

**Mark Wood**

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**From:** Andrew Bibb  
**Sent:** Thursday, 8 November 2012 4:31 PM  
**To:** Clare Mildren; Neil Hamilton Smith; Jake Smith; Lawrence Springborg; Cameron Thompson; Mark Wood  
**Subject:** FW: condition of BAC dot points as requested  
**Attachments:** Barrett Adolescent Condition Report.doc; HPID02710\_MINENDS\_1.pdf  
**Importance:** High

See attachments – this is the description of the state of disrepair at Barrett should we need it

**Andrew Bibb** | Senior Policy Advisor/Electorate Liaison  
Office of the Minister for Health  
**The Hon Lawrence Springborg, MP**  
147-163 Charlotte Street, Brisbane, Qld, 4000  
Telephone: [REDACTED]  
E-Mail: [andrew.bibb@ministerial.qld.gov.au](mailto:andrew.bibb@ministerial.qld.gov.au)

Attached is the advice from WMHHS re: Barrett Centre and the signed brief re: cancellation of the facility at Redlands.

attached is a condition assessment that would bring the building up to livable condition but would not allow the building to continue its life for any significant time into the future based on contemporary models of care.

Regards  
Sharon

Sharon Kelly  
Executive Director  
Mental Health and Specialised Services

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**West Moreton Hospital and Health Service**

T: [REDACTED]  
E: [sharon\\_kelly2@health.qld.gov.au](mailto:sharon_kelly2@health.qld.gov.au)  
Chelmsford Avenue, Ipswich, QLD 4305  
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[www.health.qld.gov.au](http://www.health.qld.gov.au)

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## **Report on the Condition of the Barrett Adolescent School and Accommodation**

### **EXECUTIVE SUMMARY**

This report has been prepared due to the expectation that the Adolescent School and Accommodation in Barrett C (school) & D (accommodation) is to remain on The Park site for the foreseeable future.

Both Barrett B & C buildings are in approximately of 35 years old and were not originally designed or built to house a school or adolescents accommodation. Genuine redevelopment or capital investment in Barrett B & C had been avoided in the 2000 site redevelopment of The Park as the service was destined to be relocated. It has now been 12 years since the 2000 major site redevelopment and Capital Works Delivery Program has cancelled the build of an alternative site at Redland Bay.

In consideration of the relocation of the Adolescent Mental Health service the Barrett buildings have been maintained with a short term view and subsequently they now have a large number of infrastructure challenges to ensure they remain fit for purpose.

### **INTRODUCTION**

The purpose of this report is to identify capital or redevelopment level works which are necessary to allow the Adolescent Mental Health service to effectively operate from the Barrett Adolescent site for the foreseeable future.

A recent inspection and the tri-annual Building Condition Assessments are the basis for the comments below. Values may be increased to represent a longer term maintenance view as opposed to the previous view of meeting short term maintenance objectives.

### ***STRUCTURE OF THE BUILDING (SBZZ)***

The buildings are approximately 35 years old and generally the physical structure of the buildings appears in sound condition when considered against the mandatory Building Code of Australia standard for the period.

### ***Roof General (RFZZ)***

The cliplock roofing for each building is in fair condition for its age. Repairs were actioned approximately 15 years ago due to cliplock roof sheets rusting in areas.

Both buildings roofs require sections of replacement, sealing and/or painting to ridges, flashing and cliplock sheets in lieu of total replacement due to leaks and rust.

Barrett C requires a number of sections of insulation repaired.

Barrett D requires additional possum/vermin proofing.

***External Walls (EWZZ)***

Both buildings have brick exteriors in sound condition.

External fascias of the buildings contain asbestos. The asbestos sheeting was repainted approximately five years ago. It is due for a clean and repaint by in lieu of removal to ensure the integrity of the encapsulation of the asbestos fibres.

Barrett D requires soffit repairs adjacent the visitors entrance.

***Windows General (WWZZ)***

A large number of window panels have been changed to perspex to avoid repeated breakages. Barrett D windows requires servicing, resealing and waterproofing of most windows.

***External Doors (DOZZ)***

External doors and trims on both buildings require a level of servicing and painting to prolong their life.

***Wall Finishes General (WFZZ)***

The buildings appear to have been internally repainted around 2000. The internal painting of the school building walls is generally in sound condition. The accommodation building is in need of a repaint.

***Floor Finishes (FFZZ)***

Floor coverings, especially in the school building are in poor condition. In lieu of total replacement all floor coverings require cleaning and some areas require replacement.

Both buildings have asbestos backed vinyl.

### ***Ceiling Finishes (CFZZ)***

Ceilings in both areas require replacement and/or repair.

The perforated ceiling tiles in the accommodation building have been identified as containing asbestos.

### ***Fittings (FTZZ)***

Many cupboards throughout the buildings are original. In general they are in fair condition.

Cupboards associated with the adolescent bedrooms are due for replacement.

### ***Air Conditioning (ACZZ)***

Generally air conditioning systems are function correctly. Most are approximately 10 years old and due for replacement.

### ***Fire Protection (FPZZ)***

The fire sprinkler system throughout is 35 years old. Although the system is currently working it is foreseeable that the pipework is at the end of its expected lifespan and pipework failure can be expected.

The current fire protection panel is no longer supported by the manufacturer and requires replacement as currently only second hand spare parts can be sourced.

### ***Lights and Power (LPZZ)***

Although many bedroom light fittings have been upgraded to 'safe' fittings there is a large portion of the electrical infrastructure which requires upgrades/replacement.

This includes:

- Light switches
- Power Points
- Light fittings
- Electrical switchboards
- Electrical circuit breakers
- Electrical earthing

Donna De Brenni

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**From:** [REDACTED]  
**Sent:** Friday, 16 November 2012 9:20 PM  
**To:** Health  
**Subject:** Re: Barrett Adolescent Centre closure

Hi as requested my postal address is [REDACTED]  
I look forward to a response.  
Kind regards

[REDACTED]  
Sent from my iPhone

On 16/11/2012, at 8:21 AM, Health <[Health@ministerial.qld.gov.au](mailto:Health@ministerial.qld.gov.au)> wrote:

Thank you for your email to the Honourable Lawrence Springborg MP, Minister for Health.

If you would like to provide an opportunity for the Minister to respond, please email back with your postal address and your correspondence will be actioned as appropriate.

We appreciate the time you have taken to contact our office.

Kind regards

Office of the Minister for Health  
E-mail: [health@ministerial.qld.gov.au](mailto:health@ministerial.qld.gov.au)  
Phone: (07) 3234 1191 | Fax: (07) 3229 0444

**From:** [REDACTED]  
**Sent:** Thursday, 15 November 2012 12:58 PM  
**To:** Health; Southern Downs  
**Subject:** Barrett Adolescent Centre closure

Dear Honourable Lawrence Springborg

I would like to email you to oppose the closure of the Barrett Adolescent Centre situated at The Park, Centre for Mental Health. As an employee of the Barrett Adolescent Centre I am deeply saddened that this has even been considered, especially as the young people are in desperate need of high level quality mental health care. As you may be aware the adolescents that receive treatment at Barrett are unable to be cared for appropriately within the community and acute settings, hence their comprehensive treatment within a residential setting. Therefore, the option to re-place them within an acute hospital is an extremely inappropriate setting with their needs being quite different from those admitted there. Also, this will add further strain to the waiting lists that already exist within this setting.

The staff of the Barrett Adolescent Centre are highly trained and dedicated to the wellbeing of the young people they care for. I hope you will consider not only the young people impacted, their families and friends but also the many staff that have been instrumental in providing the many patients admitted to Barrett Adolescent Centre since its opening a life and a future. Please re-consider this decision to allow for the best possible care for our most vulnerable adolescents.

Kind regards

[REDACTED]  
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RTI Release



13 November 2012

Hon Lawrence Springborg MP  
Minister for Health  
GPO Box 48  
Brisbane Qld 4001  
[health@ministerial.qld.gov.au](mailto:health@ministerial.qld.gov.au)

Dear Minister

**Proposed closure of the Barrett Centre**

As an employee at the Barrett Centre, I wish to draw to your attention to the proposed closure of this important facility.

The Barrett Adolescent Centre School has operated in the adolescent ward of the Park Centre for Mental Health at Wacol for 30 years. It is an inpatient Adolescent Psychiatry Unit where young people with severe mental health issues have access to treatment and services, including important learning and vocational opportunities.

As you may be aware, in his evidence at the Child Protection Commission of Inquiry, Dr Brett McDermott, executive director of the Mater Child and Youth Mental Health Service indicated that the Barrett Centre would be closed in December.

The school was contacted by media outlets on Thursday afternoon and told that a decision had been taken by the Government to close the Barrett Centre. Subsequently, we have seen media reports that the West Moreton Hospital and Health Service has indicated that a final decision to close the facility has not been taken.

However, to date, the school, staff or students have had no official contact from the Department to indicate the future of our centre or the service we provide.

Students, parents and staff at the school are very distressed - not only at the prospect of the closure of the school, but also the manner in which this information has been transmitted and the lack of an apparent plan for continuation of this vital service.

The way that this process has been conducted is unacceptable and has caused extreme distress to vulnerable young people and their families.

Rumours of the closure of the Barrett Centre have also concerned the local community. To date, almost 3000 people have signed an online petition which was initiated by a member of the community over the weekend.

It is vital that, as Minister, you ensure that the young people, staff and families associated with the Barrett Centre have some certainty and security around any decisions that may have been taken or may be taken in the future in relation to this facility.

The Barrett Centre plays a critical role in the health, safety and recovery of children and young people at risk. The way that this process has been conducted indicates that the health of these young people and the future of the staff is not a priority for your Government.

If you would like to discuss this matter with me, please contact me on the details above.

Yours sincerely

[Redacted signature box]

RTI Release



**Mark Wood**

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**From:** Sdlo <SDLO@health.qld.gov.au>  
**Sent:** Wednesday, 21 August 2013 1:01 PM  
**To:** Mark Wood  
**Cc:** Susanne LeBoutillier  
**Subject:** Barrett lines

**Importance:** High

Hi Mark,

We have received the update Barrett Adolescence Centre info. Let me know if this doesn't hit the mark?

Many thanks  
Simone

*Whilst making the decision, the West Moreton Hospital and Health Board considered documentation put forward by the Planning Group in May 2013 and seven recommendations made by the Expert Clinical Reference Group (ECRG). Further key stakeholder consultation was then conducted with the Department of Health, the Queensland Mental Health Commissioner, the Department of Education Training and Employment, and Children's Health Queensland.*

*The work of the ECRG, the Planning Group and the subsequent consultation process has enabled us to progress the Strategy to the next phase. As identified in an announcement by The Minister of Health, 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 Barrett Adolescent Centre at that time will be supported to transition to other contemporary care options that best meet their individual needs.*

*Importantly, the goal in West Moreton Hospital and Health Service continues to be to ensure that adolescents requiring mental health extended treatment and rehabilitation will receive the most appropriate care for their individual needs. We will also continue to provide information and support as needed to staff at the Barrett Adolescent Centre. The transition process will be managed carefully to ensure that there is no gap to service provision.*

*Further information in regards to the strategy can be found at [www.health.qld.gov.au/westmoreton/html/bac](http://www.health.qld.gov.au/westmoreton/html/bac)*

Simone Ryder  
A/Senior Departmental Liaison Officer  
Office of the Director-General  
Ph:   
Mob:

\*\*\*\*\*  
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RTI Release

11<sup>th</sup> November 2012

Hon Lawrence Springborg  
GPO Box 48  
BRISBANE QLD 4001

Dear Mr Springborg

I am writing to express my concerns about the reported forthcoming closure of the Barrett Adolescent Centre. I am a child and adolescent psychiatrist who has been a past director of [REDACTED] and the [REDACTED]

The Barrett Centre provides medium to long term treatment and rehabilitation to the most seriously mentally ill adolescents in Queensland. Without this facility, there will be an enormous gap in the care that can be provided to these young Queenslanders and their families. The acute inpatient units cannot provide the same care as the Barrett as they are driven by performance indicators such as short lengths of stay. The mental health problems that trouble adolescents admitted to the Barrett will not respond to brief admissions and community care. Generally speaking, these are young people who have either experienced ongoing and severe abuse throughout childhood or they have a serious mental illness that is refractory to other treatments.

The Barrett centre plays an important role in preventing these young people from suicidal acts or alternatively committing offences that result in lengthy incarceration. I urge you to carefully consider the problems that will arise if this facility is closed without an alternative medium term inpatient unit to provide ongoing care to these very vulnerable adolescents

Yours Sincerely

[REDACTED]

**Mark Wood**

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**From:** Sdlo <SDLO@health.qld.gov.au>  
**Sent:** Monday, 15 July 2013 9:39 AM  
**To:** Mark Wood  
**Cc:** Susanne LeBoutillier; Jo Toghill  
**Subject:** BR057157 - Barrett Adolescent Strategy Meeting  
**Attachments:** BR057157 MD09 - BARRETT ADOLESCENT MEETING.doc; BR057157 MD09 - ATTACH 1.doc; BR057157 SPP - ATTACH 2.doc

**Importance:** High

Hi Mark,

Please find attached brief BR057157 - Barrett Adolescent Strategy Meeting. There is a meeting to be held today at 4pm with the Minister, and Dr Mary Corbett, Chair and Lesley Dwyer, CE, West Moreton HHS.

The hard copy is progressing through to your office now.

Many thanks  
Simone

Simone Ryder  
A/Senior Departmental Liaison Officer  
Office of the Director-General  
Ph:   
Mob:

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BR057157  


|                        |              |
|------------------------|--------------|
| Department RecFind No: | BR057157     |
| Division/HHS:          | MD09         |
| File Ref No:           | MD0920130151 |

**Briefing Note for Noting**  
The Honourable Lawrence Springborg MP  
Minister for Health

**RECEIVED**  
DATE: 7 JULY 2013

Requested by: Lesley Dwyer, Chief Executive, West Moreton Hospital and Health Service      Date requested: 8 July 2013      Action required by: 16 July 2013

**SUBJECT: Barrett Adolescent Strategy Meeting**

**Recommendation**  
That the Minister:

Note a meeting has been scheduled for 4pm on Monday 15 July 2013, with the West Moreton Board Chair, Chief Executive, and Executive Director of Mental Health, to discuss the next stages of the Barrett Adolescent Strategy.

Note The West Moreton Board considered the recommendations of the Expert Clinical Reference Group, on 24 May 2013, and approved the closure of the Barrett Adolescent Centre dependent on alternative, appropriate care provisions for the adolescent target group and the meeting with the Minister for Health.

Note There is significant patient/carer, community, mental health sector and media interest about a timely decision regarding the future of the Barrett Adolescent Centre. A comprehensive communication plan has been developed.

Note Consultation about the proposed next stages of the Strategy has been limited to Commissioner for Mental Health, Children's Health Services and Department of Health.

APPROVED/NOT APPROVED

NOTED

NOTED

LAWRENCE SPRINGBORG  
Minister for Health

PPA

Chief of Staff

31/7/13

Minister's comments

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**Briefing note rating**

1                      2                      3                      4                      5  
1 = (poorly written, little value, and unclear why brief was submitted). 5 = (concise, key points are explained well, makes sense)  
Please Note: All ratings will be recorded and will be used to inform executive performance.



# URGENT

Page 1 of 3

|                        |              |
|------------------------|--------------|
| Department RecFind No: | BR057157     |
| Division/HHS:          | MD09         |
| File Ref No:           | MD0920130151 |

## Briefing Note for Noting Director-General

12 JUL 2013

Requested by: Lesley Dwyer, Chief  
Executive, West Moreton Hospital and  
Health Service

Date requested: 8 July 2013

Action required by: 15 July 2013

**SUBJECT: Barrett Adolescent Strategy Meeting**

### Proposal

That the Director-General:

Note a meeting has been scheduled for 4pm on Monday 15 July 2013, between the Minister for Health, Dr Mary Corbett, Chair, West Moreton, HHB, Lesley Dwyer, Chief Executive, West Moreton, HHS, and Sharon Kelly, Executive Director, Mental Health and Specialised Services, West Moreton, HHS, to discuss the next stages of the Barrett Adolescent Strategy.

Provide this brief to the Minister for information.

### Urgency

1. **Urgent** - There is growing concern amongst stakeholders of the Barrett Adolescent Strategy, including patients and carers, to receive communication about the future of the Barrett Adolescent Centre (BAC).

### Headline Issues

2. The top issues are:

- The West Moreton Hospital and Health Board considered the recommendations of the Expert Clinical Reference Group on 24 May 2013.
- West Moreton Hospital and Health Board approved the closure of BAC dependent on alternative, appropriate care provisions for the adolescent target group and the meeting with the Minister for Health.

### Blueprint

3. How does this align with the *Blueprint for Better Healthcare in Queensland*?

- providing Queenslanders with value in health services – value for taxpayers money; and
- better patient care in the community setting, utilising safe, sustainable and responsive service models – delivering best patient care.

### Key Issues

4. There is significant patient/carer, community, mental health sector and media interest about a decision regarding the future of the BAC.
5. A comprehensive communication plan has been developed.
6. The Department of Health is urgently progressing planning for Youth Prevention and Recovery Care (Y-PARC) services to be established in Queensland by January 2014. This service type would provide an alternative care option for the adolescent target group currently accessing BAC.

### Background

7. BAC is a 15-bed inpatient service for adolescent mental health extended treatment and rehabilitation that is located at The Park – Centre for Mental Health (the Park).

|                        |              |
|------------------------|--------------|
| Department RecFind No: | BR057157     |
| Division/HHS:          | MD09         |
| File Ref No:           | MD0920130151 |

8. The BAC cannot continue to provide services due to the Park becoming an adult secure and forensic campus by 2014, and because the capital fabric of BAC is no longer fit for purpose. Alternative statewide service options are required.

#### Consultation

9. Consultation about the proposed next stages of the Strategy and board decision for closure has been limited to Dr Peter Steer, Children's Health Services; and Dr Tony O'Connell, Director-General, Dr Michael Cleary, and Dr Bill Kingswell, Health Services and Clinical Innovation, Department of Health.
10. A short verbal briefing has been provided to the Queensland Commissioner for Mental Health, Dr Lesley van Schoubroeck.
11. Agreement has been reached that the Strategy will be finalised through a partnership between West Moreton HHS, Children's Health Services, and the Department of Health.

#### Attachments

12. Attachment 1: Agenda Barrett Adolescent Strategy.  
Attachment 2: Issues and Incident Management Plan BAC.

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|                        |              |
|------------------------|--------------|
| Department RecFind No: | BR057157     |
| Division/HHS:          | MD09         |
| File Ref No:           | MD0920130151 |

**Recommendation**

That the Director-General:

Note a meeting has been scheduled for 4pm on Monday 15 July 2013, between the Minister for Health, Dr Mary Corbett, Chair, West Moreton, HHB, Lesley Dwyer, Chief Executive, West Moreton, HHS, and Sharon Kelly, Executive Director, Mental Health and Specialised Services, West Moreton, HHS, to discuss the next stages of the Barrett Adolescent Strategy.

Provide this brief to the Minister for information.

**APPROVED/NOT APPROVED**

**NOTED**




  
**DR TONY O'CONNELL**  
 Director-General

1517113

To Minister's Office For Noting

Director-General's comments

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| Author   | Cleared by: (SD/Dir)  | Content verified by: (CEO/DDG/Div Head)  |
|--|---|--|
| Dr Leanne Geppert  | Sharon Kelly  | Lesley Dwyer   |
| A/Director of Strategy   | Executive Director  | Chief Executive  |
| Mental Health & Specialised Services, WM HHS   | Mental Health & Specialised Services, WM HHS  | West Moreton HHS   |
| <br>8 July 2013 | <br>11 July 2013 | <br>12 July 2013 |





## 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.

RTI REQUEST

## Issues synopsis

### SITUATION ANALYSIS:

- Barrett Adolescent Centre (BAC) is located within The Park – Centre for Mental Health (The Park) and provides a state wide service of extended treatment and rehabilitation for up to 15 adolescents with severe and complex mental health disorders.
- As part of the Queensland Plan for Mental Health 2007-2017, a capital allocation had been approved to rebuild BAC in a new location as:
  - The capital fabric of BAC is no longer able to meet the requirements of a contemporary model of care for adolescent extended treatment and rehabilitation; and
  - In the future, the Park will become exclusively a secure and forensic mental health facility.
- It was planned to build the Adolescent Extended Treatment and Rehabilitation Unit Redlands, adjacent to the Redlands Hospital. It was to be commissioned in 2014. Due to environmental and other issues, the Project could not proceed and has now ceased.
- The capital allocation previously attached to the rebuild has been reallocated to other capital priorities and capital funding is no longer available for a rebuild of BAC.
- It has become imperative that:
  - alternative contemporary service options be identified to replace the services currently provided by BAC; and
  - an implementation plan be developed to achieve these outcomes.

### MEDIA PROGNOSIS

- This issue has already attracted significant negative media attention and will continue to do so for some time.
- There is a perception that adolescents requiring longer term mental health inpatient treatment will no longer be able to access that type of treatment. There is also a perception by some that any model other than BAC would be sub-standard.
- To reassure the community it is necessary to reiterate that care for these adolescents will continue, and that any service options put forward will be based on best practice and will provide patients with the highest quality care that is appropriate to their individual needs.

### MAJOR ISSUES AND RESPONSES / FAQs

#### Has the expert clinical reference group made any recommendations?

The expert clinical reference group met for the last time on 24 April 2013, and submitted their seven recommendations to the overarching Planning Group. These recommendations identified the key components and considerations for how Queensland can best meet the mental health needs of

adolescents requiring longer term mental health care. These recommendations have also been considered by the West Moreton Hospital and Health Board, and other key stakeholders.

**Has a decision been made about the future of Barrett Adolescent Centre?**

It has been determined that alternative statewide service options will be developed for adolescents requiring longer term mental health care. BAC will cease operations at end of December 2013.

**Who is developing these new service options?**

The options will be developed collaboratively between West Moreton Hospital and Health Service, Children's Health Queensland and the Department of Health. Other key stakeholders will be involved in this process, including consumer and carer representatives.

**What will these options look like?**

It is likely that they will comprise a variety of treatment options including inpatient care, and individual, family, and group therapy sessions.

**What about the current BAC consumers?**

The adolescents currently admitted to BAC 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.

**Are young people going to miss out?**

We want to make sure young mental health consumers receive the right treatment, in the right place, and at the right time. The new statewide service options will focus on the specific needs of the young people within this target group.

**Is this just another budget cut ?**

No, this is not about cost cutting. All recurrent funding from the BAC will support the new statewide service options. 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 closer to their homes.

**What about the school on site?**

Education is a valuable and integral component in our provision of best practice mental health care for adolescents. The Education Department is responsible for the provision of educational services to this target group and will continue to be engaged in the process in order to meet the needs of these young people.

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## **CURRENT STATUS**

Media is aware of an impending decision regarding the future of Barrett Adolescent Centre.

## **KEY MESSAGES**

- Adolescents requiring longer term mental health treatment will continue to receive the high quality of care suited to their individual needs.
- BAC will close at end of December 2013 when alternate service options will become available.
- The Park is secure and forensic adult mental health facility. As part of The Park, this means BAC is not an appropriate environment for the treatment of adolescents.

## **RECOMMENDED APPROACH**

- Media holding statement in the first instance
- Media statement announcing decision
- Media statements – progress updates
- FAQs
- Letters to stakeholders
- Standard Ministerial response

RTI Release



[Redacted]

Telephone: [Redacted]  
Facsimile: [Redacted]  
Our Ref: [Redacted]

Honourable Minister Lawrence Springborg  
Minister for Health, Queensland Government  
GPO Box 48  
Brisbane, QLD 4001

[Redacted] 19<sup>th</sup> of November 2012

22 NOV 2012

Honourable [Redacted]  
[Redacted] Member of Parliament, Queensland Government  
PO Box 5697  
CAIRNS QLD 4870

Dear Honourable Mr. Lawrence Springborg and Honourable [Redacted]

I would like to raise my concern about the proposed closure of the Barrett Adolescent Centre (BAC), located within The Park- Centre for Mental Health, in Wacol.

As a Child and Adolescent psychiatrist and the Clinical Leader of Queensland Health's [Redacted] I am deeply concerned about the proposal to close the BAC and would like to voice my earnest request to you to reverse this plan.

Of course I am not privy to the details of the heavy financial pressures and imperatives behind the plan of closing the BAC, and I do have full sympathy and gratitude to you and others charged with the arduous task of prioritising spending and making painful cuts. What I would like to do is express very briefly that the BAC is a crucial and indispensable service to have access to for us in [Redacted] a regional setting (and also for others even in the large metropolitan centres).

We only refer patients to the BAC when all and every other avenue of community treatment has been tried and exhausted.

The BAC has a number of unique and essential features that make it able to serve the needs of the otherwise unmanageable adolescents that are referred there. These features can not be disseminated, spread out or replicated in smaller parts within other hospital or health service settings. The work of the BAC is a highly specialised and skilled task, requiring not only the highly skilled staff, but with adequate numbers of such staff, and within the appropriate physical facility and layout of a unit - needing more space and out-door grounds than the usual hospital or health facility elsewhere. For example in [Redacted] we are struggling with recruiting adequately skilled or experienced staff for our basic/entry level clinician positions. Even if we were given extra funding, it will be very unlikely that we would be able to recruit skilled enough staff. Managing the clinical population that we end up referring to the BAC requires more than one or two skilled staff, even if we could recruit to the positions. We also do not have the physical setting within our current and upcoming development plans for such adolescents. In short, without a service like the BAC to refer to, we will not be able to manage the unmanageable patients.

Given my and my colleagues serious concerns over how we will be stuck in the future if the BAC is closed - which means patients and families are stuck - I felt I needed to raise my concern to you.

I wish you all the best in your extremely difficult task. If there are any questions or further information I can provide that may be of assistance, please contact me.

Your sincerely

[Redacted signature area]

Courtesy Hawkins

From: [redacted]@health.qld.gov.au>  
Sent: Monday, 20 May 2013 9:44 AM  
To: Health  
Subject: The Barrett Centre

*I am writing to you in support of the Barrett Adolescent Centre. I believe that a residential facility that offers care and treatment for young people with mental health issues will always be needed in Queensland and I hope that the government will take note not only of the recommendations of the expert panel but of the people who support the ongoing existence of a centre which offers treatment, education and help for young people and their families who are suffering because of mental illness. Please do whatever you can to ensure that there will always be a Barrett Centre for those who so desperately need it.*

Kind regards,

[redacted]

[redacted]

Senior Social Worker

[redacted]

\*\*\*\*\*  
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**From:** [redacted]  
**Sent:** Monday, 13 May 2013 1:35 PM  
**To:** Health  
**Subject:** Barrett Adolescent Centre

Dear Lawrence Springborg,

My name is [redacted] I am an Occupational Therapist who has worked with children with mental illness for a number of years. I have had the privilege to work in different settings with many different children. I have worked in inpatient settings, community settings as well as a residential unit (the Barrett Adolescent Centre) [redacted]  
[redacted]

I really believe that there is a very important need for a residential setting such as BAC. The young people I worked with at BAC had very complex diagnosis's. They really needed long term support provided by a multidisciplinary team within a residential facility.

The children that I saw in community settings or in short term inpatient units also had some complex needs but their needs were often much more straight forward to address. In each of these settings (community or short term) when a child's/young persons problems are highly complex then the person is referred to BAC.

I could not imagine working with the children from BAC in a community setting. If these children were case managed by individuals they would not receive the support they need. Staff would also experience burn out trying to case manage young people which such complex needs. One advantage of working at BAC is that you work closely with the other staff so you are able to support each other in assisting each young person. When you case manage a child on your own there is a lot of pressure and responsibility. At BAC, the whole staff share this pressure and responsibility.

Here are some advantages of BAC

- Highly specialised facility
- Experienced staff
- Staff are able to support each other
- All children have access to a multidisciplinary team
- There is a school at BAC so the children can continue with their school work
- Passionate leadership (Dr Saddler is experienced and so passionate about helping these young people)

- It provides training to students (OT students, nursing students etc....)
- It keeps children alive (most of the children I saw at BAC would probably have been dead without BAC)
- It supports the children's family (family therapy is a wonderful service at BAC)
- It helps children to reintegrate into the community (when a child has been in hospital for a long time BAC spends a lot of time helping to re-integrate children into the community and into school. For example, community access groups help to teach children how to catch public transport and how to purchase food etc....An OT may assist a child to re-integrate to school by creating a graded return to school program)
- Crisis may arise in mental health work e.g. a child may abscond, a child may self harm, a child may attempt suicide. There is a network of staff to assist in a crisis. Staff from other areas of the Park will even assist in a "code black" situation
- There is a wonderful training/professional development network at the Park
- A long term facility means that children can be assessed over a long period of time. This is so beneficial. For example, some young people may have been sexually abused for a long period of time (even from the age of 3 years) by a significant person in their life (e.g. a father). In these situations it can take a very long time for staff to build trust with a young person. BAC allows this to happen. This means that children feel safe to disclose what has happened to them
- Staff from other facilities (short term inpatient and community) turn to BAC for assistance when they have a child in their care who has problems which are too difficult for them to address
- This service is a one of a kind service and often the last treatment option
- This service would keep children out of juvenile detention
- This service would help keep children out of foster care and in their own families by assisting them in their healing journey
- Economically - this service would save the government money by keeping children out of foster care and out of detention facilities

This service is essential in meeting the growing demand for mental health services. For example, over a period of 5 years, mental health services to children more than doubled. You don't have to look far to find statistics that mental illness among children is rising and that it is becoming more complex. We need services such as BAC to meet the health needs of Australian children.

I could think of so many more benefits of BAC and reasons to keep it open. This is just a short list.

Additionally, I have not worked in a service which has put so much effort, attention and thought into how to address each child's difficulties. This service operates with excellence. I am so proud to have worked at BAC. I can honestly say it has been one of the most rewarding and fulfilling jobs I have ever had because of the highly

complex needs of the clients and because you can see gradual improvements. There is no service like it. It is invaluable.

Please keep BAC running.

Thank you for reading and considering my letter

Best wishes

[Redacted Signature]

(Occupational Therapist)

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RTI RELEASED



9 November 2012

The Honourable Lawrence Springborg MP  
Minister for Health  
Level 19, State Health Building  
147-163 Charlotte Street  
BRISBANE QLD 4000.

Dear Mr Springborg,

**Re: ABC News Report: Threatened Closure of Barrett Adolescent Centre**

You may remember meeting Dr Trevor Sadler and myself at the formal opening of Yannanda, Toowoomba's Adolescent inpatient psychiatry unit. We discussed our strong concerns about the inappropriateness of the proposed resiting of the Barrett Adolescent Centre (BAC) to Redlands.

Your speech at Yannanda demonstrated a warm and clear awareness of the issues of Child & Adolescent Mental Health (C&AMH). So I was very surprised when I became aware of the threatened imminent closure of BAC. I am assuming that you have approved this as part of cost-cutting measures of your government but am concerned that the advice from your Department may not be reliable or insightful.

As you know this unit looks after seriously ill teenagers who have already exhausted all other options for appropriate treatment in both community and acute inpatient units. An appalling lack of knowledge of her own district services was demonstrated by the spokesperson for West Moreton DHS last night (08/11) on ABC News who suggested that "modern" approaches dealt with these patients in their community – BAC works vigorously with the patient's family, extended families and all community ties to reintegrate the adolescents back to a normal life.

Ironically it appears this process has contributed to its threatened demise. The reason given for the closure, as I understand it after discussion with Dr Sadler last night, is the low average bed occupancy, and hence assumed resource/money wastage. This reflects a lack of understanding (unfortunately also prevalent in my adult psychiatry colleagues) of the necessary developmental model for recovery in C&AMH which involves reintegration of the adolescent into their family, school, and socially appropriate activities as part of their treatment programme. This requires coordinated planning of "leaves" which are then recorded as "empty beds" and dramatically affect "average" bed numbers whilst BAC staff are still fully responsible for their care. They are actively supporting the patient, and family, etc, and dealing with issues to help all who are concerned with the child, benefit from the leave-time. This is very different from ordinary hospital-care (though many C&A psychiatrists are pleased to see this beginning to happen in some adult mental health units).

My previous experience in administration has me very conscious of the potential for underlying conflicts between bureaucracy and government, and the ways that departmental information can be presented for particular outcomes. I am concerned that the BAC closure may be being described in minimalist terms when the closure has serious and possibly tragic effects for patients and families, as well as loss of an experienced and valuable resource for Queensland.

A further issue you may need to be aware of is the interdepartmental relationship with the Education Dept who provide the BAC Special School. After the ABC programme I contacted Dr Sadler who said the School Principal had only become aware of the threatened closure when contacted by media yesterday. I worry that this is a further demonstration of either lack of knowledge of their own facilities, or of appropriate protocols

This is clearly just a brief summary of my concerns, which I would be happy to discuss/expand in any ways you think may be useful.

Yours sincerely,

RTI Release



24 April 2013

The Honourable Lawrence Springborg MP  
Minister for Health  
Level 19, State Health Building  
147-163 Charlotte Street  
BRISBANE QLD 4000.

Dear Mr Springborg,

Re: Update on Closure of Barrett Adolescent Centre (BAC)

Firstly I would like to thank you for your visit to BAC last December [redacted] – your visit was valued by both staff and patients with the appreciation that decisions about BAC would be considered at the highest level, and not made arbitrarily by district or bureaucratic fiat. Many of the BAC adolescents have had abusive and/or neglectful experiences in being poorly parented, and are hence reluctant to trust but your calm paternal demeanor, particularly going to the effort of walking through the ward with them, was very reassuring and therapeutic for them.

This letter though is to register my anxieties on the urgent time-frame for decision-making. At the time of my involvement in the initial planning committee processes and establishment of the expert reference group to plan the model of service delivery to the BAC patient profile, there was an assumption that the secure forensic specialty services would be operational by mid-year. This was identified as the main reason BAC could no longer be located on the Park campus. If this still applies, planning for current and referral patients is required urgently and needs communication to all Queensland mental health services, for whom any change has major implications. From my long experience I do not think risk of harm from forensic patients is a valid concern as Security Patients were sited there along with BAC from its inception in 1983 with far less monitoring capacity than exists today, with no threats or incidents arising.

As well, there seems to have been a focus on the Federal mental health plan encouraging community-based services close to consumers – this is essential, but hardly applicable to a super-specialised service like BAC – adult medicine would not entertain the thought of shutting down a heart or liver transplant service just because it could not be delivered locally in a provincial city. Often because mental health interventions do not involve expensive equipment and technology, the special experience, expertise and commitment of the staff on which outcomes are dependent, are not recognized.

It will surprise me if the expert panel can develop a safe model that doesn't include some long-term inpatient care for the relatively small number of extremely disturbed and distressed adolescents that BAC cares for. My "evidence" for this is the constant referral to BAC of adolescents (unfortunately more than can be accommodated) for whom all other services have not been able to adequately help, and these agencies recognise the benefits of a period at BAC. I appreciate that long admission periods in BAC are expensive, but your departmental records will show Dr Sadler and I have been requesting support for "half-way house", or now called "step-down", facilities attached to the BAC service for many years. This could significantly increase throughput and functionally make more beds available per year.

For the long-term, I read with interest your "Blueprint for better healthcare in Queensland". Two key components of the Blueprint may provide a path to provide adequate care through having a dedicated inpatient component, assuming as I do, that is important in the opinion of the Expert Clinical Reference Group.

-The first component is the principle of Contestability. Barrett staff have proposed a number of

initiatives in both the current Centre and for the redevelopment which would have managed more patients with the same resources. As a former Consultant in both Mater and Queensland Health Hospitals, I was aware that clinicians can focus more of their time on clinical work in the Mater, because of streamlined administration. In fact the Mater already provides precedent for providing publicly funded beds for Child and Youth Mental Health inpatient beds. St Vincent's operated the Adolescent Mental Health Unit at Robina when it initially opened. In the United Kingdom, the Huntercombe and Priory Groups as well as St Andrews at Northampton are private companies providing a significant number of predominantly publically funded beds, as well as private beds for adolescents. These often offer specialised services for adolescents of the type that would be admitted to Barrett.

-The second component is that of Infrastructure and Assets being provided by the private sector. I am aware of an estimate from a private company for the plans for redevelopment of Barrett that was about half of the estimate of Capital Works.

Both of these offer an alternative path for an inpatient service as part of a long-term plan. Could I ask you to consider that if the Expert Clinical Reference Group considers an inpatient service is necessary, that both of these components are adequately considered by the Strategic Planning Group and the West Moreton Health and Hospital Service? An adequate exploration of these components would take twelve months or more, I would imagine, to secure expressions of interest, the funding and an appropriate site, and not solve the acute problem.

I appreciate the concerns about an adolescent unit being on the same site as a forensic facility. However, evidently patients from the high secure unit have various types of leave, which places them in the general community anyway. Also there are evidently no concerns from the local neighborhood about the perceived change in risk, which I would have thought was greater than at BAC, with 24hr staffing and hospital security.

As I noted above there have not been any incidents of risk from other Park patients to the BAC adolescents in the past, but am acutely aware of the risk of death or severe injury to the adolescents by their own hand, if they are not cared for in a unit like BAC.

Thank you again for your consideration of these issues and my concerns, which I would be happy to discuss/expand in any ways you think may be useful.

Yours sincerely,

RTI REQUEST

[Redacted]

22<sup>nd</sup> November, 2012

Dear [Redacted]

I work at the Barrett Adolescent Centre at The Park - Centre for Mental Health, Wacol. BAC is a 15 bed inpatient unit treating adolescents with severe and complex mental illnesses. We also offer 5-10 day patient places for those able to have leave or who are transitioning back into the community but still require support. We are tertiary referral, supra-regional and our strength is the close working relationships between Qld Health and Education Queensland staff at the Centre.

I am writing to you, because, at this moment, the family of one of our Young People at BAC reside within your Electorate and I want you to be personally aware of our threatened closure.

BAC supports the most vulnerable and deserving YP in our community. In the recent past, BAC has helped YP who have gone on to:

- be voted apprentice of the year in Qld,
- achieve an OP1 at a mainstream high school and to study Physiotherapy,
- finish a nursing degree,
- obtain a national chess ranking,
- receive an academic award by the School of Distance Education in Legal Studies.

Staff were told on 09/11/12 that there are discussions taking place in regards to the future of Barrett Adolescent Centre (BAC). As part of this, a number of issues have been raised and I would like the opportunity, here, to put the opinions of myself and staff

*1A. The National Mental Health Service Planning Framework recommends community-based treatment, close to where adolescents/young people live.*

We support this also, however, the National Mental Health Service Planning Framework is exactly that – a framework which elucidates the aspirations of our mental health service. It is not possible in a document of its scope to deal with the circumstances of all individuals who present in our mental health sector. Young People admitted to BAC have already accessed, sometimes for years, their local, community-based Child and Youth Mental Health Service (CYMHS). In many cases, the YP have also had multiple admissions to acute adolescent MH units, attended Mater Hospital Day Program and had multiple presentations to emergency departments. Those services (although excellent) have not managed the needs of these YP who form a sub-set of the MH population.

A BAC closure would return these YP to services which cannot meet their needs, burdening the CYMHS and acute units, causing other children and families, who may have benefited, to remain on waiting lists for longer. Additionally, these YP, in the future, will place pressure on General Practitioners, the social security sector, adult mental health services and, in some cases, the criminal justice and forensic services.

*1B. The National Mental Health Service Planning Framework recommends a least restrictive environment with minimum disruption to families, educational and social/community networks.*

We support this also; however, the YP of BAC have typically been out of school, confined to home and completely withdrawn from social networks for many months or years, before coming to BAC. Their local CYMHS's have little hope of re-engaging these YP in educational and social settings. However,

BAC, with its unique combining of Qld Health and Education Qld can create both social and educational experiences and YP can form friendships with co-consumers, with staff support; therapeutic interventions such as social skills training groups and groups to teach daily living skills (catching public transport/budgeting) along with psychotherapy and pharmacotherapy offer the best environment to manage individuals with such severe and complex needs.

There is an important point to be made about families. Many of the parents of the YP of BAC have had to take leave from their workplaces to care for their YP; many have lived in fear that their child would harm themselves or others. The burden on parents and siblings is often immense. Having their child admitted to BAC gives parents peace of mind, allows them to resume work and to re-establish normal family routines and to support the other children of the family; this is the best environment for families to undergo family therapy, working with staff to promote the mental health and functioning of their child.

2. *BAC sits on the grounds of The Park- Centre for Mental Health.* The Park now has a role as an adult forensic service. There are some who feel that it is not appropriate to co-locate an adult secure service and an adolescent service. To this I offer two points:

- BAC staff are willing to re-locate to a new site; however,
- In BAC's history there has always been a forensic service at The Park and there has been not one incident, to date, which would validate the concern for the co-location.

3. *The buildings of BAC are out-dated and run-down.*

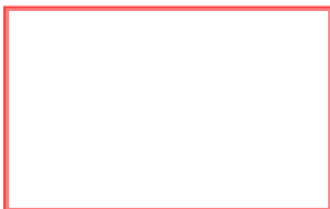
Staff agree that the buildings are sub-standard and this has been noted in the last two accreditation reviews. However, this, along with the co-location argument, have nothing to do with need for BAC to provide a service and to support our colleagues in CYMHS by being a point of referral for their most difficult cases.

As you would be aware, there was a planned move to Redlands Hospital and staff put hours of work into meetings to design a unit and to planning how it would function. This proposal has now been rejected; however, its important to note that the rejection was not based on the need for a unit such as BAC; the principle objection was based on environmental grounds and the costs of building on a koala habitat.

Lastly, BAC provides much to the MH community beyond the primary care of our Young People. We have a strong interest in research, with links to Universities; we provide placements to nursing and allied health students and form an important part of the Child and Adolescent Psychiatrist trainee program; we provide support and mentorship to Qld CYMHS. BAC is recognised nationally as a source of learning and excellence in adolescent mental health.

I hope that I have set out a cogent rationale for BAC to remain operating and have counted a number of arguments. I respectfully ask you to raise my concerns with Lawrence Springborg, Minister for Health and ask him to intervene to save the Barrett Adolescent Centre.

Yours sincerely,





# Brief for Approval

Requested by:

Department  Minister's office

|                        |              |
|------------------------|--------------|
| Department RecFind No: | BR054640     |
| Division/HHS:          | SSS Division |
| File Ref No:           | LN14/0821    |

**SUBJECT:** Appointment of three health service investigators to undertake a health service investigation into the statewide transition and care planning measures following the closure of the Barrett Adolescent Centre

## Recommendations

It is recommended that the Director-General:

1. Approve the appointment of Associate Professor Beth Kotze, Acting Associate Director, Health System Management, Mental Health and Drug and Alcohol Office, NSW Ministry of Health; Fellow of the Royal Australian and New Zealand College of Psychiatrists; Ms Tania Skippen, Occupational Therapist, Associate Director, Specialist Programs Mental Health - Children and Young People, Mental Health and Drug and Alcohol Office, NSW Ministry of Health; and Ms Kristi Geddes, Senior Associate, Minter Ellison Lawyers as Health Service Investigators under section 190(1) of the *Hospital and Health Boards Act 2011* (HHS Act 2011).
2. Sign the attached notices to appoint the Psychiatrist, Occupational Therapist and Lawyer (Attachments 1-3).
3. Sign the attached letters to West Moreton, Metro South and Children's Health Queensland HHS Chief Executives informing them of the investigation (Attachments 4, 5 and 6).

## Headline issues

4. The Department is aware of the concerns arising from the statewide transition and care planning measures following a policy decision by Queensland Health (and communicated by the Minister on 6 August 2015) to close the Barrett Adolescent Centre in January 2014.
5. The Director-General is required to appoint a health service investigator under section 190(1) of the *Hospital and Health Boards Act 2011* (HHS Act 2011) to review the statewide transition and care planning measures following the closure of the Barrett Adolescent Centre.
6. An estimate of the cost of the investigation is not yet known.
7. It is estimated that the investigation will be completed by 16 September 2014.

## Background

8. Part 9 of the HHS Act 2011 covers health service investigations.
9. Section 180 of the HHS Act 2011 states the functions of a health service investigator are to investigate and report on any matters relating to the investigate the following matters relating to the management, administration and delivery of public sector health services.

## Consultation

10. The Chief Operations Officer / DDO Health Service and Clinical Innovation has approved the attached Terms of Reference for the investigation.
11. Legal Branch has provided assistance in the Instrument of Appointment and Terms of Reference.

## Attachments

12. Attachment 1-3: Instruments of Appointment - Health Service Investigators
13. Attachment 4-6: Letters to West Moreton, Metro South and Children's Health Queensland HHS Chief Executives informing them of the investigation
14. Attachments 7-9: CVs of the health service investigators.

|                        |              |
|------------------------|--------------|
| Department RecFind No: | FR069640     |
| Division/HIS:          | SSS Division |
| File Ref No:           | LN14/0821    |

APPROVED/NOT APPROVED NOTED

*[Handwritten Signature]*

IAN MAYNARD  
Director-General

16 AUG 2014

To Minister's Office for Approval.   
for Noting

Director-General's comments

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APPROVED/NOT APPROVED NOTED

NOTED

LAWRENCE SPRINGBORG  
Minister for Health

Chief of Staff

Minister's comments

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Briefing note rating

1                      2                      3                      4                      (1 = poor and 4 = excellent)

| Author                      | Cleared by: (SD/Dir) | Content verified by: (CEO/DDG/Div Head) |
|-----------------------------|----------------------|---|
| Wansley Briton              | Annette McMullan     | Michael Cleary                          |
| Senior Principal Lawyer     | Chief Legal Counsel  | Deputy Director-General                 |
| Legal and Governance Branch | Legal Branch         | HISCI                                   |
| <input type="text"/>        | <input type="text"/> | <input type="text"/>                    |
| 11 August 2014              | 12 August 2014       | 7 May 2014                              |

RTI RELEASES





Department of Health

Enquiries to: Annette McMullan  
Chief Legal Counsel  
Legal and Governance Branch  
Telephone: [Redacted]  
File Ref: 00074671

14 AUG 2014

Ms Lesley Dwyer  
Chief Executive  
West Moreton Hospital and Health Service  
PO Box 73  
IPSWICH QLD 4305

Dear Ms Dwyer

I wish to inform you of a planned investigation into the statewide transition and care planning measures following the policy decision made by Queensland Health in 2013 (and communicated by the Minister on 8 August 2013) to close the Barrett Adolescent Centre (BAC), Wacol, West Moreton Hospital and Health Service (MHS) in January 2014.

This is in response to communications to me over the past week in relation to the closure of the BAC and transition of health care for its adolescent patients from being institutionally-based in a stand-alone mental health facility to being community-based. I make further note of there being three previous patients of the BAC who have died in 2014 and whose deaths are currently being investigated by the Queensland Coroner.

I have appointed three health service investigators, under section 190(1) of the *Hospital and Health Boards Act 2011*, to undertake a health service investigation into the statewide transition and care planning measures following the closure of the BAC.

The objective of the investigation will be to:

- Assess the governance model put in place within Queensland Health (including the Department of Health and relevant Hospital and Health Services, including West Moreton, Metro South and Children's Health Queensland and any other relevant Hospital and Health Service) to manage and oversight the healthcare transition plans for the then current inpatients and day patients associated with the closure of the Barrett Adolescent Centre (BAC) in January 2014;
- Advise if the governance model was appropriate given the nature and scope of the work required for the successful transition of the then patients to a community based model;
- Advise if the healthcare transition plans developed for individual patients by the transition team were adequate to meet the needs of the patients and their families;

Office  
19<sup>th</sup> Floor  
Queensland Health Building  
147 - 163 Charlotte Street  
BRISBANE QLD 4000

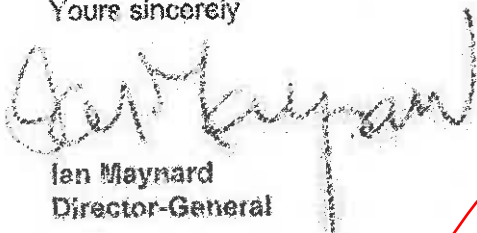
Postal  
GPO Box 48  
BRISBANE QLD 4001

Phone [Redacted] Fax [Redacted]

- Advise if the healthcare transition plans developed for individual patients by the transition team were appropriate and took into consideration patient care, patient support, patient safety, service quality, and advise if these healthcare transition plans were appropriate to support the then current inpatients and day patients associated with the closure of the Barrett Adolescent Centre (BAC) in January 2014; and
- Based on the information available to clinicians and staff at the time of closure of the BAC, advise if the individual healthcare transition plans for the then current inpatients and day patients associated with the closure of the Barrett Adolescent Centre (BAC) in January 2014 were appropriate. A detailed review of the healthcare transition plans for patients who have been associated with serious adverse events should be undertaken.

Should officers of your Department require further information, Department of Health's contact is Annette McMullan, Chief Legal Counsel, Legal and Governance Branch, on telephone 3234 0302.

Yours sincerely



Ian Maynard  
Director-General

14 AUG 2014

RTI RELEASE



## Brief for Approval

Requested by:

 Department Minister's office

|                        |           |
|------------------------|-----------|
| Department RecFile No: | BR058760  |
| Division/HHS:          | LEGAL     |
| File Ref No:           | LN14/0821 |

**SUBJECT:** Extension of time request for health service investigation being conducted into the statewide transition and care planning measures following the closure of the Barrett Adolescent Centre

## Recommendation/s

1. It is recommended that the Director-General approve the requested extension of time to 31 October 2014 and sign the attached letters to the three appointed health service investigators, Associate Professor Beth Kotze, Ms Tania Skippen and Ms Kristi Geddes (Attachments 2-4) to confirm the extension.

## Headline issues

2. An extension of time request has been received for a report to be provided under section 199 of the Hospital and Health Boards Act 2011 (the Act) for the purpose of the Director-General appointed health service investigation into the statewide transition and care planning measures following the closure of the Barrett Adolescent Centre (the investigation).
3. Due to certain impacting factors, an extension of time request has been made by the appointed health service investigators in respect of the investigation.

## Background

4. The Director-General has previously commissioned the investigation and appointed the three health service investigators under section 190 of the Act. Copies of the Instruments of Appointment and Terms of Reference for the investigators are attached (Attachments 5-7). Following the health service investigation, a joint report is to be provided to the Director-General under section 199 of the Act.
5. Due to certain impacting factors, an extension of time until 31 October 2014 has been requested by the investigators (Attachment 1), to enable sufficient time for completion of the investigation and production of a report to the Director-General.
6. The impacting factors are the voluminous records received to date, the number of records not yet provided to the investigators, the significant number of potential witnesses to be interviewed, and the pre-arranged leave arrangements for the appointed investigators over the coming weeks.
7. It is recommended that the extension of time to 31 October 2014 is granted. The terms of reference for the investigation will otherwise remain unchanged.
8. This issue relates to the theme of health services focused on patients and people in the Blueprint for better healthcare in Queensland.

## Consultation

9. Legal Branch.

## Attachments

10. Attachment 1: Correspondence received from Ms Kristi Geddes, Senior Associate, Minter Ellison Lawyers, appointed health service investigator, dated 25 August 2014, seeking an extension of time for investigation and report.
- Attachment 2: Letter of extension to Associate Professor Beth Kotze - DG074818
- Attachment 3: Letter of extension to Associate Director Ms Tania Skippen - DG074819
- Attachment 4: Letter of extension to Senior Associate, Ms Kristi Geddes - DG074820
- Attachment 5: Instrument of Appointment and Terms of Reference for Associate Professor Kotze
- Attachment 6: Instrument of Appointment and Terms of Reference for Ms Skippen
- Attachment 7: Instrument of Appointment and Terms of Reference for Ms Geddes

|                        |           |
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| Department RecFind No: | BR059760  |
| Division/HHS:          | LEGAL     |
| File Ref No:           | LN14/0821 |

APPROVED/NOT APPROVED NOTED

*Michael Cleary*  
 DR MICHAEL CLEARY  
 Acting Director-General

28 / 8 / 2014

To Minister's Office for Approval   
 for Noting

Acting Director-General's comments

could it please obtain a copy of the  
 DRAFT INVESTIGATION REPORT FROM WORK  
 AND 28-8-2014

Minister's Office Use Only  
 APPROVED/NOT APPROVED NOTED

NOTED

LAWRENCE SPRINGBORG  
 Minister for Health

Chief of Staff

Minister's comments

[Empty lines for Minister's comments]

Briefing note rating 1 2 3 4 (1 = poor and 4 = excellent)

|                         |                |                             |                  |
|-------------------------|----------------|-----------------------------|------------------|
| Author                  | Wensley Bilton | Cleared by: (SD/Dir)        | Annette McMullan |
| Senior Principal Lawyer |                | Chief Legal Counsel         |                  |
| Legal Unit              |                | Legal and Governance Branch |                  |
|                         |                |                             |                  |
|                         |                |                             |                  |
| 28 August 2014          |                | 28 August 2014              |                  |



**Anthony West - BR058045\_Urgent Min's office brief request - Barrett Adolescent Centre**

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**From:** Sdlo  
**To:** West, Anthony  
**Date:** Wednesday, 27 November 2013 8:00 AM  
**Subject:** BR058045\_Urgent Min's office brief request - Barrett Adolescent Centre  
**CC:** Kate.Johnson@ministerial.qld.gov.au  
**Attachments:** MD0920130403\_BN Minister\_BAC\_BR058045\_Final.doc; MD0920130403\_BN Minister\_BAC\_BR058045\_Attachment 1.rtf

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Hi Anthony

As requested please see attached an advance copy of a brief outlining the current status of patients at the Barrett Adolescent Centre.

I will progress the hard copy today.

Regards  
Helen

Helen Langborne  
Senior Departmental Liaison Officer  
Office of the Director General  
Level 19, QHB  
Department of Health  
Ph: 07   
Mobile:   
Fax: 07

RTI Release

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| Department RecFind No: |                          |
| Division/HHS:          | WMHHS                    |
| File Ref No:           | BR058045<br>MD0920130403 |

## Briefing Note for Noting

Director-General

Requested by: Senior Departmental  
Liaison Officer

Date requested: 25 November 2013

Action required by: 26 November 2013

**SUBJECT: Barrett Adolescent Centre**

### Proposal

That the Director-General:

**Note** the current status of consumers at the Barrett Adolescent Centre (BAC).

**And**

**Provide** this brief to the Minister for information.

### Urgency

1. Urgent – The Ministers Office has requested an urgent update on the current status of consumers at BAC.

### Headline Issues

2. The top issues are:

- In August 2013 the Minister for Health announced 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 Hospital and Health Service (CHQ HHS) is responsible for the governance of the new service options to be implemented as part of its statewide role in providing healthcare for Queensland's children.
- The Minister for Health and West Moreton HHS Board gave a public commitment to ongoing provision of safe and comprehensive clinical care for BAC consumers during the transition to the new statewide adolescent extended treatment and rehabilitation services.
- A flexible closure date of the end of January 2014 for the BAC building has been announced. This date may change dependent on all consumers having appropriate transition plans in place and continuity of service delivery.

### Blueprint

3. How does this align with the Blueprint for Better Healthcare in Queensland?

- Providing Queenslanders with value in health services – value for taxpayers' money.
- Better patient care in the community setting, utilising safe, sustainable and responsive service models – delivering best patient care.

### Key issues

4. There are currently 13 consumers at BAC (6 inpatients, 6 day patients and 1 outpatient). The care planning for current BAC consumers is being progressed by West Moreton HHS Clinical Care Transition Panels. Consumer status overview:

- Consumer A, [redacted] Engaged with [redacted] Child and Youth Mental Health (CYMHS) for continuing care. [redacted]
- Consumer B, [redacted] – work is being progressed to finalise the transition plan with [redacted] Mental Health Service. [redacted]  
Education/vocational needs will be followed up once transition plan is in place.

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| File Ref No:           | BR058045<br>MD0920130403 |

- Consumer C, [redacted] – working with [redacted] to finalise supported accommodation and referral to Adult Mental Health Service. [redacted]
  - Consumer D, [redacted] Referral has been sent to Adult Mental Health Service for continuing care. Also seeing a private psychologist. [redacted]
  - Consumer E, [redacted] Engaged with [redacted] CYMHS for continuing care. [redacted]
  - Consumer F, [redacted] Referral made to private occupational therapist and psychiatrist for continuing care.
  - Consumer G, [redacted] – currently working with [redacted] to develop transition plan including supported accommodation. [redacted]
  - Consumer H, [redacted] Referral made to private psychiatrist for continuing care.
  - Consumer I, [redacted] – working with [redacted] CYMHS to finalise transition plan including supported accommodation and day program. [redacted]
  - Consumer J, [redacted] Engaged with private psychologist.
  - Consumer K, [redacted] Engaged with [redacted] CYMHS for continuing care. [redacted]
  - Consumer L, [redacted] Engaged with private psychiatrist who will provide a referral to private psychologist. [redacted]
  - Consumer M, [redacted] Referral to GP regarding local private psychiatrist and private psychologist options.
5. West Moreton HHS continues to be involved with CHQ HHS in the development of the new statewide adolescent service model. However these new models may take up to 12 months to be fully established.
  6. In recognition of this potential gap in services, West Moreton HHS has commenced planning interim and transition service options for current BAC consumers and other eligible adolescents across the state that would benefit from extended treatment and rehabilitation. These interim options will be provided as needed until the new services are available, ensuring no gap to service delivery.
  7. CHQ HHS has advised that the model of care under development is nearing completion, with work being undertaken to finalise the details of all options. Detailed implementation planning will then commence enhancing existing service provision, and establishing new care options. Some service options will be available earlier than others, and implementation will be ongoing as funding and resources are made available.

#### Background

8. The Clinical Care Transition Panels review individual care needs of current and waitlist BAC consumers and support transition to alternative service options. The Panels are chaired by Dr Anne Brennan, and consist of a core group of BAC clinicians, a BAC school representative and other key stakeholders and service providers as required.

#### Consultation

9. Ms Ingrid Adamson, Project Manager, Statewide Adolescent Extended Treatment and Rehabilitation, Office of Strategy, CHQ HHS.

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| Department RecFind No: |                          |
| Division/HHS:          | WMHHS                    |
| File Ref No:           | BR058045<br>MD0920130403 |

10. At all times, Michael Cleary, Deputy Director General Health Service and Clinical Innovation Division, and Bill Kingswell, Executive Director, Mental Health Alcohol and Other Drugs Branch, have been kept informed of interim service planning and future model of care developments through participation on the Chief Executive and Department of Health Oversight Committee.

**Attachments**

11. Attachment 1 – Correspondence from

**Recommendation**

That the Director-General:

**Note** the current status of consumers at the Barrett Adolescent Centre (BAC).  
**And**  
**Provide** this brief to the Minister for information.

**APPROVED/NOT APPROVED**

**NOTED**

\_\_\_\_\_  
**IAN MAYNARD**  
**Director-General**

/ /

To Minister's Office For Noting

**Director-General's comments**

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Author  
**Laura Johnson**

Cleared by: (SD/Dir)  
**Leanne Geppert**

Content verified by: (CEO/DDG/Div Head)  
**Lesley Dwyer**

Project Officer

A/Executive Director

Chief Executive

Mental Health and  
 Specialised Services  
 West Moreton Hospital  
 and Health Service

Mental Health and  
 Specialised Services  
 West Moreton Hospital  
 and Health Service

West Moreton Hospital and Health Service

07:   
 25 November 2013

26 November 2013

26 November 2013

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| Department RecFind No: |                          |
| Division/HHS:          | WMHHS                    |
| File Ref No:           | BR058045<br>MD0920130403 |

## Briefing Note

The Honourable Lawrence Springborg MP  
Minister for Health

Requested by: Senior Departmental  
Liaison Officer

Date requested: 25 November 2013

Action required by: 26 November 2013

**SUBJECT: Barrett Adolescent Centre**

### Recommendation

That the Minister:

**Note** the Barrett Adolescent Centre (BAC) facility, West Moreton Hospital and Health Service (HHS) has a flexible closure date of end of January 2014. This date may change dependent on all consumers having appropriate transition plans in place.

**Note** that all current consumers of BAC have comprehensive multidisciplinary transition planning occurring to ensure appropriate and individual care plans are developed in association with local HHSs and other key service providers.

**Note** that West Moreton HHS, in partnership with CHQ HHS, is progressing interim service options for current BAC consumers and other eligible adolescents across the state that would benefit from extended treatment and rehabilitation. This interim service provision will ensure no gap to service delivery while the new service options are being established.

**Note** that CHQ HHS has advised that the model of care under development is nearing completion, with work being undertaken to finalise the details of all options. Detailed implementation planning will then commence enhancing existing service provision, and establishing new care options. Some service options will be available earlier than others, and implementation will be ongoing as funding and resources are made available.

APPROVED/NOT APPROVED

NOTED

NOTED

LAWRENCE SPRINGBORG  
Minister for Health

Chief of Staff

Minister's comments

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### Briefing note rating

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5

1 = (poorly written, little value, and unclear why brief was submitted). 5 = (concise, key points are explained well, makes sense)

Please Note: All ratings will be recorded and will be used to inform executive performance.



## Anthony West

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**From:** Sdlo  
**Sent:** Friday, 24 January 2014 4:55 PM  
**To:** Anthony West; Clare Mildren  
**Subject:** BR058395 - Update on the BAC - closure of inpatient unit  
**Attachments:** BR058395 MD09 UPDATE ON BARRETT ADOLESCENT CENTRE.doc

**Importance:** High

Hi Anthony and Clare,

This will come over officially – but just a heads up.

Have a great weekend.

Cheers  
Simone

Simone Ryder  
A/Senior Departmental Liaison Officer  
Office of the Director-Director

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Department of Health

Level 19, Queensland Health Building  
147-153 Charlotte Street  
Brisbane QLD 4000

P   
[simone.ryder@health.qld.gov.au](mailto:simone.ryder@health.qld.gov.au)  
[www.health.qld.gov.au](http://www.health.qld.gov.au)

[facebook.com/qldhealth](https://facebook.com/qldhealth) | [twitter.com/qldhealthnews](https://twitter.com/qldhealthnews)

RTI Release

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| Department RecFind No: | BR058395     |
| Division/HHS:          | WMHHS        |
| File Ref No:           | MD0920140043 |

## Briefing Note for Noting

Director-General

Requested by: Chief Executive, West  
Moreton Hospital and Health Service

Action required by: 24 January 2014

**SUBJECT: Update on the Barrett Adolescent Centre – closure of inpatient unit**

### Proposal

That the Director-General:

**Note** the current status of consumers and the changing clinical environment at the Barrett Adolescent Centre (BAC).

**Provide** this brief to the Minister for information.

### Urgency

- Urgent** – BAC is now in final stages of closure as an inpatient service and all remaining inpatients have been discharged to alternate care options from Friday 24 January 2014.

### Headline Issues

- The top issues are:
  - All remaining BAC consumers have been discharged to appropriate care options. The BAC service will remain open with reduced clinical staff for a period of time while they continue transitional support to all receiving services and finalise business requirements.

### Blueprint How does this align with the Blueprint for Better Healthcare in Queensland?

- Providing Queenslanders with value in health services – value for taxpayers' money.
- Better patient care in the community setting, utilising safe, sustainable and responsive service models – delivering best patient care.

### Key issues

- All BAC inpatients have been discharged and transitioned to appropriate care options. The remaining three inpatients were transitioned this week:
- [redacted] – transitioned to [redacted] Hospital and Health Service (HHS) [redacted] with additional 24 hour special nursing observation funded by [redacted]
- [redacted] – transitioned to [redacted] Additional support will be provided by a non-government organisation (NGO) sourced by [redacted]
- [redacted] – transitioned to the Adolescent Inpatient Unit [redacted] HHS, [redacted]  
[redacted] This will be followed by admission to the day program and supported accommodation.  
[redacted]
- The holiday program at BAC in partnership with Aftercare finished on 23 January 2014. Overall, there was good engagement from the young people in the program. All remaining day patients were discharged on 23 January 2013 to appropriate mental health care providers.
- West Moreton and Children's Health Queensland (CHQ) are currently preparing a joint statement about the closure of BAC and announcement about the future models of care.

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| Department RecFind No: | BR058395     |
| Division/HHS:          | WMHHS        |
| File Ref No:           | MD0920140043 |

### Background

7. In August 2013, the Minister for Health announced that adolescents requiring extended mental health treatment and rehabilitation will receive services through a new range of contemporary service options from early 2014. CHQ is responsible for the governance of the new service options to be implemented as part of its statewide role in providing healthcare for Queensland's children.
8. The Minister for Health and West Moreton HHS Board gave a public commitment to ongoing provision of safe and comprehensive clinical care for BAC consumers during the transition to the new statewide adolescent extended treatment and rehabilitation services.
9. Regular contact has been provided with the parents/carers of BAC consumers by the BAC clinical team and executive staff of West Moreton. This is being managed through personal emails, phone calls and ongoing BAC Fast Fact Sheets.

### Consultation

10. Dr Elisabeth Hoehn, A/Clinical Director, CHQ HHS.
11. Dr Anne Brennan, A/Clinical Director, BAC, West Moreton HHS.
12. Dr Bill Kingswell, Executive Director, Mental Health Alcohol and Other Drugs Branch.

**Attachments Nil.**

### Recommendation

That the Director-General:

**Note** the current status of consumers and at the Barrett Adolescent Centre (BAC).

**Provide** this brief to the Minister for information.

RTI RELEASED

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| Department RecFind No: | BR058395     |
| Division/HHS:          | WMHHS        |
| File Ref No:           | MD0920140043 |

APPROVED/NOT APPROVED

NOTED

IAN MAYNARD  
Director-General

/ /

To Minister's Office For Noting

Director-General's comments

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| Author   | Cleared by: (SD/Dir)   | Content verified by: (CEO/DDG/Div Head)  |
|--|--|--|
| Laura Johnson  | Sharon Kelly   | Lesley Dwyer                             |
| Project Officer  | Executive Director   | Chief Executive                          |
| Mental Health and Specialised Services<br>West Moreton Hospital and Health Service | Mental Health and Specialised Services<br>West Moreton Hospital and Health Service | West Moreton Hospital and Health Service |

23 January 2014

23 January 2014

24 January 2014

RTI RELEASED

|                        |              |
|------------------------|--------------|
| Department RecFind No: | BR058395     |
| Division/HHS:          | WMHHS        |
| File Ref No:           | MD0920140043 |

**Briefing Note for Noting**  
The Honourable Lawrence Springborg MP  
Minister for Health

Requested by: Chief Executive, West  
Moreton Hospital and Health Service

Action required by: 29 January 2014

**SUBJECT: Update on the Barrett Adolescent Centre**

**Recommendation**

That the Minister:

**Note** that all inpatients and day patients of Barrett Adolescent Centre (BAC), West Moreton Hospital and Health Service (HHS) have been discharged to appropriate care options as of 24 January 2014.

**Note** The BAC service will remain open with reduced clinical staff for a period of time whilst they continue transitional support to all receiving services and finalise business requirements. Once transition processes are completed a formal joint announcement between West Moreton HHS and Children's Health Queensland will be made that the service has been closed and new service model announced.

APPROVED/NOT APPROVED

NOTED

NOTED

LAWRENCE SPRINGBORG  
Minister for Health

Chief of Staff

Minister's comments

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**Briefing note rating**

1

2

3

4

5

1 = (poorly written, little value, and unclear why brief was submitted). 5 = (concise, key points are explained well, makes sense)  
Please Note: All ratings will be recorded and will be used to inform executive performance.