a Day Program in their local community.
Staffing Profile	**Tier 2a:** **Level 5 Day Program Services (Mon – Fri business hours)** • Multidisciplinary, clinical. • Plus staffing from community sector. • DETE. **Tier 2b:** **Community Residential Service (24h/7d)** • Multidisciplinary, clinical. • Plus staffing from community sector. **Tier 3:** **Level 6 Statewide In-patient Extended Treatment and Rehabilitation Service (24h/7d)** • Multidisciplinary, clinical. • DETE.
Additional notes	
Referral Sources and Pathways	While service provision across all Tiers of this AETRS continuum is based on interdisciplinary collaboration and cross-agency contribution, a referral to Tiers 2a, 2b and/or 3 will require a CYMHS assessment (i.e., single point of entry). Increased accessibility to AETRS for consumers and their families across the State is a key priority.

	The Tier 3 statewide service will establish a Statewide Clinical Referral Panel. All referrals will be received and assessed by the Panel, which has statewide representation from multidisciplinary mental health clinicians and the community sector.
Complexities of Presentation	• Voluntary and involuntary mental health consumers. • The highest level of risk and complexity.

This document was endorsed by the Expert Clinical Reference Group of the Barrett Adolescent Strategy on 8 May 2013.
Please read in conjunction with the v5 Preamble.

Dr Leanne Geppert
Chair, Expert Clinical Reference Group

Committee: West Moreton Hospital and Health Board

Agenda Item Number: 4.3

Attachment: 3

Attachment 3

Adolescent Extended Treatment and Rehabilitation Services (AETRS) Planning Group Recommendations

1. Broader consultation and formal planning processes are essential in guiding the next steps required for service development, acknowledging that services need to align with the National Mental Health Service Planning Framework

ECRG Recommendations	Planning Group Recommendations
a) Further work will be required at a statewide level to translate these concepts into a model of service and to develop implementation and funding plans.	**Accept.** The responsibility for this task at a statewide level sits with the Mental Health Alcohol and Other Drugs Branch and the Children's Health Services. A collaborative partnership is proposed.
b) Formal planning including consultation with stakeholder groups will be required.	**Accept.** This body of work should be incorporated into the statewide planning and implementation process (as above).

2. Inpatient extended treatment and rehabilitation care (Tier 3) is an essential service component

ECRG Recommendation	Planning Group Recommendation
a) A Tier 3 service should be prioritised to provide extended treatment and rehabilitation for adolescents with severe and persistent mental illness.	**Accept with caveats.** Further work is needed to detail the service model for a Tier 3. Models involving a statewide, clinical bed-based service (such as the Barrett Adolescent Centre) are not considered contemporary within the National Mental Health Service Planning Framework *(in draft)*. However, there are alternative bed-based models involving clinical and non-clinical service components (e.g., Y-PARC in Victoria) that can be developed in Queensland to meet the requirement of this recommendation. Contestability reforms in Queensland may allow for this service component to be provider agnostic.

3. Interim service provision if BAC closes and Tier 3 is not available is associated with risk

ECRG Recommendations	Planning Group Recommendations
a) Safe, high quality service provision for adolescents requiring extended treatment and rehabilitation requires a Tier 3 service alternative to be available in a timely manner if BAC is closed.	**Accept.**
b) Interim service provision for current and 'wait list' consumers of BAC while Tier 3 service options are established must prioritise the needs of each of these individuals and their families/carers. 'Wrap-around care' for each individual will be essential.	**Accept.** While this may be a complex process for some consumers and their individual needs, it was noted that this course of action could start immediately, and that it was feasible. The potential to utilise current BAC operational funds (temporarily) to 'wrap-around' each consumer's return to their local community was noted as a significant benefit. The relevant local community should play a lead role in the discharge of the consumer from BAC and their return to home. The local services need to be consulted around their ability to provide 'wrap-around' care.
c) BAC staff (clinical and educational) must receive individual care and case management if BAC closes, and their specialist skill and knowledge must be recognised and maintained.	**Accept.** The ECRG and the Planning Group strongly supported this recommendation.

4. Duration of treatment

ECRG Recommendation	Planning Group Recommendation
a) 'Up to 12 months' has been identified by the ECRG as a reasonable duration of treatment, but it was noted that this depends on the availability of effective step-down services and a suitable community residence for the young person. It is important to note that like all mental health service provision, there will be a range in the duration of admission.	**Accept with caveats.** This issue requires further deliberation within the statewide planning process. The duration of treatment needs some parameters to be set, however, this is primarily a clinical issue that is considered on a case-by-case basis by the treating team and the consumer.

5. Education resource essential: on-site school for Tiers 2 and 3

ECRG Recommendations	Planning Group Recommendations
a) Access to on-site schooling (including suitably qualified educators), is considered essential for Tiers 2 (day programs) and 3. It is the position of the ECRG that a Band 7 Specific Purpose School (provided by Department of Education, Training and Employment) is required for a Tier 3 service.	**Accept with caveats.** The Planning Group recommends removing *"Band 7"* from the ECRG recommendation. All educational services need to be evaluated by Department of Education, Training and Employment (DETE) on a case-by-case basis, taking into consideration service model, location, student numbers and complexity. The Planning Group supports the statement that educational resources are essential to adolescent extended treatment and rehabilitation services. The Planning Group recommends consultation with DETE once a statewide model is finalised.
b) As an aside, consideration should also be given to the establishment of a multi-site, statewide education service for children/adolescents in acute units (hub and spoke model).	**Accept with caveat.** The Planning Group recommends this statement should be changed to read as: Strong consideration should be given to the establishment of a multi-site, statewide education service for children/adolescents in acute units (hub and spoke model).

6. Residential Service: Important for governance to be with CYMHS; capacity and capability requires further consideration

ECRG Recommendations	Planning Group Recommendations
a) It is considered vital that further consultation and planning is conducted on the best service model for adolescent non-government/private residential and therapeutic services in community mental health. A pilot site is essential.	**Accept.** Note that this service could be provider agnostic.

b) Governance should remain with the local CYMHS or treating mental health team.	**Accept.**
c) It is essential that residential services are staffed adequately and that they have clear service and consumer outcome targets.	**Accept.**

7. Equitable access to AETRS for all adolescents and families is high priority; need to enhance service provision in North Queensland (and regional areas)

ECRG Recommendations	Planning Group Recommendations
a) Local service provision to North Queensland should be addressed immediately by ensuring a full range of CYMHS services are available in Townsville, including a residential community-based service.	**Accept.**
b) If a decision is made to close BAC, this should not be finalised before the range of service options in Townsville are opened and available to consumers and their families/carers.	**Accept.**

Committee: West Moreton Hospital and Health Board

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Attachment: 4

Attachment 4

MEDIA HOLDING STATEMENT

Xxx 2013

Please attribute the following to West Moreton Hospital and Health Service Chief Executive, Ms Lesley Dwyer:

1. IF NO DECISION IS MADE

No decision about the future of Barrett Adolescent Centre has been made.

The Expert Clinical Reference Group has now concluded its investigation of options for a statewide model of care for young people requiring longer term mental health treatment.

The group has put forward seven recommendations for consideration, and these recommendations are now being considered by West Moreton Hospital and Health Service.

Our goal is to ensure no adolescent goes without the expert mental health care they require. Any decision made by the Health Service will take into account the need for a consistent, best-practice approach to caring for young people requiring longer term mental health treatment.

We must also consider the delivery of contemporary models of care for young mental health consumers in an environment that is safe for them and this may include partnerships with non-government organisations.

2. IF DECISION IS MADE TO CLOSE BAC

West Moreton Hospital and Health Service is committed to ensuring no adolescent goes without the expert mental health care they require.

It has been determined that it is in the best interests of young people requiring longer term mental health treatment that Barrett Adolescent Centre (based at The Park Centre for Mental Health) will close. The Park is a high secure adult mental health facility. It is not a suitable place for adolescents. Our goal now is to ensure our youth are cared for in an environment that is best suited to them. It is in the best interests of young people that they are not cared for in the same environment as adult mental health consumers who require high secure care.

The Barrett Adolescent Centre will close by the end of September 2013. However, I can assure consumers, their families and the community that closure of the Barrett Adolescent Centre will not mean that this very important type of mental health care for young people will no longer be available in Queensland. On the contrary, it is planned to direct additional, new mental health resources to local communities across the State, so that young people have greater access to high quality mental health services closer to home. These additional resources will specifically support young people with longer term mental health needs.

The decision to close Barrett Adolescent Centre follows thorough investigations by an Expert Clinical Reference Group which put forward seven recommendations for a statewide service for young people requiring longer term mental health.

West Moreton Hospital and Health Service has accepted all seven of the recommendations from the Expert Clinical Reference Group. The HHS will now work closely with other hospital and health services across the state, as well as other mental health care providers to action these recommendations and establish services that meet the needs of these young people. Under a new statewide model of care, Queensland's youth will continue to receive the excellent mental health care that they have always received.

ENDS

Media contact:

CONFIDENTIAL - WM HH Board Meeting 24 May 2013

Potential Queries/Priorities

1. Community and Political response to BAC closure:
   - ❖ Historically, strong community and media interest to keep BAC open.
   - ❖ Current local MP supports BAC to remain open.
   - ❖ Reassure that services will not cease altogether if BAC closes – the needs of this consumer group will still be met, and importantly, will be met closer to their own homes and community.
   - ❖ Regional and rural services need better access, particularly for medium and long stay treatment types targeted towards adolescents.
   - ❖ Other services within the CYMHS program spectrum are being expanded (Townsville and Toowoomba Acute and Day Program, move to add more Day Programs across Qld, move to introduce NGO services).
   - ❖ Will prepare comprehensive communication plan.
   - ❖ 4 month lead in time will support the closure process.

2. Any costs to close BAC:
   - ❖ MHAODB has committed funds from QPMH to support closure project, and indicated commitment to resourcing a transition process (staffing and consumer movement).
   - ❖ Propose establishing an overarching committee within WM HHS to lead closure process – one of the workgroups will be managing financial processes.

3. Minister for Health's position:
   - ❖ Has been kept updated – strong interest.
   - ❖ Interested in value for money service provision that is closer to patient homes.

4. Alternative service options:
   - ❖ As suggested by ECRG.
   - ❖ Consumers will still be able to access extended treatment and rehabilitation – but within a more contemporary service model. Includes WM consumers.

5. Process for communicating Board decision:
   - ❖ Comprehensive and sensitive communication plan for staff, consumers, sector stakeholders, community etc.
   - ❖ Sector stakeholders anticipated to support closure option and work in a positive way with WM HHS around closure and patient transitions.

6. If BAC doesn't close:
   - ❖ Clinical risks evident. Would need to implement immediate actions around current staffing and service model.
   - ❖ Possible that ED of MHAODB may pursue options to forcibly close service due to patient risk.

- ❖ Would need to remove service from the current site and find another site/location to deliver service from – cannot stay at the Park. No $ to support this, and wouldn't be supported by Dept of Health.

7. If BAC closes:
   - ❖ Bring in senior clinician to support transition and closure. Funds available for this.
   - ❖ 4mths identified as suitable timeframe because majority of current patients are 17 or over, and have had extended lengths of stay beyond 12mths (which was indicated as admission timeframe by ECRG).
   - ❖ Should immediately instigate a 'no new admissions' policy for BAC.

8. Plans for transitioning staff:
   - ❖ Range of options will be provided, in line with broader Park and HHS strategic directions for workforce planning.
   - ❖ Propose establishing an overarching committee within WM HHS to lead closure process – one of the workgroups will be managing Human Resource and IR processes.

Queensland Government

Barrett Adolescent Strategy

Expert Clinical Reference Group

Proposed Service Model Elements
Adolescent Extended Treatment and Rehabilitation Services (AETRS)

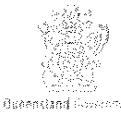
Preamble

Mental health disorders are the most prevalent illnesses affecting adolescents today. Of particular note is the considerable evidence that adolescents with persisting and severe symptomatology are those most likely to carry the greatest burden of illness into adult life. Despite this, funding for adolescent (and child) mental health services is not proportional to the identified need and burden of disease that exists.

In the past 25 years, a growing range of child and youth mental health services have been established by Queensland Health (and other service providers) to address the mental health needs of children and adolescents. These services deliver mental health assessment and treatment interventions across the spectrum of mental illness and need, and as a service continuum, provide care options 24 hours a day, seven days a week. No matter where an adolescent and their family live in Queensland, they are able to access a Child and Youth Mental Health Service (CYMHS) community clinic or clinician (either via direct access through their Hospital and Health Service, or through telehealth facilities). Day Programs have been established for adolescents in South Brisbane, Toowoomba and Townsville. Acute mental health inpatient units for adolescents are located in North Brisbane, Logan, Robina, South Brisbane and Toowoomba, and soon in Townsville (May/June 2013). A statewide specialist multidisciplinary assessment, and integrated treatment and rehabilitation program (The Barrett Adolescent Centre [BAC]) is currently delivered at The Park Centre for Mental Health (TPCMH) for adolescents between 13 and 17 years of age with severe, persistent mental illness. This service also offers an adolescent Day Program for BAC consumers and non-BAC consumers of West Moreton Hospital and Health Service.

Consistent with state and national mental health reforms, the decentralisation of services, and the reform of TPCMH site to offer only adult forensic and secure mental health services, the BAC is unable to continue operating in its current form at TPCMH. Further to this, the current BAC building has been identified as needing substantial refurbishment. This situation necessitates careful consideration of options for the provision of mental health services for adolescents (and their families/carers) requiring extended treatment and rehabilitation in Queensland. Consequently, an Expert Clinical Reference Group (ECRG) of child and youth mental health clinicians, a consumer representative, a carer representative, and key stakeholders was convened by the Barrett Adolescent Strategy Planning Group to explore and identify alternative service options for this target group.

Between 1 December 2012 and 24 April 2013 the ECRG met regularly to define the target group and their needs, conduct a service gap analysis, consider community and sector feedback, and review a range of contemporary, evidence-based models of care and service types. This included the potential for an expanded range of day programs across Queensland and community mental health service models delivered by non-government and/or private service providers. The ECRG



have considered evidence and data from the field, national and international benchmarks, clinical expertise and experience, and consumer and carer feedback to develop a service model elements document for Adolescent Extended Treatment and Rehabilitation Services in Queensland. This elements document *is not a model of service* – it is a conceptual document that delineates the key components of a service continuum type for the identified target group. As a service model elements document, it will not define how the key components will function at a service delivery level, and does not incorporate funding and implementation planning processes.

The service model elements document proposes four tiers of service provision for adolescents requiring extended mental health treatment and rehabilitation:

- **Tier 1** – Public Community Child and Youth Mental Health Services (existing);
- **Tier 2a** – Adolescent Day Program Services (existing + new);
- **Tier 2b** – Adolescent Community Residential Service/s (new); and
- **Tier 3** – Statewide Adolescent Inpatient Extended Treatment and Rehabilitation Service (new).

The final service model elements document produced was cognisant of constraints associated with funding and other resources (e.g., there is no capital funding available to build BAC on another site). The ECRG was also mindful of the current policy context and direction for mental health services as informed by the National Mental Health Policy (2008) which articulates that *'non acute bed-based services should be community based wherever possible'*. A key principle for child and youth mental health services, which is supported by all members of the ECRG, is that young people are treated in the least restrictive environment possible, and one which recognises the need for safety and cultural sensitivity, with the minimum possible disruption to family, educational, social and community networks.

The ECRG comprised of consumer and carer representatives, and distinguished child and youth mental health clinicians across Queensland and New South Wales who were nominated by their peers as leaders in the field. The ECRG would like to acknowledge and draw attention to the input of the consumer and carer representatives. They highlighted the essential role that a service such as BAC plays in recovery and rehabilitation, and the staff skill and expertise that is inherent to this particular service type. While there was also validation of other CYMHS service types, including community mental health clinics, day programs and acute inpatient units, it was strongly articulated that these other service types are not as effective in providing safe, medium-term extended care and rehabilitation to the target group focussed on here. It is understood that BAC cannot continue in its current form at TPCMH. However, it is the view of the ECRG that like the Community Care Units within the adult mental health service stream, a design-specific and clinically staffed bed-based service is essential for adolescents who require medium-term extended care and rehabilitation. This type of care and rehabilitation program is considered life-saving for young people, and is available currently in both Queensland and New South Wales (e.g., The Walker Unit).

The service model elements document (attached) has been proposed by the ECRG as a way forward for adolescent extended treatment and rehabilitation services in Queensland.

There are seven key messages and associated recommendations from the ECRG that need to underpin the reading of the document:

1. Broader consultation and formal planning processes are essential in guiding the next steps required for service development, acknowledging that services need to align with the National Mental Health Service Planning Framework

- The proposed service model elements document is a conceptual document, not a model of service. Formal consultation and planning processes have not been completed as part of the ECRG course of action.
- In this concept proposal, Tier 2 maps to the Clinical Services Capability Framework for Public and Licensed Private Health Facilities Version 3.1 (CSCF) Level 5 and Tier 3 maps to CSCF Level 6.

Recommendations:

a) Further work will be required at a statewide level to translate these concepts into a model of service and to develop implementation and funding plans.

b) Formal planning including consultation with stakeholder groups will be required.

2. Inpatient extended treatment and rehabilitation care (Tier 3) is an essential service component

- It is understood that the combination of day program care, residential community-based care and acute inpatient care has been identified as a potential alternative to the current BAC or the proposed Tier 3 in the following service model elements document.
- From the perspective of the ECRG, Tier 3 is an essential component of the overall concept, as there is a small group of young people whose needs cannot be safely and effectively met through alternative service types (as represented by Tiers 1 and 2).
- The target group is characterised by severity and persistence of illness, very limited or absent community supports and engagement, and significant risk to self and/or others. Managing these young people in acute inpatient units does not meet their clinical, therapeutic or rehabilitation needs.
- The risk of institutionalisation is considered greater if the young person receives medium-term care in an acute unit (versus a design-specific extended care unit).
- Clinical experience shows that prolonged admissions of such young people to acute units can have an adverse impact on other young people admitted for acute treatment.
- Managing this target group predominantly in the community is associated with complexities of risk to self and others, and also the risk of disengaging from therapeutic services.

Recommendation:

a) A Tier 3 service should be prioritised to provide extended treatment and rehabilitation for adolescents with severe and persistent mental illness.

3. Interim service provision if BAC closes and Tier 3 is not available is associated with risk

- Interim arrangements (after BAC closes and before Tier 3 is established) are at risk of offering sub optimal clinical care for the target group, and attention should be given to the therapeutic principles of safety and treatment matching, as well as efficient use of resources (e.g., inpatient beds).
- In the case of BAC being closed, and particularly if Tier 3 is not immediately available, a high priority and concern for the ECRG was the 'transitioning' of current BAC consumers, and those on the waiting list.
- Of concern to the ECRG is also the dissipation and loss of specialist staff skills and expertise in the area of adolescent extended care in Queensland if BAC closes and a Tier 3 is not established in a timely manner. This includes both clinical staff and education staff.

Recommendations:

a) Safe, high quality service provision for adolescents requiring extended treatment and rehabilitation requires a Tier 3 service alternative to be available in a timely manner if BAC is closed.

b) Interim service provision for current and 'wait list' consumers of BAC while Tier 3 service options are established must prioritise the needs of each of these individuals and their families/carers. 'Wrap-around care' for each individual will be essential.

c) BAC staff (clinical and educational) must receive individual care and case management if BAC closes, and their specialist skill and knowledge must be recognised and maintained.

4. Duration of treatment

- A literature search by the ECRG identified a weak and variable evidence base for the recommended duration of treatment for inpatient care of adolescents requiring mental health extended treatment and rehabilitation.
- Predominantly, duration of treatment should be determined by clinical assessment and individual consumer need; the length of intervention most likely to achieve long term sustainable outcomes should be offered to young people.
- As with all clinical care, duration of care should also be determined in consultation with the young person and their guardian. Rapport and engagement with service providers is pivotal.

Recommendation:

a) 'Up to 12 months' has been identified by the ECRG as a reasonable duration of treatment, but it was noted that this depends on the availability of effective step-down services and a

suitable community residence for the young person. It is important to note that like all mental health service provision, there will be a range in the duration of admission.

5. Education resource essential: on-site school for Tiers 2 and 3

- Comprehensive educational support underpins social recovery and decreases the likelihood of the long term burden of illness. A specialised educational model and workforce is best positioned to engage with and teach this target group.
- Rehabilitation requires intervention to return to a normal developmental trajectory, and successful outcomes are measured in psychosocial functioning, not just absence of psychiatric symptoms.
- Education is an essential part of life for young people. It is vital that young people are able to access effective education services that understand and can accommodate their mental health needs throughout the care episode.
- For young people requiring extended mental health treatment, the mainstream education system is frequently not able to meet their needs. Education is often a core part of the intervention required to achieve a positive prognosis.

Recommendations:

a) Access to on-site schooling (including suitably qualified educators), is considered essential for Tiers 2 (day programs) and 3. It is the position of the ECRG that a Band 7 Specific Purpose School (provided by Department of Education, Training and Employment) is required for a Tier 3 service.

b) As an aside, consideration should also be given to the establishment of a multi-site, statewide education service for children/adolescents in acute units (hub and spoke model).

6. Residential Service: Important for governance to be with CYMHS; capacity and capability requires further consideration

- There is no true precedent set in Queensland for the provision of residential or bed-based therapeutic community care (by non-government or private providers) for adolescents (aged up to 18 years) requiring extended mental health care.
- The majority of ECRG members identified concerns with regard to similar services available in the child safety sector. These concerns were associated with:
  - Variably skilled/trained staff who often had limited access to support and supervision;
  - High staff turn-over (impacting on consumer trust and rapport); and
  - Variable engagement in collaborative practice with specialist services such as CYMHS.

Recommendations:

a) It is considered vital that further consultation and planning is conducted on the best service model for adolescent non-government/private residential and therapeutic services in community mental health. A pilot site is essential.

b) Governance should remain with the local CYMHS or treating mental health team.

c) It is essential that residential services are staffed adequately and that they have clear service and consumer outcome targets.

7. Equitable access to AETRS for all adolescents and families is high priority; need to enhance service provision in North Queensland (and regional areas)

- Equity of access for North Queensland consumers and their families is considered a high priority by the ECRG.

Recommendations:

a) Local service provision to North Queensland should be addressed immediately by ensuring a full range of CYMHS services are available in Townsville, including a residential community-based service.

b) If a decision is made to close BAC, this should not be finalised before the range of service options in Townsville are opened and available to consumers and their families/carers.

West Moreton Hospital and Health Service

Expert Clinical Reference Group Recommendations
Barrett Adolescent Strategy
July 2013

"SK-15"

Queensland Government

Adolescent Extended Treatment and Rehabilitation Services (AETRS) Recommendations Submitted to the West Moreton Hospital and Health Board

1. Broader consultation and formal planning processes are essential in guiding the next steps required for service development, acknowledging that services need to align with the National Mental Health Service Planning Framework

ECRG Recommendations	Planning Group Recommendations
a) Further work will be required at a statewide level to translate these concepts into a model of service and to develop implementation and funding plans.	**Accept with the following considerations.** The responsibility for this task at a statewide level sits with the Mental Health Alcohol and Other Drugs Branch and the Children's Health Services. A collaborative partnership is proposed.
b) Formal planning including consultation with stakeholder groups will be required.	**Accept with the following considerations.** This body of work should be incorporated into the statewide planning and implementation process (as above).

2. Inpatient extended treatment and rehabilitation care (Tier 3) is an essential service component

ECRG Recommendation	Planning Group Recommendation
a) A Tier 3 service should be prioritised to provide extended treatment and rehabilitation for adolescents with severe and persistent mental illness.	**Accept with the following considerations.** Further work is needed to detail the service model for a Tier 3. Models involving a statewide, clinical bed-based service (such as the Barrett Adolescent Centre) are not considered contemporary within the National Mental Health Service Planning Framework *(in draft)*. However, there are alternative bed-based models involving clinical and non-clinical service components (e.g., Y-PARC in Victoria) that can be developed in

ECRG Recommendation	Planning Group Recommendation
	Queensland to meet the requirement of this recommendation. Contestability reforms in Queensland may allow for this service component to be provider agnostic.

3. Interim service provision if BAC closes and Tier 3 is not available is associated with risk

ECRG Recommendations	Planning Group Recommendations
a) Safe. high quality service provision for adolescents requiring extended treatment and rehabilitation requires a Tier 3 service alternative to be available in a timely manner if BAC is closed.	**Accept.**
b) Interim service provision for current and 'wait list' consumers of BAC while Tier 3 service options are established must prioritise the needs of each of these individuals and their families/carers. 'Wrap-around care' for each individual will be essential.	**Accept with the following considerations.** While this may be a complex process for some consumers and their individual needs, it was noted that this course of action could start immediately, and that it was feasible. The potential to utilise current BAC operational funds (temporarily) to 'wrap-around' each consumer's return to their local community was noted as a significant benefit. The relevant local community should play a lead role in the discharge of the consumer from BAC and their return to home. The local services need to be consulted around their ability to provide 'wrap-around' care.
c) BAC staff (clinical and educational) must receive individual care and case management if BAC closes, and their specialist skill and knowledge must be recognised and maintained.	**Accept.** The ECRG and the Planning Group strongly supported this recommendation.

4. Duration of treatment

ECRG Recommendation	Planning Group Recommendation
a) 'Up to 12 months' has been identified by the ECRG as a reasonable duration of treatment, but it was noted that this depends on the availability of effective step-down services and a suitable community residence for the young person. It is important to note that like all mental health service provision, there will be a range in the duration of admission.	**Accept with the following considerations.** This issue requires further deliberation within the statewide planning process. The duration of treatment needs some parameters to be set, however, this is primarily a clinical issue that is considered on a case-by-case basis by the treating team and the consumer

5. Education resource essential: on-site school for Tiers 2 and 3

ECRG Recommendations	Planning Group Recommendations
a) Access to on-site schooling (including suitably qualified educators), is considered essential for Tiers 2 (day programs) and 3. It is the position of the ECRG that a Band 7 Specific Purpose School (provided by Department of Education, Training and Employment) is required for a Tier 3 service.	**Accept with the following considerations.** The Planning Group recommends removing *"Band 7"* from the ECRG recommendation. All educational services need to be evaluated by Department of Education, Training and Employment (DETE) on a case-by-case basis, taking into consideration service model, location, student numbers and complexity. The Planning Group supports the statement that educational resources are essential to adolescent extended treatment and rehabilitation services. The Planning Group recommends consultation with DETE once a statewide model is finalised.

ECRG Recommendations	Planning Group Recommendations
b) As an aside, consideration should also be given to the establishment of a multi-site, statewide education service for children/adolescents in acute units (hub and spoke model).	**Accept with the following consideration.** The Planning Group recommends this statement should be changed to read as: Strong consideration should be given to the establishment of a multi-site, statewide education service for children/adolescents in acute units (hub and spoke model).

6. Residential Service: Important for governance to be with CYMHS; capacity and capability requires further consideration

ECRG Recommendations	Planning Group Recommendations
a) It is considered vital that further consultation and planning is conducted on the best service model for adolescent non-government/private residential and therapeutic services in community mental health. A pilot site is essential.	**Accept with the following consideration.** Note that this service could be provider agnostic.
b) Governance should remain with the local CYMHS or treating mental health team.	**Accept.**
c) It is essential that residential services are staffed adequately and that they have clear service and consumer outcome targets.	**Accept.**

7. Equitable access to AETRS for all adolescents and families is high priority; need to enhance service provision in North Queensland (and regional areas)

ECRG Recommendations	Planning Group Recommendations
a) Local service provision to North Queensland should be addressed immediately by ensuring a full range of CYMHS services are available in Townsville, including a residential community-based service.	**Accept.**
b) If a decision is made to close BAC, this should not be finalised before the range of service options in Townsville are opened and available to consumers and their families/carers.	**Accept.**

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Minutes: Barrett Adolescent Strategy					
Date:	23 July 2013	**Commencement Time:**	8:00 am – 9:00 am	**Location:**	QHB Level 5

Committee Members					
Position	Name	Key	Present	T/Conf	Comment
WM HHS; Chair	Lesley Dwyer	LD	X		
WM HHS	Sharon Kelly	SK	X		
WM HHS	Leanne Geppert	LG	X		
WM HHS; Communications	Naomi Ford	NF	X		
CHQ HHS	Peter Steer	PS	X		
CHQ HHS	Stephen Stathis	SS		X	
CHQ HHS	Judi Krause	JK		X	
DoH; Communications	Craig Brown	CB	X		
DoH; MHAODB	Bill Kingswell	BK	X		

1.0	Meeting Opening	Responsible Officer
1.1	Nil apologies	
1.2	Nil previous minutes	

2.0	Matters for Decision/Discussion			
Item	Title / Item	Action	Key Officer	Due Date
2.1	**Update on Barrett Adolescent Strategy (LD & SK)** • Key stakeholders engaged in communication process and supportive, including Department of Education Training & Employment (DETE). • No public announcements to-date regarding future of Barrett Adolescent Centre (BAC). • Planning to close BAC 31/12/13. • WM HHS will ensure ongoing service provision for BAC consumer group as needed until an alternative service is identified to meet individual need. • Majority of current BAC consumer group aged [redacted] with lengths of admission up to 2 yrs. [redacted] • DETE will develop their future model of service provision independent of (but in consultation with) QH.			
	Update on Department of Health (DoH) Service Planning – Youth Prevention and Recovery Care Model (BK) • DG approval to dedicate $2M recurrent from the ceased Redlands build towards a YPARC service as a pilot site (new to Qld). YPARC model = 16-25yo age group, inpatient beds delivered by NGO with daily in-reach by mental health clinicians, short term admissions, 6 - 8 beds, delivered on hospital campus. • Potential site for the first supra-district YPARC is Metro Sth HHS. Meeting called next week by DoH with ED, Mental Health Metro Sth HHS to discuss.	a. Conduct meeting with Metro Sth HHS, inviting CHQ HHS, WM HHS.	a. BK	

	• BK has confidence in procurement timeline to open YPARC service by January 2014. Longer term plan will consider a second YPARC site in North Qld - Sector preference for second site to be Townsville. DoH identified Cairns as another potential site. • Potential to establish Youth Residential Rehab Service in addition to YPARC. Funding source not identified. Domestic build, service model is residential not therapeutic, extended length of stay for target group. BK unable to provide timeline for service establishment – likely to be second priority to YPARC establishment. Potential for this pilot site also in Metro Sth HHS. **Recommendations**: • Invite CHQ HHS and WM HHS to meeting with Metro Sth HHS and DoH. Include Chief Executives. • In addition to YPARC, Youth Residential Rehab Service identified as important component of service continuum if BAC closes. A portion of existing BAC operational funds could be utilised to fund this service type. • Statewide service provision an essential factor for consideration.			
2.3	**Next Steps (all)** • Communication and media plan high priority. • Discussion regarding ongoing referrals to BAC, and risks associated with transition from current BAC clinical model to new YPARC clinical model in Dec/Jan. **Recommendations:** • Joint communication plan is essential between key stakeholders attending today – consistent clear messages, and clear governance over Strategy. • Barrett Adolescent Strategy will now move into the Implementation Phase. • CHQ HHS will lead the implementation phase of the Barrett Adolescent Strategy moving forward. WM HHS and DoH will remain key stakeholders. Other HHSs and Departments will be included as relevant. • Implementation Steering Committee to be formed to drive next phase of Strategy. Sub groups will be invited to advise/support the Implementation Steering Committee as required. • Consider the potential to transition current BAC staff to services being established. • Continue to admit to BAC as required, but ensure that admissions align with criteria suited to the new clinical model (ie., YPARC).	a. Draft Project Plan to be submitted to this group in next 2 wks b. Propose Implementation Steering Committee membership for approval.	a. SK, LG, SS, JK b. SK, LG, SS, JK	a. 6/8/13 b. 6/8/13

3.0	**Attachments**	
Item		
3.1	Expert Clinical Reference Group: **Proposed Service Model Elements – Adolescent Extended Treatment and Rehabilitation Services**	F:\WM HHS\BAC\ Proposed Service Mo

3.2	Briefing Note (copy as sent to Queensland Mental Health Commissioner 18 July 2013): **Barrett Adolescent Strategy**	F:\WM HHS\BAC\ Briefing Note QMHC 1

4.0	**Matters for Noting**
Item	Noted
4.1	Written and verbal updates have been provided to the Minister for Health, DoH, the Queensland Mental Health Commissioner, CHQ HHS, and the DETE.
4.2	Support to proceed with the closure of BAC has been received from all parties noted in 4.1 above. Closure of the BAC is reliant on adequate services being available for the target adolescent consumer group – there should be no gap in service provision.
4.3	No public announcement has been made regarding the closure of BAC. This includes current staff members and consumers of the BAC.
4.4	Implementation and communications from this point forward will ensure key stakeholder involvement – WM HHS, CHQ HHS, Department of Health/MHAODB, and as relevant Metro Sth HHS.

5.0	**Meeting Finalisation**
Item	
5.1	Next meeting details to be confirmed, following submission of draft Project Plan to this group by Tuesday 6 August 2013.
5.2	The meeting closed at 9:00 am.

Minutes authorised by Chair as an accurate record of proceedings	
	/ /
Lesley Dwyer **Chief Executive, WM HHS**	**Date**

EXHIBIT 66

The replacement of SK-17 was authorised by the Executive Director on 8 March 2016 after the correct attachment was supplied by the witness.

EXHIBIT 66

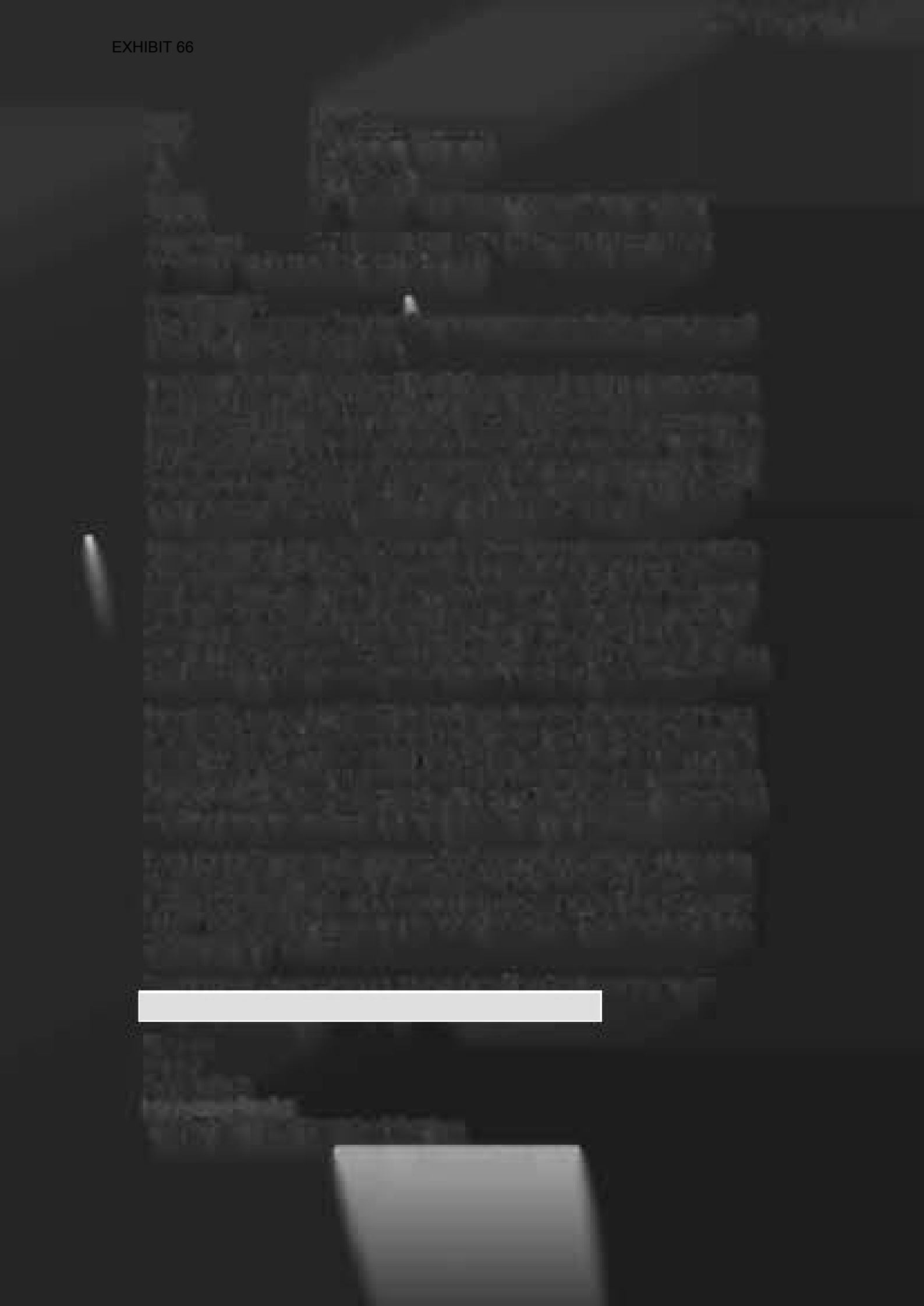
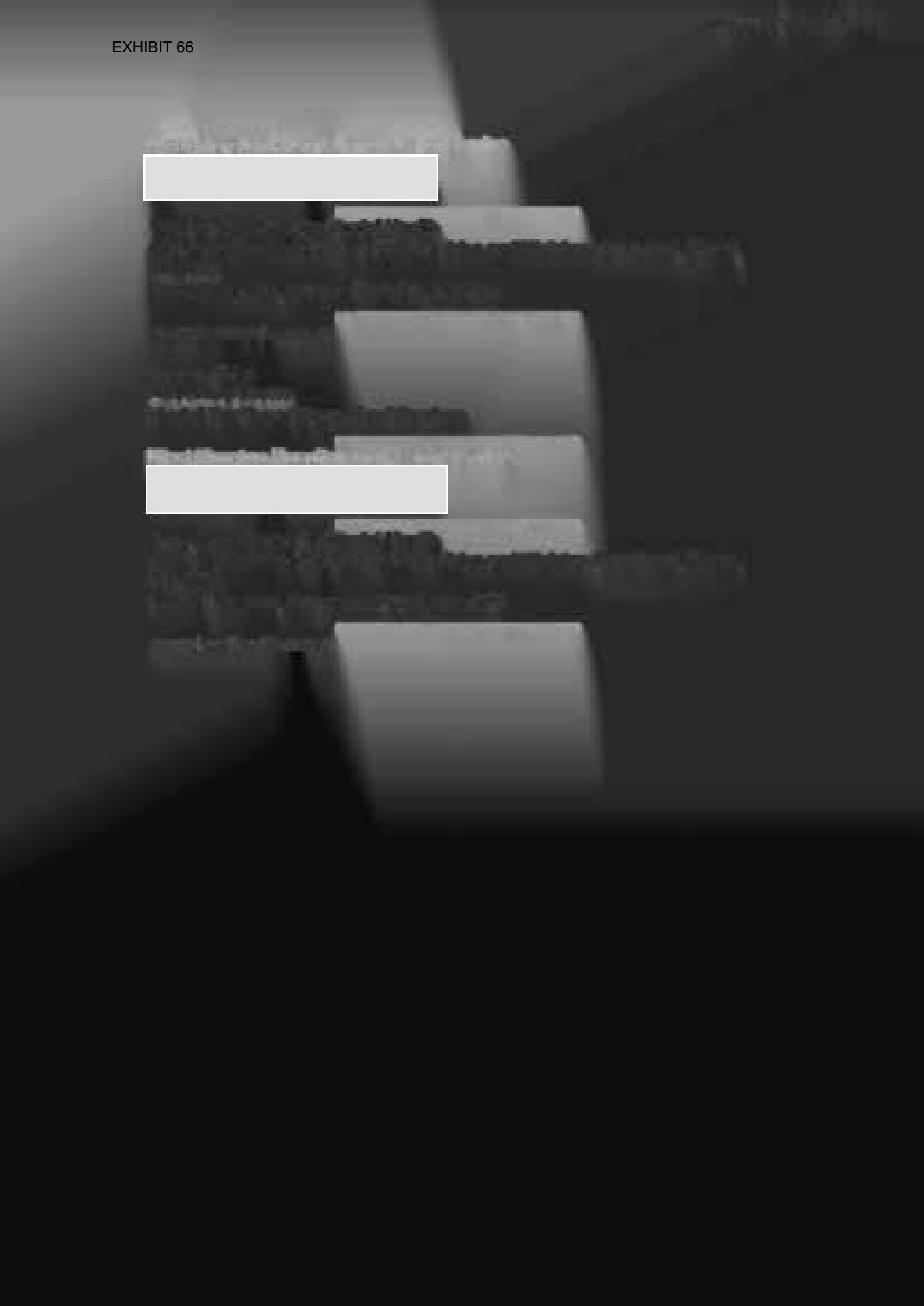


EXHIBIT 66



West Moreton Hospital and Health Service

Expert Clinical Reference Group Recommendations

Barrett Adolescent Strategy

July 2013

Queensland Government

Adolescent Extended Treatment and Rehabilitation Services (AETRS) Recommendations Submitted to the West Moreton Hospital and Health Board

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EXHIBIT 66

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EXHIBIT 66

West Moreton Hospital and Health Service
Children's Health Queensland Hospital and Health Service

Media Statement

Queensland Government

6 August 2013

Statewide focus on adolescent mental health

Statewide governance around mental health extended treatment and rehabilitation for adolescents will be moving to Children's Health Queensland.

West Moreton Hospital and Health Service Chief Executive Lesley Dwyer and Children's Health Queensland Chief Executive Dr Peter Steer today said adolescents requiring extended mental health treatment and rehabilitation will receive services through a new range of contemporary service options from early 2014.

Ms Dwyer said the young people who were receiving care from Barrett Adolescent Centre at that time, would be supported to transition to other contemporary care options that best meet their individual needs.

She said West Moreton Hospital and Health Service had heard the voices of staff, consumers and their families, and engaged an expert clinical reference group over the past eight months.

"After taking into consideration the recommendations of the expert clinical reference group and a range of other key issues in national and state mental health service delivery, the West Moreton Hospital and Health Board determined that the Barrett Adolescent Centre is no longer an appropriate model of care for these young people," Ms Dwyer said.

"The board also determined that a number of alternative models will be explored over the coming months under the leadership of Children's Health Queensland.

"It is important to put the safety and individual mental health needs of these adolescents first by providing the most contemporary care options available to us in the most suitable environment.

"It is time for a new statewide model of care. We are also striving to provide services closer to home for these young people, so they can be nearer to their families and social networks," Ms Dwyer said.

Dr Steer said as part of its statewide role to provide healthcare for Queensland's children, Children's Health Queensland would provide the governance for any new model of care.

EXHIBIT 66

EXHIBIT 66

West Moreton Hospital and Health Service
Children's Health Queensland Hospital and Health Service

Queensland Government

What is the Barrett Adolescent Centre (BAC)?
Barrett Adolescent Centre is a 15-bed inpatient service for adolescents requiring longer term mental health treatment. It is currently located within The Park – Centre for Mental Health campus. The Park will be a secure forensic adult mental health facility that provides acute and rehabilitation services by December 2013.

This ongoing redevelopment at The Park means this is no longer a suitable place for adolescents with complex mental health needs.

What is happening to BAC?
Barrett Adolescent Centre will continue to provide care to young people until suitable service options have been determined. We anticipate adolescents requiring extended mental health treatment and rehabilitation will receive services through a new range of contemporary service options from early 2014.

An expert clinical reference group has determined that adolescents require specialised and appropriate care options where they can be as close as possible to their community, families and support systems. West Moreton Hospital and Health Service will work closely with hospital and health services across the state, as well as other mental health care providers to ensure appropriate care plans are in place for all adolescents who require care.

We will also work together with the community and mental health consumers to ensure their needs are met.

Who was in the expert clinical reference group?
Members of the expert clinical reference group comprised adolescent mental health experts from Queensland and interstate, a former BAC consumer and the parent of a current BAC consumer.

What will happen to the consumers currently being treated at BAC?
West Moreton Hospital and Health Service is committed to ensuring no adolescent goes without the expert mental health care they require. The goal is to ensure our youth are cared for in an environment that is best suited for them. It is in the best interests of young people that they are not cared for in the same environment as adult mental health consumers who require high secure care.

Care coordinators and clinicians will work closely with the consumers, families and services to ensure that the appropriate care and support is provided for them.

What happens if there are not enough spaces for young people in other services?
The implementation group will consider all the available services and any extra services that might be required to support this particular group of adolescents.

What will happen to the young people currently waiting for a place in BAC?
Each individual adolescent that has been referred to the BAC and is currently on the waiting list for care will be considered on an individual basis. Clinicians will work with local and statewide services to determine how their needs can be best met in a timely manner.

How can the Queensland Government know this is the best option for the young people of the state?

EXHIBIT 66

This decision has been carefully considered and the recommendations made by an expert clinical reference group. The expert clinical reference group considered a range of options and recommended a number of strategies to better support the adolescent needs. These strategies will include both inpatient and community based services.

What is the process, and how long will it take, to transfer the existing consumers to other services or facilities?
The governance of the adolescent mental health service has been handed to the Children's Health Queensland Hospital and Health Service and an implementation group will progress the next step. This group will use the expert clinical reference group recommendations, and broader consultation, to identify and develop the service options.

We anticipate that some of those options will be available by early 2014.

Is this a cost cutting exercise?
No, this is about the safety and wellbeing of young Queenslanders in need of mental health support services and treatment. The Queensland Government has committed a further $2 million dollars to support the new models of care and services.

What happens to the funding previously allocated to BAC?
Funding that would have been allocated to BAC will be dispersed appropriately to the organisations providing the new services or treatment as part of the implementation group decision making.

Will jobs be lost?
West Moreton Hospital and Health Service will work closely with each individual staff member who is affected to identify options available to them. The hospital and health service is committed to following appropriate human resource processes.

What about the education services?
The Department of Education, Training and Employment is committed to continuing education plans for all BAC consumers.

How can I contribute to the implementation process?
The implementation group will include on their membership a range of stakeholders inclusive of families, carers and consumers. As the strategies are developed ongoing consultation will occur to ensure the best possible care for our adolescents in the most appropriate setting.

"SK-18"

West Moreton Hospital and Health Service
FAST FACTS 8

Barrett Adolescent Centre

Welcome to our next update on the Barrett Adolescent Centre for 2013. We hope this newsletter helps keep you informed about Barrett Adolescent Centre. To have your say or if you would like more information, please email

Kind regards
Sharon Kelly
Executive Director Mental Health & Specialised Services
West Moreton Hospital and Health Service

Barrett Adolescent Centre Building
We continue to work toward the end of January 2014 to cease services from the Barrett Adolescent Centre (BAC) building. This is a flexible date that will be responsive to the needs of our consumer group and as previously stated, will depend on the availability of ongoing care options for each and every young person currently at BAC. The closure of the building is not the end of services for young people. WMHHS will ensure that all young people have alternative options in place before the closure of the BAC building.

Clinical Care Transition Panels
A Clinical Care Transition Panel is being planned for each individual young person at Barrett, to review their individual care needs and support transition to alternative service options when they are available and when the time is right. The Panels will be chaired by Dr Anne Brennan, and will consist of a core group of Barrett clinicians and a Barrett school representative. Other key stakeholders (such as Housing, Child and Youth Mental Health outpatient services and non government service providers) will be invited to join the Panel as is appropriate to the particular needs of the individual consumer case that is being discussed at the time.

Statewide Project Update: Service Options Implementation Working Group
The Service Options Implementation Working Group (of the Statewide Adolescent Extended Treatment and Rehabilitation Implementation Strategy) met for the first time on 1 October 2013. This half day forum was attended by a range of multi-disciplinary clinicians and service leaders from Child and Youth Mental Health Services from across Queensland (including Barrett), a carer representative and non government organisation representation. Feedback from the forum has suggested it was a very successful day. A second forum will be held within the next month. All current families and carers of Barrett have been emailed an invitation to provide written submissions on the development of the new service options moving forward (for the consideration of the working group).

Acting Nurse Unit Manager
Mr Alex Bryce will be commencing as the Acting Nurse Unit Manager at Barrett from Monday 14 October 2013. This will allow Vanessa Clayworth to move into the Acting Clinical Nurse Consultant role, and directly support the clinical needs of the young people at Barrett and the progress of the Clinical Care Transition Panels.

Communication with Department of Education, Training and Employment (DETE)
WMHHS continues to liaise directly with DETE on a regular basis, keeping them up-to-date with changes and plans regarding Barrett. DETE is committed to responding to the educational needs of each young person at Barrett, and will work with us on the Clinical Care Transition Panels.

Date: Thursday, 3 October 2013

Queensland Government

"SK-19"

From: Sharon Kelly
Sent: 22 Oct 2013 16:34:21 +1000
To: George Plint;Anand Choudhary;Bill Kingswell;Brett Emmerson;Brett McDermott;Catherine Oelrichs;Ed Heffernan; ;Erica Lee;Fraun Flerchinger;Gail Robinson;Jacinta Powell;Janet Bayley;Jason Kidd;Jenny Flynn;Jill Mazdon;John Reilly;Judi Krause;Karlyn Chettleburgh;Kevin McNamara;Lindsay Farley;Loma Bunton;Marie Kelly;Matira Taikato;Michael Catt;Mike Coward;Monica O'Neill;Naeem Jhetam;Neeraj Gill;Sandra Kennedy;Shirley Wigan;Stephen Stathis;Terry Stedman;Thomas John;Tonya Plumb; ;Brett McDermott;Erica Lee
Cc: Anne Brennan;Elisabeth Hoehn;Ingrid Adamson;Leanne Geppert;Sharon Kelly
Subject: Admissions to Barrett Adolescent Centre
Attachments: 20131022154224971.pdf

Good afternoon colleagues,

please find attached memorandum in regards to admission to the Barrett Adolescent Centre during this transition period.

Regards
Sharon

Sharon Kelly
Executive Director
Mental Health and Specialised Services

West Moreton Hospital and Health Service

The Park - Centre for Mental Health
Administration Building, Cnr Ellerton Drive and Wolston Park Road, Wacol, Qld 4076
Locked Bag 500, Sumner Park BC, Qld 4074

www.health.qld.gov.au

West Moreton Hospital and Health Service

West Moreton Hospital and Health Service	**Memorandum**		
To:	Executive Directors and Clinical Directors, Mental Health Services		
Copies to:	Mental Health Clinical Clusters		
From:	Executive Director, Mental Health and Specialised Services, West Moreton Hospital and Health Service	**Contact No:**	
		Fax No:	
Subject:	Admissions to Barrett Adolescent Centre		
		File Ref:	Ref Number

As you may be aware the West Moreton Hospital and Health Service (WMHHS) is working towards closing the Barrett Adolescent Centre (BAC) building by the end of January 2014. This is a flexible date that will be responsive to the needs of our consumer group and will be dependent on the availability of ongoing care options for each young person currently at BAC.

WMHHS remains committed to safe, smooth and individually appropriate transitions of care for each young person currently attending BAC. In order to meet this goal, there will be no further admissions to BAC services. This also means that no new referrals will be accepted to the waitlist. WMHHS will be working with the referring Hospital and Health Service to ensure no loss of service provision to those young people currently on the BAC waitlist.

The Children's Health Queensland (CHQ) has commenced work with stakeholders from across the state to develop the future model of adolescent extended treatment and rehabilitation services. Further information about these developments will be provided by CHQ in the near future.

Until then, please contact Dr Stephen Stathis on to discuss any clinical issues for patients who may require extended mental health treatment and rehabilitation, and are unable to be managed within your health service.

If you have any other questions regarding BAC, please contact me on
Additionally for further updates about BAC please visit:
http://qheps.health.qld.gov.au/wm/html/about/projects-planning.htm

Sharon Kelly
Executive Director
Mental Health and Specialised Services
West Moreton Hospital and Health Service
22/10/2013

"SK-20"

Meeting with Minister for Health - 14 December 2012

In attendance from West Moreton Hospital and Health Service:
- Dr Mary Corbett, Chair, West Moreton Hospital and Health Board,
- Lesley Dwyer, Chief Executive, West Moreton Hospital and Health Service and
- Sharon Kelly, Executive Director, Mental Health and Specialised Services.

Proposed Talking Points for Executive Director Mental Health and Specialised Services

Introduction

Historically, the mental health services within West Moreton Hospital and Health Service (WMHHS) has functioned, been managed and resourced as distinct separate services which includes a range of statewide responsibilities such as forensic medicine. This has led to a disconnect between services that has not had strong integrated leadership, and reduced opportunities for efficiency with significant cultural barriers to any proposed changes.

The future vision to provide high quality, safe and responsive services, reflecting contemporary models of care and ensuring highly specialised components of The Park are safe and meeting community expectations, requires a range of organisational redesign, staffing changes, cultural levers and operational efficiencies. Barriers and behaviours within the Mental Health Services must be addressed for future success.

In West Moreton Hospital and Health Service (WMHHS), the newly created division of Mental Health & Specialised Services currently consists of:
- Integrated Mental Health Services (IMHS),
  - acute inpatient and older person unit 44 beds
  - Range of community based programs
- The Park- Centre for Mental Health (The Park)
  - High Secure Inpatient Services 70 + 20 new Beds
  - Secure rehabilitation services 34 beds
  - Extended Treatment and Rehabilitation 43 beds
  - Barratt Adolescent Centre 15 beds
- Queensland Centre for Mental Health Research
- Queensland Centre for Mental Health Learning
- Offender Health Services (OHS)
  - 1467 beds across Brisbane Correctional, Wolston Prison and Brisbane Women's Prison
- The Drug Court Program (which will cease by 30 June 2013).

Current challenges and opportunities

1.Service Redesign

Rationale
- It is proposed to develop a revised single integrated organisational structure for MH&SS, WMHHS. Integration will allow consistency of effort, efficiencies of resources increased quality and governance focus and opportunities to challenge cultural norms.

Major Changes

- Acknowledging and enforcing a patient focused service will result in reporting structure changes that will see the patient advocate and safety and quality roles report directly to the Executive Director.
- Leadership and senior organisational structural changes will be made that will result in changes to senior medical, nursing and Allied Health structures and staffing reductions.
- Addressing current staffing inefficiencies and duplication of effort will result in reductions to no longer required positions.
- Challenging current effort and clinical practices across a range of inpatient areas to ensure quality, contemporary care will result in practice and cultural changes and potential reduction in staffing.
- Changes to current overtime and rostering practices have already commenced but will need strong ongoing multi level support to make lasting changes to poor cultural practice. Changing practice has resulted in changes to individual's income.
- Introduction of nursing skill mix changes in 2013 will see a reduction in registered nurses across The Park with commensurate increase in Enrolled Nurses.
- Security of the facility has been reviewed and potential models are yet to be finalised. One option that would ensure efficiency, patient staff and community safety and best practice security for The Park is for contracting out of the service.
- It is proposed major redesign to structures and staffing within the Offender Health Services will result in improved primary health care focus and care for prisoners. Any change within the Correctional centres will have a significant industrial focus and require close partnership and consultation between Corrections and Health.

Risks/actions moving forward

- Any proposed organisational changes or efficiencies have been assessed against the current West Moreton 2012/13 Service Agreement with the System Manager and will ensure the intent of schedule 9 (Mental Health and Alcohol and Other Drugs Treatment Services) remains intact.
- A detailed Business Case for Change has been developed outlining the scope of change, processes for communicating and managing staff, managing sensitivities and risks and the transition to the new organisational structure.
- Any change to staffing, cultural practice or models of care will have a significant resultant industrial focus, in particular at The Park.

2. Leave for special notification forensic patients (SNFP)

Rationale

- Post the recent absconding of two SNFP from The Park the leave entitlements of particular patients received a great deal of attention subsequently resulting in a range of new processes being implemented or enhanced.

Major changes

- A review panel under the delegation of the CE WMHHS has assessed all indicated patients and been provided a new risk assessment with recommendations from the panel for re-establishing leave.
- Protocols and processes for security and searches of patients has been audited and improved practices in place.

- An ongoing process for patient leave and transfer is being established

Risks/actions moving forward
- Further actions may take place on understanding the intent and finalisation of current proposed changes to legislation.
- Forms of patient monitoring have been investigated.

3. Incident/issues Communications

Rationale
- With the establishment of the Hospital and Health Services governing Boards, a revised communication process was required. Particular significant event issues highlighted the need to ensure all stakeholders remain connected and informed in a timely manner.

Major changes
- Notification process of patient absences (particularly SNFPs) have been reviewed Initial meeting held with Deputy Commissioner Police and MHAOD branch to formulate shared response and information sharing requirements

Risks/actions moving forward
- A working party will develop communication/ information sharing pathway that are reflective of proposed MH Act changes

4. Barratt Adolescent Centre (BAC)

Rationale
- As the Redlands Unit Project has ceased and there is no longer a capital allocation to relocate BAC, an alternative contemporary, statewide model(s) of care must be developed to replace the services currently provided by BAC.

Major changes
- An expert Clinical Reference Group consisting of experienced multidisciplinary child and youth mental health clinicians has been formed to recommend alternative model(s).
- The West Moreton Hospital and Health Service Board has approved the governance of this process which will occur in partnership with Mental Health Alcohol and Other Drugs Branch.
- While there has been significant media interest and stakeholder angst, this is being managed through a communication and stakeholder engagement plan.

Risks/actions moving forward
- With the development of alternative models(s), a number of assumptions exist:
  - services currently provided by BAC will not remain on the campus of The Park post June 2013.
  - endorsed model(s) of care will be incorporated into forward planning for the implementation of components of the remainder of the *Queensland Plan for Mental Health 2007-2017*.
  - there will be robust evaluation criteria applied to determine the quality and effectiveness of the endorsed model(s) of care.

- existing recurrent funding for BAC and the additional future funding earmarked for the former Redlands Unit will be utilised to fund the endorsed model(s) of care for this adolescent consumer group.
- the endorsed model of care will be implemented in a two staged process, ie it will initially be applied to meet the needs of the current consumers in BAC and then implemented more widely across the state as per the parameters of the endorsed model of care.

- It is possible that the project may be constrained by a number of factors including:
  - resistance to change by internal and external stakeholders
  - insufficient recurrent resources available to support a preferred model of care
  - insufficient infrastructure across parts of the State to support a changed model (eg skilled workforce, partnerships with other agencies and accommodation requirements)
  - a delay in achieving an endorsed model of care.

5. Extended Forensic Treatment and Rehabilitation Service (EFTRU) opening early 2013- new 20 bed unit

Rationale

- The EFTRU has been designed to meet the needs of High Secure Inpatient Service (HSIS) consumers who no longer require the physical/procedural security of high security.
- There are a number of HSIS consumers who can be managed in less restrictive settings however remain within the HSIS perimeter due to the slow rate of Limited Community Treatment (LCT) progression.
- These consumers routinely access approved unescorted grounds and community leave.

Major changes

- The Model of Service Delivery in EFTRU will be about supporting skills development which can be generalised to community settings such as supported/independent living arrangements and community care units.
- EFTRU will be a part of The Park's Authorised Mental Health Service and not HSIS.
- As it is an open setting ie no external security fence (other than a domestic residential type fence) there will be the ability to transfer consumers back to HSIS should they become unwell. Consumers in EFTRU will be well engaged with the clinical team and their risk profile will be well understood and monitored.

Risks/actions moving forward

- EFTRU is situated outside of the HSIS campus and so will not have the same level of physical and procedural security as HSIS.
- The clinical team has developed a very comprehensive risk assessment process that will involve the Director of Mental Health who will give the final approval for the transfer of a consumer's Forensic Order from HSIS to The Park.
- Thomas Embley have introduced a similar service and lessons learnt from their processes will be considered in the opening of this service.

6. Accommodation fees for consumers at The Park-Centre for Mental Health

Rationale

- In 2011/2012, West Moreton Health Service District wrote off $2.3 M in total of accumulated bad debt. Previous years averaged $350,000 in write offs.
- Total accommodation fees invoiced for 2011/2012 was $1.3M. Previous years averaged $1.4M.
- Since 1 July 2012, accommodation fees for patients at The Park-Centre for Mental Health (The Park) are charged as per *Health Service Directive – Own Source Revenue* (Directive #QH-HSD-2012).
- Prior to 1 July 2012, fees and charges were charged in accordance with the previous Administration of Part 4 – Health Services Regulation. These guidelines outline that 66.67% of a patient's Centrelink payment should be charged for patients receiving extended treatment and rehabilitation. The guidelines also outline the process for approval of waivers and the writing off of bad debt.
- It is not uncommon for an involuntary patient to refuse to pay for accommodation. At The Park there are currently 136 involuntary inpatients, which equates to 92% of the total 148 inpatients.

Major Changes

- Significant collaboration and effort has been made this financial year to promote the payment of patient fees. A number of patients who were previously not paying fees are now making part payments.
- Currently:
    - 21 patients are on full waivers
    - 15 patients are refusing to pay
    - 38 patients have committed to part payments
    - 74 patients have committed to paying in full

Risks/actions moving forward

- West Moreton HHS is continuing to examine ways of increasing its own source revenue through increasing compliance with the payment of accommodation charges at The Park.
- The previous guidelines and the current Directive are silent on whether involuntary patients (under the *Mental Health Act 2000*) can be forced to pay for accommodation.
- As per the *Mental Health Act 2000*, an involuntary patient's right to make decisions about other health care issues (non mental health treatment) and financial and personal matters is not affected by being an involuntary mental health patient.

Issues Register

Issue No.	Issue	Raised By	Date Raised	To be actioned By	Urgency	Outcome	Date of Completion
1	Observational categories used on ward	Will & Padraig	11.09.2013	Anne & Elisabeth	Immediate	5 minute obs category ceased. Only to use standard Cat red/blue/green to avoid confusion & miscommunication, placing young people at risk	11.09.2013
2	After hours adolescent mental health consultant cover for BAC	Darren & Sharon	11.09.2013	Elisabeth & Darren	Immediate	Consultants on CHQ after hours child & adolescent consultant roster to provide cover. All consultants notified, credentialled to work in WMHS & approved as Authorised Doctors in WMHS. Anne to brief consultants of any issues each day & consultants to provide Anne with email feedback if called.	completed
3	Will placement at BAC be sufficient to meet registrar training requirements	Elisabeth	11.09.2013	Elisabeth & Darren	Immediate & ongoing	training requires registrar to see at least 5 adolescent cases & 5 prepubescent cases. Registrar to remain at BAC until end of November and then transfer to CFTU for rest of placement to have opportunity to see younger children. Also to undertake site visit to CHQ infant mental health team to participate in case conference. Anne to supervise Barrett part of placement & Elisabeth to supervise CFTU part. WMHS to continue funding for CFTU transfer, with registrar returning to BAC to cover Anne over Christmas/New Year if required. Registrar to be given support by Anne, Darren & Elisabeth to manage the disruption surrounding the placement and ensure a positive training experience. Registrar commenced at CFTU 2/12/2013. Elisabeth to provide supervision	completed
4	Management of media following Health Minister announcement in parliament	Sharon	12.09.2012	Sharon & Leanne	Immediate	Media briefed appropriately with generic information, not identifying patients or families	
5	Management of BAC school staff, including their attitudes & behaviour, development of Personal education Plans for patients and closure of school	Anne & Elisabeth	12.09.2013	Sharon & Leanne	Ongoing to closure of school	Director about conduct issues, planning for school closure. Anne & Elisabeth to meet with regional education staff to provide a handover of patient's educational needs from health perspective.	
6	Anxiety of parents about future management of their young people	Sharon & Leanne	12.09.2013	Sharon, Leanne & Anne	Ongoing until closure of BAC	parents about clinical management by Anne. Responsive abd timely replies to parent communication by executive. Consumer Liaison Officer to offer ongoing support	

7	Need for directive from WMHS stating clearly plan for closure and a decision about not accepting any further admissions (inpatient or day program) due to the instability & inability to plan discharge or manage the waiting list in the context of ongoing uncertainty	Elisabeth & Anne	13.09.2013	Sharon & Leanne	Immediate	Including verbal briefing to patients, parents, staff & school; followed by staff communique & factsheet & email memo to all HHS MHS executive staff	22.10.2013
8	Weekly Meetings - regular date x attendees		13.09.2013				
9	Strategy - Key Issues 1) Separate from clinical BAC 2) Parents need to see options sooner - Propose 1/2 day forums x 2		13.09.2013				
10	Notify other HHS's (Print Out)	Sharon Kelly	13.09.2013				
11	Waitlist msgs - wording re: from here on						
12	Anne spoke with all parents today except 2 (will do these tonight) 4 Core consumers - 1 unhappy family on wait list, currently being		13.09.2013	Anne Brennan Leanne ?			
	Containment & pt safety - no more admissions - closure date / period - reduce beds problematic - Ind wrap around services		13.09.2013	Need position from Board			
	CYMHS sector Psychiatrist not happy						
	Observation protocols						
	Significant improvement in documentation required						
	School - major issue						
	Plenty of staff - what are they doing?						
	Case conference needs to be shorter but involve family						
	Increase occupation of kids						
	Change roles of staff eg. Wait list management						
13	Going to unlock doors next week						
14	Safety of patients with growing instability, staff anxiety	Anne & Elisabeth	16.09.2013	All	Ongoing until closure of BAC	Regular clinical review & risk assessments & emotional containment of patients by Anne & registrar & appropriate clinical responses. Support of staff to contain ward milieu. Regular communication with parents to contain anxiety. Comprehensive discharge planning and complex case discussions where required.	
15							
16	Safety of patients with growing instability, staff anxiety	Anne & Elisabeth	16.09.2013	All	Ongoing until closure of BAC	Regular clinical review & risk assessments & emotional containment of patients by Anne & registrar & appropriate clinical responses. Support of staff to contain ward milieu. Regular communication with parents to contain anxiety. Comprehensive discharge planning and complex case discussions where required.	

EXHIBIT 66

17							
18	0.6 FTE insufficent consultant psychiatrist time	Anne & Elisabeth	16.09.2013	Darren	Immediate	Increase Anne's hours to 36 hours per week	completed
19	Increased support needed for nursing staff; Vanessa overwhelmed with administrative duties & required to be involved in discharge planning	Anne & Elisabeth	16.09.2013	Will	Immediate	Vanessa returned to CNC role to support Anne & new acting NUM appointed to manage administrative tasks on ward.	14.10.2013
20	Increased administrative support for Anne & computer access for Anne	Anne & Elisabeth	16.09.2013	Sharon	Immediate	Anne informed of availability of AO on ward & AO line manager to be notified, dictaphone & additional laptop organised for Anne's office	completed
21	Concerns regarding roles of allied health staff going forward	Anne & Elisabeth	16.09.2013	Michelle & Lorraine	Ongoing	Senior allied health staff reviewed current situation and provide ongoing staff support toward closure	
22	Limited activities for young people resulting in boredom & potential for deteriorating mental health	Anne & Elisabeth	16.09.2013	Will & Padraig	Ongoing	Explore with staff opportunities to plan regular appropriate therapeutic activities appropriate to this age group	
23	Inadequate clinical documentation	Anne & Elisabeth	19.09.2013	Anne & Padraig	Immediate	Clinical reviews documented in CIMHA and file notes appropriately updated in timely fashion	
24	Need for clear transition care plans for patients to support discharge	Anne & Leanne	19.09.2013	Anne, Elisabeth & Leanne	Immediate	Establish collaboartive care management panels around each young person to be called Transition Care Panels, Elisabeth to become a member of Steering Committee in place of Trevor, Leanne to review transition working group as part of future planning process and replace with transition Care Panels.Need core medical, nursing, allied health & education representation on panels with additional coopted members specific to each young person.	completed
25	Workforce decommissioning	Sharon & Leanne	25.09.2013	WMHS Executive	Ongoing	Briefing of unions has occurred. HR will manage decommissioning individually with staff. Liaise with Regional Director of Education to close BAC school - will need to develop a timeline around this. Staff will need clear communication and information at each step of the way and then ongoing support to manage not only the change but issues of grief surrounding the closure of BAC.	
26	Management boundaries	Sharon	25.09.2013	WMHS Executive	Ongoing	Clinical management of young people at BAC & decommissioning of BAC is the responsibility of WMHS. Confine membership of this weekly review meeting to members supporting work of WMHS in decommissioning BAC	
27	Engagement with other HHS and external service providers to ensure wrap around packages for the safe and appropriate discharge of young people from BAC	Anne	16.10.2013	Anne, Elisabeth, Leanne	Ongoing	transition care panels have identified deficit in knowledge of existing services, difficulty in engaging services to accept ongoing care og young people, resistance of young people, parents & staff in engaging with transition processes, lack of available services in communities in this transition phase	
28	Patient files stored inappropriately on ward	Anne	16.10.2013	Will, Padraig, Sharon	Immediate	Files to be relocated to appropriate storage services, administration directive to be provided	
29	Mitigate risk of fire management on ward	Anne	16.10.2013	Ward NUM	Immediate	Potential for self-harm and/or property damage by young person NUM organising for ward to ensure processes and skills are current and risks can be mitigated	
30	Commitment of support to family of young person transferred to at beginning of crisis	Leanne	16.10.2013	Leanne	Ongoing	Provide support through consultation and liaison with with parental consent	

						Need to have clear boundaries in place to maintain mental health of young people & safety & stability of ward milieu. Directive from Anne advising not medically recommended for young people to be involved. Anne to provide weekly updates & contact with most anxious parents to support them in managing transition. WMHS executive to work with regional director of education to manage transition for education staff and provide them with greater containment. Union meetings not to occur on site.	
31	Independent meetings involving unions, parents, school staff and young people	Anne	17.10.2013	WMHS Executive, Education Regional Director	Ongoing		
32	Difficulty in getting services to collaboratively work together to create care packages for young people	Anne	23.10.2013	Anne & Leanne	Ongoing	Continue to meet and negotiate to achieve appropriate clinical outcomes and escalate to higher levels if required. May need to send staff to Townsville to scope potential services	
33	Complex care panel required for one of the young people to ensure that transitional care package is sufficient & appropriate for clinical need	Leanne	23.10.2013	Anne & Leanne	Ongoing	Invite Stephen Stathis to chair the panel & Anne & Laura to coordinate	
34	Nursing & allied health staff increasingly distressed about inquiry & impending closure & their futures, their concerns for patients & their grief	Anne	23.10.2013	Michelle & Will	Ongoing	Monitor & support staff as required	
35	One of patients has a photo of self & staff member without staff member's consent	Staff Member	23.10.2013	Alex	Immediate	Alex has sent an email requesting all photos of staff & young people be removed immediately & no such further photos be taken	
36							
37	Patients have unescorted ground leave of The Park which is not safe due to the escalating risk of the broader Park population	Anne	23.10.2013	Anne & Alex	Immediate	Notification to be given to staff & patients that there is no further unescorted ground leave	
38	Staff requesting to escort patients to an MA15+ movie	Anne	23.10.2013	Anne & Alex	Immediate	Notification to all staff (nursinf & education) & patients that it is not appropriate for young people to attend or view MA15+ movies	
39	Referrals of patients are being made to psychology staff to see patients privately while staff are also working for WMHS, raising issues of conflict of interest	Anne	23.10.2013	Michelle	Immediate	Senior Allied health staff to investigate and manage	
40	Need to improve communication with broader mental health community	Sharon	23.10.2013	Sharon	Immediate	Establish a mailing list and regularly distribute updates using factsheets	
41	Dispersion of building and education assests	Anne	30.10.2013	WMHHS	Ongoing	This will need to be organised and the timing will need to be carefully considered with staff finishing, school closing and patients being discharged	
42	Christmas leave and staffing	Anne	30.10.2013	Anne, Will, Alex	Ongoing	Need to plan staff leave over Christmas to ensure appropriate and safe cover for remaining patients.	
43	Concern that CHQ won't have new services up and running quickly enough to cover end of services at BAC and there being insufficient services available for adolescents in the transition	WMHHS	13.11.2013	WMHH & CHQHHS	Ongoing	WMHHS has established a model of transitional programs in collaboration with Aftercare, including a holiday program for current BAC patients and a residential service. Contiune to work collaboratively across both HHS to integrate WMHHS transitional model and programs into new SWAETR in a timely fashion and without service delivery gaps	
44	Inadequate nursing staff as been identified as an issue on some shifts	Leanne	28.11.2013	Will	Immediate	Ensure adequate nursing staff are rostered on each shift.	4.12.2013
45	Risk of losing wisdom and experience gained from the closure of BAC	Leanne & Anne	22.01.2014	All	Ongoing	WMHHS to provide opportunities for debriefing and recording of the lessons and collective wisdom gained from the process of closing BAC	

"SK-22"

BARRETT ADOLESCENT CENTRE UPDATE MEETING

Meeting Details

Day and Date Wednesday 27 November 2013

1. Attendees

Name	Position
Leanne Geppert (LG)	A/Executive Director, Mental Health and Specialised Services
Anne Brennan (AB)	A/Clinical Director, Barrett Adolescent Centre
Elisabeth Hoehn (EH)	Psychiatrist, Child and Youth Mental Health Services, Children's Health Queensland Hospital and Health Service
Michelle Giles (MG)	Director Of Allied Health And Mental Health Community Programs
Naomi Ford (NF)	Communication and Community Engagement
Laura Johnson (LJ)	Project Officer, Mental Health and Specialised Services

2. Apologies

Will Brennan (WB)	Director of Nursing, Mental Health and Specialised Services
Sharon Kelly (SK)	Executive Director, A/Executive Director, Mental Health and Specialised Services
Terry Stedman (TS)	Clinical Director, Mental Health and Specialised Services

3. Discussion Action Registry

	Item	Discussion and Follow Up	By Whom	By When
1	Allied Health Staff	Contracts not to be extended for temporary allied health staff as current staffing determined as clinically adequate. Expectation of VRs being available for staff, need to follow up with HR. Feedback received from staff about day program in the latest fact sheet. Plan in place for packing up of resources including providing resources to CYMHS.	MG LJ/LG	4/12/13
	Nursing Staff	Major risk identified – inadequate nursing staff has been an issue on some shifts. Follow up with WB.	LG	4/12/13
	Medical Staff	Registrar last day Wednesday 28 November 2013. Work load will increase with the departure of the Registrar including discharge summaries. AB to ask Angela Clarke to assist in the review of the discharge summaries. AB on leave from 27 January 2014. At the next meeting medical coverage for leave will be discussed.		
2	Consumers			
3	Communication	Held over until next meeting.		

4	Transition Services	LG provided an update on the proposed Transition Services currently being planned in conjunction with Aftercare including the Holiday Program, Support Accommodation and Day Program. Currently waiting on DG approval to proceed formally. BAC staff need to be informed about what is happening. Fact sheet to be developed. Concerns noted from group about the role of the NGO as this is a new approach for mental health services to undertake. MG to be part of the transition planing process. Invite MG to future meetings.	LJ LJ	
5	Statewide Project Update	Children's Health Queensland has developed a plan for future models of care. Currently conducting consultations with various stakeholders. Model of care to be presented to parents and carers at information session being held on 11 December 2013.		
6	Risk/Issue Register	See updated register attached.		

Next meeting: Wednesday 11 December at 11:30am

BARRETT ADOLESCENT CENTRE UPDATE MEETING

Agenda

1. Meeting Details:

Day and Date	Wednesday 4 December 2013 11.30am to 12.30pm
Venue	Office of Executive Director, Mental Health and Specialised Services

2. Attendees:

Leanne Geppert	Chair – A/Director of Strategy	LG
Sharon Kelly	Executive Director – Mental Health and Specialised Services	SK
Will Brennan	A/Director of Nursing	WB
Michelle Giles	Director, Allied Health and Mental Health Community Programs	MG
Terry Steadman	Director of Clinical Services	TS
Anne Brennan	Clinical Director – BAC	AB
Elisabeth Hoehn	Program Director – Future Families	EH
Naomi Ford	Communication and Community Engagement	NF
Laura Johnson	Project Officer Mental Health and Specialised Services	LJ

3. Apologies:

4. Agenda:

	TOPIC	BY
1	**Staff**	AB, MG & WB
	Medical Coverage for Leave	AB
2	**Consumers**	AB
3	**Communication**	LG
4	**Transition Services**	LG
5	**Statewide Project Update**	LG
6	**Issue Register**	All

Next meeting: Wednesday 11 December 2013

BARRETT ADOLESCENT CENTRE (BAC) UPDATE MEETING

Meeting Details

Day and Date Wednesday 4 December 2013

1. Attendees

Name	Position
Sharon Kelly (SK)	Chair - Executive Director, A/Executive Director, Mental Health and Specialised Services
Leanne Geppert (LG)	A/Director of Strategy, Mental Health and Specialised Services
Anne Brennan (AB)	A/Clinical Director, Barrett Adolescent Centre
Elisabeth Hoehn (EH)	Psychiatrist, Child and Youth Mental Health Services, Children's Health Queensland Hospital and Health Service
Michelle Giles (MG)	Director Of Allied Health And Mental Health Community Programs
Naomi Ford (NF)	Communication and Community Engagement
Terry Stedman (TS)	Clinical Director, Mental Health and Specialised Services
Laura Johnson (LJ)	Project Officer, Mental Health and Specialised Services

2. Apologies

Will Brennan (WB) Director of Nursing, Mental Health and Specialised Services

3. Discussion Action Registry

	Item	Discussion and Follow Up	By Whom	By When
1	Allied Health	One staff member on leave now until January. Two staff member will finish at the end of December. If additional allied health support is required staff from within West Moreton can provide assistance.		
	Nursing Staff	Nursing roster not to factor favouritism. A number of new casual nurses due lack of permanent staff. Nurses are concerned about security of employment/futures. Some nurses already have found other jobs. SK to follow up with WB.		
	Medical Staff	AB taking leave from 27 December until 3 January. Registrar to come back and provide coverage. To ring consultant on call morning and afternoon. Children's Health Queensland will also continue to provide consultant roster EH will be away from 20 December for two weeks.	AB	18/12/2013
2	Consumers			
			LJ	11/12/2013

3	Communication	Staff communiqué to go out today. MG raised that it was important to have a communication strategy to inform key stakeholders about the transition services.		
4	Transition Services	Covered in item 5.	LJ LJ	
5	Statewide Project Update	LG provided an update on the Transition Services, currently still awaiting DG approval. Once formal approval has been received announcements can be made. Currently looking at two potential sites (Greenslopes and Woolloongabba) for Residential and Day Program. A joint meeting has been held between Aftercare and the BAC Clinical Team to progress the Holiday Program. Initial concerns around governance, safety and risk and delivery of program (eg. BAC staff role) were tabled. Work is progressing to develop a governance framework to alleviate these concerns. Attendance to the program will be via invitation only and parents will need to provide consent.		
6	Risk/Issue Register	See register attached.		

Next meeting: Wednesday 11 December at 11:30am

BARRETT ADOLESCENT CENTRE UPDATE MEETING

Agenda

1. Meeting Details:

Day and Date	Wednesday 11 December 2013 1.00pm to 2.00pm
Venue	Office of Executive Director, Mental Health and Specialised Services
Teleconference	Dial in –

2. Attendees:

Sharon Kelly	Chair - Executive Director, Mental Health and Specialised Services (Chair)	SK
Leanne Geppert	A/Director of Strategy, Mental Health and Specialised Services	LG
Will Brennan	Director of Nursing	WB
Michelle Giles	Director, Allied Health and Mental Health Community Programs	MG
Terry Steadman	Director of Clinical Services	TS
Anne Brennan	A/Clinical Director – BAC	AB
Elisabeth Hoehn	Program Director – Future Families	EH
Naomi Ford	Communication and Community Engagement	NF
Laura Johnson	Project Officer, Mental Health and Specialised Services	LJ

3. Apologies:

4. Agenda:

	TOPIC	BY
1	**Staff**	AB, MG & WB
	Medical Coverage for Leave	AB
2	**Consumers**	AB
3	**Communication**	LG/NF
4	**Statewide Project Update Transition Services**	SK/LG
5	**Issue Register**	All

Next meeting: Wednesday 18 December 2013

BARRETT ADOLESCENT CENTRE UPDATE MEETING

Agenda

1. Meeting Details:

Day and Date	Wednesday 18 December 2013 11.30am to 12.30pm
Venue	Office of Executive Director, Mental Health and Specialised Services
Teleconference	

2. Attendees:

Leanne Geppert	Chair - A/Executive Director, Mental Health and Specialised Services	LG
Will Brennan	Director of Nursing	WB
Michelle Giles	Director, Allied Health and Mental Health Community Programs	MG
Terry Steadman	Director of Clinical Services	TS
Anne Brennan	A/Clinical Director – BAC	AB
Elisabeth Hoehn	Program Director – Future Families	EH
Naomi Ford	Communication and Community Engagement	NF
Laura Johnson	Project Officer, Mental Health and Specialised Services	LJ

3. Apologies:

Sharon Kelly	Chair - Executive Director, Mental Health and Specialised Services (Chair)	SK

4. Agenda:

	TOPIC	BY
1	**Staff**	AB, MG & WB
	Closure date – nursing roster (contingency)	WF/LG
2	**Consumers**	AB
3	**Communication**	LG/NF
4	**Statewide Project Update Transition Services**	SK/LG
5	**Issue Register**	All

Next meeting: Wednesday 8 January 2013

West Moreton Hospital and Health Service
Agenda

BARRETT ADOLESCENT CENTRE UPDATE MEETING

Agenda

1. Meeting Details:

Day and Date	Wednesday 18 December 2013 11.30am to 12.30pm
Venue	Office of Executive Director, Mental Health and Specialised Services
Teleconference	

2. Attendees:

Leanne Geppert	Chair - A/Executive Director, Mental Health and Specialised Services	LG
Will Brennan	Director of Nursing	WB
Michelle Giles	Director, Allied Health and Mental Health Community Programs	MG
Terry Steadman	Director of Clinical Services	TS
Anne Brennan	A/Clinical Director – BAC	AB
Elisabeth Hoehn	Program Director – Future Families	EH
Naomi Ford	Communication and Community Engagement	NF
Laura Johnson	Project Officer, Mental Health and Specialised Services	LJ

3. Apologies:

Sharon Kelly	Chair - Executive Director, Mental Health and Specialised Services (Chair)	SK

4. Agenda:

	TOPIC	BY
1	**Staff**	AB, MG & WB
	Closure date – nursing roster (contingency)	WF/LG
2	**Consumers**	AB
3	**Communication**	LG/NF
4	**Statewide Project Update** **Transition Services**	SK/LG
5	**Issue Register**	All

Next meeting: Wednesday 8 January 2013

BARRETT ADOLESCENT CENTRE UPDATE MEETING

Agenda

1. Meeting Details:

Day and Date	Wednesday 15 January 2014 11.30am to 12.30pm
Venue	Office of Executive Director, Mental Health and Specialised Services
Teleconference	

2. Attendees:

Sharon Kelly	Chair - Executive Director, Mental Health and Specialised Services (Chair)	SK
Leanne Geppert	Chair - A/Director, Mental Health and Specialised Services	LG
Will Brennan	Director of Nursing	WB
Michelle Giles	Director, Allied Health and Mental Health Community Programs	MG
Terry Steadman	Director of Clinical Services	TS
Anne Brennan	A/Clinical Director – BAC	AB
Elisabeth Hoehn	Program Director – Future Families	EH
Laura Johnson	Project Officer, Mental Health and Specialised Services	LJ

3. Apologies:

4. Agenda:

	TOPIC	BY
1	**Staff**	AB, MG & WB
2	**Consumers**	AB
3	**Communication**	LG/NF
4	**Statewide Project Update Transition Services**	SK/LG
5	**Issue Register**	All

Next meeting: 22 January 2014

BARRETT ADOLESCENT CENTRE (BAC) UPDATE MEETING

Meeting Details

Day and Date Wednesday 15 January 2014

1. Attendees

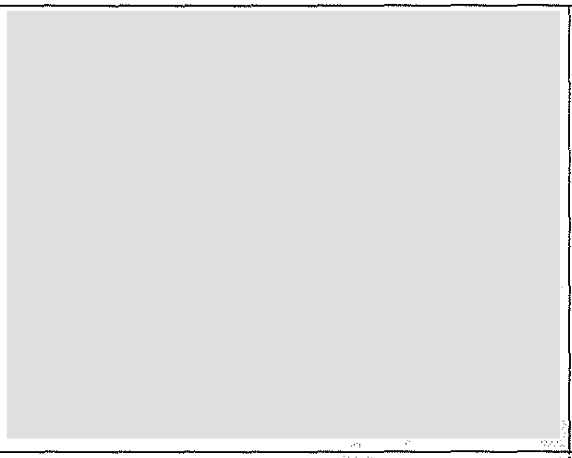
Name	Position
Leanne Geppert (LG)	A/Director of Strategy, Mental Health and Specialised Services
Anne Brennan (AB)	A/Clinical Director, Barrett Adolescent Centre
Elisabeth Hoehn (EH)	Psychiatrist, Child and Youth Mental Health Services, Children's Health Queensland Hospital and Health Service
Michelle Giles (MG)	Director Of Allied Health And Mental Health Community Programs
Terry Stedman (TS)	Clinical Director, Mental Health and Specialised Services
Laura Johnson (LJ)	Project Officer, Mental Health and Specialised Services

2. Apologies

Will Brennan (WB)	Director of Nursing, Mental Health and Specialised Services

3. Discussion Action Registry

	Item	Discussion and Follow Up	By Whom	By When
1	Staff	HR process is underway for all staff including matching against vacancies within division. Currently working towards closure date of 24 January 2014, but is dependent of needs of consumers. The holiday program finishes on 23 January 2013.		
2 Consumers			LJ	15/01/2014

				
				
				
3	Communication	LG and SK to discuss announcements out of meeting. No closure date to be communicated.		
4	Statewide Project Update Transition Services	LG and LJ going on site visit to Greenslopes this Thursday. Service Agreement is being finalised by CHQ with Aftercare.		
5	Risk/Issue Register	See register attached. To be tabled at the next meeting to finalise all outstanding issues.		

		Send register to EH.	LJ	22/01/2014
6	General Business	School is opening in Yeronga on 28 January 2014. BAC staff member will be School Nurse. SK to follow up with EQ. Need to arrange a suitable timing for debrief including the write up of the process.		

Next meeting: Wednesday 22 January at 11:30am

BARRETT ADOLESCENT CENTRE UPDATE MEETING

Agenda

1. Meeting Details:

Day and Date	Wednesday 22 January 2014 11.30am to 12.30pm
Venue	Office of Executive Director, Mental Health and Specialised Services
Teleconference	

2. Attendees:

Sharon Kelly	Chair - Executive Director, Mental Health and Specialised Services (Chair)	SK
Will Brennan	Director of Nursing	WB
Michelle Giles	Director, Allied Health and Mental Health Community Programs	MG
Terry Steadman	Director of Clinical Services	TS
Anne Brennan	A/Clinical Director – BAC	AB
Elisabeth Hoehn	Program Director – Future Families	EH
Laura Johnson	Project Officer, Mental Health and Specialised Services	LJ

3. Apologies:

Leanne Geppert	A/Director, Mental Health and Specialised Services	LG

4. Agenda:

	TOPIC	BY
1	**Staff**	AB, MG & WB
2	**Consumers**	AB
3	**Communication**	LJ
4	**Statewide Project Update Transition Services**	SK/LJ
5	**Issue Register**	All

Next meeting: 29 January 2014

BARRETT ADOLESCENT CENTRE (BAC) UPDATE MEETING

Meeting Details

Day and Date Wednesday 22 January 2014

1. Attendees

Name	Position
Sharon Kelly (SK)	Chair - Executive Director, Mental Health and Specialised Services (Chair)
Anne Brennan (AB)	A/Clinical Director, Barrett Adolescent Centre
Elisabeth Hoehn (EH)	Psychiatrist, Child and Youth Mental Health Services, Children's Health Queensland Hospital and Health Service
Terry Stedman (TS)	Clinical Director, Mental Health and Specialised Services
Laura Johnson (LJ)	Project Officer, Mental Health and Specialised Services

2. Apologies

Will Brennan (WB)	Director of Nursing, Mental Health and Specialised Services
Michelle Giles (MG)	Director Of Allied Health And Mental Health Community Programs
Leanne Geppert (LG)	A/Director of Strategy, Mental Health and Specialised Services

3. Discussion Action Registry

	Item	Discussion and Follow Up	By Whom	By When
1	Staff	Not discussed.		
2	Consumers			

		CHQ.		
3	Communication	Joint communication about the closure new models of care to be developed by WM and CHQ.		
4	Statewide Project Update Transition Services	Not discussed.		
5	Risk/Issue Register	Issue register has been sent to group for review and finalisation.		
6	General Business	Nil.		

Next meeting: Wednesday 29 January at 11:30am

BARRETT ADOLESCENT CENTRE UPDATE MEETING

Agenda

1. Meeting Details:

Day and Date	Wednesday 29 January 2014 12.30pm to 1.30pm
Venue	Office of Executive Director, Mental Health and Specialised Services
Teleconference	Dial in –

2. Attendees:

Sharon Kelly	Chair - Executive Director, Mental Health and Specialised Services (Chair)	SK
Will Brennan	Director of Nursing	WB
Michelle Giles	Director, Allied Health and Mental Health Community Programs	MG
Terry Steadman	Director of Clinical Services	TS
Anne Brennan	A/Clinical Director – BAC	AB
Elisabeth Hoehn	Program Director – Future Families	EH
Leanne Geppert	A/Director, Mental Health and Specialised Services	LG
Bernice Holland	Project Support Officer Mental Health and Specialised Services (Minutes)	BH

3. Apologies:

4. Agenda:

	TOPIC	BY
1	**Staff**	AB, MG & WB
2	**Consumers**	AB
3	**Communication**	SK/LG
4	**Statewide Project Update Transition Services**	SK/LG
5	**Issue Register**	All

Next meeting: To be confirmed

West Moreton Hospital and Health Service
TERMS OF REFERENCE

"SK-23"

TITLE	Complex Care Review Panel, West Moreton Hospital and Health Service (WMHHS)
DESCRIPTION	A Complex Case Review Panel is to be convened to support the Barrett Adolescent Centre (BAC) clinical team in optimally managing the transition of care for a consumer with significant and sustained risk concern.
TARGET AUDIENCE	Dr Anne Brennan, A/Clinical Director, BAC, WMHHS (Chair) Vanessa Clayworth, A/Clinical Nurse Consultant (CNC), BAC, WMHHS Dr Ray Cash, Medical Officer, Future Families, Children's Health Queensland Hospital and Health Service (CHQHHS) Dr Ian Williams, Director of Adolescent Psychiatry, Adolescent Psychiatry Mental Health, Royal Brisbane and Women's Hospital Richard Litster, Senior Social Worker, Child and Youth Mental Health Service (CYMHS), CHQHHS Josie Sorban, Director of Psychology, CYMHS, CHQHHS Penny Knight, CNC, CYMHS, CHQHHS Emma Hart, Nurse Unit Manager, CYMHS, Townsville Hospital and Health Service
MEETING DETAILS	Video conference of 1.5 hours* **Date and time to be confirmed** **Please note this panel is only required to meet once, unless it is deemed necessary to review the case*

PURPOSE

The WMHHS Complex Case Review Panel is intended convene to strengthen clinical governance by supporting the BAC clinical team in working towards preventing and reducing harm for an identified consumer by supporting:

- High standards of clinical care during a high risk period, including:
  - the identification and mitigation of high risk situations;
  - the development of a targeted and specialised Consumer Care Review Summary (CCRS) and other clinical planning documents that will guide the safe and most appropriate transition of care for the consumer;
  - the promotion of recovery focussed care and collaborative clinical service delivery including the promotion of consumer rights and responsibilities, and the development of Recovery Plans; and
- Clinical risk management during the consumer's transition of care from BAC to alternative care options.

PROCESS

The WMHHS Complex Case Review Panel is established to support the BAC clinical team in optimally managing an identified consumer with significant and sustained risk concerns, that may include some or all of the below:

a. Significant and ongoing risk of suicide and/or serious and repeated deliberate self-behaviours; and/or
b. Ongoing threatening or assaultive behaviours, or significant risk factors for violence; and/or
c. Particular challenges in diagnosis or treatment leading to repeated and/or prolonger admissions.

These risks lead to challenges in developing therapeutic alliances, working with a recovery focus and loss of hope which can affect the consumer and their carers and the clinician, team and service working with them. They can be the cause of significant disagreement in options in relation to diagnosis and/or management in such cases, between clinicians within the treating HHS or with other clinical service providers, and/or consumers, carers or other agencies.

The role of the Panel is to review diagnostic formulations, risk assessment and management plans and provide support, advice and recommendations that enhance the decision-making processes within the treating team of a particular consumer who face such challenges. The intention is to support and augment the treating team's capabilities in management of complex and high risk clinical scenarios.

OBJECTIVES

- To review individual care needs of a consumer whose individual situation poses significant challenges to service provision because of high risk behaviours or diagnostic and therapeutic difficulties, and to make recommendations on individualised risk and care plans that are feasible, acceptable and facilitate timely review; and
- To enable a whole of service perspective and support consistent, coherent and seamless responses to the identified consumer.

MEMBERSHIP

The Panel will be comprise of senior staff members identified from a pool of Clinical Directors and other senior clinicians from across the state who can actively participate in the Panel, and have a particular expertise or interest in managing adolescent consumers who pose significant risks of self harm, violence towards others or are at risk of abuse or poor care. The Chair of the Panel will be the Clinical Director, BAC, WMHHS.

FREQUENCY

The panel will convene once to consider the transition plan of an identified BAC consumer.

REFERRAL

1.1 The BAC clinical team have identified the consumer, with approval by the Clinical Director, BAC, WMHHS.

1.2 The referral should be discussed with the consumer, and if appropriate, the carer/family member(s) concerned prior to referral. If there are clinical reasons to why this should not occur this must be approved by the Clinical Director of BAC. The referral should specifically note the consumer's and if appropriate, carer's views on the referral and their views regarding risk management; or reasons on why they were not consulted.

1.3 Clinicians and the treating team will formulate, develop and review risk management plans, including crisis plans, based on up-to-date assessment as per current policies and professional standards. The Complex Case Review Panel's role is to review and provide feedback on these diagnostic and management decisions.

1.4 The referral should consist of:

- An updated CCRS including a Care Plan including detailed Risk Screen, Clinical and Risk formulation / Assessment Summary, Management Plan. This should include all relevant information including a longitudinal history including efficacy of previous treatment trials;
- Consumer's Recovery Plan;
- Consumer's Personal Safety Plan;

- Crisis Intervention Plans (CIP) or any clinical crisis management plans
- Current social circumstances;
- Consumer's strengths and resources as well as those of their wider social support network if applicable; and
- Any significant information relating to other stakeholders, their views or concerns, e.g. QPS, mental health community sector. This may be in the CCRS, CIP or attached documents.

2. MEETING

2.1 The case should be presented by the treating Consultant Psychiatrist but the Case Manager and Team Leader are expected to attend.

2.2 The treating team is responsible for ensuring that all pertinent factors are presented as the Panel can only work on the information provided.

2.3 The Panel and members of the treating team will review the relevant factors and make a recommendation on the risk management and associated plans.

2.4 The Panel will decide on a review date, which should happen in one month of the initial meeting, and whether the full Panel or a Panel member will review the risk management plan at that time.

2.5 A contemporaneous record will be placed in the consumer's progress notes that a Complex Case Review Panel was convened. The Panel will provide a summary of the meeting within one week detailing: the issues discussed; the conclusions drawn; recommendations made; and review date.

3. IMPLEMENTATION

3.1. The management plan should be discussed fully, or as much as possible, with the consumer, and where appropriate his/her family, carers and significant others.

3.2. Their comments and whether they are in agreement or not are to be recorded.

3.3. Alerts identified by the Panel will be placed in the consumer's file and where appropriate on the CIMHA Alert field.

3.4. Working with people always involves a degree of uncertainty and this is especially pertinent in people with mental health difficulties who pose a significant risk of harm to themselves and/or others. WMHHS expectations are that the clinicians and treating team will review and revise risk management plans as required in light of new information, such as significant changes in the consumer's circumstances or presentation.

4. REVIEW

4.1 The management plan will be reviewed by the Panel or Panel Member within the time period as determined at the initial meeting.

EXHIBIT 66

Page 948 redacted for the following reason:
- - - - - - - - - - - - - - - - - - - -This document has been partially redacted in accordance with the Confidentiality Protocol published by the Commission on 12 Octob
2015 and the Order made by the Commissioner on 15 October 2015, which was amended on 28 January 2016.

EXHIBIT 66

Page 949 redacted for the following reason:
- - - - - - - - - - - - - - - - - - - -This document has been partially redacted in accordance with the Confidentiality Protocol published by the Commission on 12 Octob
2015 and the Order made by the Commissioner on 15 October 2015, which was amended on 28 January 2016.

EXHIBIT 66

Page 950 redacted for the following reason:
- - - - - - - - - - - - - - - - - - - -This document has been partially redacted in accordance with the Confidentiality Protocol published by the Commission on 12 Octob
2015 and the Order made by the Commissioner on 15 October 2015, which was amended on 28 January 2016.

From: Sharon Kelly
Sent: 6 Aug 2013 20:33:18 +1000
To: Kelly, Sharon
Cc: Sadler, Trevor
Bcc: Dwyer, Lesley;Ford, Naomi
Subject: announcement regarding Barrett Adolescent Centre
Attachments: WMHHS-CHQ BAC 130805.pdf, FAQ BAC.pdf, Expert Clinical Reference Group Recommendations July 2013.pdf

I would like to take the opportunity to say thank you very much for taking the time to take our call earlier this evening in regards to providing you with details around the progression of the BAC strategy.

As I committed on our phone conversation, please find attached information for you and also within the documentation a link to the website which will hold further information as it comes to hand.

As with any change I appreciate it comes with challenges and concerns. I would be very happy to answer any further questions you may have as we progress what is a significant opportunity to ensure the strong future of extended treatment and rehabilitation mental health services for adolescents in Queensland.

Regards
Sharon

Sharon Kelly
Executive Director
Mental Health and Specialised Services

West Moreton Hospital and Health Service

The Park - Centre for Mental Health
Administration Building, Cnr Ellerton Drive and Wolston Park Road, Wacol, Qld 4076
Locked Bag 500, Sumner Park BC, Qld 4074

www.health.qld.gov.au

From: Sharon Kelly
Sent: 7 Aug 2013 11:26:12 +1000
To: [redacted]
Cc: Sadler, Trevor
Subject: announcement regarding Barrett Adolescent Centre
Attachments: WMHHS-CHQ BAC 130805.pdf, FAQ BAC.pdf, Expert Clinical Reference Group Recommendations July 2013.pdf

[redacted]

Please accept my apologies for the delay in providing to you, I had an error in the email address.

I would like to take the opportunity to say thank you very much for taking the time to take our call last evening in regards to providing you with details around the progression of the BAC strategy.

As I committed on our phone conversation, please find attached information for you and also within the documentation a link to the website which will hold further information as it comes to hand.

As with any change I appreciate it comes with challenges and concerns. I would be very happy to answer any further questions you may have as we progress what is a significant opportunity to ensure the strong future of extended treatment and rehabilitation mental health services for adolescents in Queensland.

Regards
Sharon

Sharon Kelly
Executive Director
Mental Health and Specialised Services

West Moreton Hospital and Health Service
[redacted]

The Park - Centre for Mental Health
Administration Building, Cnr Ellerton Drive and Wolston Park Road, Wacol, Qld 4076
Locked Bag 500, Sumner Park BC, Qld 4074

www.health.qld.gov.au

West Moreton Hospital and Health Service
FAST FACTS 1

Barrett Adolescent Centre

This is the first in a series of Fast Facts newsletters that will be developed on a regular basis for consumers, families, staff and other child and youth mental health services in Queensland. If you have any questions you would like answered please email

Kind regards
Sharon Kelly
Executive Director Mental Health & Specialised Services
West Moreton Hospital and Health Service

Is Barrett Adolescent Centre closing?
No final decision about Barrett Adolescent Centre (BAC) has been made. Adolescents requiring longer term mental health care will continue to receive the care that is most appropriate for them.

What is happening?
We are investigating alternative models of care to determine if there are better treatment options for young people in Queensland.

Why is this happening?
We want to ensure adolescents receive the best possible care that is evidence-based and where possible, closer to their home. The BAC buildings are no longer able to support contemporary models of care for young people requiring longer term mental health treatment and rehabilitation.

The Park – Centre for Mental Health will continue to expand its capacity as a high secure forensic adult mental health facility. There are concerns that the Park is not a suitable environment for adolescents.

What's happening to current Barrett Adolescent Centre consumers?
All patients currently receiving care will continue to receive care in accordance with their treatment needs. Consumers and their families will be kept up-to-date on this work.

Is this about budget cuts?
This is not about cost cutting. All funding for services provided by BAC will continue well into the future. This is also not about cutting beds or ceasing longer term mental health care for adolescents in Queensland. This is about delivering contemporary models of care for young mental health consumers in an environment that is safe for them and where possible closer to their homes.

Date: Friday, 30 November 2012

Queensland Government

What is the expert clinical reference group?
The expert clinical reference group consists of a multisciplinary group who are experts in the field of adolescent mental health. The members have expertise in psychiatry, nursing, allied health and education. An independent clinical expert from interstate will also be selected to join the group.

What's the role of the expert clinical reference group?
The expert clinical reference group's task is to recommend a statewide model of care for adolescents requiring longer term mental health care.

What will the model of care look like ?
The final model of care will be based on state and national mental health frameworks and will be evidence-based. Most importantly this model of care must be sustainable and align with statewide and national service planning frameworks and funding models.

When will a decision be made?
A decision about Barrett Adolescent Centre will only be made once all recommendations from the clinical expert reference group have been considered.

How will I be kept informed ?
You will receive updates, such as this one on a regular basis. We understand the importance of communicating with stakeholders.

Can I have input into this process?
Yes, you can forward your comments to

West Moreton Hospital and Health Service
FAST FACTS 2

Barrett Adolescent Centre

This is our second Fast Facts newsletter which is designed to keep you better informed about Barrett Adolescent Centre. If you would like more information or have queries, please email

Kind regards
Sharon Kelly
Executive Director Mental Health & Specialised Services
West Moreton Hospital and Health Service

Has the expert clinical reference group been formed?
Yes, there are 11 members of this group from across Queensland and interstate, all of whom are experts in adolescent mental health. The members of the group have expertise in psychiatry, nursing, allied health and education.

Has the clinical expert reference group met?
Yes, the expert clinical reference group held its first meeting on 7 December 2012.

Has the clinical expert reference group made any decisions about the future of Barrett Adolescent Centre?
No. This was only the first meeting, so no recommendations or decisions have yet been made regarding Barrett Adolescent Centre.

However, the expert clinical reference group has committed to investigating options for a statewide model of care for adolescents requiring longer term mental health care. The group will provide recommendations to the Barrett Adolescent Centre Planning Group and the final model will be based on state and national mental health frameworks. The group meets again in early January 2013.

Is a public private partnership being considered?
All options for a statewide model of care will be investigated by the expert clinical reference group. This may include partnerships with non-government organisations.

Is it true that Barrett Adolescent Centre will close regardless of the recommendations by the clinical expert reference group?
No final decision on Barrett Adolescent Centre has been made. What we are doing is investigating whether there are other models of care that can better meet the needs of Queensland adolescents who require longer term mental health treatment.

Date: Tuesday, 11 December 2012

Queensland Government

When will a decision be made?
A decision about Barrett Adolescent Centre will not be made until all recommendations from the clinical expert reference group have been considered.

What's happening with the current patients at Barrett Adolescent Centre?
The centre's current patients and adolescents requiring longer term mental health care will continue to receive the care that is most appropriate for them.

Is it true that Barrett Adolescent Centre will not reopen after Christmas?
No, all current patients will return to the centre for the treatment they require after their Christmas break.

How can I have my say?
Please forward your comments to

West Moreton Hospital and Health Service
FAST FACTS 3

Barrett Adolescent Centre

Welcome to our first update on the Barrett Adolescent Centre for 2013. I hope you all enjoyed a happy and safe festive season. We will continue to provide you with this newsletter to ensure you are kept informed about Barrett Adolescent Centre. If you would like more information or have queries, please email

Kind regards

Sharon Kelly
Executive Director Mental Health & Specialised Services
West Moreton Hospital and Health Service

What has the expert clinical reference group been doing ?

The expert clinical reference group has now met three times and will continue to meet on a fortnightly basis, with a number of tasks being worked on outside of meeting times. The group is preparing an analysis of adolescent mental health care requirements across the State. This will help the group determine best practice models of care for adolescent mental health needs for the future. This analysis will also identify gaps in current service delivery.

Has the expert clinical reference group made any recommendations about the future of Barrett Adolescent Centre?

No. Recommendations will not be made until after the group has considered the analysis of needs and requirements, as well as all possible options for a statewide model of care for adolescents requiring longer term mental health care.

How can I be sure that this decision will not be rushed?

We don't want to rush this. We want to get this right. That's why we will not make any decisions until after a thorough investigation of models of care. Before any decision is made, we want to determine if there is a better way we can meet the needs of Queensland adolescents who require longer term mental health care. All options for statewide models of care will be investigated by the expert clinical reference group. This may include partnerships with non-government organisations.

There's been plenty of talk about budget cuts. Is this just another budget cut ?

No, this is not about cost cutting. This is also not about cutting beds or ceasing longer term mental health care for adolescents in Queensland. This is about delivering contemporary models of care for young mental health consumers in an environment that is safe for them and in an environment that is as close as possible to their homes.

What's happening with the care for current consumers at Barrett Adolescent Centre?

The centre's current consumers will continue to receive the care that is most appropriate for them.

How can I have my say?

Please forward your comments to

Date: Friday, 1 February 2013

Queensland Government

West Moreton Hospital and Health Service
FAST FACTS 4

Barrett Adolescent Centre

Welcome to our second update on the Barrett Adolescent Centre for 2013. We hope this newsletter helps keep you informed about Barrett Adolescent Centre. If you would like more information or have queries, please email

Kind regards
Sharon Kelly
Executive Director Mental Health & Specialised Services
West Moreton Hospital and Health Service

What has the expert clinical reference group been doing?
The expert clinical reference group has now met six times. The group is finalising an analysis of adolescent mental health care requirements across the State. This will help the group determine best practice models of care for adolescent mental health needs for the future and identify gaps in current service delivery.

What's next for the expert clinical reference group?
Once the analysis of adolescent mental health care requirements is complete, the expert clinical reference group will begin to workshop ideas for appropriate models of care.

Have there been any changes to membership of the expert clinical reference group?
Consumer and carer representatives have been invited to join the expert clinical reference group and will work with the remainder of the expert clinical reference group to determine a preferred model of care.

Have any recommendations about the future of Barrett Adolescent Centre been made?
No. No decisions will be made until all options for statewide model of care have been investigated by the expert clinical reference group.

When will a decision be made?
No decision will be made until after the expert clinical reference group has made its recommendation on the best model of care for Queensland's adolescents who require longer term mental health treatment.

When is it likely the expert clinical reference group will determine a preferred model?
The expert clinical reference group is aiming to present its preferred model to the overarching Planning Group and West Moreton Hospital and Health Service in late April 2013.

Are young people going to miss out?
No. We want to make sure young mental health consumers receive the right treatment in the right place, at the right time. The centre's current patients and adolescents requiring longer term mental health care continue to receive the care that is most appropriate for them.

How can I have my say?
Please forward your comments to

Date: Monday, 4 March 2013

Queensland Government

West Moreton Hospital and Health Service
FAST FACTS 5

Barrett Adolescent Centre

Welcome to our next update on the Barrett Adolescent Centre for 2013. We hope this newsletter helps keep you informed about Barrett Adolescent Centre. If you would like more information or have queries, please email

Kind regards
Sharon Kelly
Executive Director Mental Health & Specialised Services
West Moreton Hospital and Health Service

What has the expert clinical reference group been doing?

The expert clinical reference group met for the last time on 24 April 2013, and has now submitted their seven recommendations to the overarching Planning Group. These recommendations identify the key components and considerations for how Queensland can best meet the mental health needs of adolescents requiring longer term care. These recommendations will now be considered by the West Moreton Hospital and Health Board, and other key stakeholders.

Have any recommendations been made about the future of Barrett Adolescent Centre?

No decision will be made about Barrett Adolescent Centre until all the recommendations of the expert clinical reference group have been carefully considered.

When is it likely that a preferred model will be identified?

It is appreciated that a decision is needed as soon as possible. In the meantime, we will continue with regular updates and aim to address your queries in a timely way.

Are young people going to miss out?

No. We want to make sure young mental health consumers receive the right treatment in the right place, at the right time. The adolescents currently admitted to Barrett Adolescent Centre will continue to receive the highest quality care that is most appropriate for them. The care for these young people and their families will continue to be a priority for West Moreton Hospital and Health Service.

How can I have my say?

Please forward your comments to

Date: Tuesday, 21 May 2013

Queensland Government

West Moreton Hospital and Health Service
FAST FACTS 6

Barrett Adolescent Centre

Welcome to our next update on the Barrett Adolescent Centre for 2013. We hope this newsletter helps keep you informed about Barrett Adolescent Centre. To have your say or if you would like more information, please email

Kind regards
Sharon Kelly
Executive Director Mental Health & Specialised Services
West Moreton Hospital and Health Service

Announcement about the way forward

It was announced by the Honourable Lawrence Springborg, Minister for Health on 6 August, 2013 that adolescents requiring extended mental health treatment and rehabilitation will receive services through a new range of contemporary service options from early 2014. Young people receiving care from the Barrett Adolescent Centre (BAC) at that time will be supported to transition to other contemporary service options that best meet their individual needs. Children's Health Queensland will assume governance for any new service options that are implemented, as part of its statewide role in providing healthcare for Queensland's children.

Who has been consulted about the recommendations of the Expert Clinical Reference Group?

The announcement came following careful consideration of the seven recommendations from the Expert Clinical Reference Group (ECRG), and further consultation with a range of stakeholders. West Moreton Hospital and Health Service have consulted in an ongoing way with the Minister for Health and Department of Health, the Queensland Mental Health Commissioner, the Department of Education Training and Employment, and Children's Health Queensland. These are some of the key stakeholders that will continue to support the next stage of implementation for statewide adolescent extended treatment and rehabilitation service options.

What is the next step?

An implementation Steering Committee will convene for the first time on 26 August 2013, chaired by Children's Health Queensland. Membership will include a consumer representative, carer representative, senior multidisciplinary clinician representation of public child and youth mental health services across the State, non government organisation representation, and a representative from the Department of Health. Communication with stakeholders will continue to be a priority throughout this next phase of the strategy.

How can we get the best outcomes in the time frame we have?

This strategy does not begin when the Steering Committee meets next week. A substantial amount of preparation and planning has been ongoing since the ECRG began work in December 2012. The seven ECRG recommendations will now provide a comprehensive foundation for the next phase of the strategy. This is about implementing the work already done by the ECRG, and focussing our efforts on the final stages of the strategy so we are ready to deliver new service options by early 2014.

What about the current consumers and staff of the Barrett Adolescent Centre?

It remains a priority for West Moreton Hospital and Health Service to focus on providing support and information to the adolescents, their families and the staff of the BAC. There will be no gap to service provision for the young people currently receiving care from BAC.

Date: Friday, 23 August 2013

Queensland Government

West Moreton Hospital and Health Service
FAST FACTS 7

Barrett Adolescent Centre

Welcome to our next update on the Barrett Adolescent Centre for 2013. To have your say or if you would like more information, please email

Kind regards
Sharon Kelly
Executive Director Mental Health & Specialised Services
West Moreton Hospital and Health Service

Announcement about the way forward
It was announced by the Honourable Lawrence Springborg, Minister for Health on 6 August, 2013 that adolescents requiring extended mental health treatment and rehabilitation will receive services through a new range of contemporary service options from early 2014. Children's Health Queensland (CHQ) will assume governance for the new service options that are implemented, as part of its statewide role in providing healthcare for Queensland's children. The development and implementation of the new service options will be achieved through a statewide project auspiced by CHQ, using the earlier work and recommendations of the Barrett Adolescent Centre (BAC) Strategy Expert Clinical Reference Group.

What has happened since the announcement?
An Implementation Steering Committee has been established within the statewide project and has met fortnightly since 26 August 2013. This Committee is chaired by CHQ. Invited membership includes a consumer representative, carer representative, senior multidisciplinary clinician representation of public child and youth mental health services across the State, non government organisation representation, and a representative from the Department of Health. Working groups will address the key issues of service model development and implementation, financial and workforce planning, and consumer and carer needs. A communication strategy is currently being developed by CHQ to ensure that all stakeholders are kept informed of progress within the project.

What does this mean for the consumers, families and staff of Barrett Adolescent Centre?
It remains a priority for West Moreton Hospital and Health Service (WMHHS) to focus on providing safe clinical care for the adolescents of BAC. WMHHS will continue to consult with families about the care needs of and options for their child, and supporting BAC staff in the delivery of this care. While CHQ is responsible for the development of new service options for future adolescent mental health extended treatment and rehabilitation, WMHHS remains responsible for services delivered by BAC. This means that as long as BAC continues to deliver services, WMHHS will continue to have the responsibility of providing safe clinical care for the consumers of BAC, and will continue to be responsible for supporting our staff in the delivery of these services.

Clinical Care at BAC
Dr Anne Brennan, a senior child and adolescent Psychiatrist, is currently acting in the role of Clinical Director at BAC. Dr Brennan is leading the multidisciplinary clinical team who are working with BAC consumers and their families to ensure that all young people are receiving safe and comprehensive care.

Date: Thursday, 26 September 2013

Queensland Government

West Moreton Hospital and Health Service

FAST FACTS 7

How is education being considered?

It is acknowledged education programs are important in the provision of care to the adolescents. The Department of Education Training and Employment continues to be consulted throughout the progression of the strategy. The Department of Education Training and Employment is committed to ensuring that effective and sound education models will be available for the adolescents both now and into the future.

Our commitment to communication and support

We will continue to provide regular communication and updates to families with adolescents attending BAC, staff of BAC and other key stakeholders. This will be through a number of different strategies, but will include monthly fact sheets, and where appropriate, personal phone calls, meetings and emails. We have also provided BAC parents/carers with the option of receiving regular phone calls from our Consumer Advocate, who can provide additional support through the change process. CHQ are also preparing a range of strategies to provide information and support to all of our key stakeholders regarding the statewide project, and they are progressing options for engaging BAC parents/carers more directly in the development of the new service models.

Date: Thursday, 26 September 2013

Queensland Government

West Moreton Hospital and Health Service
FAST FACTS 8

Barrett Adolescent Centre

Welcome to our next update on the Barrett Adolescent Centre for 2013. We hope this newsletter helps keep you informed about Barrett Adolescent Centre. To have your say or if you would like more information, please email

Kind regards
Sharon Kelly
Executive Director Mental Health & Specialised Services
West Moreton Hospital and Health Service

Barrett Adolescent Centre Building
We continue to work toward the end of January 2014 to cease services from the Barrett Adolescent Centre (BAC) building. This is a flexible date that will be responsive to the needs of our consumer group and as previously stated, will depend on the availability of ongoing care options for each and every young person currently at BAC. The closure of the building is not the end of services for young people. WMHHS will ensure that all young people have alternative options in place before the closure of the BAC building.

Clinical Care Transition Panels
A Clinical Care Transition Panel is being planned for each individual young person at Barrett, to review their individual care needs and support transition to alternative service options when they are available and when the time is right. The Panels will be chaired by Dr Anne Brennan, and will consist of a core group of Barrett clinicians and a Barrett school representative. Other key stakeholders (such as Housing, Child and Youth Mental Health outpatient services and non government service providers) will be invited to join the Panel as is appropriate to the particular needs of the individual consumer case that is being discussed at the time.

Statewide Project Update: Service Options Implementation Working Group
The Service Options Implementation Working Group (of the Statewide Adolescent Extended Treatment and Rehabilitation Implementation Strategy) met for the first time on 1 October 2013. This half day forum was attended by a range of multi-disciplinary clinicians and service leaders from Child and Youth Mental Health Services from across Queensland (including Barrett), a carer representative and non government organisation representation. Feedback from the forum has suggested it was a very successful day. A second forum will be held within the next month. All current families and carers of Barrett have been emailed an invitation to provide written submissions on the development of the new service options moving forward (for the consideration of the working group).

Acting Nurse Unit Manager
Mr Alex Bryce will be commencing as the Acting Nurse Unit Manager at Barrett from Monday 14 October 2013. This will allow Vanessa Clayworth to move into the Acting Clinical Nurse Consultant role, and directly support the clinical needs of the young people at Barrett and the progress of the Clinical Care Transition Panels.

Communication with Department of Education, Training and Employment (DETE)
WMHHS continues to liaise directly with DETE on a regular basis, keeping them up-to-date with changes and plans regarding Barrett. DETE is committed to responding to the educational needs of each young person at Barrett, and will work with us on the Clinical Care Transition Panels.

Date: Thursday, 3 October 2013

Queensland Government

West Moreton Hospital and Health Service
FAST FACTS 9

Barrett Adolescent Centre

Welcome to our next update on the Barrett Adolescent Centre for 2013. We hope this newsletter helps keep you informed about Barrett Adolescent Centre (BAC). To have your say or if you would like more information, please email

Kind regards
Sharon Kelly
Executive Director Mental Health & Specialised Services
West Moreton Hospital and Health Service

Consultation is Ongoing

We have provided specific updates recently to other mental health service providers in Hospital and Health Services across the State, the Department of Communities Child Safety and Disability Services, and to the Commission for Children and Young People and Child Guardian. We have also met with our colleagues from the Department of Education Training and Employment, and continued to engage regularly with them through emails and phone calls as information comes to hand.

Consultation with BAC Parents/Carers is a Priority

The West Moreton Hospital and Health Service remains committed to ongoing consultation and support of BAC parents/carers during this transition process. West Moreton clinicians and service leaders have met with parents/carers of the young people at BAC, to provide information and seek their input into the changes that are occurring. Our clinical team is in constant contact with the families of the consumers about their individual care. We have also continued to disseminate personal emails and phone calls to the parents and carers with any new information that comes to hand, and some parents/carers have also chosen to accept the offer of regular contact with the Consumer Advocate of Mental Health and Specialised Services.

It is extremely important to engage the families of adolescents at BAC in a considerate and meaningful way throughout the transition process, and West Moreton continues to respond to feedback from the parent and carer group about how we can best do that.

Statewide Project Update

All current BAC parents and carers were invited by Lesley Dwyer, Chief Executive, West Moreton Hospital and Health Service to submit a written submission to the statewide project, expressing their views and experiences regarding the current and future service options in Queensland for adolescents requiring extended treatment and rehabilitation. One collective parent submission was received from several BAC parents/carers. The parents/carers who contributed to the submission have also been invited to meet with the Steering Committee of the Statewide Adolescent Extended Treatment and Rehabilitation Implementation Strategy on 4 November 2013 to present their submission.

Service Options Implementation Working Group

Statewide members of this Working Group have been invited to consider fictional adolescent case scenarios over the last couple of weeks, and to identify service system gaps and barriers to providing comprehensive extended treatment and rehabilitation care at the local level. The responses to this task will further enhance our understanding of how the current service system meets the need and demand of adolescents requiring this type of care, in addition to the issues that require addressing.

Date: Monday, 4 November 2013

Queensland Government

West Moreton Hospital and Health Service
FAST FACTS 10

Barrett Adolescent Centre

Welcome to our next update on the Barrett Adolescent Centre for 2013. We hope this newsletter helps keep you informed about Barrett Adolescent Centre. To have your say or if you would like more information, please email

Kind regards
Sharon Kelly
Executive Director Mental Health & Specialised Services
West Moreton Hospital and Health Service

Visit by a Leading Child and Youth Mental Health Expert
We will be hosting a vist from a leading inter-state Child and Youth Mental Health expert on the 10 and 11 of December 2013. West Moreton HHS will be holding an information session for the parents and carers of current patients of Barrett Adolescent Centre (BAC), providing them with an opportunity to hear about mental health services for adolescents in Victoria. Further details of the session will be sent to parents and carers shortly. As part of the session, Children's Health Queensland (CHQ) HHS will also be present and will conduct focussed consultation on the future service models.

Contact from Executive Director, Mental Health and Specialised Services (MH&SS)
Over the last week Sharon Kelly, Executive Director, MH&SS personally called each of the parents and carers of current consumers at BAC. This was an important process for directly updating everyone with recent information, and it was another valuable opportunity to hear about the experiences and needs of the current families of BAC so that we can incorporate feedback into our change process. These phone calls will be followed up with personalised letters to each of the parents and carers to provide a reflection on the discussions held.

Transitional Service Options for 2014
Recent information received from CHQ HHS has indicated that some of the future service options will not be fully operational for possibly 12 months. Following through with our commitment to ensure there is no gap to service delivery, West Moreton HHS will work with other service partners to provide transitional services for current BAC consumers and other eligible adolescents while the future services are being finalised. We are planning day program and supported accommodation options, with enhanced community mental health service provision for adolescents with extended care needs. We will implement the programs in February 2014, which will also serve as a pilot for the future service options being developed by CHQ HHS. We will keep you informed of the progress of this work.

BAC Holiday Program
In order to provide additional support for the adolescents of BAC over the coming school holidays, an activity-based program will be delivered across the December/January school break. West Moreton HHS will partner with a non-government service provider to develop and establish a program for current BAC adolescents. More detail will be provided directly to families and consumers over the next couple of weeks.

Date: Wednesday, 20 November 2013

Queensland Government

West Moreton Hospital and Health Service
FAST FACTS 11

Barrett Adolescent Centre

Welcome to our next update on the Barrett Adolescent Centre for 2013. We hope this newsletter helps keep you informed about Barrett Adolescent Centre. To have your say or if you would like more information, please email

Kind regards
Dr Leanne Geppert
A/Executive Director, Mental Health & Specialised Services
West Moreton Hospital and Health Service

Visit by Dr Sandra Radovini, Leading Child and Youth Mental Health Expert

On 10 and 11 December 2013 the West Moreton Hospital and Health Service (HHS) hosted a visit from Dr Sandra Radovini a leading child and youth mental health expert from Victoria. Parents and carers of current Barrett Adolescent Centre (BAC) consumers were invited to meet with Dr Radovini to discuss how Victoria delivers services for adolescents with complex and multiple mental health needs. At this session, an update on the interim plan for transitional service options was presented by West Moreton HHS (see more details below). Additionally, Children's Health Queensland (CHQ) HHS presented an interactive session on elements of the proposed future model of care (this can be viewed on the new CHQ website below). During her visit, Dr Radovini also provided West Moreton HHS staff with a professional development session, and she presented at a child and youth mental health leaders professional networking dinner on the evening of 10 December 2013. Dr Radovini shared invaluable details about her experience of working in child and youth mental health services in Victoria, and it was a wonderful opportunity to learn how Victoria has established new adolescent mental health services.

New website for CHQ HHS

A new website for Extended Treatment and Rehabilitation Services for Young People has been launched and can be accessed via: http://www.health.qld.gov.au/rch/families/cymhs-extendedtreat.asp

Transitional Service Options for 2014

West Moreton HHS has received approval for Aftercare to be the non-government service provider for the transitional services planned to commence in February 2014. Aftercare has extensive experience in providing similar youth supported accommodation services in Cairns and Sydney, and we will work together to develop a service model around supported residential care as a pilot for the new services being developed at a statewide level. As previously advised, the transitional services will be delivered in partnership between West Moreton, CHQ, Aftercare and the Department of Health. The focus will be on recovery oriented treatment for young people with severe and persistent mental health problems. More information on the transitional services will be in provided in early 2014.

BAC Holiday Program

The BAC Holiday Program is delivered as a partnership between Aftercare and the BAC team, and officially commenced this week. We have received wonderful feedback about the activities of rock climbing, arts and crafts and drum beat, and have welcomed working in partnership with the Aftercare team to provide some additional opportunities for the young people of BAC. This program has been offered to current BAC consumers Mondays through to Thursdays for the December 2013/January 2014 holiday period. For more information about the holiday program please contact Laura Johnson via or on

Date: Friday, 20 December 2013

Queensland Government

CONCERNS OF CONSUMERS, CARERS & COMMUNITY IN RESPONSE TO CLOSURE OF THE BARRETT ADOLESCENT CENTRE AND THE FUTURE OF ADOLESCENT MENTAL HEALTHCARE IN QUEENSLAND

Presented 30th August to

Sharon Kelly, Executive Director, Mental Health and Specialised Services, West Moreton Hospital and Health Service

Lesley Dwyer, Chief Executive, West Moreton Hospital and Health Service

Dr Stephen Stathis, Children's Health Queensland

~

A PERCEIVED LACK OF CONSULTATION WITH THIS KEY GROUP

There is a major concern that a large group of key stakeholders feel they haven't had the opportunity to provide the input that they should and need to have AND a feeling that their serious concerns will not be listened to nor their needs addressed. Even though the WMHHS's Governance Framework indicates a high priority on this (*Part E: Consumer and Community Engagement Strategy*), current patients and their families – and those on the waiting list for the Barrett Centre's services – are expressing not just devastation at the loss of such a vital and unique facility but a strong sense of neglected and/or being seriously undervalued where their needs and input are concerned. They want their deeply challenging circumstances acknowledged and addressed and need clarity and reassurance in the process and a clearly stated timeline that will reasonable need the needs of the this high risk group. An example of this community feeling is evidenced by the development and release of the Expert Clinical Reference Group's Recommendations. **The ECRG made clear recommendations for EXTENDED INPATIENT CARE WITH ON-SITE SCHOOLING.** The Planning Group then added 'considerations'. There are genuine community concerns about the expertise of this Planning Group – were there representatives with clinical backgrounds? Were there consumers and carers on Planning Group? If not, then the wider community is concerned that this Group's 'considerations' are taken *over* the recommendations of the Expert Panel. Were current consumers/carers consulted about the ECRG's recommendations for their feedback or were they told just before the Minister made his announcement? If there was no consultation, how can the government reliably state that such vital stakeholders have been significant contributors to this process?

The Health Minister has continually said that the change to a new model is in response to community concerns about more localised services but that community **doesn't want those AT THE EXPENSE of the BARRETT CENTRE** – it wants them as well. If there can be 3 or 4 Barrett-like facilities across the state, that will address the needs of the community. But if there is no Barrett type facility at all and just acute/community-based care options, then those community have not been meet.

The Community is looking for improvements, not the loss of care options and are expressing concerns about being referred to as having their needs met when, in reality, they are feeling overlooked. **The government would never consider closing a single, unique, specialist treatment facility for people with chronic, specific medical conditions to do with the heart, brain or cancer in favour of delivering a different model of care to these people closer to their home, *but a level of care that didn't and couldn't meet the level and complexity of care they require.*** It seems highly likely that none of the patients would choose this care as an option over travelling to Brisbane to give their loved ones the best chance at survival and leading a normal life. But this is what the Government is offering to do for young people with very specific mental health needs by closing Barrett.

MAJOR CONCERNS ABOUT THE PROCESS, RECENT DEVELOPMENTS and DISPARATE PUBLIC INFORMATION

A process that doesn't seem to be in line with stated procedure and/or legislation

The new state Mental Health Commissioner was appointed in July to oversee the Commission's remit to "prepare a whole-of-government strategic plan" for mental health service provision (*Queensland Mental Health Commission Act 2013 - Act No. 7 of 2013*). Yet when Mr Springborg announced the closure of the Barrett Centre on the 6th of August, it is unclear how much input Dr Lesley van Schoubroeck actually had (as she had indicated in parliament only two weeks before that she had only heard of the Barrett Centre issue via media coverage). (It should also be noted that Dr van Schoubroeck, having a pre-existing obligation for the month of August, is not able to function in her role for that period so any progress during that month can surely only be minor as her input is clearly key in major decisions at this early stage of the Commission's operation.). In addition, the Commission has also been tasked, according to Act No. 7, to form the Queensland Mental Health and Drug Advisory Council which is to work with the Commission to formulate the whole-of-government plan for mental health and drug and alcohol service delivery. Positions on that advisory council were actually only advertised on the 20th of August and applications will close on the 30th of September. As per the Act, the Commission must "engage and consult with—(i.) people with mental health or substance misuse issues, and their families, carers and support persons" as well as consulting with the Advisory Council on the whole-of-government strategic plan before it is given to the Minister. The Advisory Council must "drive reform to improve the mental health and wellbeing of all Queenslanders and provide advice and guidance on mental health and substance misuse issues" through wide consultation with the community (including parents, carers, 'consumers').

At the State level, the QMHC and the QMHDAC are responsible for developing the whole-of-government strategic plan for mental health (drug and alcohol) services. The Statewide Adolescent Extended Treatment & Rehabilitation Implementation

Strategy Steering Committee, is apparently developing the alternative to the Barrett Adolescent Centre. **Is this Committee going to work with the Mental Health Commission process? Have consumers and carers been informed about the Committee and what is the timeline and procedure for them to offer input? Will the current consumers and carers be consulted about what the transition group proposes to see if it will be workable for them?** On a National level, the National Mental Health Service Planning Framework (NMHSPF) Project, an initiative of the Fourth National Mental Health Plan, will provide its finalised Care Packages and Service Mapping by 30 September 2013. This is one part of a much larger process to develop national modelling for mental health services – involving consumers and community in the process – which will have implications for models of delivery and funding. The NMHSPF project is joint- led by the NSW Ministry of Health and Queensland Health. **What implications if any, does this National process have for the whole-of-government plan to be developed by QMHC, and if a Care Package describing service models for 12-17 year olds has been designed, should Queensland wait to see what models are proposed, before undertaking significant changes to youth mental health services, especially since funding will be tied to these models based on population demand for each service?**

So how is that a decision of the significance of the closure of the Barrett Centre was clearly made before – and then announced on – the 6th of August? Is the treatment and rehabilitation of adolescents with severe mental illness to be part of the "whole-of-government strategic plan" or not? Is the treatment and rehabilitation of adolescents with severe mental illness to be in line with what's happening at a national level or not?

Compare this situation with Western Australia, where the WA Commission for Children and Young People commissioned an Inquiry into the Mental Health and Wellbeing of Children and Young People in Western Australia. The subsequent report (2011) specified that "*The Inquiry has recommended that the Mental Health Commission become the lead coordinating body for the improvement of service delivery for children and young people's mental health – by developing a comprehensive and strategic plan for the mental health and wellbeing of children and young people and leading a whole-of-government implementation process: Recommendation 10 – A whole-of-government collaboration to improve the mental health and wellbeing of children and young people across the State be led by the Mental Health Commission. (Page 63)*". Surely this is appropriate process, and **singling out a specific service for closure without such a thorough process as has happened with the Barrett Centre is in complete contradiction to best practice.**

The question that continually arises is **what consumer and community consultation has there been/will there be in the development of the new model of care to which the young people from Barrett are to be transitioned?** Given that the process seems to be happening outside the development of the whole-of-government plan to be overseen by the Mental Health Commission, **what role does Children's Health Queensland have**, since its Strategic Plan states it is to head the

development and planning of a state-wide model for mental health services for children and adolescents? If this process is separate from the whole-of-government plan, it would be extremely important to ask how WMHH or QHC plans to manage **the issue of youth needing to transition to adult mental health services**: this would involve most of the Barrett inpatients in 2014/15? Minister Springborg stated on 10 June, 2013 "*Most importantly, she [the Mental Health Commissioner] will be central to improving the system that supports people living with a mental illness or who misuse substances, as well as their families, carers and support networks.*" Surely **this acknowledges the need for the Barrett Adolescent Centre to be considered in the process for the whole-of-government plan.**

Research and **consultation with consumers** and **community** has informed evidence-based models of care that are now providing community based mental health services for a 16 – 25 year old age range. This overlaps adolescence with adult ages, in recognition of the significant gap between adult and adolescent mental health services, avoiding the 16 – 18 yr old transition point, and improving the seamless transfer to adult services. It would therefore seem **absolutely critical that the Barrett Centre – and youth mental health services in general – be considered in the QMHC's whole-of-government plan to facilitate this crossover from youth to adult mental health services.** Minister Springborg stated on 28 June 2013 "*It [the Mental Health Commission] will also improve the coordination and transparency of clinical services and other human services and focus on outcomes, recovery, social inclusion and community wellbeing.*"

No clear timeline – mixed messages and uncertainty

Initially, the Health Minister's announcement stated that "it is true that **some time in early 2014 that Centre will be closing** as we come up with a range of new options to deliver services closer to people in their own home or right in their own home town." Carers of current patients were given the news in phone conversations on the 6th of August with some interpreting what they were told as "that early in 2014, it will relocate to another hospital ... that the inpatient specific adolescent service will be retained" (The World Today, ABC Radio, 7 August). However in that same radio coverage, the Health Minister stated that "the final makeup of this will be known early next year". Only 2 weeks later, though, the Education Minister, when asked in parliament about the closure of the Barrett Centre School, said "... Queensland Health advises that this model could take up to three years to develop and implement." Just prior to this, in the same session of parliament, Mr Springborg had said "**no decision will be made to close that facility** until such time as we know that appropriate alternatives are in place, including alternatives which adequately ensure that young people with educational needs, as many of them are, can be supported in conjunction with Education Queensland." **So – when will it close? When will new programs be up and running? And when will key stakeholders in the consumers, carers and the community be told?** Those who MOST need to know what will be happening are being given contradictory statements and vague explanations. They need to know the situation clearly and consistently. Many in the community are wondering ... **Have**

there been rushed decisions and if so, why? Is the early 2014 deadline realistic? And perhaps most importantly, ***is there an option for the 'early 2014' closure to be delayed to allow the best solution to be worked out or is that decision irreversible? And if it cannot be changed, how can adequate facilities be developed within the next 5 months?***

Again the **issue of consultation and communication** arises. ***The consumers and community have had to rely on media information to stay informed and even that information – direct from the Minister – changes from day to day.***

No clear process – mixed messages and uncertainty

The report of *the Inquiry into the Mental Health and Well-being of Children and Young People* in Western Australia by Commissioner for Children and Young People W.A. (April 2011) states "*When serious problems with the status quo have been identified, as they have in mental health and specifically youth mental health, the onus is on governments and health departments to respond with better models, while* ***safeguarding the positive aspects of the original system.***" The warning highlights the great risk that Queensland would be taking if the Barrett Adolescent Centre closures and its programs, services and personnel are not relocated as a complete entity. The proposed reforms to the youth mental health in Queensland need to include an extended inpatient facility with on-site schooling – as this has proven to be uniquely successful over its 30 years in existence. So the system proposed by the minister as a potentially better model for general prevention and early intervention service delivery is welcomed but as Barrett is clearly a positive aspect in the original system, it must be retained. Professor Patrick McGorry's research shows "*Specialised youth inpatient units would form an essential central element of a new youth mental health model. ... Many young people can be successfully managed through primary care and enhanced youth-oriented primary care service models (e.g. Headspace)* ***however, a subgroup of young people with a range of diagnoses requires timely access to more comprehensive, multidisciplinary, youth-specific specialist mental health services. This has been clearly identified in a recent landmark report as a serious gap in services.***"

Of particular concern now is Barrett's capacity to continue to implement the treatment plans of each inpatient and to prepare each patient for the proposed transition to other services/care in early 2014. Barrett has recently lost an Occupational Therapist – a crucial member of the treatment team. The centre is also without a Psychologist – at a recent meeting for a case review, when a parent asked why her teenager would have said that he hadn't had any discussions with the Psychologist (assuming the teenager just didn't want to talk about it), the response indicated that he had not, in fact, seen a psychologist because there is no longer a trained psychologist on staff. The staff can't provide the therapy or interactions of the kind a Psychologist would provide and without this and the OT treatment, therapy options are compromised. So not only are treatment plans undermined because of staff losses, the pressure is now on for treatment plans to

address the objective of preparing inpatients for a transition to a model of care about which the form/agency/agencies etc. remain unknown. If it wasn't enough for the young people to deal with their own illness, they now have to manage a monumental change in their life when, for most, they were starting develop a stable and manageable lifestyle. **It should be an absolute priority to redress these staff losses/shortages to ensure treatment plan objectives are met.**

Treatment at Barrett is individualised. It would be completely unrealistic, given the varying times of entry to the centre and individual variations in progress with treatment, that every inpatient could be expected to be ready to transition out of the centre at the end of January 2014. **What plans do WMHHS have to address the situation that it may not be the right time to transition an inpatient? Has WMHHS already begun consulting with treatment teams to address this issue, and if not, when is that process to occur? Once transitioned, if a young person relapses, where are they to go – are they destined again for the 'in-and- out" of acute care that many have had define their lives before Barrett?** *(The mp3 of 'Molly' indicates that this is a pattern than many young sufferers experience.)* CYMHS was able to refer young people to another level of care above community-based services. Once Barrett closes, that option will be no more and if there are other bed-based community services – what will happen if they are full? **And, in a not unrealistic situation, what duty of care does the WMHHS see itself having should a former Barrett inpatient suicide as a result of being transitioned to other care?** One of the reasons that Barrett works so well is the **sense of community** and belonging that the inpatients develop which helps them to overcome their social isolation, develop confidence in their interactions and develop their skills to behave in a more functional way and manage their own condition. As they progress and move to day-patient status, the young person still maintains the connection with Barrett as they try out their independence and self-management – but still with the support of the Barrett community. This process itself is a gradual one, starting with one day a week as a day patient if necessary. This way, the sense of belonging and support is maintained but progress is tested and consolidated. **The transition from a supportive community to new services, processes, people – and potentially back to a social network that provides either no support or is destructive or dysfunctional – puts these young people at considerable risk.** It is absolutely crucial for Barrett to remain open as long as possible – to be part of the broader whole-of-government plan process of the QMHC – so that considerable deliberation and consultation can be undertaken so that if these young people *are* to be moved and Barrett is definitely not going to be a part of the new model of care, they are afforded **the respect and consideration of being transitioned to services that are in place and consolidated.** At this stage, five months out from closure, the committee has only just been formed to determine an alternative. If we factor in time to advertise for staff, find premises, establish protocols for operating and many other issues, ***how can services be ready by January 2014?*** It is also totally unjust to expect staff, inpatients and families, to be on a month by month proposition after January – wondering when these services would be up and running, particularly after 9 months

of not knowing what was happening to the service. **In recognition of these factors, Barrett should be allowed to continue operating until the end of 2014 (as per the Redlands Plan) or until the QMHC Plan is developed, whichever comes first.**

Recognition and Funding

Sam Mostyn, National Mental Health Commissioner states "My aspiration for the National Mental Health Commission is that mental illness receives the same priority, focus and resources as any other part of our health system. Mental Health funding has always been the "poor relation" in the health system according to Professor Patrick McGorry, attracting half the funding it should by proportion of the total health budget, as mental health and mental illness affects a significant proportion of the community. The World Economic Forum states Mental Health is now equal to Cardio-vascular disease as the biggest health threat to the economy in the next 20 years. April 2013 figures estimate the cost to the Australian economy of $30 billion a year for care, treatment, welfare payments and hours of lost work. Within the mental health budget, Youth Mental health attracts an even smaller proportion of the mental health budget. Given that a significant proportion of mental illness appears in adolescence or is the result of childhood problems such as trauma it would make sense to distribute a larger share of funding to child and youth mental health with a focus on promotion, prevention and early intervention, which form the basis of National and State Mental Health strategy continuum. Yet Queensland spent only **1.7% of the $983.3 million** on Promotion, Prevention and Early Intervention, Action Area 1 of the COAG National Action Plan on Mental Health 2006-2011 funding allocations *(Well meant or well spent? Accountability for the $8 billion of mental health reform, Rosenberg et al. 2012).*

Imagine then, the smaller proportion of that amount that is allocated to youth and adolescent mental health care, the point at which the greatest impact could be made, having massive positive implications on future spending on adult mental health. Surely the goal of early intervention is to reduce the demand and adult services. McGorry states the focus should be moved from "symptom reduction & containment to prevention and social inclusion". However there is still the treatment portion of the continuum. NO model, however effective, will ever meet every need of every person. One of the characteristics of the young people who attend Barrett is that they have become socially isolated – in most cases, completely disconnected from friends, family and community and education. Their functional impairment is so severe, and they are often developmentally behind because of such long periods of disengagement from the adolescent world, that a couple of months of inpatient care is not enough to rehabilitate or enable recovery. It is why this particular group of adolescents require such intensive inpatient treatment with expert, such individual multidisciplinary clinical and therapeutic treatment. The proportion of young people in this category may only constitute 1% of the adolescent population. But when considering the trajectory for these young people without such specialist support like that provided by Barrett, their future is particularly bleak, and their ongoing reliance on health and welfare services to function is inevitable.

WILL THE NEW MODEL INCLUDE SOMETHING THAT RESEMBLES THE BARRETT ADOLESCENT CENTRE?

Again, ambiguous responses to queries about the future are causing great stress AND, significantly, disruption to the progress that current patients had been making. All those directly involved understand that this is a complex issue but there needs to be more clarity in relation to the key features of the new model. Those who use the Barrett Service and now and those who have been relying on it for the future need to know that the aspects listed by the Expert Clinical Reference Group as 'ESSENTIAL' will continue to be available.

Widespread support for the Barrett Model across consumers, carers, and the community

Those beyond the government have spoken in one voice on this issue. A petition on the CommunityRun website has garnered 4000+ signatories *(supplied on flash drives)* and a parliamentary petition was entered when it reached past 1000 signatories. Current patients and their carers – AND the families of young people on the waiting list to utilise the Barrett Centre's service – have given media interviews in support of the Centre *(mp3 files supplied on flash drives)* and considering the hardships these people are already facing each day, to take the time and effort *and* to expose their private lives so publicly speaks to the depth of their need and the necessity of a facility like the Barrett Centre.

Rarely have consumers been so effusive in their praise for a healthcare program. **Current and past patients' UNANIMOUS support** has reached pleading proportions. Young people – and especially troubled young people – are not known for their admiration for, or gratitude to, healthcare and/or educational facilities. But every single current patient is adamant about their need for Barrett and the need for Barrett to continue to exist for others like them. *(Sample Statements doc and mp3 interview files are evidence of this.)* **Of all the stakeholders and experts, this group's insights – whether we call them 'consumers', patients, students, adolescents or teenagers – should not only be acknowledged but prioritised. They are the people at the heart of this issue and if they are saying that nothing has worked for them like the Barrett Centre, then that endorsement should carry enough weight to ensure everything is done to continue to provide that uniquely successful program.**

The Relocation option

if money is not an issue as the Health Minister and West Moreton HHS have clearly stated, why is a relocation of Barrett not automatically part of a program that also includes new community-based options? The ECRG has clearly emphasised the importance of a facility like Barrett so if the Health Department has no concerns about financing whatever is required, many are wondering whey the government is not demonstrating a comprehensive understanding of community needs by addressing the demand for more local, regional care options AND taking advantage of the financial and time investment already undertaken in the Redlands relocation

strategy. Architectural plans exist for the new $10 million building that the previous government were to build adjacent to the Redlands Hospital so if there is at least $20 million available as the Health Minister has stated, is it only politics that is standing in the way of meeting adolescent healthcare needs fully and completely?

Under the Labor Government, the new purpose built facility at Redlands would have been ready to move into sometime towards the end of 2014. It was obviously the intention of the then Government to have Barrett continue functioning on the existing site until that time. **What has changed, that Barrett now needs to be closed in early 2014? Safety concerns have been raised regarding the Forensic Mental Health facility at Wacol. What incidents have occurred in the past? What consultations have been held with staff to discuss these concerns – what strategies were developed and implemented to minimise potential harm? Has WMHHS spoken to inpatients and parents to ask if they were worried or sought recommendations about how it might be made safer?** There is a public cricket oval on the grounds of The Park. Every week families come to use the facility, people transit through the grounds exercising (bikes, walking), the grounds are open to public access alongside the Gailes Golf Course with no fencing or boundaries. There are no signs warning of any danger to the public and nothing to keep the public out. If there are concerns for the inpatients of BAC, then there should be some notice/s to warn the public as well. It is, then, difficult for many to accept that health and lives are being put at risk due to the closure/relocation of the centre based, to a great extent (according to comments made by government officials), on a security risk which doesn't pose a threat anyone on the grounds except those confined within the Barrett Centre's boundaries. Inpatients are likely at greater risk of harm during the transition from Barrett, than any risk within the grounds of The Park.

THE BENEFITS OF BARRETT

Only ACUTE or COMMUNITY-BASED OPTIONS aren't enough – there must be EXTENDED INPATIENT CARE WITH ON-SITE SCHOOLING

The Barrett model is the best opportunity for **progress to be made in cases where acute/community-based care options have failed** – the level of intensive, individually-tooled treatment plans can't be provided in any other setting. Extended inpatient treatment can provide a young sufferer with a full understanding of their condition, its influences and the ways to manage it through years of complex changes and the influences of life. And because the most appropriate and comprehensive care in adolescence can provide the strongest foundation for decades of adult living, the ongoing advantages of having a facility operating the unique way that Barrett does are clearly proven. In human terms, the benefits are obvious but even in economic terms this means that these individuals are less likely to be a drain on the healthcare and welfare systems. They are more likely to become productive, tax-paying adults and those that have been their carers are more likely to be able to gain full-time employment and not be as vulnerable to stress related illnesses. In the long-term, a

model with provides the required adolescent care options i.e. including access to extended patient care undertaken by a multidisciplinary team of specially trained and experienced clinicians, therapists, nursing staff and on-site educators is the **best for sufferers, families, communities AND the government purse**. Professor Patrick McGorry has stated "*youth mental health services would aim to provide an intensive, comprehensive and integrated service response to young people and their families, focused on symptom remission, social and vocational recovery, and relapse prevention.*" This is precisely what Barrett provides.

In addition to its other advantages, an extended residential care option provides **respite for a family** whose lives have been severely compromised. This then ensures an environment more conducive to continued progress as the flexibility of the Barrett model leads to part-time inpatient treatment and ultimately only daily attendance. In addition, family members lead more well-adjusted, productive lives themselves.

A facility which houses 10+ patients allows the use of **an extensive multidisciplinary team over an extended period** (available all day every day if required). This not only means that the best progress with be made by patients because of the constant availability of specialised treatment and support, but in the case of Barrett, because of the approach of the team, this had led to the development of a **surrogate family atmosphere which enables young people to observe and form functional relationships. The trust on which these are based then provides a foundation for a young person to develop resilience and self-esteem. This environment is a major factor in to overcoming** one of the predominating indicators of the severe mental illness that requires the Barrett model of treatment i.e. **long-term disengagement from society.** This occurs as a result of the initial manifestations of many cases of mental illness but evolves into becoming a significant issue in itself with feelings of isolation then exacerbating symptoms to the point that the sufferers feels as if his/her problems are totally unique and that they are beyond help. Acute/community based options rarely have the capacity to address this disengagement – so **severely withdrawn young people will not progress without a Barrett type program.**

Although there is clearly a need for additional local options, Barrett patients have cited that there can actually be advantages to a **NON-localised** facility i.e. **it can act as a circuit breaker for the young person to put an end to the cycle they have been stuck in – one of moving from acute facility to home back to acute facility etc.** In many circumstances, in an all too familiar environment, a young person is **destined to repeat destructive or stagnating patterns of behavior.** So moving to a totally new environment, neighbourhood and living space can not only give them a more conducive setting for understanding their condition and addressing their problems, but it can be a conscious trigger for them to acknowledge that they have NOT progressed in their previous situations and need to now apply themselves as fully as they can because their illness has reached a level that has warranted such a significant change *('Molly' interview on mp3 attests to this)*. In addition, in circumstances where abuse or neglect in the home environment has actually been a

significant factor in the mental health issue that young person is suffering, **being away from destructive/abusive home environment** is clearly a positive step and one that is vital if any progress is to be made at all. It should also be noted that the WA Report found that **it was unrealistic to expect specialist services to be available in all regional centres and that it was unavoidable that some specialist care would needed to be provided in major centres.**

It needs to be strongly noted that **the Barrett Centre is not a prison-like institution** of the kind that has brought about the welcomed move towards community-based care options. Nor is it simply a hospital. It has been referred to by past and current patients as their "last chance" and, thankfully, that last chance is a **nurturing environment where specialised therapists, nursing staff and clinicians combine with dedicated educators and support staff to provide extensive, individually tooled programs combined with socialisation and learning opportunities that have PROVEN RESULTS.** The adolescents receive the kind of treatment that only long-term residential care can provide AND the access to on-site schooling which is a vital factor in not just transitioning them back to a world from which they have long withdrawn, but in preparing them to live independent adult lives. (And though it is referred to as 'on-site schooling', it should be noted that the learning experiences don't just take place in the classroom but in the extended community. Beyond the group activities where specialised teachers find ingenious ways to incorporate learning into therapy and social/personal development activities, the patients go to cooking and self-defence classes, on excursions and bushwalks and undertake work experience in the community.) The Barrett program is truly a bridge to a life in the 'real world' that will provide the strongest foundation for a stable future.

The importance of the school

The community is unequivocal on the need for any future model to include an on-site school. The current education team are highly skilled and have the strongest commitment to remaining as a group to continue to offer their services as an integral part of the full treatment and rehabilitation program. Having *at least* one centralised facility in the state provides opportunities for the **acquisition of social and life skills as well the learning provided by every school's program and curriculum.** In addition, the school encourages **the adjustment to a more 'normalised' daily routine.** 'Patients' become 'students' away from the ward in an environment that leaves any medical/hospital atmosphere aside and allows interaction and the **development of peer relationships** – a key element of life but quite often something that **young sufferers of severe mental illness have never experienced**. Inpatients live, attend school and socialise with their peers. In a safe and supportive environment where their peers are often going through similar issues, many young people experience friendship with people their own age for the first time in their lives. If there were only smaller regional facilities, this couldn't be replicated and the environment (with one or two patients and one or two therapists/educators) could foster feelings of isolation and difference rather than engagement with larger groups

and the wider society. In these circumstances, young people would never progress through the socialisation and relationship experiences that shape healthy adult lives and if they are to deal with severe mental health issues for the rest of their lives (as many of them might have to), those challenges alone are demanding enough. The support of ongoing relationships can be vital in living with mental illness and for young people to move beyond isolation, conflict and reliance on carers, they **MUST have the opportunity to develop peer relationships and the ability to have constructive and mature interactions with a range of people and from within groups of people**. So the on-site school is essential in providing an environment to foster the crucial skills for living in a society as well as living with a mental illness.

Teachers and support staff are experienced in mental health and the education program is tailored for the needs of inpatients. It enables students to re-connect to and/or maintain their education – an area of their life that often suffers in young people with mental health. Barrett recognises the importance the role of physical activity in mental health and incorporates Physical Education in their school program and provides other physical activity opportunities when possible. Access to a Department of Education Guidance officer – as well as teachers experienced in vocational education – allows the young Barrett residents to explore options beyond school. These can include further study and employment, engaging in work experience programs and career expos – all activities which enhance the preparation for a return to the community beyond the Barrett Centre. Far from being isolated from the general community/society, the young people at Barrett engage in general activities like going to the movies, shopping and other recreational excursions – simple things that many of us take for granted but which have often been absent from the lives of young people suffering with severe mental health issues.

IDEAS AND POSITIVES TO CONSIDER IN FUTURE PLANNING

The VALUE of the school economically

Funded and fully backed by Education Queensland (the Barrett Centre School had just passed their quadrennial school review with flying colours last year when the threat of closure become public) with EQ keen for the teaching staff to stay together as a team, this is a proven and funded asset INCLUDING equipment from computers to a car for transporting students to external learning opportunities, outside schooling and work experience. The staff are not only experienced in developing teaching opportunities as part of a total treatment program but, in practical terms, they are used to all the aspects of FLEXIBLE learning. The programs, materials and staff are all financed by Education Queensland and fully supported to relocate as a complete unit to a new location.

Utilising the Barrett Centre for RESEARCH ... an added benefit of sustaining/expanding the Barrett model

The philosophy of 'Together...Toward Recovery' is a fundamental part of the Model of Service Delivery (MOSD) under which The Park at Wacol operates. The Barrett Adolescent Centre is, therefore, run like the The Park's other services – under the Guiding Principles for decision-making which include:

*"**Evidence based practice:** This refers to seeking to provide interventions that are supported by evidence. It also encompasses an expectation that we will seek to create evidence for our practice through evaluation and research;*

***Outcome based services:** The services are committed to being able to demonstrate to individual consumers, service providers and to external agencies that the work undertaken contributes to better outcomes for the people who use the service."*

These two principles form the basis for that would allow the expansion of Barrett to incorporate a research and education function. With ***30 years of data and information that could be utilised for retrospective studies, Barrett is in a unique position to study a range of aspects of adolescent mental health and mental illness.*** That certainly fits with the guiding principle *'to create evidence for our practice through evaluation and research.'* With its move to Children's Health Queensland, the research and education function of Barrett would fit well within Children's Health Queensland Strategic Plan, under Strategic Direction 6 i.e. *"excellence in paediatric health care through innovation, research, education and the application of evidence-based practice across daily processes and systems. We will embrace invention and innovation to continually improve the value of our service."*

Study areas could include self-harming, social anxiety (in particular its role in social isolation and exclusion) and benefits to recovery of the 'community' environment created at Barrett. Barrett could link with other institutions/research facilities to become part of larger studies or focus on research in the unique environment – where adolescents engage in a range of activities and environments (including Education) always supervised and observed by staff.

Information gathered from Barrett could be used to inform practice and treatment in many other areas. With such an emphasis on prevention and early intervention in National and State mental health objectives, Barrett could make a valuable contribution by **analysing the circumstances under which adolescents find themselves admitted to Barrett, and use this information to develop strategies and processes for prevention, early intervention and even identification of risk factors.** Barrett is also in the unique position of being able to observe **the effects of treatment on and the associated changes that take place in adolescents who transition from full-time inpatient to day patient.** Barrett can continue to monitor the progress of day patients and adjust treatment level and type accordingly. **Observations and knowledge gained from these observations is quite unique and could be applied to a range of treatment settings.**

Introducing promotion and early intervention strategies into schools, and training school staff in the identification of students at risk of mental health

problems is an avenue for reducing the stigma of mental health issues and increasing the opportunity for early intervention. The Education staff working in the Barrett School possess many years of experience working with adolescents in an education environment. One of the great tragedies, **should Barrett close, is that the collective knowledge and experience of the team will be lost.** With mental health issues so prevalent in adolescence, this expert education team are in a position to be able to document practices and strategies and share this information throughout the state education system – a valuable opportunity that should not be lost. In addition, the teaching group could **link with other organisations** to participate in studies and/or contribute to the community knowledge base of mental health issues in schools. Rivendell School in Concorde West, New South Wales, is jointly run and funded by the Department of Health and Department of Education and Communities. It offers both extended inpatient and day patient programs where clinical staff and educators work collaboratively for positive outcomes in both the mental health and education of the adolescents. The school develops an appropriate program related to the individual needs of the young person, including looking further to training options (e.g. TAFE) if school classes do not meet their needs. It essentially runs in the same way as Barrett – with strong connections between its school and treatment functions. Rivendell runs a mixture of programs, both for day patients and inpatients – in fact the inpatient accommodation is housed in one wing of the building, the school in the other. Like Barrett, there is a heavy focus on links with the community. Rivendell is well supported by both the NSW Health and Education departments.

The Queensland Health Minister, during interviews at the time he announced the closure of Barrett Adolescent Centre, repeatedly claimed Barrett had done a good job over the years. ***Why then, close it?*** **The wealth of knowledge and expertise at Barrett is extremely valuable and it has been a successful facility. Why not build on the important role it has played in treating a unique and specific group of adolescents, whose needs may not be adequately met by community-based models.** It is intended that the Mental Health Commission will "*promote greater use of research and evaluation in service development and delivery.*" It is to develop a whole-of-government strategic plan that in part "*drives innovation and best practice through knowledge sharing, research and evidence-based policy and practice.*" Barrett *with a research function* would certainly fit within the QMHC framework. Surely there is scope even for Barrett to link with University of Queensland and/or other Tertiary institutions and the Queensland Centre for Mental Health Research?

There is considerable research into community based/collaborative models of care and little research on Tier 3, severe levels of mental illness service provision other than acute care – certainly no research on a unique facility such as Barrett that combines treatment and rehabilitation and education with community connection, from a 'recovery platform'. If Barrett is being closed because of a lack of evidence in contrast to that existing to support community based models of care, that is, in essence, a false premise, as there is **a general lack of any research and any evidence, supportive or otherwise.**

Orygen Youth Health in Victoria very successfully combines a research function with a youth mental health service model and it attracts significant funding for its research into youth mental health issues and service delivery. There is no reason that the Barrett Centre could not be in the same position.

We urge those undertaking the future planning for mental healthcare across Queensland to consider the opportunities that retention of the Barrett Centre affords – not simply in providing the ongoing successful treatment of young suffers of severe mental illness (there is no doubt that that is ample reason for the centre's existence), but as a vital tool in the research that could define future models beyond Queensland and even Australia. To neglect this valuable resource and the role it could play in the future not only ignores the needs of current adolescent suffers of mental illness, but those in the generations to come.

The consumers, carers and the extensive wider Queensland community that supports the incredibly successful work of the Barrett Adolescent Centre in assisting the most 'at-risk' young people in our society to gain an understanding of the mental illness that has reduced their lives to what can only be described as 'hell' are grateful for any opportunity to provide input into the future services that will be offered by the state government in this area. This document – compiling many of the concerns and suggestions of that community – is a representation of the commitment in, and knowledge of, the treatment and rehabilitation needs of that vulnerable group. It is hoped that the Health Service organisations and departments, the Steering Committees and Expert Panels that will be undertaking governance and future planning for adolescent mental healthcare across Queensland will not only heed the reactions and ideas contained within this document but seek to explore ways to create an inclusive and collaborative process with consumers, carers and the community from this point on ... with the sole objective of the providing the best possible treatment and rehabilitation options for the young people of our state with suffer – along with their families and friends – under the blight of severe mental illness.

Thank you.

"SK-28"

Queensland Government

West Moreton Hospital and Health Service

Enquiries to: Sharon Kelly
Telephone:
Facsimile:
Our Ref: EDMH 20131120

Dear

Thank you again for taking the time to speak with me I acknowledge and value the perspective of your experiences with the Barrett Adolescent Centre (BAC).

As I discussed with you, the West Moreton Hospital and Health Service (WMHHS) is committed to ensuring that all young people have suitable and appropriate transition plans in place prior to the closing of the BAC building. BAC will not be closing on 13 December 2013; this date simply relates to the completion of the regular school term. As previously noted, the closure date of the Barrett Adolescent Centre building is the end of January 2014. This is a flexible date that will be responsive to the needs of young people and the service options available. Importantly, we remain committed to ensuring that there will be no gap to services for BAC consumers.

I have endeavoured to ensure that you are contacted about changes at BAC before they occur and I and my colleagues have held meetings with parents and carers on a number of occasions and will continue to do so throughout this process. The treating team at BAC are keeping your adolescent informed about what is happening on a regular basis. The Clinical Director and Case Coordinators are your best point of contact regarding the healthcare of your adolescent and are available for you to contact via phone or email.

From our conversation I am now aware that you have not received (via email) nine fact sheets (and or updates) on the BAC since the project began in November 2012. These fact sheets are also available from the WMHHS website http://health.qld.gov.au/westmoreton/html/bac/default.asp. Fact sheets and updates will continue to be provided to parents and carers by WMHHS until full transition has occurred. Also available from the website are copies of the frequently asked questions and the ECRG's recommendations.

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I am aware that all current BAC parents and carers were invited by WMHHS to submit a written submission to the statewide project, expressing views and experiences regarding the current and future service options in Queensland for adolescents requiring extended treatment and rehabilitation.

One collective parent submission was received from several BAC parents and carers. Some of the parents and carers who contributed to the submission presented it to the Steering Committee of the Statewide Adolescent Extended Treatment and Rehabilitation Implementation Strategy on 4 November 2013.

I want to assure you that the closing of BAC is not a cost cutting exercise and that all funding for services provided by BAC will continue well into the future. It is not about cutting beds or ceasing longer term mental health care for adolescents in Queensland. It is about delivering contemporary models of care for young mental health consumers in an environment that is safe for them and where possible closer to their homes.

If you have any further queries please do not hesitate to contact me on [redacted]

Yours sincerely

[redacted]

Sharon Kelly
Executive Director
Mental Health and Specialised Services
West Moreton Hospital and Health Service
19/11/2013

Prepared by:	Laura Johnson Project Officer MH&SS [redacted] 19/11/2013
Submitted through:	Dr Leanne Geppert Director MH&SS [redacted] 19/11/2013
Cleared by:	Sharon Kelly Executive Director MH&SS [redacted] 19/11/2013

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20/NOV/13

[redacted]

Queensland Government

West Moreton Hospital and Health Service

Enquiries to: Sharon Kelly
Telephone: [redacted]
Facsimile:
Our Ref: EDMH 20131120

Dear [redacted]

Thank you again for taking the time to speak with me [redacted] I acknowledge and value the perspective of your experiences with the Barrett Adolescent Centre (BAC) and your advocacy for services to be provided to adolescents with significant mental health issues.

In speaking with you and through a range of previous correspondence and phone calls, I understand there has been a lot of information from a number of sources about the process and I felt it was appropriate for me to provide the most recent update to you.

As I discussed with you, the West Moreton Hospital and Health Service (WMHHS) is committed to ensuring that all young people have suitable and appropriate transition plans in place prior to the closing of the BAC building. BAC will not be closing on 13 December 2013; this date simply relates to the completion of the regular school term. As previously noted, the closure date of the Barrett Adolescent Centre building is the end of January 2014. This is a flexible date that will be responsive to the needs of young people and the service options available. Importantly, we remain committed to ensuring that there will be no gap to services for BAC consumers.

I have endeavoured to ensure that you are contacted about changes at BAC before they occur and I and my colleagues have held meetings with parents and carers, including yourself on a number of occasions and will continue to do so throughout this process. The treating team at BAC are keeping [redacted] informed about what is happening on a regular basis. The Clinical Director and Case Coordinators are your best point of contact regarding the healthcare of [redacted] and are available for you to contact via phone or email.

To date I trust you have received (via email) nine fact sheets (and or updates) on the BAC since the project began in November 2012. These fact sheets are also available from the WMHHS website http://health.qld.gov.au/westmoreton/html/bac/default.asp. Fact sheets and updates will continue to be provided to parents and carers by WMHHS until full transition has occurred. Also available from the website are copies of the frequently asked questions and the ECRG's recommendations.

I am aware that all current BAC parents and carers were invited by WMHHS to submit a written submission to the statewide project, expressing views and experiences regarding the current and future service options in Queensland for adolescents requiring extended treatment and rehabilitation. One collective parent submission was received from several BAC parents and carers.

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E-MAILED
20/NOV/13

[redacted]

Queensland Government

West Moreton Hospital and Health Service

Enquiries to: Sharon Kelly
Telephone: [redacted]
Facsimile:
Our Ref: EDMH 20131120

Dear [redacted]

Thank you again for taking the time to speak with me [redacted] I acknowledge and value the perspective of your experiences with the Barrett Adolescent Centre (BAC). [redacted]

I know there are a number of concerns that you have around the services and supports for [redacted] into the future [redacted]

In speaking with you I understand there has been a lot of information from a number of sources about the process and I felt it was appropriate for me to provide the update.

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Yours sincerely

for Sharon

Executive Director
Mental Health and Specialised Services
West Moreton Hospital and Health Service
19/11/2013

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EXHIBIT 66

E-MAILED 20/Nov/13

Queensland Government

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Enquiries to: Sharon Kelly
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In speaking with you I understand there has been a lot of information from a number of sources about the process and I felt it was appropriate for me to provide the update.

As I discussed with you, the West Moreton Hospital and Health Service (WMHHS) is committed to ensuring that all young people have suitable and appropriate transition plans in place prior to the closing of the BAC building. BAC will not be closing on 13 December 2013; this date simply relates to the completion of the regular school term. As previously noted, the closure date of the Barrett Adolescent Centre building is the end of January 2014. This is a flexible date that will be responsive to the needs of young people and the service options available. Importantly, we remain committed to ensuring that there will be no gap to services for BAC consumers.

I have endeavoured to ensure that you are contacted about changes at BAC before they occur and I and my colleagues have held meetings with parents and carers on a number of occasions and will continue to do so throughout this process. The treating team at BAC are keeping your adolescent informed about what is happening on a regular basis. The Clinical Director and Case Coordinators are your best point of contact regarding the healthcare of your adolescent and are available for you to contact via phone or email.

To date I trust you have received (via email) nine fact sheets (and or updates) on the BAC since the project began in November 2012. These fact sheets are also available from the WMHHS website http://health.qld.gov.au/westmoreton/html/bac/default.asp. Fact sheets and updates will continue to be provided to parents and carers by WMHHS until full transition has occurred. Also available from the website are copies of the frequently asked questions and the ECRG's recommendations.

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I am aware that all current BAC parents and carers were invited by WMHHS to submit a written submission to the statewide project, expressing views and experiences regarding the current and future service options in Queensland for adolescents requiring extended treatment and rehabilitation. One collective parent submission was received from several BAC parents and carers. Some of the parents and carers who contributed to the submission presented it to the Steering Committee of the Statewide Adolescent Extended Treatment and Rehabilitation Implementation Strategy on 4 November 2013.

I want to assure you that the closing of BAC is not a cost cutting exercise and that all funding for services provided by BAC will continue well into the future. It is not about cutting beds or ceasing longer term mental health care for adolescents in Queensland. It is about delivering contemporary models of care for young mental health consumers in an environment that is safe for them and where possible closer to their homes.

If you have any further queries please do not hesitate to contact me on

Yours sincerely

Sharon Kelly
Executive Director
Mental Health and Specialised Services
West Moreton Hospital and Health Service
19 /11/2013

EXHIBIT 66

Prepared by:	Laura Johnson Project Officer MH&SS [redacted] 19/11/2013
Submitted through:	Dr Leanne Geppert Director MH&SS [redacted] 19/11/2013
Cleared by:	Sharon Kelly Executive Director MH&SS [redacted] 19/11/2013

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EXHIBIT 66

E-MAILED [redacted]

Queensland Government

West Moreton Hospital and Health Service

Enquiries to: Sharon Kelly
Telephone: [redacted]
Facsimile:
Our Ref: EDMH 20131120

Dear [redacted]

Thank you again for taking the time to speak with me [redacted] I acknowledge and value the perspective of your experiences with the Barrett Adolescent Centre (BAC).

In speaking with you I understand there has been a lot of information from a number of sources about the process and you were happy with the information and support you have been receiving.

As I discussed with you, the West Moreton Hospital and Health Service (WMHHS) is committed to ensuring that all young people have suitable and appropriate transition plans in place prior to the closing of the BAC building. BAC will not be closing on 13 December 2013; this date simply relates to the completion of the regular school term. As previously noted, the closure date of the Barrett Adolescent Centre building is the end of January 2014. This is a flexible date that will be responsive to the needs of young people and the service options available. Importantly, we remain committed to ensuring that there will be no gap to services for BAC consumers.

I have endeavoured to ensure that you are contacted about changes at BAC before they occur and I and my colleagues have held meetings with parents and carers on a number of occasions and will continue to do so throughout this process. The treating team at BAC are keeping your adolescent informed about what is happening on a regular basis. The Clinical Director and Case Coordinators are your best point of contact regarding the healthcare of your adolescent and are available for you to contact via phone or email.

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I am aware that all current BAC parents and carers were invited by WMHHS to submit a written submission to the statewide project, expressing views and experiences regarding the current and future service options in Queensland for adolescents requiring extended treatment and rehabilitation. One collective parent submission was received from several BAC parents and carers.

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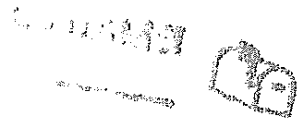

Some of the parents and carers who contributed to the submission presented it to the Steering Committee of the Statewide Adolescent Extended Treatment and Rehabilitation Implementation Strategy on 4 November 2013.

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Yours sincerely

Sharon Kelly
Executive Director
Mental Health and Specialised Services
West Moreton Hospital and Health Service
19/11/2013

Prepared by:	Laura Johnson Project Officer MH&SS [redacted] 19/11/2013
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EXHIBIT 66

E-MAILED
20/11/13

Queensland Government

West Moreton Hospital and Health Service

Enquiries to: Sharon Kelly
Telephone:
Facsimile:
Our Ref: EDMH 20131120

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In speaking with you I understand there has been a lot of information from a number of sources about the process and I felt it was appropriate for me to provide the update.

As I discussed with you, the West Moreton Hospital and Health Service (WMHHS) is committed to ensuring that all young people have suitable and appropriate transition plans in place prior to the closing of the BAC building. BAC will not be closing on 13 December 2013; this date simply relates to the completion of the regular school term. As previously noted, the closure date of the Barrett Adolescent Centre building is the end of January 2014. This is a flexible date that will be responsive to the needs of young people and the service options available. Importantly, we remain committed to ensuring that there will be no gap to services for BAC consumers.

I have endeavoured to ensure that you are contacted about changes at BAC before they occur and I and my colleagues have held meetings with parents and carers on a number of occasions and will continue to do so throughout this process. The treating team at BAC are keeping your adolescent informed about what is happening on a regular basis. The Clinical Director and Case Coordinators are your best point of contact regarding the healthcare of your adolescent and are available for you to contact via phone or email.

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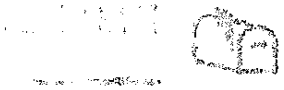

I am aware that all current BAC parents and carers were invited by WMHHS to submit a written submission to the statewide project, expressing views and experiences regarding the current and future service options in Queensland for adolescents requiring extended treatment and rehabilitation. I am sorry that the correspondence for that seems to have not been received by you, but am aware that another parent was able to ensure you were included in the submission. One collective parent submission was received from several BAC parents and carers. Some of the parents and carers who contributed to the submission presented it to the Steering Committee of the Statewide Adolescent Extended Treatment and Rehabilitation Implementation Strategy on 4 November 2013.

I want to assure you that the closing of BAC is not a cost cutting exercise and that all funding for services provided by BAC will continue well into the future. It is not about cutting beds or ceasing longer term mental health care for adolescents in Queensland. It is about delivering contemporary models of care for young mental health consumers in an environment that is safe for them and where possible closer to their homes.

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Executive Director
Mental Health and Specialised Services
West Moreton Hospital and Health Service
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EXHIBIT 66

E-MAILED
20/NOV/13

Queensland Government

West Moreton Hospital and Health Service

Enquiries to: Sharon Kelly
Telephone:
Facsimile:
Our Ref: EDMH 20131120

Dear

Thank you again for taking the time to speak with me I acknowledge and value the perspective of your experiences with the Barrett Adolescent Centre (BAC)

I was concerned with some of the issues you raised about longer term limited communication with you and note that you would be appreciative of some more timely communication from the treating team.

As I discussed with you, the West Moreton Hospital and Health Service (WMHHS) is committed to ensuring that all young people have suitable and appropriate transition plans in place prior to the closing of the BAC building. BAC will not be closing on 13 December 2013; this date simply relates to the completion of the regular school term. As previously noted, the closure date of the Barrett Adolescent Centre building is the end of January 2014. This is a flexible date that will be responsive to the needs of young people and the service options available. Importantly, we remain committed to ensuring that there will be no gap to services for BAC consumers.

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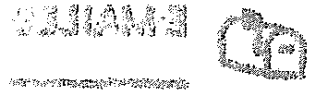

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West Moreton Hospital and Health Service
19/11/2013

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EXHIBIT 66

WMS.9000.0006.01032

Queensland Government

West Moreton Hospital and Health Service

Enquiries to: Sharon Kelly
Telephone:
Facsimile:
Our Ref: EDMH 20131120

Dear

The reason for my phone call was to speak with you as I understand there has been a lot of information from a number of sources about the process and I felt it was appropriate for me to provide an update.

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If you have any further queries please do not hesitate to contact me on [redacted]

Yours sincerely

[redacted]

Sharon Kelly
Executive Director
Mental Health and Specialised Services
West Moreton Hospital and Health Service
20/11/2013

Prepared by:	Laura Johnson Project Officer MH&SS [redacted] 20/11/2013
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