

**In the matter of the *Commissions of Inquiry Act 1950*
Commissions of Inquiry Order (No. 4) 2015
Barrett Adolescent Centre Commission of Inquiry**

**SUPPLEMENTARY SUBMISSIONS ON BEHALF OF STATE OF QUEENSLAND
REGARDING THE DRAFT NATIONAL MENTAL HEALTH SERVICE
PLANNING FRAMEWORK**

1. At the hearing on 12 April 2016, the Commissioner requested submissions about how to interpret the draft National Mental Health Service Plan and Framework (**Framework**), particularly in light of the fact that both the Barrett Adolescent Centre (**BAC**) and the Walker Unit are expressly mentioned in the Framework.¹
2. The Framework is Exhibit 233.
3. The Framework is a detailed technical document produced by mental health practitioners for use by mental health practitioners. It does not contain provisions that explain its structure, or how it ought be interpreted. In fact there are no definitions contained within the Framework. All States and Territories have agreed the Framework taxonomy and there is a consensus that the Framework will be adapted according to local need.
4. The Framework was developed by a large group of formative experts and from available evidence with which they were familiar. Consultation occurred across all jurisdictions and with key stakeholders including carer and consumers. The provision of the draft Framework was limited to high level jurisdictional planners. That is, with respect, those with the skill and experience to use it.
5. As such, the Commissioner should place significant weight on the explanation about the Framework provided by those mental health experts who gave evidence before the Barrett Adolescent Centre Commission of Inquiry (**Commission**).
6. The Commission heard evidence from Associate Professor Kotze with respect to the Framework. As is evident from page six of the Framework, Associate Professor Kotze contributed to the development and implementation of the project

¹ T27-60/L33-43.

that produced the Framework. She is an eminent Child and Adolescent Psychiatrist and works at the Ministry of Health in New South Wales.

7. Associate Professor Kotze explained her involvement in the development of the Framework in her affidavit at paragraph 61(c) where she states:

In 2012-2013, I was a New South Wales representative in the process of the development of the draft National Mental Health Service Planning Framework.

Approximately 200 experts from across Australia met over a period of more than two years to progress the development of a National decision support tool to support planning for the provision of mental health services across all age groups across a population. This process brought together clinicians, managers, consumers, carers, non-government organisations, academics, researchers and technical, financial, epidemiological and planning experts in a comprehensive process that examined literature and databases in relation to service elements, service utilisation and best available treatment evidence.

The outcome was a taxonomy for agreed service elements in a comprehensive mental health service system and a tool that assists with planning at difference levels in the system (for example, at local, district or State level) for different service elements (for example, day patients, inpatients etc) for each of the different age groups. It is built up from predictions in a population as to the prevalence of mental health disorder/illness, the evidence supporting interventions and the care packages required by consumers. This process involved a comprehensive understanding of the service elements currently provided in the jurisdictions and expert agreement by consensus on what and how much should be provided in an 'ideal system'.

As part of this process, I furthered my comprehensive understanding of the practice of adolescent mental health care in other jurisdictions. Further, my team developed the New South Wales bid for the Early Psychosis Prevention Intervention Centre Development (Commonwealth funded) based on the work of Professor Pat McGorry from Victoria. The preparation of the bid involved extensive examination of youth/adolescent mental health literature and an understanding of youth mental health service models in Australia.

8. In her oral evidence Associate Professor Kotze was asked if she agreed that the Framework did not support a bed based service she stated as follows:

Do you agree that the framework doesn't support a bed-based service? Look, it does. I mean, the framework – the framework supports that there are some young people who would benefit from longer stays in hospital. Now, if you just take the Walker Unit, its average length of stay is in the order of 90 days. If you add the leave beds in, it's in the order of 135 days. But its median length of stay, so the middle point of the frequency

distribution, is actually 42 days. So, in fact, it recognises – and – and that's recognised within the model. There are some young people who would benefit from that longer – longer stay. What the model – and – and that – and that's, really, most particularly young people with those enduring and relapsing mental illnesses like the psychoses and the affective disorders. What the model – what you won't find in the model is, for example, the very long lengths of stay under the Mental Health Act. You also will not find, for example, long length of stay for people with eating disorders. Now, you have to know where to find that in – in the model, but if you take that particular group you won't find that. You also won't find, for example, extended inpatient stay supported for the group of people who have strong emotional dysregulation, which is the borderline personality disorder group in adult – in adulthood. You wouldn't actually go looking for that in this model. You would find that information, for example, from the NHMRC Guidelines for Borderline Personality Disorders. So there's quite a lot of unpicking that has to be done beneath the general statements.

9. The Commission also heard evidence from Dr Kingswell with regard to the Framework. As is evident from page 5 of the Framework, Dr Kingswell was a member of the Framework's Executive Group. In fact, Dr Kingswell was the sole Queensland representative on that group. Of itself that is unsurprising as Dr Kingswell is the Executive Director of Mental Health Alcohol and other Drugs Branch in Queensland. As such he is one of the most eminent and highly respected psychiatrists in this State.
10. In relation to the Framework and the BAC Dr Kingswell gave the following evidence:

There's a – and it may be for the budget reasons but there's a stark contrast between that on the one hand, that is the decision to – the Queensland Plan for Mental Health and all those capital works decisions being underpinned by those things, consultation with various key stakeholders, and this decision that's being made that we're talking about now?

Sure. And there's a whole lot of reasons why the 2007-17 plan had become completely irrelevant by early 2012. So in August 2011 the state reached the National Health Reform Agreement with the Commonwealth that committed the state to delivering statutory entities referred to in Queensland as HHSs and changed the funding arrangements between the funding arrangements between the state and the Commonwealth fundamentally. And made – and it rendered that plan completely obsolete in that if you read that plan it's an input based model. It talks about beds and staff and so on. But you can't write an agreement with the Hospital and Health Service around that. You have to write an agreement with the Hospital and Health Service in terms of these are the services that we expect you to deliver, this is the unit price we're prepared to pay for those

services and these are the outcomes that we expect you to achieve. This plan was obsolete for that reason.

It was also made in part obsolete by the National Mental Health Service's Planning Framework. So the fourth National Mental Health Plan which was committed to by all Australian governments had under its remit one action which was to deliver a nationally consistent set of service elements. That work went on between 2011 and 2013. It cost the Commonwealth something like \$2 million and it involved extensive consultation with all jurisdictions. There were consumer and carers and advocacy groups and clinicians and so on involved in that consultation. And I think the Commission has those documents and can see the taxonomy and the service element description that that plan envisages. And within that, there are extended treatment beds for adolescents and they're referred to as Step Up Step Down units and the model that is anticipated is the YPARC model, the Youth Prevention and Recovery Centres that are found in Victoria. Now, that planning group had available to them other potential models such as the Walker and Rivendell Unit in New South Wales and the Barrett Centre in Queensland. They did not come back and say that they thought that the Barrett Adolescent Centre or the Redlands Unit that would have replaced it was a service element that they wanted to see in Australia. The Barrett Adolescent Centre has no peer, so even the Walker Unit in New South Wales has a very different model of service. It tends to focus its attention on psychotic kids and it runs a duration of service of about six months. The Barrett Adolescent Centre, by contrast, ran a therapeutic community for a very disturbed group of adolescents that were predominantly engaged in very dangerous behaviours. And it kept them in that facility for periods of years. It was a violent and very, very difficult place. We didn't really want to rebuild that in Queensland, in Redlands or anywhere else.²

11. In relation to the ECRG recommendations for a Tier 3 service Dr Kingswell gave the following evidence:

And were you really saying that they were wrong that you needed a tier 3?---

No, no. I just think that they had applied a language that wasn't – wasn't needed. We didn't need them to come back and deliver a taxonomy that was different to the one that had been constructed between '11 and '13 with a whole national [indistinct] so this is exactly what the National Mental Health Services Planning Framework intended not to do. You know, and if you go to the early communiqués from that project and understand what government signed up to, government signed up to a planning framework that would be nationally consistent because there was concerns that when it was done on a jurisdictional basis there would be significant variation in the way they applied evidence to the production of those plans. And that is exactly what we did in Queensland. The much more important question to

² T13-18/L38-T13-19/L29

*ask that group would be having regard to the National Mental Health Services Planning Framework, what are the strengths and weaknesses of the Queensland system and what gaps should we be covering off so that we can properly accommodate this cohort of adolescents at the Barrett Adolescent Centre. We never got that answer from them.*³

12. Dr Kingswell was also asked if the Framework provided an exhaustive list of services and he gave the following response:

...Transition recovery program. And then we scroll down – the second last dot point is Barrett Adolescent Unit – The Park Centre for Mental Health? So they're the services that were surveyed and considered as potential models that could be included in the service element description.

All they're saying they're examples of this service which is one of the categories in this framework document? So I think what you need to do is go to the A3 which I've referred you to and have a look at how the services under youth fall out and you will find that the Barrett Adolescent Centre is not there. The YPARC is there. So all I'm saying is these were the – the services that were available for them to consider as potential models to be included within the service elements. This document is not telling you that the Barrett Adolescent Centre is a model that would fall out of this framework.

Where in this framework does it say that this is an exhaustive list of the sorts of services that should be available in Queensland or Australia? Well, it – it can't be exhaustive but it – but it is many, not all. And when it says it's not exhaustive, it's not exhaustive because there are significant differences between jurisdictions particularly around – in fact, there's three areas that it deals with really badly. It deals with indigenous Australians really badly and there's significant variation across the country as to what proportion of their population is indigenous. It deals with rural and remote services very badly because, again, there's enormous differences around the country in that space. And finally, it doesn't deal with forensic populations at all because everybody has their own Mental Health Act and way of dealing with mentally ill offenders. But for everybody else it – it is a framework of services and – and describes the range of services that should be available for the population.

Dr Kingswell, forgive me if I've – I'm summarising this – but as I understand it you said to Dr Sadler, look, your Barrett Adolescent Centre doesn't fit into the national framework document? No, it doesn't.

And yet you acknowledge that it's not intended to be exhaustive of the frameworks? No. It would be – it's completely adequate to cover an adolescent population in an urban environment. Completely adequate for that purpose. The estimated tool will give you funny numbers but the service element descriptions are not in dispute. Every single policy

³ T13-29/L29-43

*document from 1993 forward makes it very clear that nobody supports the institutional care of adolescents in a stand-alone hospital.*⁴

13. The Commission should exercise caution before concluding that the Framework is evidence that the BAC model of service delivery was reviewed and endorsed or was found to be contemporary by the group responsible for the development of the Framework. Dr Kingswell was very clear that was not the case.
14. Very little evidence regarding the development and application of the Framework has been provided to the Commission. The Framework is not a document that provides thorough examination, explanation or endorsement of specific models of service based on best practice. The fact of such knowledge is assumed as the document is directed to expert mental health practitioners and strategic planners. The Framework is a taxonomy which seeks to provide a nationally consistent estimate of need and demand for mental health services in order to support the Commonwealth and State Governments to effectively plan mental health services across the care continuum.
15. In the Framework at pages 5 through 8 it is acknowledged that there was a high number of mental health and policy experts involved in contributing to the development of the Framework. That list includes Dr Kingswell as a member of the Executive Group. The complete list is as follows:
 - (a) Executive Group:
 - (i) Mr Brenton Alexander (former Member – Australian Government, Department of Health and Ageing);
 - (ii) Mr Eddie Bartnik, Mental Health Commission, Western Australia;
 - (iii) Mr Richard Bromhead, Policy and Government Relations, ACT Government Health Directorate;
 - (iv) Mr David Davies, Mental Health and Substance Abuse, South Australia;

⁴ T13-36/L44-T13-37/L33

- (v) Dr Karleen Edwards (former member – Department of Health, Victoria);
 - (vi) Mr Nick Goddard, Department of Health and Human Services, Tasmania;
 - (vii) Ms Bronwyn Hendry, Department of Health and Families, Northern Territory;
 - (viii) Dr Bill Kingswell (Deputy Chair) Mental Health and Other Drugs Directorate, Queensland Health;
 - (ix) Mr David McGrath (Chair) Mental Health and Drug and Alcohol Office, NSW Ministry of Health;
 - (x) Mr David Mackay, Mental Health and Drug Treatment Division, Australian Government, Department of Health;
 - (xi) Ms Frances Pagdin (Acting) Department of Health and Families, Northern Territory;
 - (xii) Mr Alan Singh (former Member – Australian Government, Department of Health and Ageing);
 - (xiii) Mr Paul Smith, Drugs Research Division, Department of Health, Victoria;
- (b) Modelling, Working Group and Reference Group Members:
- (i) Ms Julie Anderson, Consumer;
 - (ii) Associate Professor David Barton, Southern Health, Melbourne Health, Victoria;
 - (iii) Ms Bridget Bassilios, School of Population Health, University of Melbourne;
 - (iv) Professor Michael Berk, Deakin University Chair in Psychiatry at Barwon Health, Victoria;

- (v) Ms Joyce Bowden, Consultant, Mental Health Service, Northern Territory;
- (vi) Mr Bill Buckingham, Consultant, Mental Health Information Development;
- (vii) Dr Peter Burnett, North Western Mental Health, Victoria;
- (viii) Dr Alison Callear, Centre for Mental Health Research, Australian National University;
- (ix) Mr Joe Calleja, Richmond Fellowship of Western Australia;
- (x) Professor Rob Carter, Deakin Health Economics, Deakin University, Victoria;
- (xi) Professor Helen Christensen, Black Dog Institute, University of NSW;
- (xii) Mr Peter Colliccoat, Mental Health Services, Albury Wodonga Health, Victoria;
- (xiii) Professor Mark Dadds, School of Psychology, University of NSW;
- (xiv) Dr Frances Dark, Rehabilitation Services, Princess Alexandra Hospital, Queensland;
- (xv) Ms Sandra Diminic, School of Population Health, University of Queensland;
- (xvi) Associate Professor Brett Emmerson, Metro North Mental Health Services, Royal Brisbane and Women's Hospital;
- (xvii) Professor Jane Gunn, Department of General Practice, University of Melbourne;
- (xviii) Mr Patrick Hardwick, Carer, Private Mental Health Consumer and Carer Network, WA;

- (xix) Ms Meredith Harris, School of Population Health, University of Queensland;
- (xx) Dr Sam Harvey, School of Psychiatry, University of NSW;
- (xxi) Professor Ian Hickie, Brain and Mind Institute, University of Sydney;
- (xxii) Associate Professor Felice Jacka, School of Medicine, Deakin University, Victoria;
- (xxiii) Professor Anthony Jorm, Melbourne School of Population Health, University of Melbourne;
- (xxiv) The Hon Robert Knowles AO, National Mental Health Commissioner, (formerly) Mental Health Council of Australia;
- (xxv) Associate Professor Beth Kotze, Mental Health Children and Young People, NSW Ministry of Health;
- (xxvi) Ms Melissa Lee, Mental Health Act, ACT Health Directorate;
- (xxvii) Ms Louise McCutcheon, Orygen Youth Health, Victoria;
- (xxviii) Ms Eileen McDonald, Carer, NSW;
- (xxix) Dr Helen McGowan, NMHAS-Mental Health, Older Adult Program, Western Australia;
- (xxx) Dr Roderick McKay, Senior Staff Specialist, South Western Sydney Local Health District;
- (xxxi) Ms Gemma McKeon, School of Psychology, University of Queensland;
- (xxxii) Mr David Meldrum, Mental Illness Fellowship of Australia, South Australia;

- (xxxiii) Associate Professor Cathy Mihalopoulos, Deakin Health Economics, Deakin Population Health SRC, Faculty of Health, Deakin University, Victoria;
- (xxxiv) Professor Philip Mitchell, Health of School of Psychiatry, University of NSW;
- (xxxv) Ms Judi Morris, Mental Health Commission, Western Australia;
- (xxxvi) Mr Noel Muller, Consumer, Queensland Health;
- (xxxvii) Ms Moira Munro, Perth Clinic, Western Australia;
- (xxxviii) Mr Gerard Naughtin, Mind Australia, Victoria;
- (xxxix) Ms Heather Nowak, Consumer;
- (xl) Professor Mark Oakley-Browne, (formerly) Statewide and Mental Health Services, Tasmanian Government;
- (xli) Mr Quinn Pawson, Prahran Mission, Victoria;
- (xlii) Mr Joe Petrucci, Cairns and Hinterland Mental Health and ATOD Service, Queensland;
- (xliii) Professor Daniel Rock, North Metropolitan Area Health Service, Western Australia;
- (xliv) Professor Perminder Sachdev, School of Psychiatry, University of NSW;
- (xlv) Ms Louise Salmon, COPMI Initiative, Sydney Registry of the Family Court of Australia;
- (xlvi) Ms Gail Sant, Carer, South Australia;
- (xlvii) Dr Dan Siskind, Princess Alexandra Hospital, Queensland;
- (xlviii) Associate Professor Meg Smith, Mental Health Association of NSW;

- (xlix) Associate Professor Simon Stafrace, Alfred Health, Victoria;
- (l) Mr Gavin Stewart, Consultant, Mental Health Information Development (Applied Epidemiology);
- (li) Ms Amelia Traino, (formerly) Mental Health and Substance Abuse Division, South Australia Health;
- (lii) Professor Theo Vos, (formerly) School of Population Health, University of Queensland;
- (liii) Professor Harvey Whiteford, Kratzmann Chair in Psychiatry and Population Health, University of Queensland;
- (liv) Mr Derek Wright, Recovery Solutions Group, New Zealand;
- (lv) Ms Lily Wu, Consumer Carer, Mental Health, South Western Sydney Local Health District, Liverpool Hospital;
- (c) Other direct contributors:
 - (i) Professor Philip Burgess, School of Population Health, University of Queensland;
 - (ii) Ms Georgia Carstensen, School of Population Health, University of Queensland;
 - (iii) Dr Terence Cheng, Research Fellow, Melbourne Institute of Applied Economic and Social Research, Faculty of Business and Economic, University of Melbourne;
 - (iv) Dr Sandra Davidson, Department of General Practice, University of Melbourne;
 - (v) Associate Professor Grant Devilly, Associate Professor in Clinical Psychology, School of Applied Psychology and Griffith Health Institute Griffith University;
 - (vi) Ms Tara Donker, Black Dog Institute, University of NSW;

- (vii) Dr Laura Hart, School of Psychological Science, La Trobe University;
- (viii) Dr David Hartman – Clinical Director, Townsville Child and Youth Mental Health Service;
- (ix) Dr Samantha Hollingworth, School of Pharmacy, University of Queensland;
- (x) Ms Margaret Jones, Consultant Psychologist (Statewide) Portfolio lead; Research and Evidence-Based Practice, CAMHS, Child and Adolescent Mental Health;
- (xi) Professor Jayashri Kulkarni, Monash Alfred Psychiatry Research Centre, Melbourne;
- (xii) Dr Stuart Lee, Monash Alfred Psychiatry Research Centre, Melbourne;
- (xiii) Dr Christopher Lilley – Senior Consultant Psychiatrist, Sunshine Coast and Youth Mental Health Service;
- (xiv) Ms Caroline Marshall, Policy and Epidemiology Group, Queensland Centre for Mental Health Research;
- (xv) Ms Siân McLean, School of Psychological Science, La Trobe University;
- (xvi) Dr Caroline Moul, School of Psychology, University of NSW;
- (xvii) Professor Susan J Paxton, School of Psychological Science, La Trobe University;
- (xviii) Ms Katherine Petrie, Black Dog Institute, University of NSW;
- (xix) Dr Nicola Reavley – Research Fellow, Population Mental Health Group, Melbourne School of Population and Global Health, The University of Melbourne;

- (xx) Dr Grant Sara, InforMH, NSW Ministry of Health;
 - (xxi) Professor Michael Sawyer, Head of Research and Evaluation Unit, Women's and Children's Hospital, North Adelaide;
 - (xxii) Mr Roman Scheurer, Policy and Epidemiology Group, Queensland Centre for Mental Health Research;
 - (xxiii) Dr Titia Sprague, Mental Health Children and Young People, NSW Ministry of Health;
 - (xxiv) Dr Nickloai Titov – Co-Director, eCentre Clinic – Centre for Emotional Health, Department of Psychology, Macquarie University;
- (d) Project Team:
- (i) Ms Judith Burgess (Team Manager NSW), Mental Health and Drug and Alcohol Office, NSW Ministry of Health;
 - (ii) Mr Kevin Fjeldsoe, (formerly) Mental Health Alcohol and Other Drugs Branch, Queensland Health;
 - (iii) Ms Marie Kelly, Mental Health Alcohol and Other Drugs Branch, Queensland Health;
 - (iv) Ms Cath King (Team Manager Qld);
 - (v) Ms Anna Kollias, Mental Health and Drug and Alcohol Office, NSW Ministry of Health;
 - (vi) Ms Karissa Maxwell, Mental Health Alcohol and Other Drugs Branch, Queensland Health;
 - (vii) Dr Harry Perlich, Mental Health and Drug and Alcohol Office, NSW Ministry of Health;
 - (viii) Mr Ravneet Ram, Mental Health and Drug and Alcohol Office, NSW Ministry of Health;

- (ix) Ms Meredith Sims, Mental Health and Drug and Alcohol Office, NSW Ministry of Health;
 - (x) Ms Linda Smith, Mental Health and Drug and Alcohol Office, NSW Ministry of Health;
 - (xi) Ms Lauren Stocks (former Member) Mental Health Alcohol and Other Drugs Branch, Queensland Health; and
 - (xii) Mr Brian Woods (Project Director), Mental Health and Drug and Alcohol Office, NSW Ministry of Health.
16. Of those individuals listed above the Commission may wish to contact Mr Brian Woods (former Project Director for the development of the NMHSPF) and Mr Kevin Fjeldsoe (QCMHR, senior member of the NMHSPF project team).
17. The expert opinion informing the Framework was varied and many elements of care were debated. This debate was concerned to exclude out-dated models. The service elements, therefore, describe desirable contemporary care. The expert committee reviewed existing models of care, and those considered out-dated were not included in the final taxonomy.
18. As would be expected the notion of a long-stay adolescent unit on a psychiatric hospital grounds would not be included in the taxonomy. The reason for this is simply that institutional long-stay care is not considered contemporary practice across the mental health continuum in any age bracket.
19. Dr Kingswell is the Queensland expert best placed to explain how the Framework is used in Queensland. As has been outlined above Dr Kingswell gave evidence that he expected the ECRG to develop a replacement model of service for BAC in accordance with the Framework.
20. It is acknowledged and agreed that the most relevant principles in mental health service delivery are:
- (a) least restrictive practice;
 - (b) access to services close to home;

- (c) that children and young people require developmentally appropriate services; and
 - (d) that there must be ongoing evaluation of the effectiveness of the services provided.⁵
21. The Framework remains a draft document. That is not to say that it is of little or no value in analysing service models and projected costs in its current form. It is accepted that the Framework is a document that is under continuous development. However every State has agreed the taxonomy and has a copy of the current draft Framework as is demonstrated by the members of the Executive Group at page 5.
22. The reasons why the Framework remains in draft are not before this Commission but are likely to include national and state political and fiscal considerations outside the remit of this Commission.
23. At the time that the Beta version was in use, all jurisdictions considered the elements were fit to be trialled, in particular the estimator tool, in their local planning processes. It was expected that there would be feedback about the use of the tool for further refinement, and that the tool was iterative in that each use would provide an ongoing feedback loop and further improvements to the Framework would follow.
24. Localisation of the Framework was necessary and this has been done, in Queensland, by the Queensland Centre for Mental Health Research (QCMHR), who have delivered results that have informed the consultation of the new Queensland Mental Health Drug and Alcohol Services Plan 2016-2021 (yet to be endorsed).
25. It is respectfully submitted that the Commission has not been provided with sufficient in-depth explanation about the Framework's application in Queensland from relevant experts other than Dr Kingswell and Associate Professor Kotze.
26. In the Commission's submissions there is discussion of the development of the Framework, *inter alia*, by reference to the Senate Committee's Fourth Interim

⁵ See paragraph 45 of Commission submissions at page 14

Report (**the interim report**).⁶ The Commission is, of course, able to inform itself in any way and is not bound by the rules of evidence but no questions relating to the quoted passages of the interim report were put to any of the expert witnesses called to give evidence at the Commission.

27. Further the Commission submissions state that there is no evidence of a final version of the Framework at the time of writing. That much may be so however there is no evidence before the Commission that it is so. It is also not before the Commission that there will be a final version. It is more likely that there will be an endorsed version subject to ongoing evaluation and refinement over time.
28. In particular, it should be noted that, in response to questions from Counsel Assisting with respect to the reference to the BAC within the Framework, Associate Professor Kotze stated:⁷

MS MUIR: Okay. So the first – this is a document which contains a visual representation of the framework's taxonomy or classification structure. And the classification structure contains two high level groups called Population-Based Universal Services and Services Tailored to Individual Groups. I'd like to take you to the specialised bed-based mental health care services stream which sits within the high level Services Tailored to Individual Groups group. Now, I understand that the specialised – well, the Commission understand that the specialised bed-based mental health care services stream contains a number of service categories including the 2.3.2 subacute services, residential and hospital or nursing home-based service category. Is that correct?---That's correct.

So if we could then go – I'll get this up on the screen – to DBK.500.002.0620 at .0871. If we can go to 871 and over the page. Now, this contains a description of the 2.3.2 subacute services service category and if we could go to .062 – sorry 0873, the seventh dot point under Example Services?---Yeah.

If we scroll down – further down and further down – okay. The seventh dot point – if we can go further down – and you will see the Barrett Centre is listed as an example service - - -?---Yes.

- - - in the description of the subacute services service category. That's correct?---That's correct.

So if the Barrett Centre was considered to not operate a contemporary model of care – which is what I understand you say in your statement – why is it included in the framework as an example service in the description for the subacute services service category?---What that means is that you could take any service example and find a compartment within the framework to

⁶ Commission submissions at paragraph 24

⁷ T23-8/L10-42

*put it, that it's an example of that kind of service. **It's not – it doesn't go to the value of that service in providing a contemporary model of care.** [Emphasis added]*

Okay. So it's just - - -?---So what it says at a very high level is that is where you would put – that's the compartment you'd assign that service to.

29. In relation Service Element 2.3.2.5 (Sub-acute Intensive Care Service – Hospital) and 2.3.3.1 (Non-acute- intensive care Service – Hospital). Both of these elements have been benchmarked against existing secure mental health and rehabilitation units (adults) and an emphasis on security and severity of patient deterioration that is not an accurate description of BAC at that time. With respect, the Commission is attempting to retrofit the BAC model to one of the existing elements.
30. Queensland Health has interpreted service elements 2.3.2.5 and 2.3.3.1 as defining mostly adult patients (and possibly a small cohort of young people) who have:
 - (a) severe and intractable psychosis; and/or
 - (b) severe mood disorders; and
 - (c) special needs of safety, security and risk management; and
 - (d) required service on a hospital campus.
31. These patients have severe difficulty managing activities of daily living as an indication of the effects of severe psychosis in contrast to those young people who were admitted to the BAC with a disorder of emotional dis-regulation and self-harming behaviour but not with the severity of the social or personal disability as described in these elements.
32. It is acknowledged that the technical aspects of the Framework are being refined progressively. However, the service elements, service descriptions and hence the Taxonomy has been agreed.
33. The inclusion of the Barrett Adolescent Centre as an example on pp 254 of the Framework is confusing because BAC is not included in the specific service element outlined further into the sections for sub-acute and non-acute services. This inclusion may have been a result of misinformation or misinterpreting a document or other information about the BAC model of service rather than a

consideration of the service in practice. In any event Dr Kingswell is best placed to provide further explanation to the Commission should any further explanation be required.

Elizabeth Wilson QC
Nicole Kefford
Janice Crawford

15 April 2016