

AT-43	Queensland Government Progress Notes dated 18 September 2013 written by Ashleigh Trinder	WMS.5000.0021.00063	149-150
AT-44	Queensland Government Progress Notes dated 21 October 2013 written by Ashleigh Trinder	WMS.5000.0021.00068	151-152
AT-45	Email from Ashleigh Trinder to [REDACTED] [REDACTED]	WMS.0024.0001.00499	153-154
AT-46	[REDACTED]	[REDACTED]	155-158
AT-47	Queensland Health Clinical Psychology Summary prepared by Ashleigh Trinder dated October 2013	WMS.0024.0001.00565	159-166
AT-48	Queensland Health Clinical Psychology Summary prepared by Ashleigh Trinder dated November 2013	WMS.5000.0021.00070	167-171
AT-49	Email from Danielle Corbett to Ashleigh Trinder dated 13 May 2013	WMS.5000.0021.00110	172-173
AT-50	Email from Danielle Corbett to Angela Clarke, Ashleigh Trinder, Carol Hughes, Kim Hoang and Megan Hayes, copied to Michelle Giles and Lorraine Dowell dated 18 September 2013	WMS.0024.0002.00320	174
AT-51	Email from Ashleigh Trinder to Danielle Corbett dated 30 September, attaching: <ul style="list-style-type: none"> Document entitled 'Organisational Change Helpful Strategies for Allied Health – BAC As at 30 Sept 2012' 	WMS.0024.0001.00510 WMS.0024.0001.00511	175-177
AT-52	Email from Ashleigh Trinder to Tawanda Machingura copied to Georgia Watkins-Allen dated 31 October 2012, attaching: <ul style="list-style-type: none"> Georgia Watkins-Allen and Ashleigh Trinder, 'BAC Dept of Psychology Provision of Service' attention to Tawanda dated October 2012 Email from Scott Natho to Ashleigh Trinder dated 6 February 2013 Email from Ashleigh Trinder to Scott Natho dated 6 February 2013	WMS.0025.0001.14174 WMS.0025.0001.14175 WMS.5000.0021.00092 WMS.5000.0021.00094 WMS.0024.0003.00001 WMS.0021.0001.00713 WMS.0024.0001.00092	178-192


Ashleigh Trinder


Witness

	Email from Ashleigh Trinder to Scott Natho dated 13 February 2013 Email from Trevor Sadler to Ashleigh Trinder, Danielle Corbett and Georgia Watkins-Allen dated 1 March 2013 Email from Ashleigh Trinder to Lorraine Dowell dated 11 October 2013		
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**Ashleigh Trinder**

14571958/1

**Witness**

ASHLEIGH TRINDER



Registration/Membership

Psychologist	Registered with AHPRA, 2010 Clinical Endorsement
Clinical Psychologist	Member of the APS Clinical College from 2011 Eligibility with Medicare Australia (Clinical) from 30 th September, 2010 Medicare Provider – Current ATAPS Provider – Current STAP trained Clinical Supervisor – Current

Education

Doctorate of Clinical Psychology	Queensland University of Technology, 2010 GPA of 6.00
Bachelor of Psychology	University New England, 2006 First Class Honours
Higher School Certificate	Wingham High School, 2001 University Admission Index: 88.8

Employment Summary

Headspace, Woolloongabba Clinical Psychologist	March, 2014 to current
External Supervision Clinical Supervisor to Psychology Registrars	September, 2014 to current
Headspace, Inala Clinical Psychologist	March, 2014 to March 2015
K.C. Psychological, Nundah Psychologist/Clinical Psychologist	2010-2014

Ashleigh Trinder

October, 2015

Barrett Adolescent Centre, Wacol 2009-2013
Queensland Health
Psychologist/Clinical Psychologist

Training/Placements

ATAPS training	Completed online training for Suicide Prevention and 2 day Cultural Awareness Training, 2014
Supervision STAP	Completed 2 day course, 2013
Aggressive Behaviour Management Mandatory Queensland Health Training	Completed 5 day course in 2010; Refresher day, 2012
First Aid Certificate	Completed 2 day course, 2011
Child & Youth Mental Health Service (CYMHS) Training	Completed 5 day course, 2007
Barrett Adolescent Centre, Wacol	Extended 12 month Externship, 2008
Ipswich & West Moreton Psychology Clinic, Ipswich	6 month Externship, 2007
Child & Youth Mental Health Service, Strathpine	6 month Externship, 2007
QUT Psychology Clinic, Carseldine	12 month Internship, 2006

Research

Doctoral Research Thesis

Topic: *Familial Experience of Adolescents with Congenital Heart Disease (CHD)*,
supervised by Professor Ross Young.

Honours Research Thesis

Topic: *Efficacy of Emotional Disclosure in Imagery as a Coping Method*, supervised by
John Malouff.

Academic Distinctions**Scholarships**

The Stanley Wilson Scholarship, 2005 for most outstanding record

University of New England, Country Scholarship, 2002-2005

Prizes

The UNE Women's Association Prize, 2005 – for 2004 annual examinations

First Year Professor D R Grey Prize in Philosophy, 2003

Membership

Golden Key International Honour Society Membership, 2003; top 15% in undergraduate degree

Interests**Professional**

My passion is to work with young people and their families in the context of both prevention and treatment of mild to severe and complex mental health issues.

Personal

My personal interests involve body balance/yoga, music, reading, walking, photography, architecture, dancing and travelling.

Headspace, Woolloongabba, Private Clinical Psychologist (Contractor – 4 days per week, Supervision (external) – 1 day a week)

I am currently contracted as a clinical psychologist at headspace, a mental health youth organisation, to provide psychological services to young people (for individuals between 12 and 25 years old) with a MHTP under the Better Access scheme through Medicare, Australia and ATAPS. Duties completed include assessment, diagnosis, treatment planning and treatment delivery via evidence-based practice; communication with referring GP's via initial GP letters, 6 and 10 Session reviews, closure letters, and phone calls as necessary; risk-assessment and follow-up calls to patients; case note writing and letter and report writing as required (i.e., to support Centrelink applications or special consideration for school or university); and, consultation with the clinical team leader and other allied health professionals as required. Individual supervision is also provided to university students (i.e., probationary psychologists) and clinical psychology registrars. The Team Leader position involved case review of intake assessments, triaging, liaising with stakeholders and other professionals, care planning and policy and procedures review.

Headspace, Inala, Private Clinical Psychologist (Contractor - 2014-2015)

As above in private practitioner role at Woolloongabba headspace.

K.C. Psychological, Private Clinical Psychologist, 2010 - 2014 (PT)

I was previously contracted as a clinical psychologist in a private clinic to provide services to patients (i.e., adolescents and adults with a range of mental health disorders) with a MHTP under the Better Access scheme through Medicare, Australia. Duties completed included assessment, diagnosis, treatment planning and treatment delivery via evidence-based practice; communication with referring GP's via initial GP letters, 6 and 10 Session reviews, closure letters, and phone calls as necessary; risk-assessment and follow-up calls to patients; case note writing and letter and report writing as required (i.e., to support Department of Housing applications, letter of attendance to parole officers and Disability Support Pension applications); attendance to staff meetings and peer supervision, and delivery of individual supervision to fellow colleagues.

Barrett Adolescent Centre, Psychologist, 2009 - 2013 (PT)

Employment as a psychologist at the Barrett Adolescent Centre (BAC), an inpatient facility for adolescents with severe and complex mental health problems, ended due to its closure in January, 2014. My role at BAC involved providing clinical psychology services, including assessment, risk assessment, diagnosis, formulation, treatment planning and implementation of treatment strategies; facilitating a DBT group and social skills group; providing and offering support to allied, nursing and teaching staff members; facilitating ward and community activities; facilitating and conducting interviews for new referrals; writing case notes, brief reports and psychology reports; liaising and working with families; participating in intensive care reviews and case conferences; liaising with stake-holders via tele-conference and video-conference; facilitating the development of screening device measures; implementing behavioural programs and communicating with the multidisciplinary team on a regular basis.

Referees

Dr Angela Hain

Acting Team Leader
Headspace, Woolloongabba;
Clinical Psychologist
PA Mood Team

Danielle Corbett

Clinical Psychologist
Psych Consultants



JAR:
Closing Date:
Contact Person: Scott Natho, Senior Psychologist

Position Number:	026523 (a)
Position Title:	Clinical Health Practitioner – HP3 (Clinical Psychologist)
Work Unit/ Division/ Area:	Barrett Adolescent Centre The Park – Centre for Mental Health
Location:	West Moreton South Burnett Health Service District
Classification Level:	
Salary Level:	
Reports to:	Senior Psychologist, The Park – Centre for Mental Health
Award:	<i>Health Practitioners (Queensland Health) Certified Agreement (No 1) 2007</i> <i>District Health Services Employees' Award – State 2003</i>
Date of Review:	28 March 2008
Delegate Authorisation:	Director of Clinical Services, The Park – Centre for Mental Health

ABOUT OUR ORGANISATION

Queensland Health's mission is 'creating dependable health care and better health for all Queenslanders'. Within the context of this organisation there are four core values that guide our behaviour. These values are -

- **Caring for People:** demonstrating commitment and consideration for people in the way we work.
- **Leadership:** we all have a role to play in leadership by communicating a vision, taking responsibility and building trust among colleagues.
- **Respect:** showing due regard for the feelings and rights of others.
- **Integrity:** using official positions and power properly.

PURPOSE, CONTEXT AND REPORTING REQUIREMENTS OF THE POSITION

- The purpose of the position is to provide professional best-practice, evidence-based clinical psychology services to clients of the Barrett Adolescent Centre (BAC), one of five specialised tertiary mental health services which comprise the The Park – Centre for Mental Health.
- The Barrett Adolescent Centre is a tertiary inpatient and day-patient facility providing medium stay assessment and interventions for referred adolescents with a range of emotional, behavioural and psychiatric disorders within the context of a multidisciplinary mental health service.
- The Barrett Adolescent Centre provides a state-wide service to all of the Health Districts across Queensland. This facility is an integral part of a State-wide network of Child and Youth Mental Health Services providing extended treatment and rehabilitation program for adolescents with severe and complex disorders. The Barrett Adolescent Centre supports 15 inpatient beds and 5 day-patient places. Each Adolescent within this service is accorded dignity and respect as an individual and as a member of a community, allowing him or her to work towards assuming appropriate autonomy. Opportunities that would normally be available to a member of the wider community will also be available to those who reside on this site with respect to clinical, rehabilitation, educational and legal considerations. More information about the Barrett Adolescent Centre

and the Park – Centre for Mental Health is available via the Queensland Health website (www.health.qld.gov.au/the_park/).

- As member of a multidisciplinary team, the psychologist position is clinically responsible to the Adolescent Clinical Program led by the Clinical Director of the Barrett Adolescent Centre. Operationally and professionally the position reports to the Senior Psychologist of The Park – Centre for Mental Health.

KEY ACCOUNTABILITIES

Clinical Practice:

- As part of a multidisciplinary team and tertiary psychiatric service for adolescent patients, their families and carers, deliver high level clinical psychology services in accordance with the Australian Psychological Society (APS) Code of Ethics, Ethical Guidelines and the National Practice Standards for the Mental Health Workforce. In particular:
 - Identify and assess the complex psychological (cognitive, emotional, behavioural and personality) functioning and needs of adolescent patients using standardised psychological measures and strategies in order to contribute to both diagnosis and conceptualisation of presenting clinical problems.
 - Design, implement and evaluate evidenced-based psychological therapies and interventions for adolescent patients, their families and carers, relevant to conceptualisation of identified clinical problems.
 - Complete documentation of assessments, treatments and evaluations, including clinical chart entries and discipline specific reports.
- Undertake high level or advanced clinical psychology duties within a specialised tertiary psychiatric facility for adolescent inpatients with infrequent need for direct clinical practice supervision.
- Apply independent professional judgement to a complex caseload, adapting routine clinical practice based on valid and reliable evidence.
- Contribute to the development of clinical practices, procedures and protocols that support the continuum of care engaging cross-discipline referencing where relevant.

Communication and Team Participation

- Provide specialist psychological advice to professional and operational supervisors, relevant service managers and other stakeholders, including primary and secondary public mental health services, educational centres and non-government agencies regarding the provision of adolescent mental health care.
 - Provide consultation from the perspective of clinical psychology to other staff involved in the planning, development and implementation of specialised treatment and rehabilitation programmes for adolescent patients.
- Work collaboratively within a multidisciplinary team by effectively integrating clinical psychology services and perspectives with those of other disciplines to effect optimal mental health outcomes for adolescent patients across both the tertiary inpatient setting, as well as secondary and primary mental health services (i.e. Child and Youth Community Mental Health) in the community of the relevant Health Service District.
 - Participate in providing multidisciplinary mental health care through consultation, care coordination, clinical meetings and other activities relevant to supporting the clinical program of the Barrett Adolescent Centre.
- Communicate and liaise effectively across a variety of mediums (i.e. face-to-face, written) and settings with patients and their families, carers, other health professionals, supervisors, students and researchers, as required to effect client and organisational outcomes.

Leadership / Work Unit Management

- Monitor and report as required on clinical psychology practices and outcomes within the Barrett Adolescent Centre and actively participate in initiating, developing and implementing quality and service improvement activities that enhance the delivery of clinical psychology services within the centre, including implementation of clinically relevant research.
 - Participate in the planning and development of the multidisciplinary clinical program of the Barrett

Adolescent Centre to ensure delivery of high-quality coordinated care.

- Actively contribute to quality improvement processes and participate in reporting service data relevant to the Barrett Adolescent Centre and the adolescent inpatient population.
- Provide clinical practice supervision to less experienced psychologists and post-graduate psychology placement clinicians in accordance with the guidelines of the Psychologists' Registration Board of Queensland to ensure the maintenance of professional standards of clinical psychology within the Barrett Adolescent Centre.
- Participate in continuous professional development activities including clinical supervision, professional training, in-service programs, discipline specific meetings (psychology/peer supervision) and performance appraisal processes.

MANDATORY REQUIREMENTS

General (or Full) registration, or eligibility for general registration with the Psychologists Board of Queensland as per the Psychologists Registration Act 2001 and Psychologists Registration Regulation 2002.

Possession of an undergraduate degree in Psychology from a University accredited or eligible for recognition by the Australian Psychology Accreditation Council (APAC) is the minimum requirement. Post-graduate clinical training and / or extensive clinical experience relevant to the clinical setting and population are required for this position. Possession of post-graduate qualifications (e.g. Masters Degree, DPsych, PhD) from an APAC-accredited psychology training programme or equivalent is highly desirable, especially in the areas of clinical psychology, clinical neuropsychology, developmental and educational psychology. Alternatively, commensurate experience in the provision of high level clinical psychology services with demonstrated relevance to adolescent inpatients, their families and carers is necessary.

Accreditation as a recognised clinical supervisor, or eligibility for accreditation and/or completion of the Supervision Training and Accreditation Program (STAP) as recognised by the Psychologists Board of Queensland is highly desirable. Full membership (or eligibility for full membership) with the Australian Psychological Society (APS) College of Clinical Psychologists and or any other APS College of clinical relevance is also desirable.

A criminal history check will be conducted on the recommended person for this job.

Potential applicants are advised that the *Commission for Children and Young People and Child Guardian Act 2000* requires Queensland Health to seek a 'working with children check' from the Commission for Children and Young People and Child Guardian prior to appointment to this position.

Please note that as per Queensland Health policy, it is mandatory that you have been vaccinated against Hepatitis B or have commenced a course of vaccination. You must provide documentary evidence of this vaccination prior to commencement of your employment.

KEY SKILL REQUIREMENTS

Clinical Expertise	Demonstrated high level of clinical knowledge and expertise relevant to the delivery of evidence-based clinical psychology service provision to adolescent inpatients of the Barrett Adolescent Centre which reflects professional best-practice standards.
Customer Focus	Demonstrates strong communication skills whilst providing customers with a professional and flexible service that meets their needs.
Staff Management	Effectively manages staff, mentoring and delegating and co-ordinating workloads appropriately to maximise the skills of staff.
Developing Others	Promote a learning environment within the team and contribute to the learning of others through excellent mentoring, strong group presentation skills and the willingness to share knowledge with others.
Continuous Learning	Proactively develops own continuous learning and networks and promotes a learning environment within the team.
Continuous Development	Proactive and motivates others to maintain a continuous improvement focus and actively develops and supports

	research opportunities for the department.
Organisation and Planning	Effectively manages self using strong time management, prioritisation and delegation skills to achieve deadlines.
Work Values	Demonstrates honesty, integrity and respect for all patients, carers and staff.

Applicants should submit a covering letter and resume (written responses to the assessment criteria are not required). The Selection Panel will base their selection on the assessment criteria below.

	Assessment Criteria	Weighting (only if required)
AC1	Clinical Expertise and Ability Demonstrated high level of clinical expertise relevant to the delivery of evidence-based clinical psychology service provision to adolescent patients, their families and carers which reflects professional best-practice standards.	40%
AC2	Customer Focus and Communication Demonstrated strong communication skills across a variety of mediums (face-to-face, electronic, written) and forums (individual and group) and which evidently supports a professional and flexible service which meets the needs of the adolescent patients, their families, carers. Demonstrated ability to provide general clinical advice to professional and operational supervisors, multidisciplinary staff and placement students regarding clinical psychology service delivery across a variety of mediums and forums.	20%
AC3	Developing Others Demonstrated ability to initiate, plan and evaluate local service improvement initiatives and provide clinical supervision to less experienced staff and post-graduate psychology clinicians.	20%
AC4	Continuous Learning and Development Demonstrated commitment to continuous professional development and learning and the development of networks relevant to the provision of clinical psychology services and/or adolescent clinical populations. Similarly, demonstrated promotion of a learning focus within relevant multidisciplinary and professional environments. Proactive and motivates others to maintain a continuous improvement focus and actively develops and supports research opportunities for the service, department or organisation.	20%

ABOUT THE HEALTH SERVICE DISTRICT/ AREA/ DIVISION/ BRANCH/ UNIT

The West Moreton South Burnett Health Service District is responsible for the provision of health services to the community and is committed to achieving continuous quality improvement in client service within a Quality Management Framework.

The District covers approximately 19,460km² to the West of Brisbane and extends from the New South Wales border to the town of Proston to the North. In 2001, the population of WMSB HSD was 200,558. This has grown to 218,172 in 2006, and is projected to increase to 240,875 in 2011. Throughout this time, the population of West Moreton South Burnett Health Service District has remained constant at approximately 5.5% of the total Queensland population.

The West Moreton South Burnett Health Service District provides services to the communities of Boonah, Cherbourg, Esk, Ipswich, Kingaroy, Laidley, Murgon, Nanango and Wondai.

The Park- Centre for Mental Health is a tertiary mental health facility. Ipswich Hospital is the main acute facility. Community Health services are provided across the district.

ADDITIONAL INFORMATION

- This position may be subject to a "pre-employment history check" which could include working with children, identity, bankruptcy, and/or previous disciplinary history checks.
- A criminal history check will be conducted on the recommended person for this role.
- Probation will apply to all new permanent employees. There is a six-month probationary period for all new employees. Probation does not apply to casual or temporary engagements, transfer-at-level or appointment on promotion. The Park and the Barrett Adolescent Centre support and expects interdisciplinary team work.

An interdisciplinary emergency response process is in place, including a formal training programme (Aggressive Behaviour Management - ABM). All clinical staff are expected to actively participate in any emergency response within the clinical environment.

- A non-smoking policy is effective in Queensland Government building offices and motor vehicles.
- Queensland Health is an equal employment opportunity employer.
- It is an expectation that all staff work in accordance with the Queensland Health Code of Conduct 2006, the Workplace Health and Safety Legislation, Infection Control Policies and all other policies, directives and legislation that impact upon their position.
- Health Care Workers in Queensland Health whose occupation poses a potential risk of exposure to blood or body fluids must be immunised against Hepatitis B according to the National Health and Medical Research Council Australian Immunisation Handbook 8th edition and the Queensland Health Infection Control Guidelines.
- Hepatitis B immunisation is a condition of employment for Health Care Workers in Queensland Health who have direct patient contact (eg. Medical officers, nurses and allied health staff), as well as those staff who, in the course of their work, may be exposed to blood or body fluids, for example by exposure to contaminated sharps e.g. (but not confined to) plumbers.
- Proof of vaccination must be provided to the Human Resource Management Department upon acceptance of appointment. Proof of vaccination can be provided via a letter from a general practitioner, infection control or occupational health department.

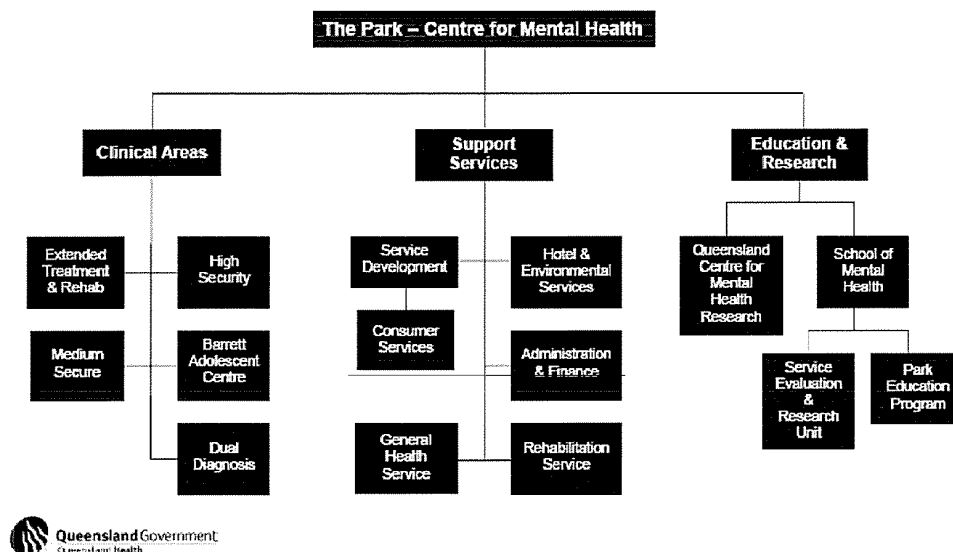
Please Read the Applicant Information Kit to ensure that you have provided all required information for your application to be considered.

How do I submit my application?	
Online:	Visit www.health.qld.gov.au/workforus to search for your preferred job and APPLY ONLINE from there.
Postal:	Recruitment Services – West Moreton South Burnett PO Box 2221 Mansfield BC QLD 4122
Street:	2 nd Floor Nexus Building 96 Mt Gravatt-Capalaba Road MT GRAVATT QLD 4122
Need assistance:	<ul style="list-style-type: none"> • Read the Applicant Information Kit • Contact Recruitment Services on [REDACTED] • Voice Mail on [REDACTED]

Role Description	o Approved Supervisor	Dated:
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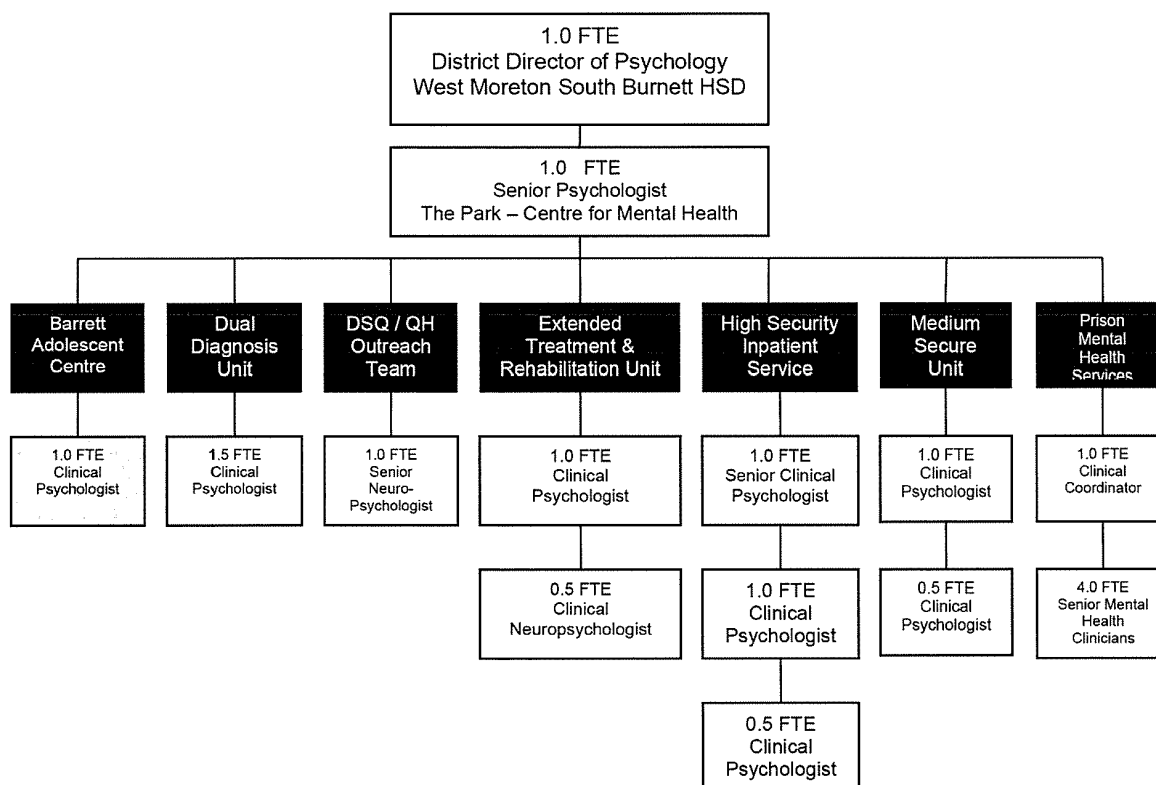
The Park – Centre for Mental Health
Treatment, Research and Education

Organisational Structure



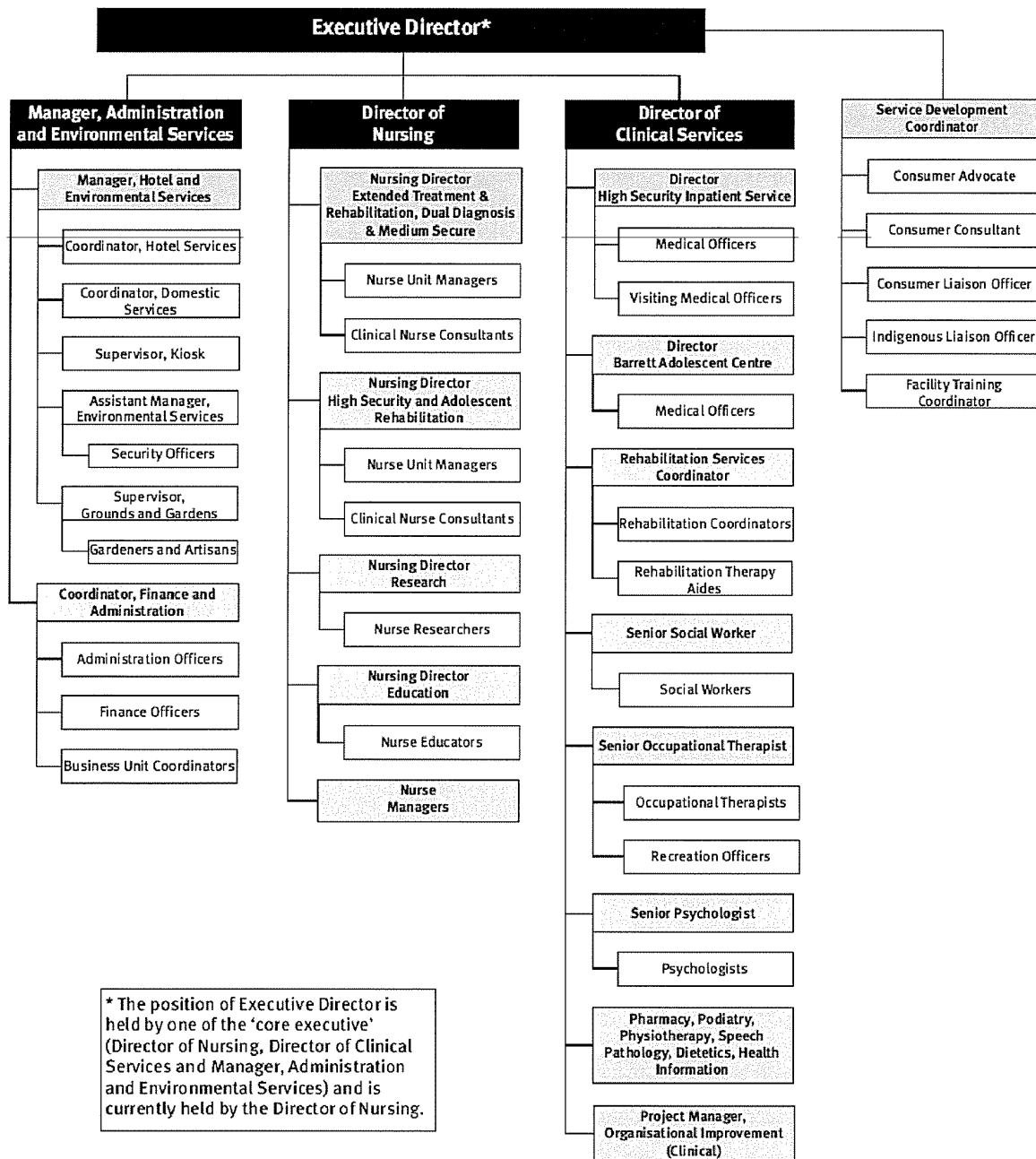
Professional Reporting Relationships – Psychology

The Park – Centre for Mental Health



The Park - Centre for Mental Health
Treatment, Research and Education

Professional Support Organisational Structure



From: Lorraine Dowell
Sent: 8 Mar 2013 15:21:48 +1000
To: Ashleigh Trinder
Subject: Re: Leave Application

Hi Ashleigh,

Honestly, I don't know what the future for BAC will be.....

My hunch is that it will most likely NOT continue here at The Park.

My hunch is that something must happen before the end of the financial year.

As you are a temporary employee on a contract, should BAC close, your contract will just end and then so will your employment here. You will not be considered as surplus as your appointment is temporary.

Should BAC continue and Danielle continue to work part-time, then there is a high probability that you will also continue in a complementary capacity against the same position if this is what you wish.

I have absolutely NO clarity at all about the future of BAC.

I think Scott's advice to plan for the worst but expect the best is good. Individuals need to consider their longer term employment needs and take appropriate action to minimise harm to themselves and families as a result of potential service closure and unemployment.

I'm sorry that I am unable to provide any more insights I don't think Tawanda knows either .

Kind regards,

Lorraine

>>> Ashleigh Trinder 8/03/2013 1:17 pm >>>
Thanks Lorraine.

I have attached my leave application form. =)

Also, do you feel that we have clarity, or within a months time we will have more clarity, about my locum position continuing beyond June and whether my contract is likely to be extended 6 to 12 months at a time as previously done? I know this actually eventuating is dependent on the unit staying open or transitioning to another location, however, I assume that as long as the psychology position stays active and Danielle continues to attend part-time that I would continue contracting the other half of the position. Any thoughts you have on this would be greatly appreciated.

Thanks again for your support and proactive and prompt response to my needs and my recent and current set of circumstances. It is very much welcomed amongst all this confusion and chaos.

Kindest Regards,

Ashleigh

From: Ashleigh Trinder
Sent: 22 Mar 2013 09:50:51 +1000
To: Lorraine Dowell
Subject: Re: Contract

Hi Lorraine,

Thank you; I appreciate your time once again. Hopefully, we will soon know the outcome of some decisions made.

Also, I just wanted to determine which form to use for sick leave (was the leave application form the right one?), as I was away on Wednesday. Also, I didn't know if there were any changes to whom I should inform when I am sick. I typically inform Elaine our admin officer at Barrett. Is there an ideal or this adequate?

I hope you have a lovely weekend; hopefully we have some sunshine.

Kind Regards,

Ashleigh

>>> Lorraine Dowell 3/19/2013 6:56 am >>>
Hi Ashleigh.

Sorry I have not heard anything at all - not even possibilities or whispers..... closure or relocation will take time. Personally I thought that maybe by the end of the financial year.... but I have no evidence to support this, just my wonky logic in keeping with the fiscal restraint climate we are experiencing.

I know this is a very difficult time for everyone, including the young people effected. Everyone needs to do what is in their personal best interest. People have futures, not positions. We need to continuously invest in ourselves as a saleable and valuable product and sometimes this means some side detours, planned and unplanned. As long as we continue to grow professionally then it is all good and never a waste or lost.

I will certainly let you know if I hear of anything. Maybe Dr Sadler is likely to be the first to know anything.

Have a lovely day.

Lorraine

>>> Ashleigh Trinder 18/03/2013 5:04 pm >>>
Hi Lorraine,

Thank you. I just wanted to know if you have heard anything else regarding the likelihood of extending my contract post June 30 if BAC remains. I know Georgia is going through her own complicated process. Do you have any information regarding this?

Thank you again.

Kind Regards,

Ashleigh

>>> Lorraine Dowell 3/18/2013 3:58 pm >>>
Hi Ashleigh,

As at 13/3/13 the movement form to extend you till 30 June was scanned and emailed to Tawanda. From here it goes to Sharon Kelly, Ian Wright then Lesley Dwyer then back to me. I'll let you know as soon as I hear back. It is a difficult process, but also likely to continue to be in place for some time.

Kind regards,

Lorraine

>>> Ashleigh Trinder 18/03/2013 1:30 pm >>>
Hi Lorraine,

I was just wondering if you are aware of where the paperwork for my contract til June 30 is up to? I have received an email regarding my leave being signed off, so I assume/hoping the contract is not far behind, though I know extra channels are required for contracts.

Thanks again for keeping track of all this for me.

Kind Regards,

Ashleigh

From: Leanne Geppert
Sent: 6 Aug 2013 21:09:55 +1000
To: Ashleigh Trinder
Cc: Michelle Giles; Lorraine Dowell
Subject: Barrett Adolescent Strategy Update
Attachments: WMHHS-CHQ BAC 130805.pdf, FAQ BAC.pdf, Expert Clinical Reference Group Recommendations July 2013.pdf

Dear Ashleigh

I am currently acting as the Director of Allied Health and Community Mental Health while Michelle Giles is on leave.

A meeting was called today with the staff of the Barrett Adolescent Centre. I understand today is not a rostered work day for you. Unfortunately, I was unable to locate a home email or phone number for you. However, I did want to ensure you were able to access the information discussed at today's meeting and hence have utilised your work email.

Please find attached three documents regarding the Barrett Adolescent Strategy for your information.

You are also very welcome to call me (contact details below) tomorrow or at any time throughout the week to discuss this information and any questions you may have. Alternatively, you are also welcome to contact Lorraine Dowell, who was present at the meeting today.

Regards
Leanne

Dr Leanne Geppert
A/Director of Strategy
Mental Health & Specialised Services

West Moreton Hospital and Health Service

T: [REDACTED]
M: [REDACTED]
E: [REDACTED]

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

www.health.qld.gov.au

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



**Queensland
Government**

What is the Barrett Adolescent Centre (BAC)?

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

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

What is happening to BAC?

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

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

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

Who was in the expert clinical reference group?

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

What will happen to the consumers currently being treated at BAC?

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

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

What happens if there are not enough spaces for young people in other services?

The implementation group will consider all the available services and any extra services that might be required to support this particular group of adolescents.

What will happen to the young people currently waiting for a place in BAC?

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

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

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

What is the process, and how long will it take, to transfer the existing consumers to other services or facilities?

The governance of the adolescent mental health service has been handed to the Children's Health Queensland Hospital and Health Service and an implementation group will progress the next step. This group will use the expert clinical reference group recommendations, and broader consultation, to identify and develop the service options.

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

Is this a cost cutting exercise?

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

What happens to the funding previously allocated to BAC?

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

Will jobs be lost?

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

What about the education services?

The Department of Education, Training and Employment is committed to continuing education plans for all BAC consumers.

How can I contribute to the implementation process?

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

West Moreton Hospital and Health Service

Expert Clinical Reference Group Recommendations
Barrett Adolescent Strategy
July 2013

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

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

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

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

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

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

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

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

4. Duration of treatment

ECRG Recommendation	Planning Group Recommendation
<p>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.</p>	<p>Accept with the following considerations.</p> <p>This issue requires further deliberation within the statewide planning process.</p> <p>The duration of treatment needs some parameters to be set, however, this is primarily a clinical issue that is considered on a case-by-case basis by the treating team and the consumer.</p>

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

ECRG Recommendations	Planning Group Recommendations
<p>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.</p>	<p>Accept with the following considerations.</p> <p>The Planning Group recommends removing "Band 7" from the ECRG recommendation. All educational services need to be evaluated by Department of Education, Training and Employment (DETE) on a case-by-case basis, taking into consideration service model, location, student numbers and complexity.</p> <p>The Planning Group supports the statement that educational resources are essential to adolescent extended treatment and rehabilitation services.</p> <p>The Planning Group recommends consultation with DETE once a statewide model is finalised.</p>

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

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

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

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

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

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

Media Statement



**Queensland
Government**

6 August 2013

Statewide focus on adolescent mental health

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

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

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

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

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

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

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

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

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

"This means that we will work closely with West Moreton HHS as well as other hospital and health services and non-government agencies to ensure there are new service options in place by early 2014," Dr Steer said.

"This model of care may include both inpatient and community care components.

"Understanding what options are needed has already begun with the work of the expert clinical reference group, and now we can progress this further and implement the best options for these young people," he said.

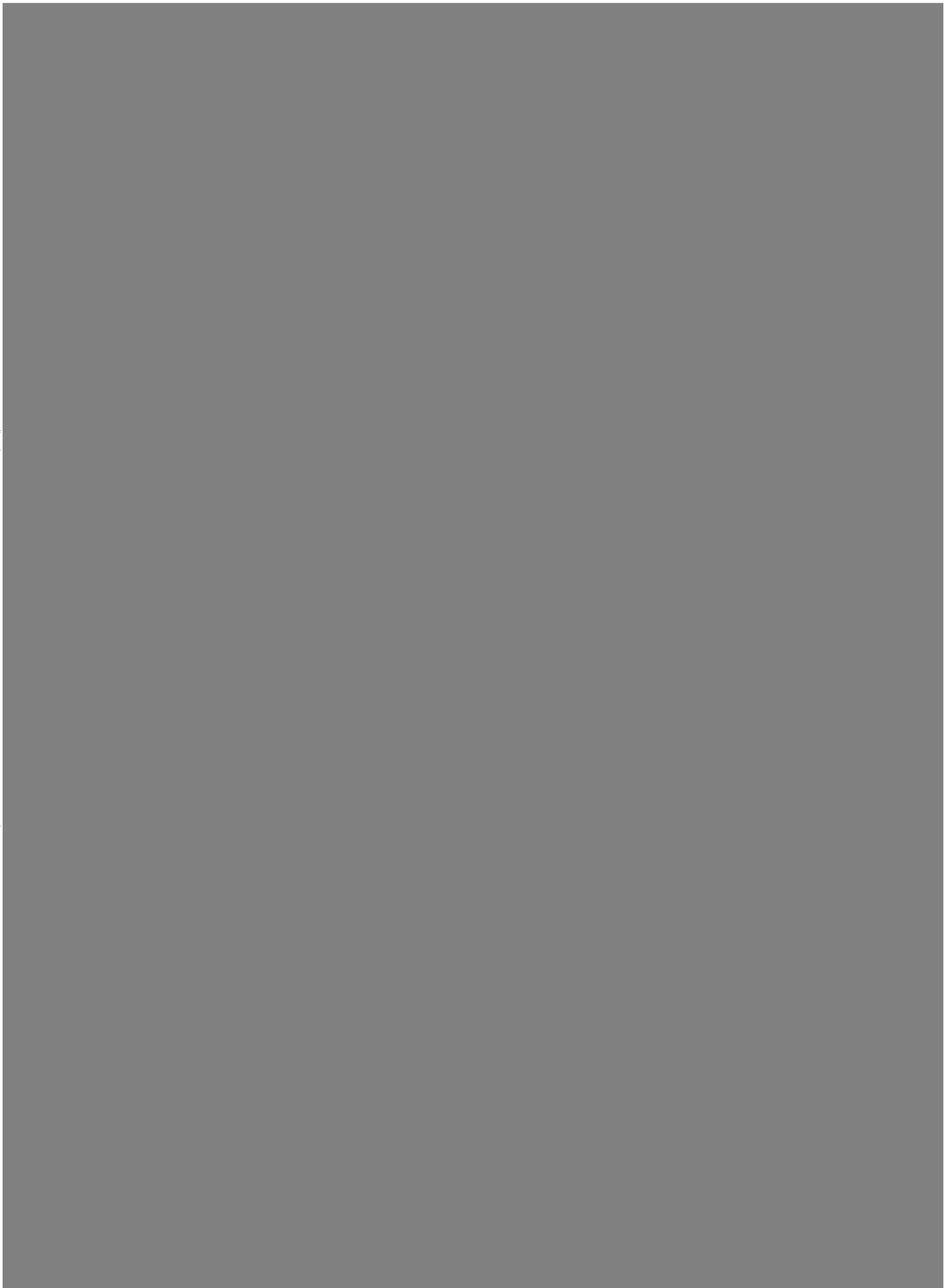
"This is a positive step forward for adolescent mental health care in this state," Dr Steer said.

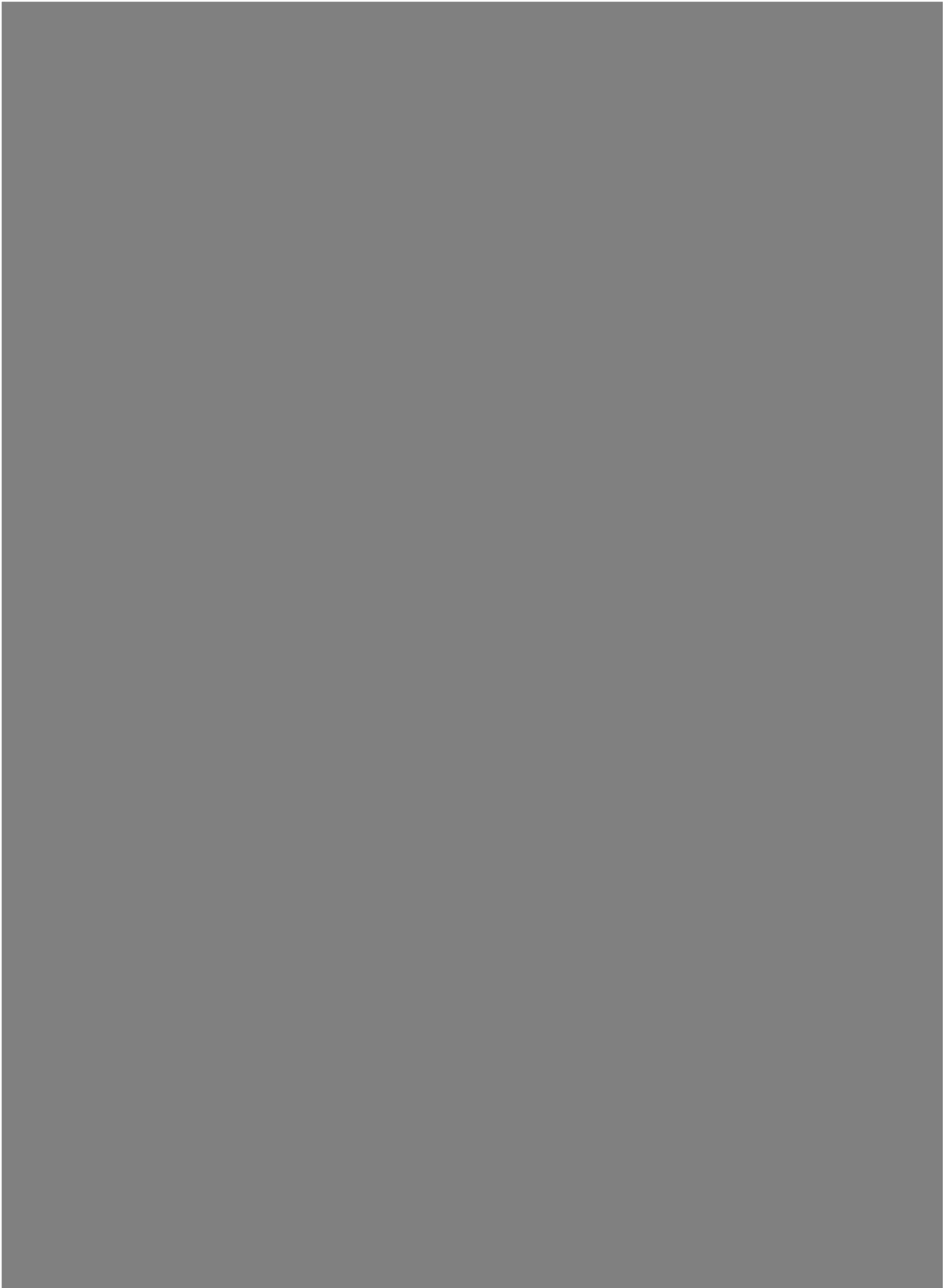
To view the expert clinical reference group recommendations visit
<http://www.health.qld.gov.au/westmoreton/html/bac/>

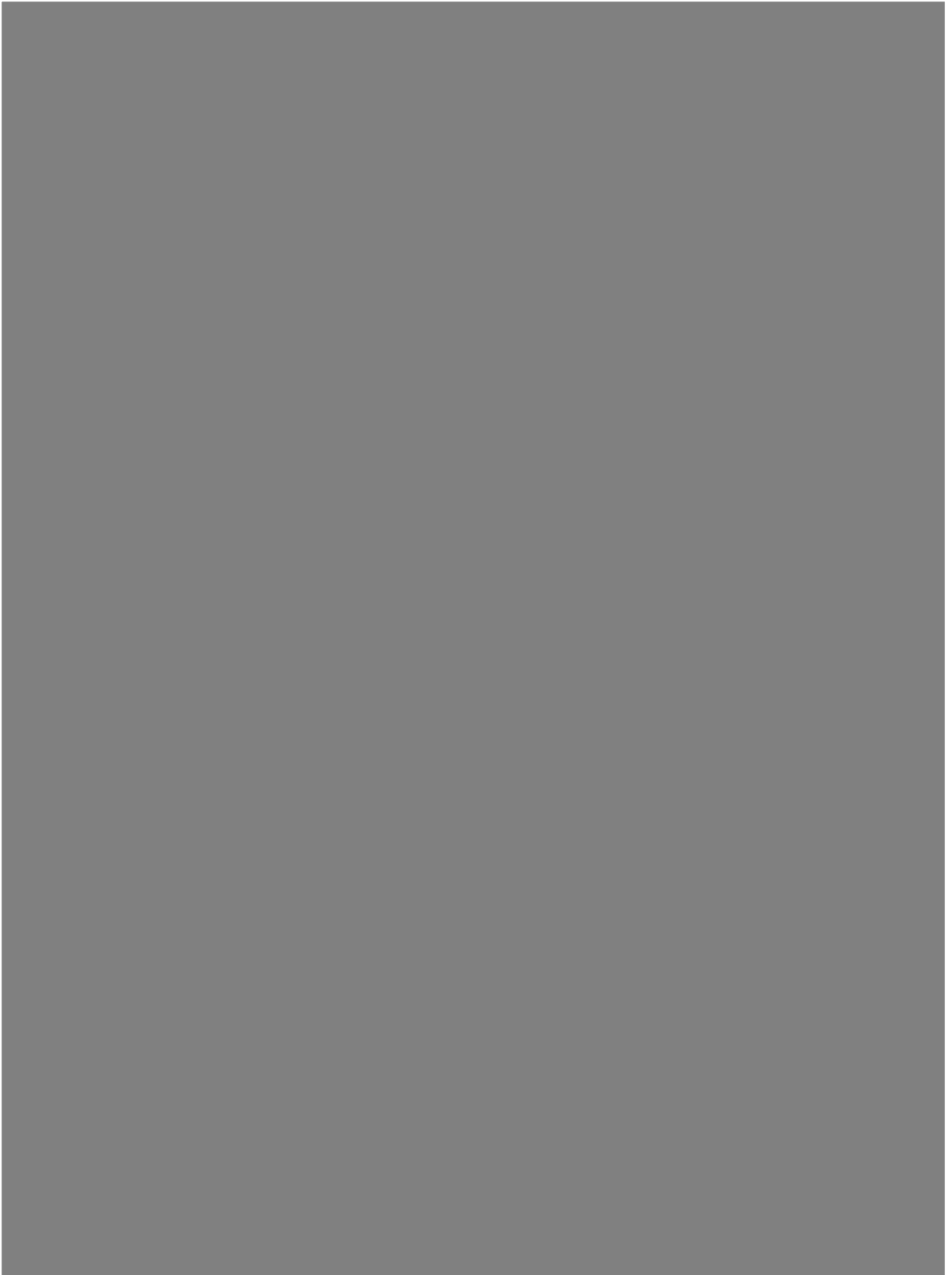
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Media contact:

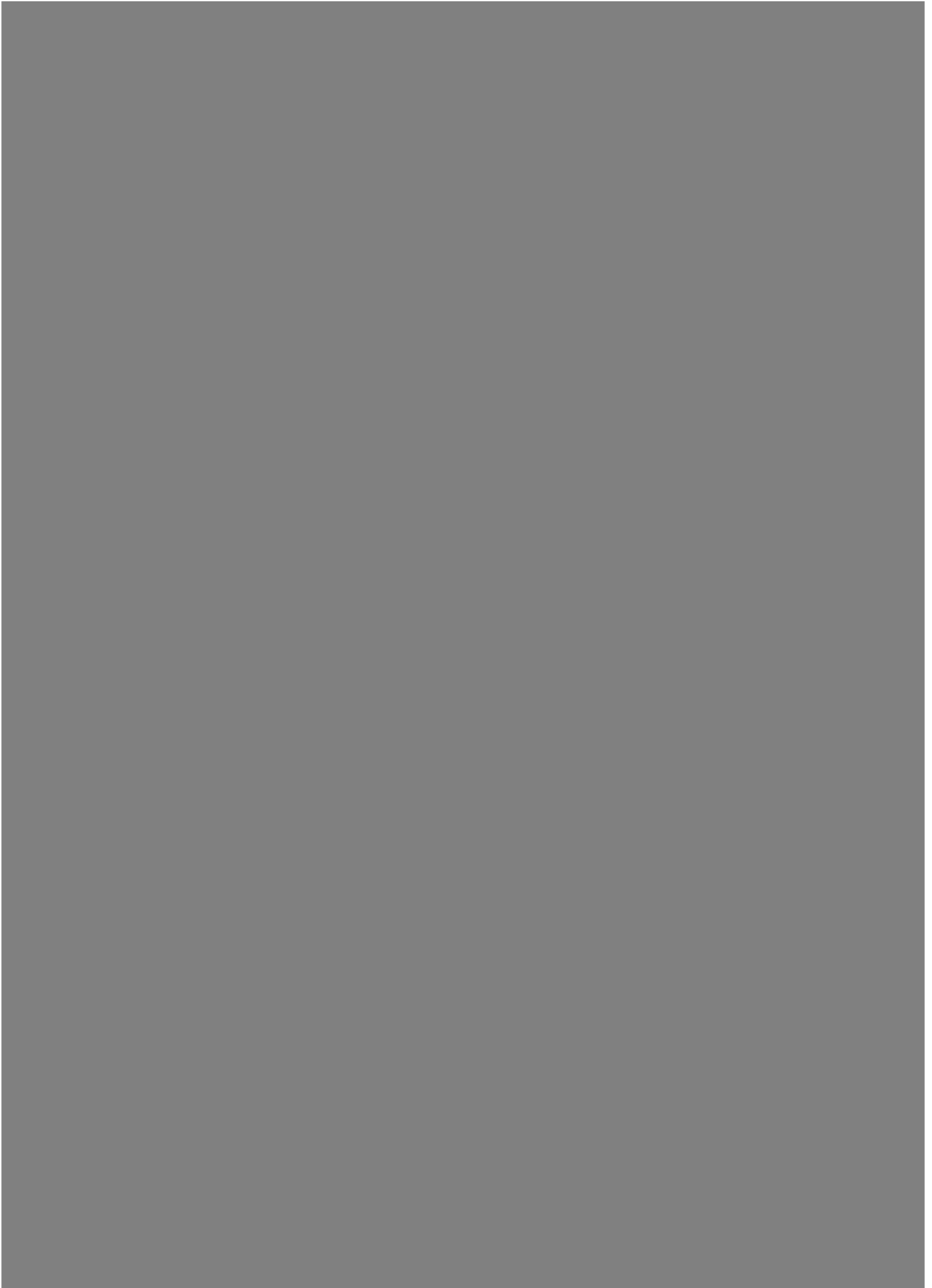
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Children's Health Queensland - [REDACTED]







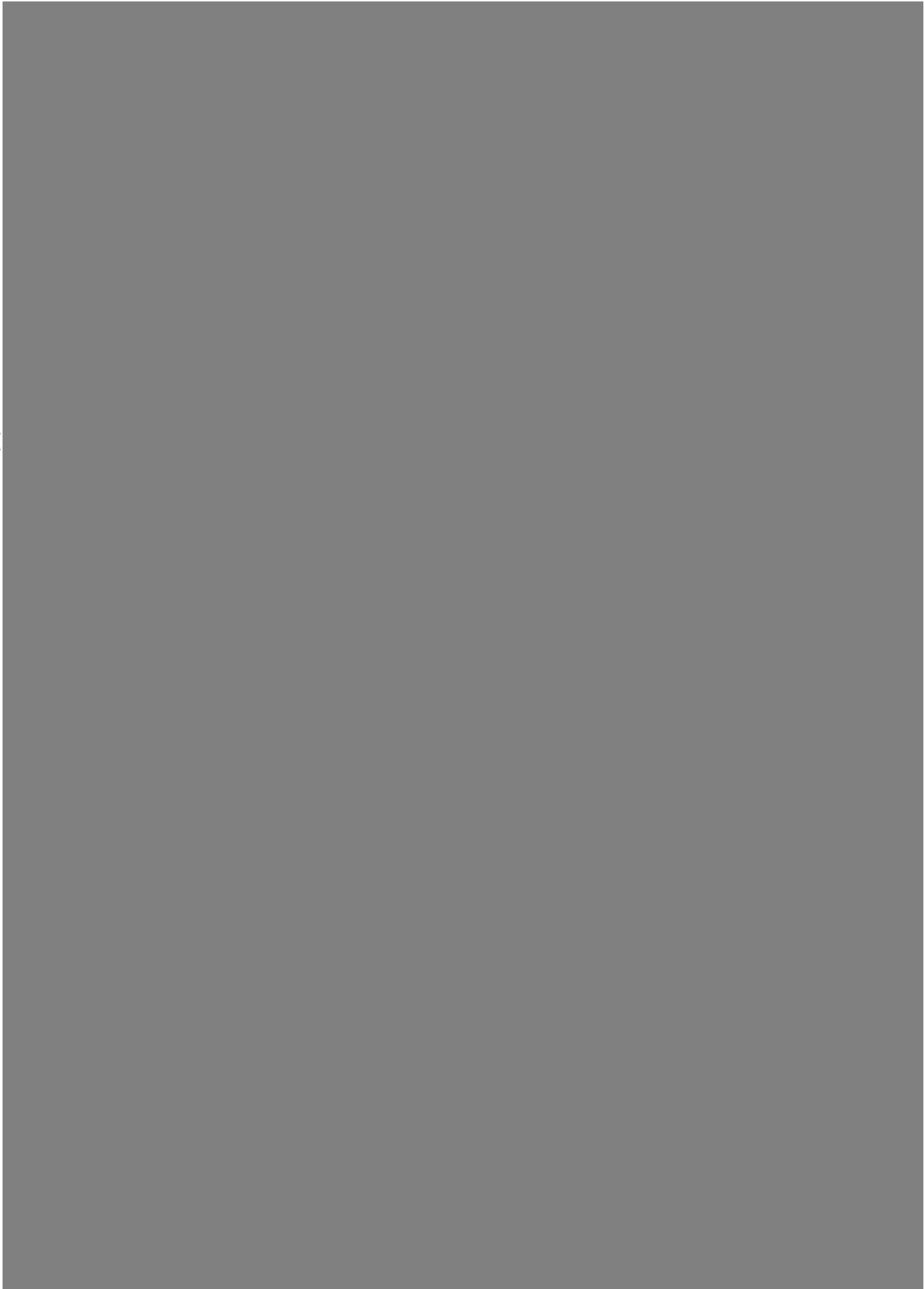


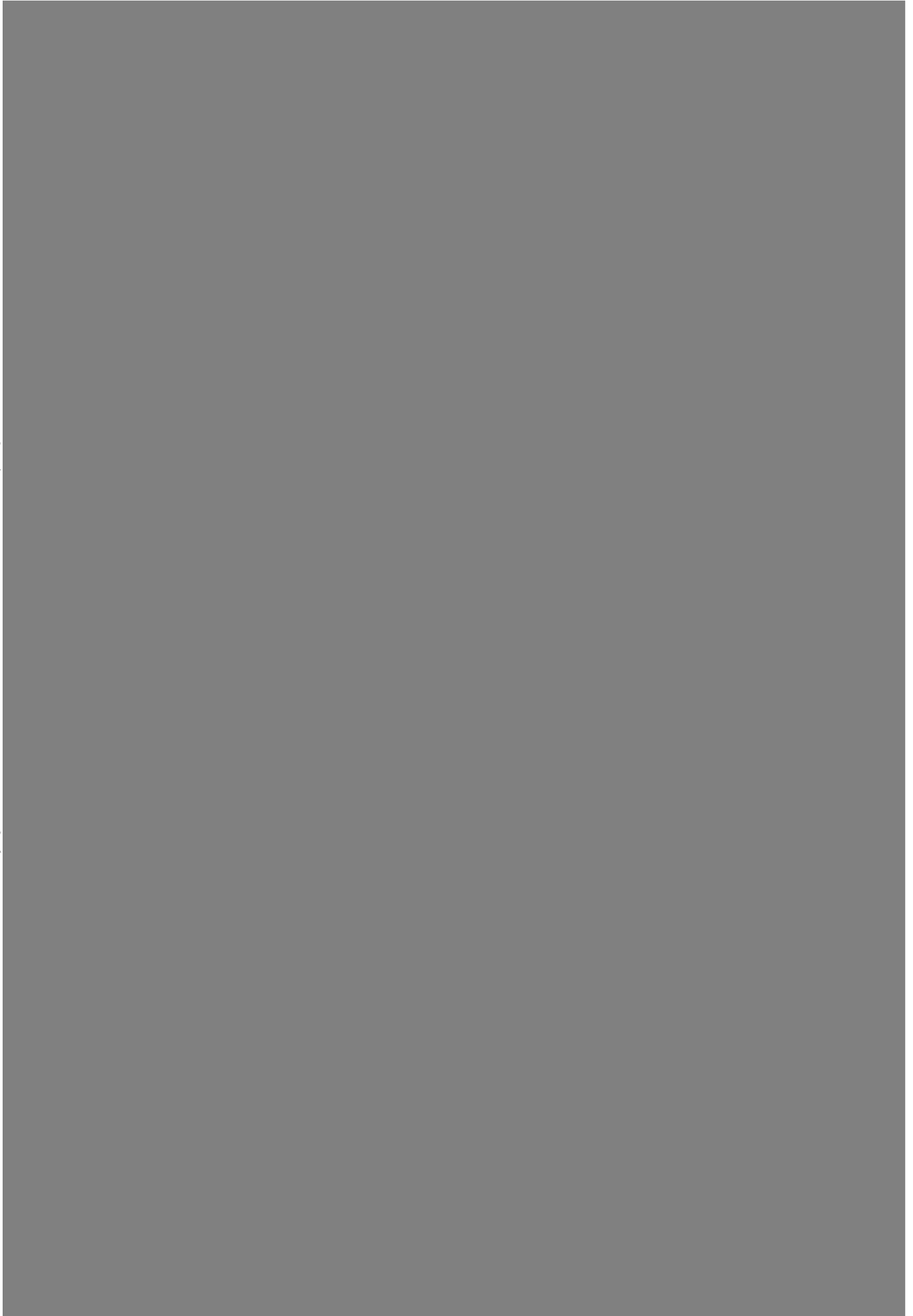


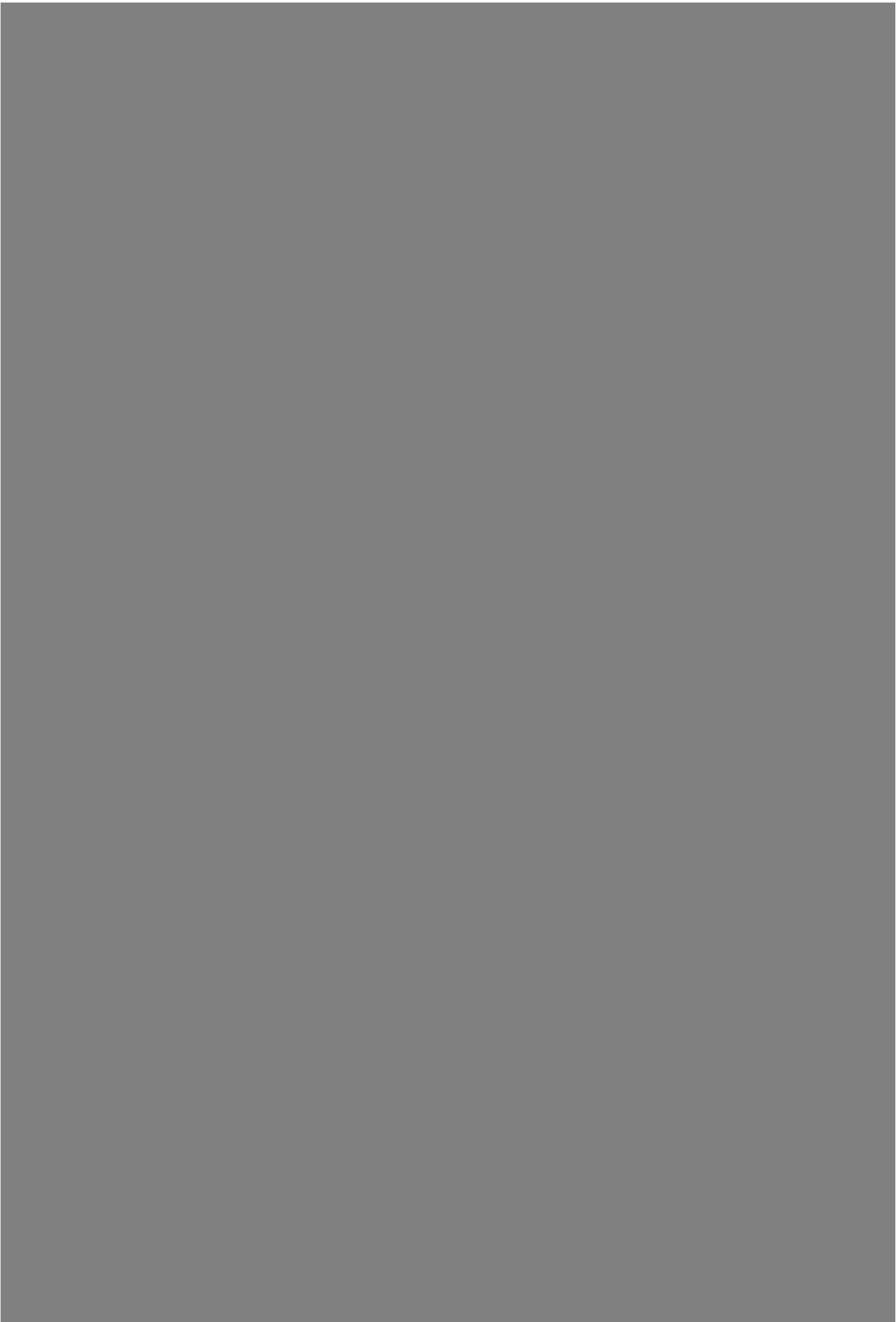


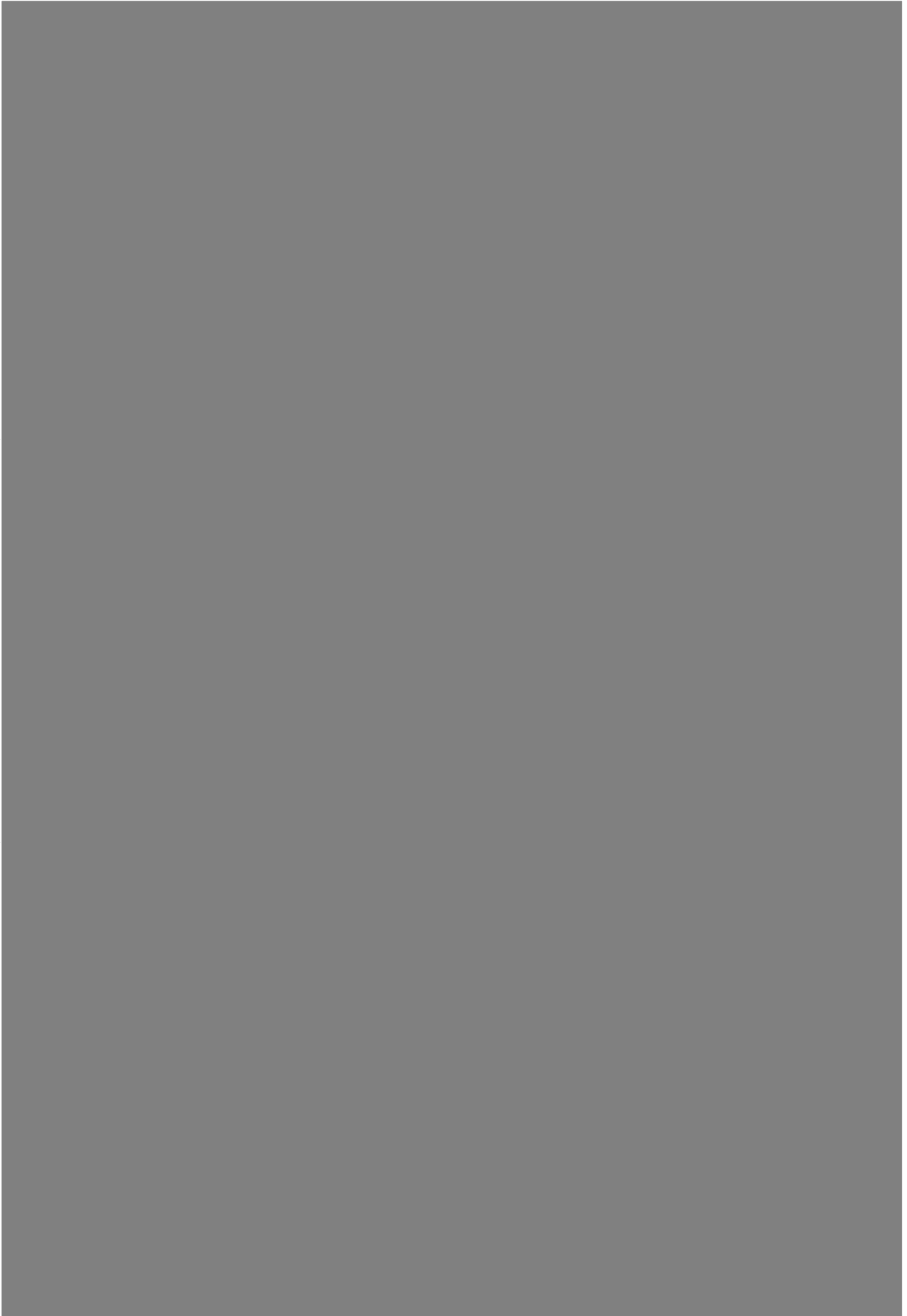


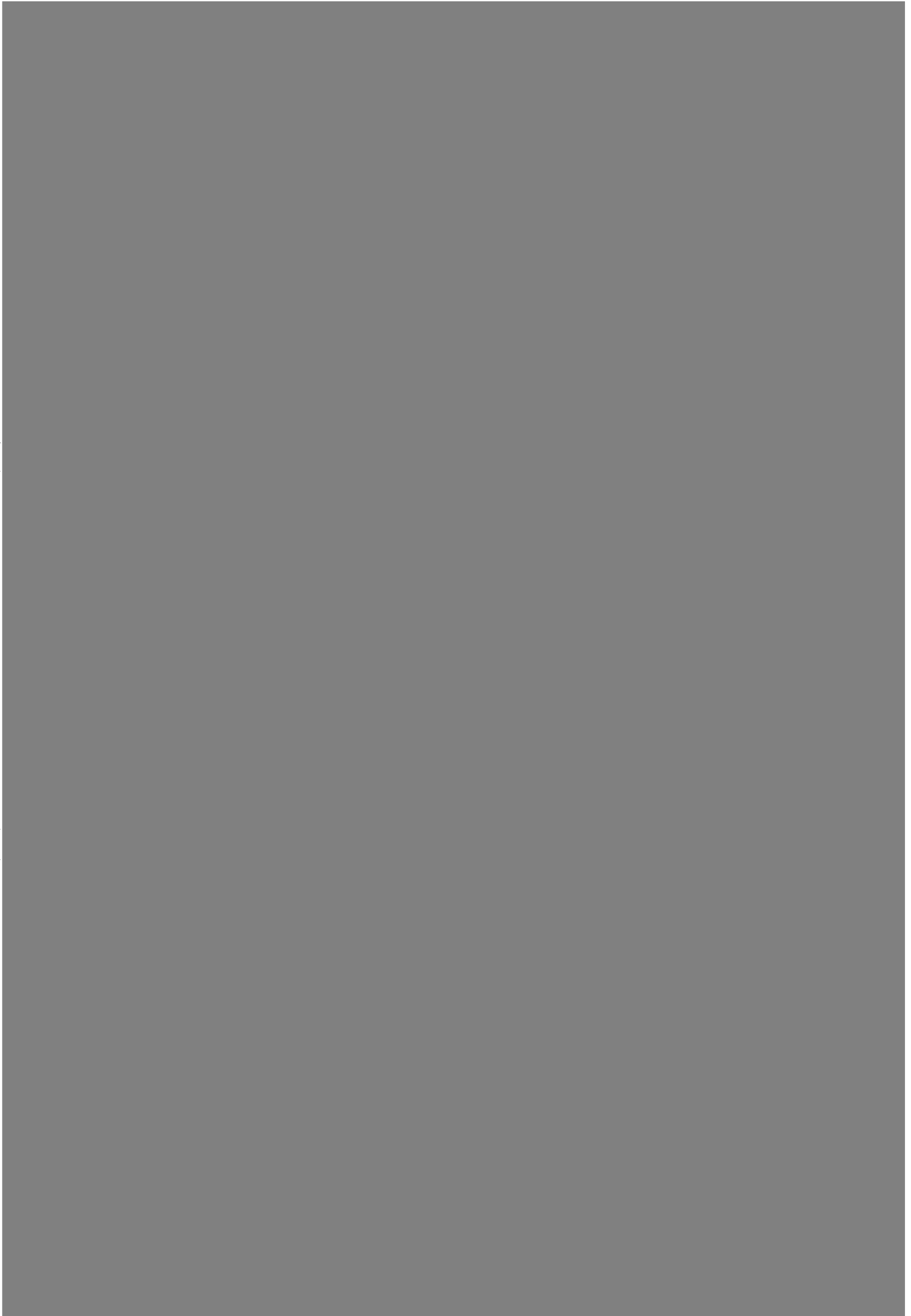
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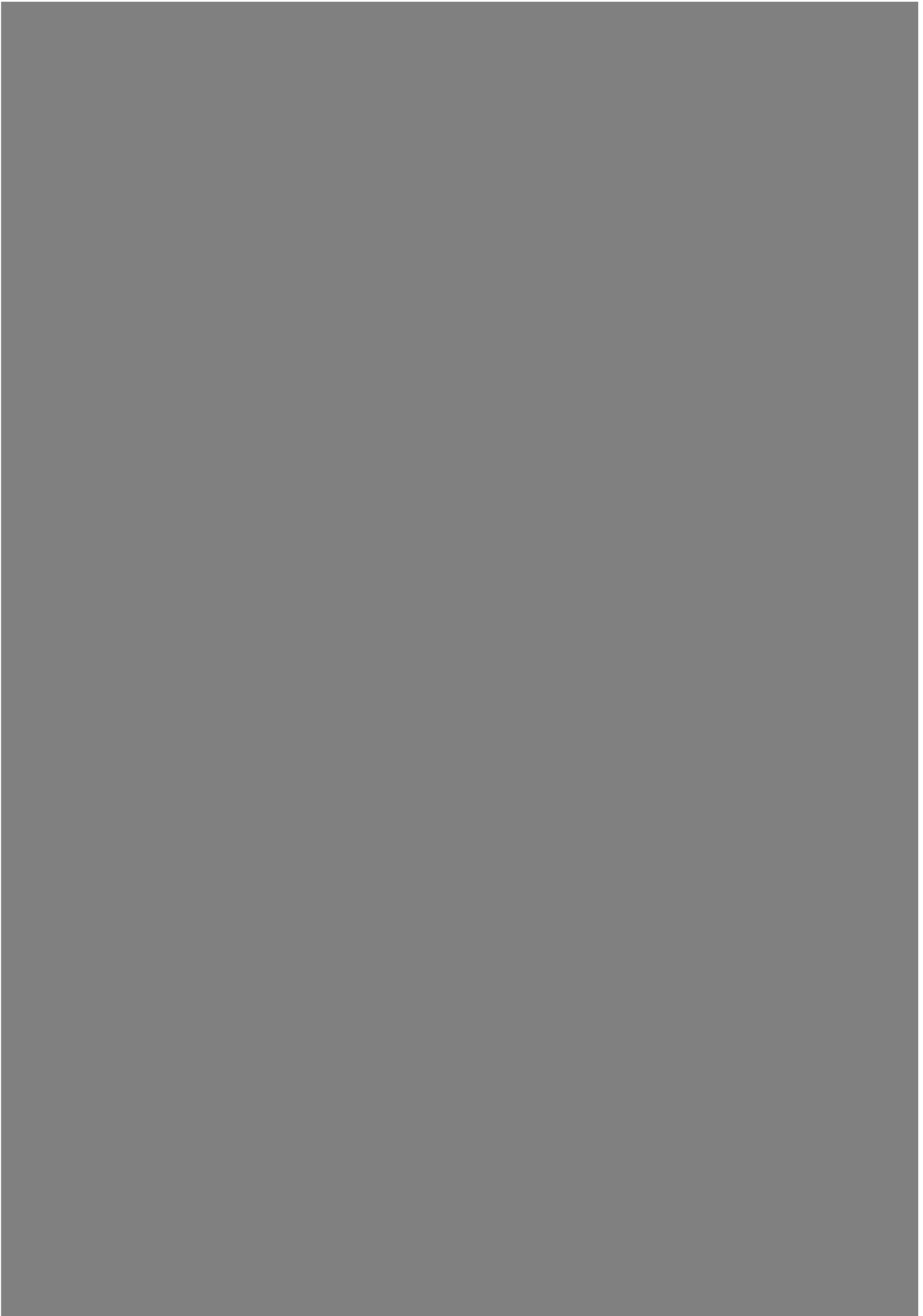


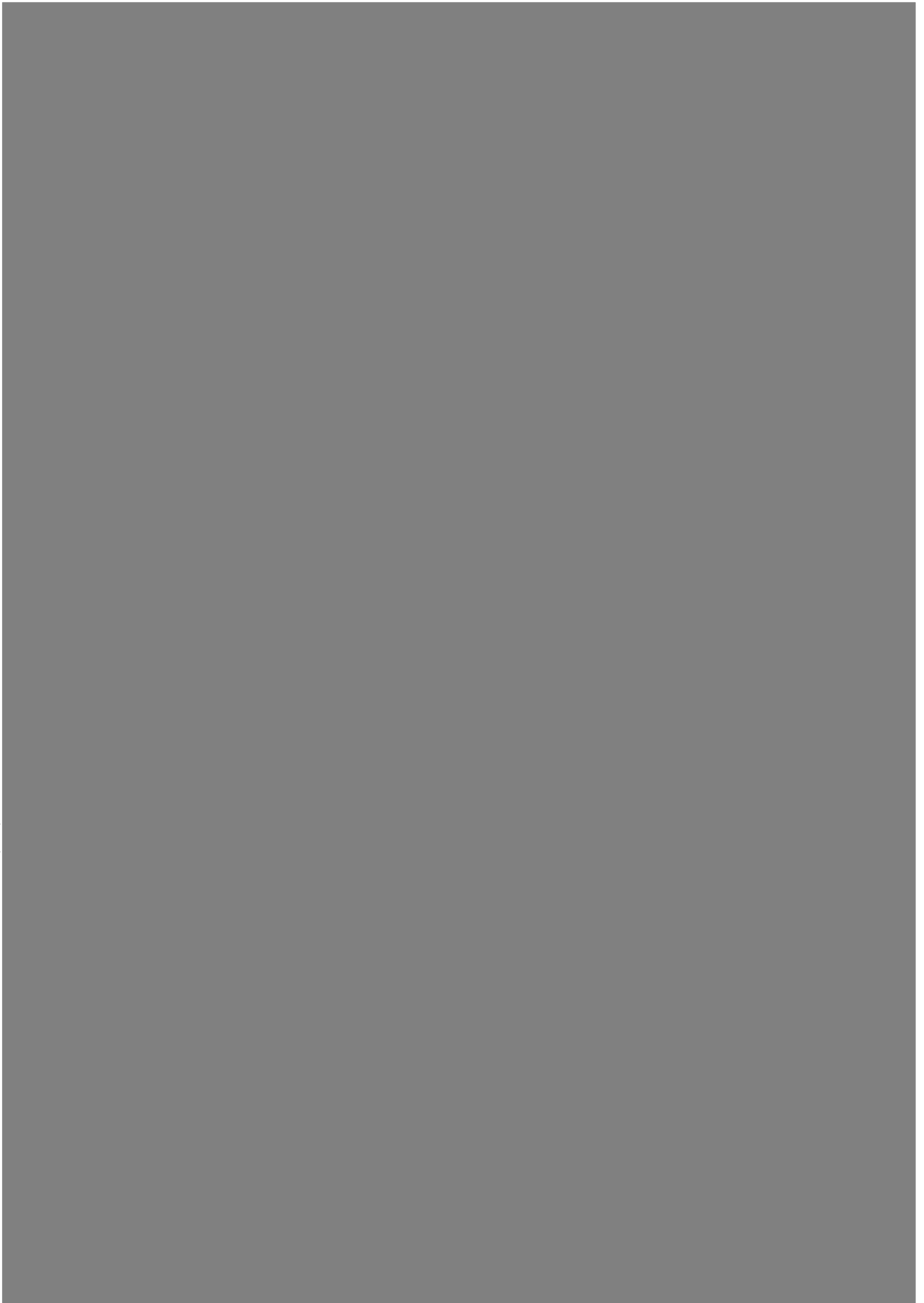


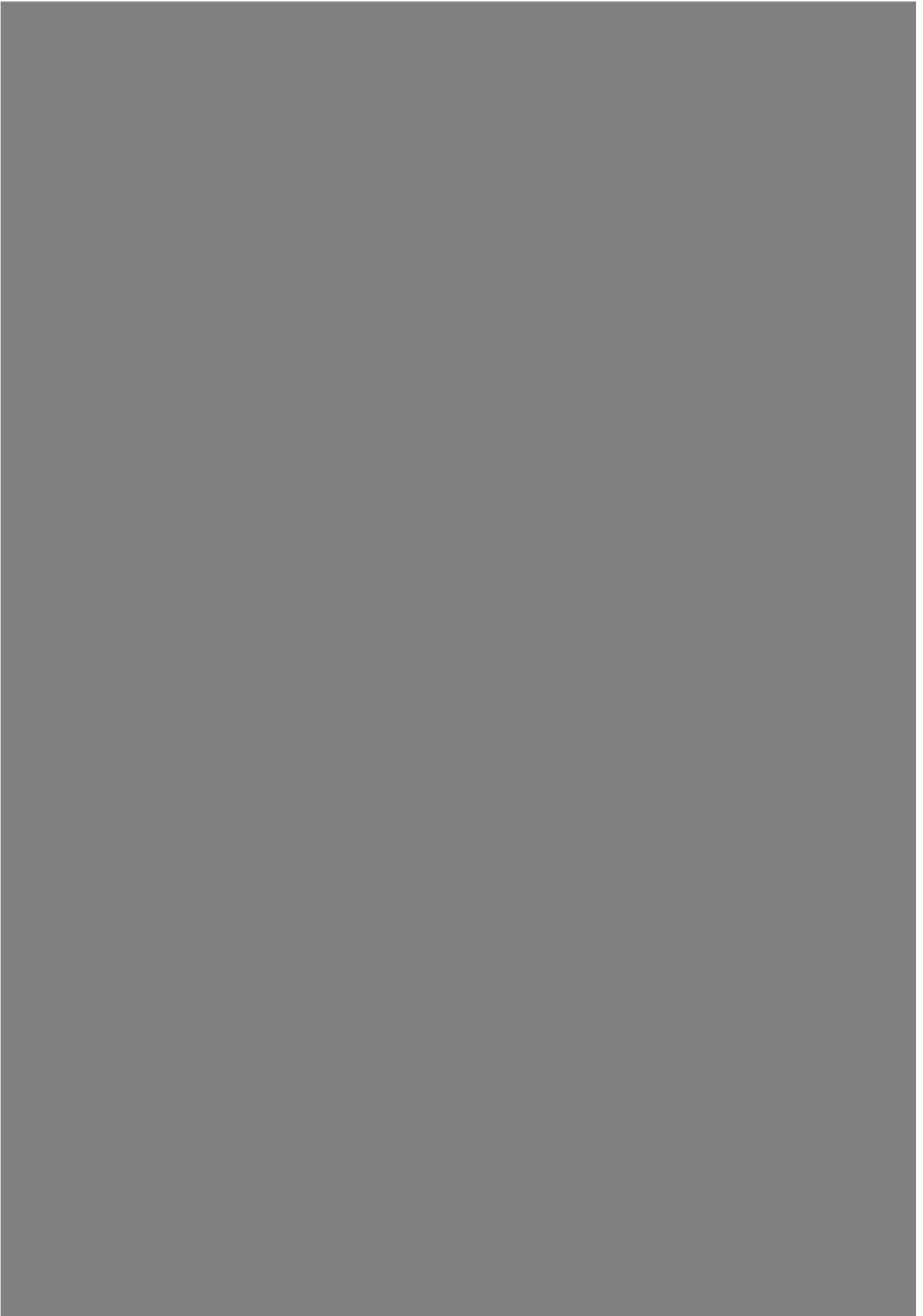


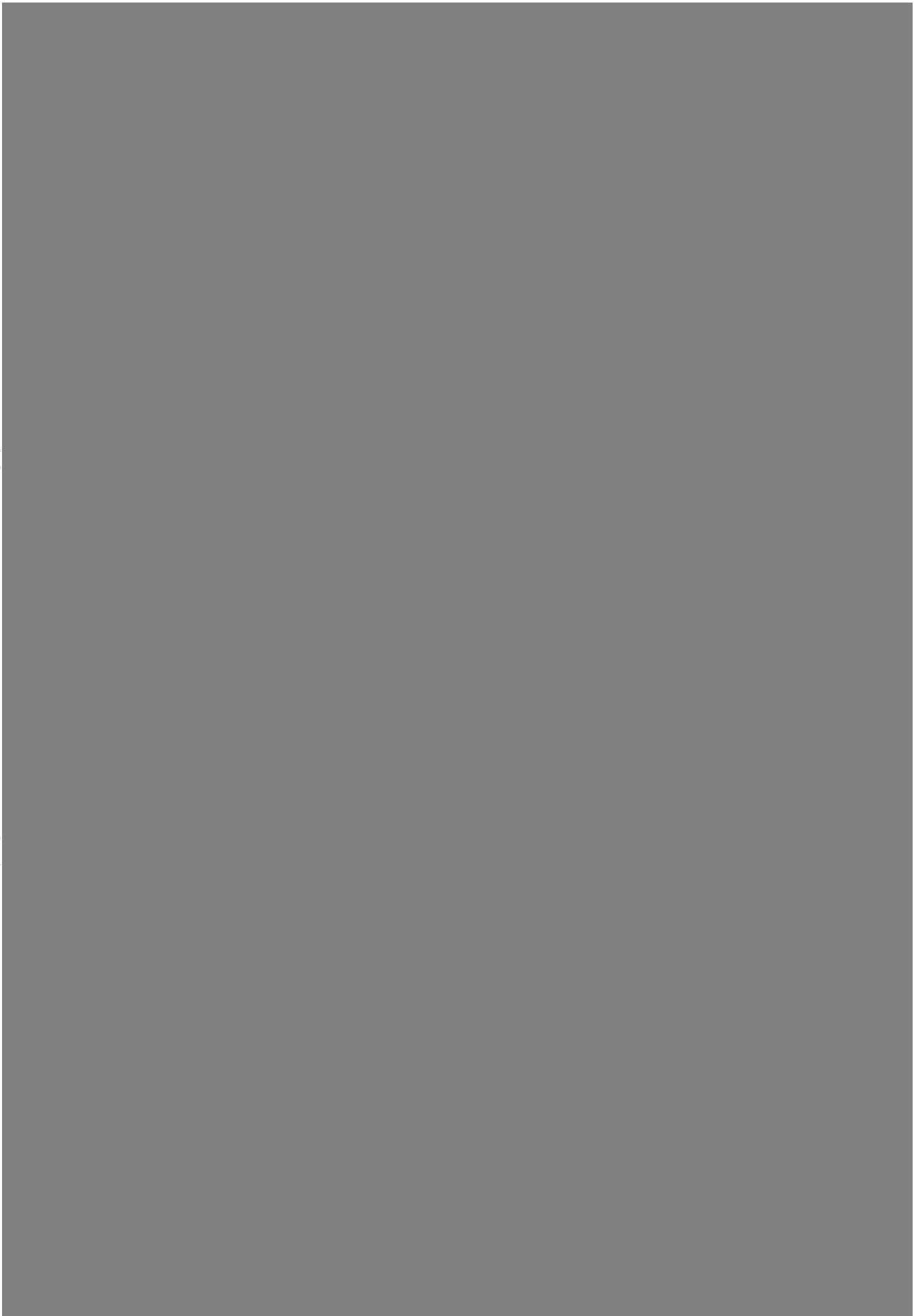




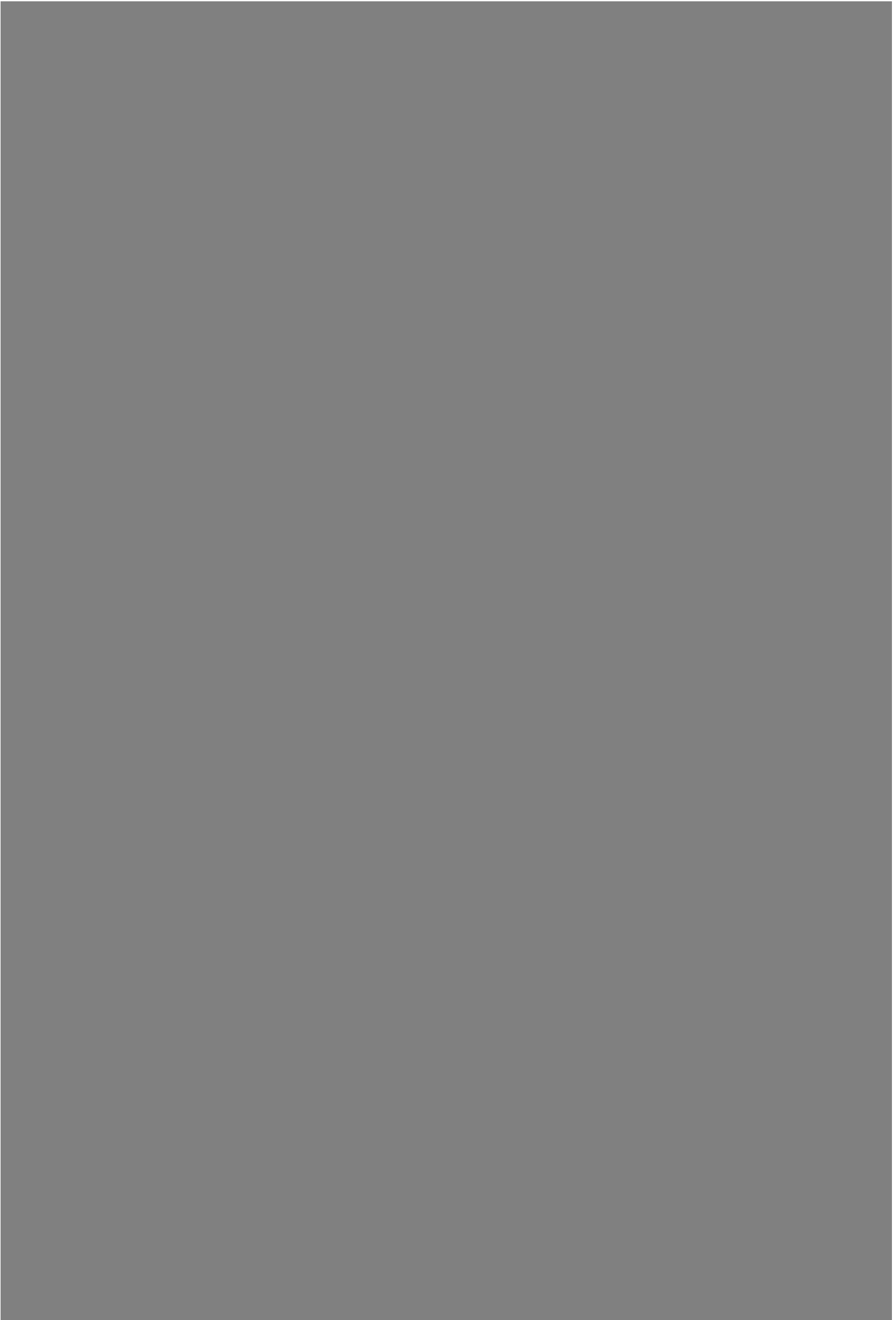




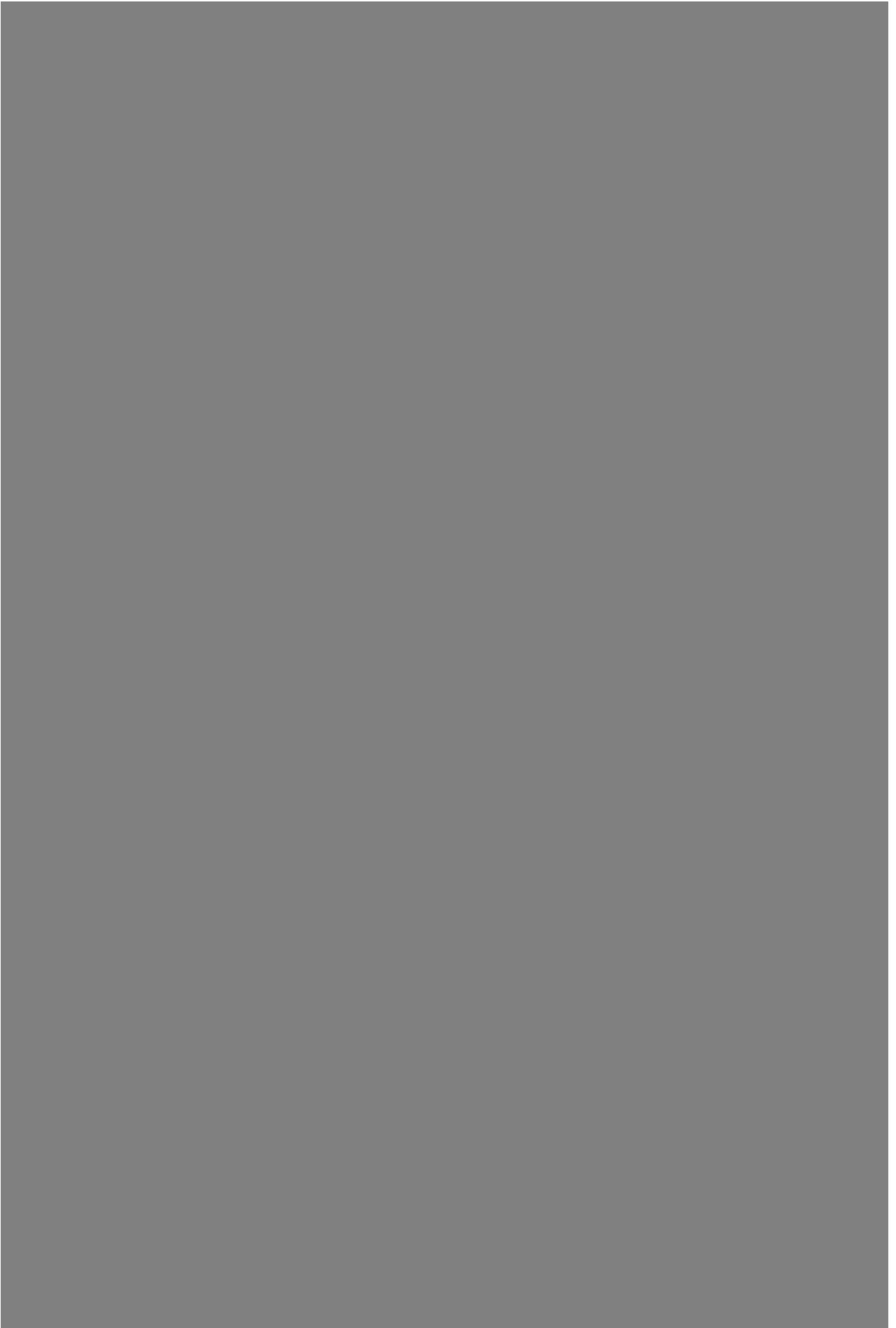


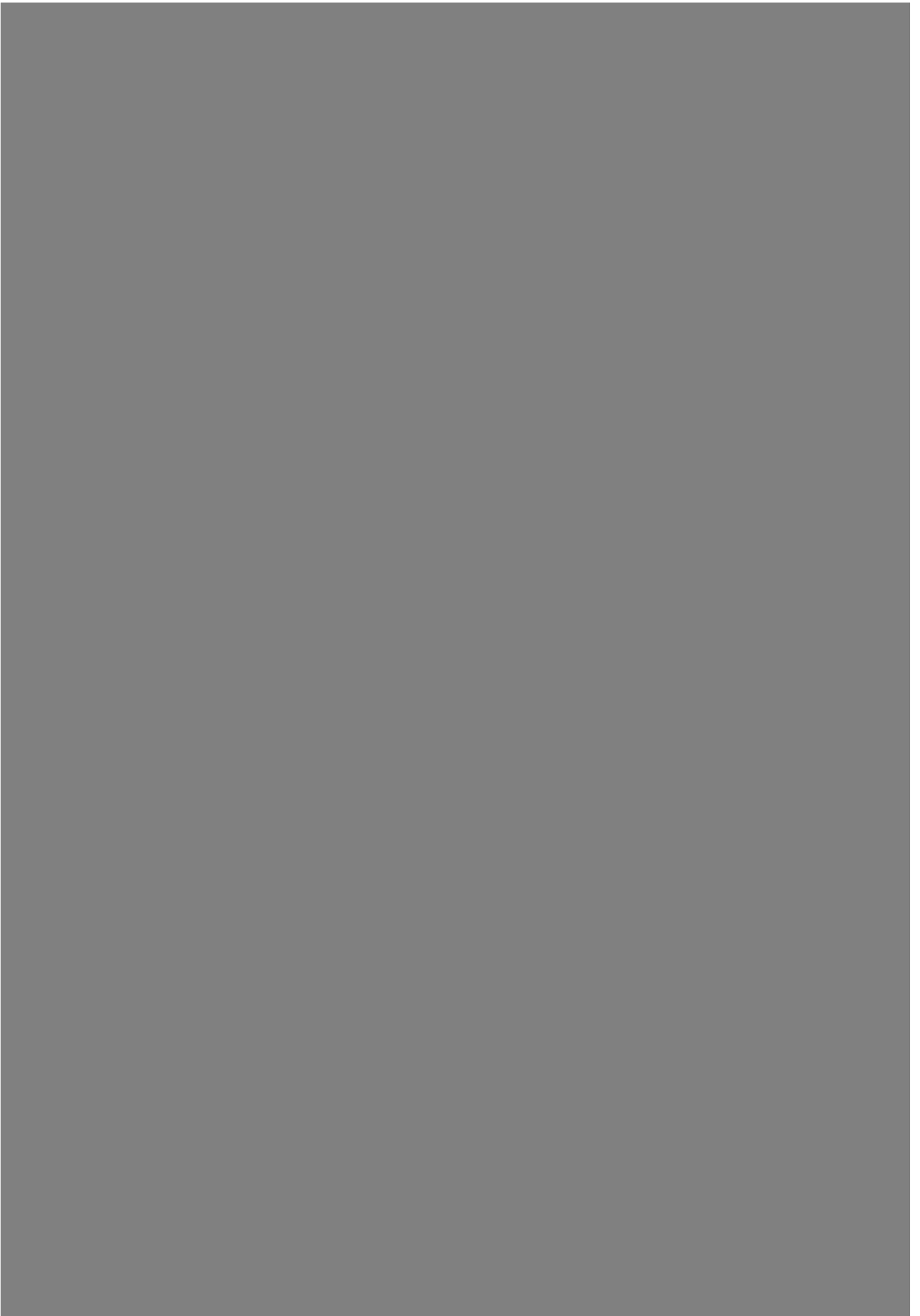




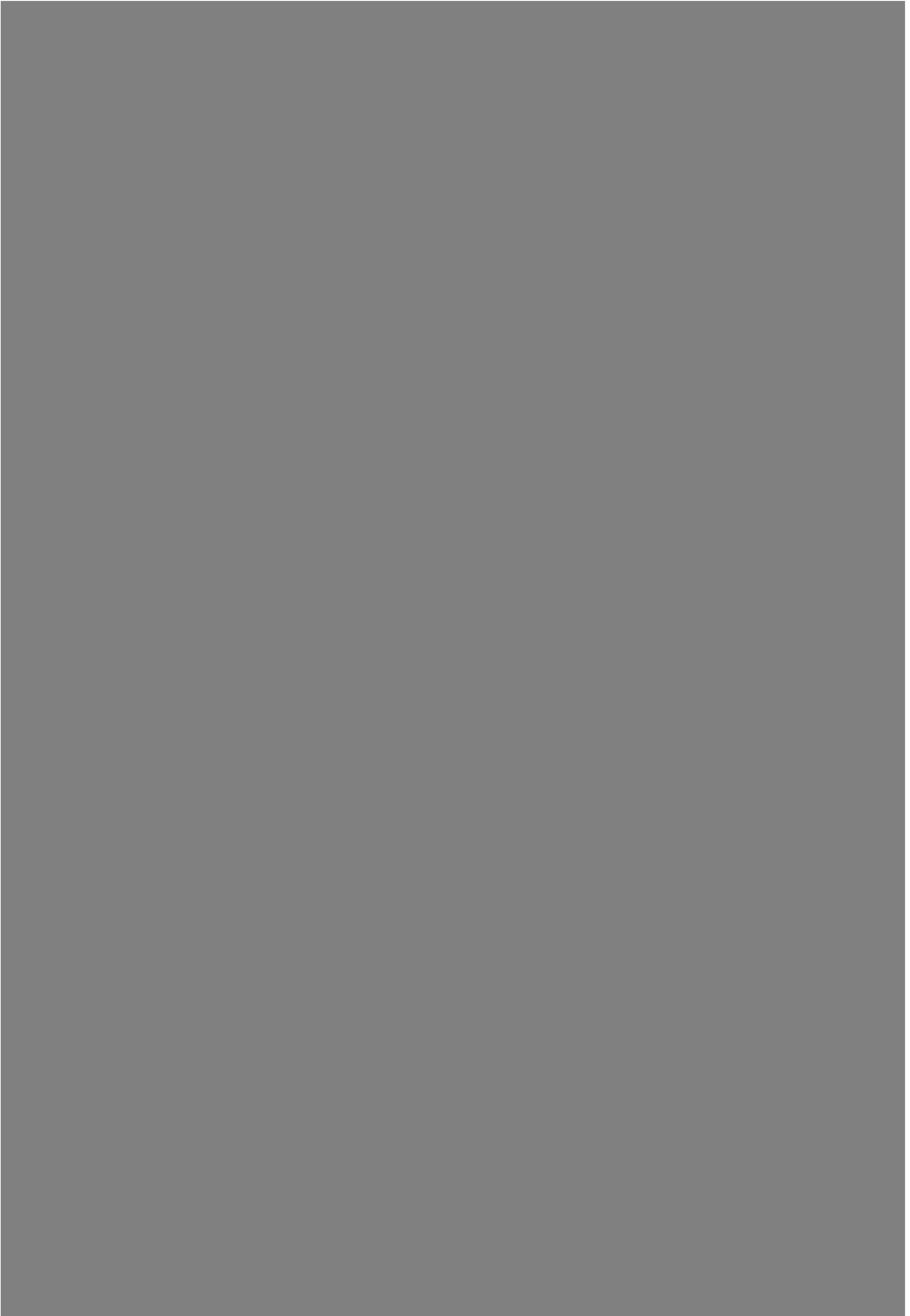


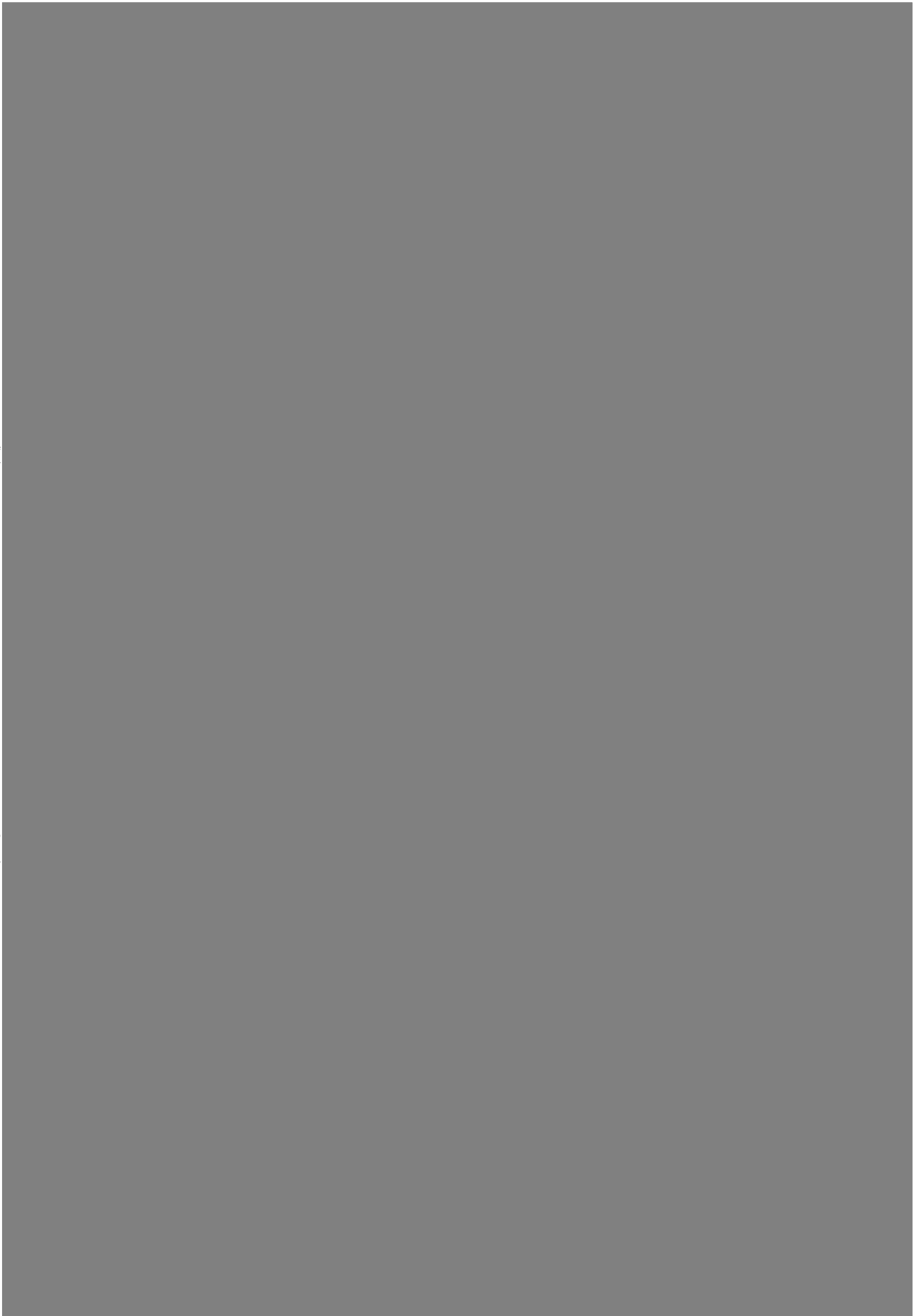




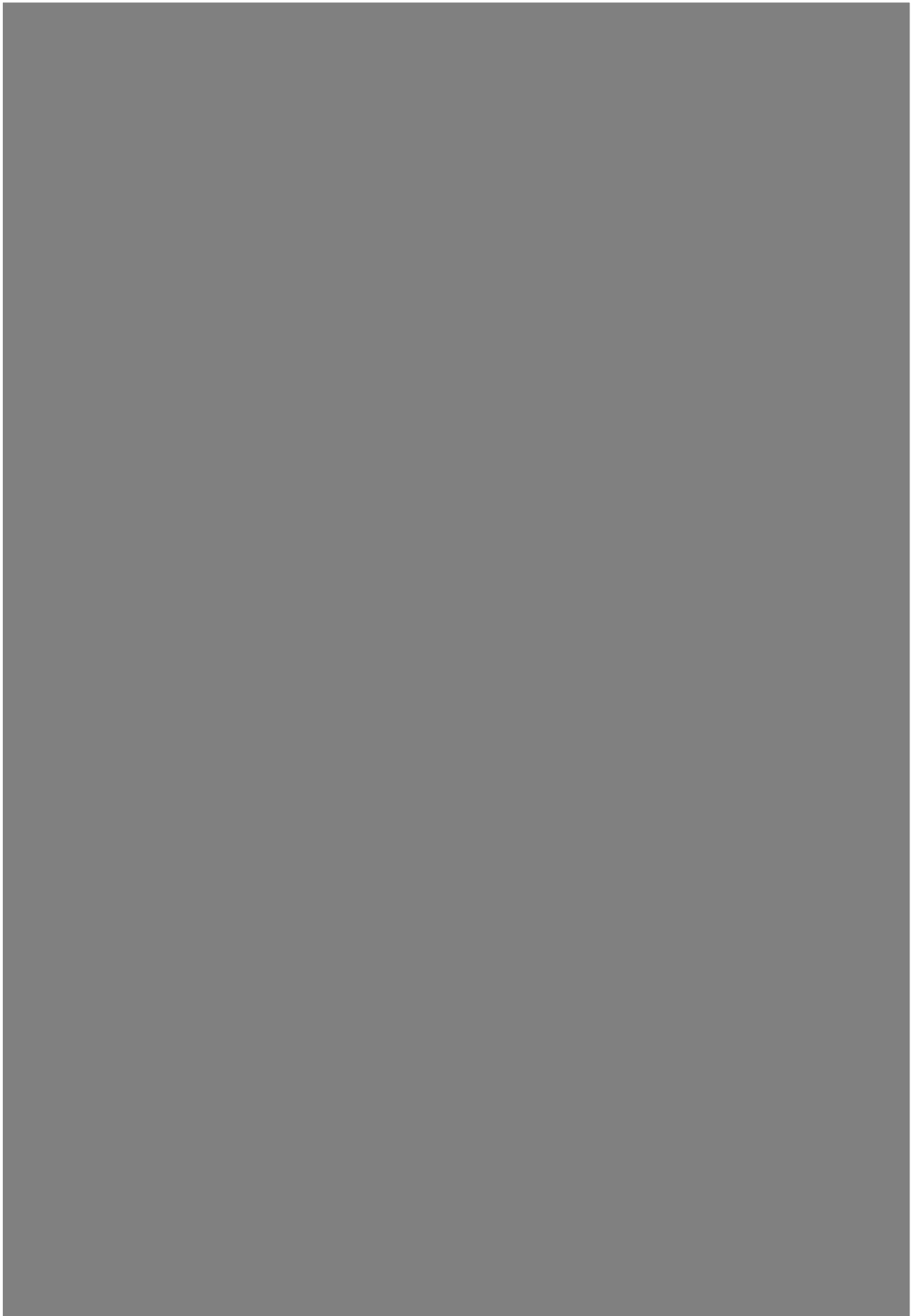


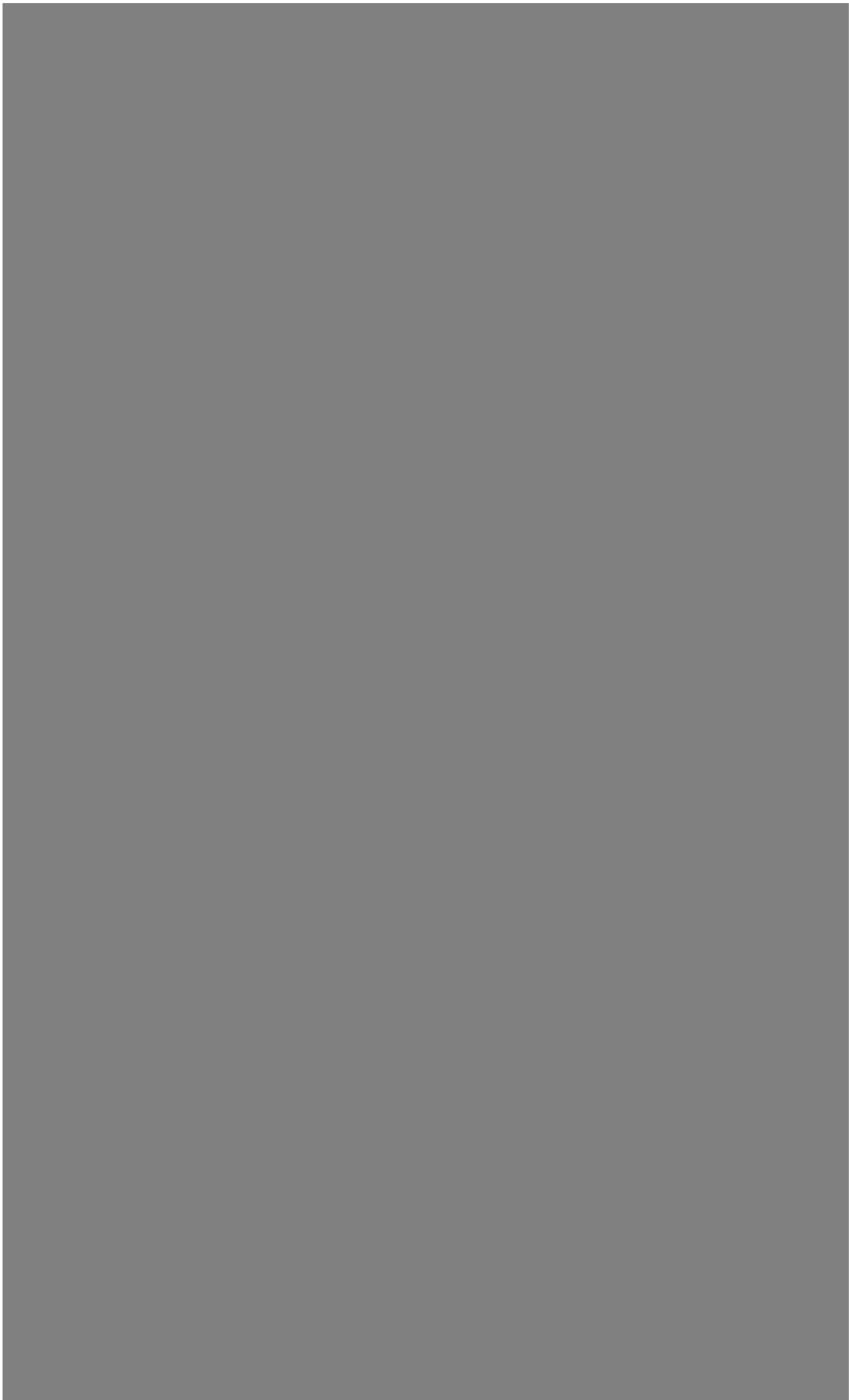




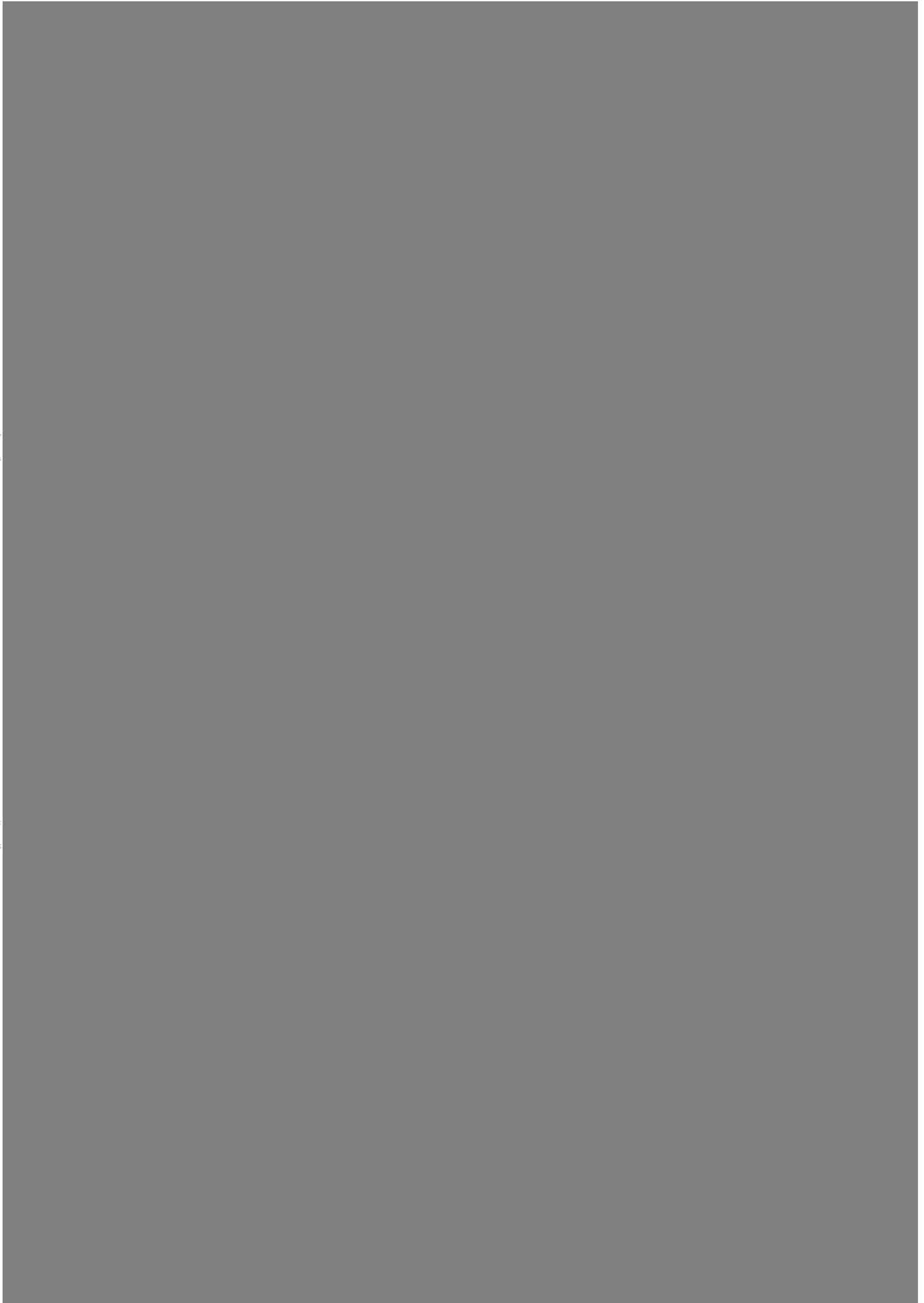


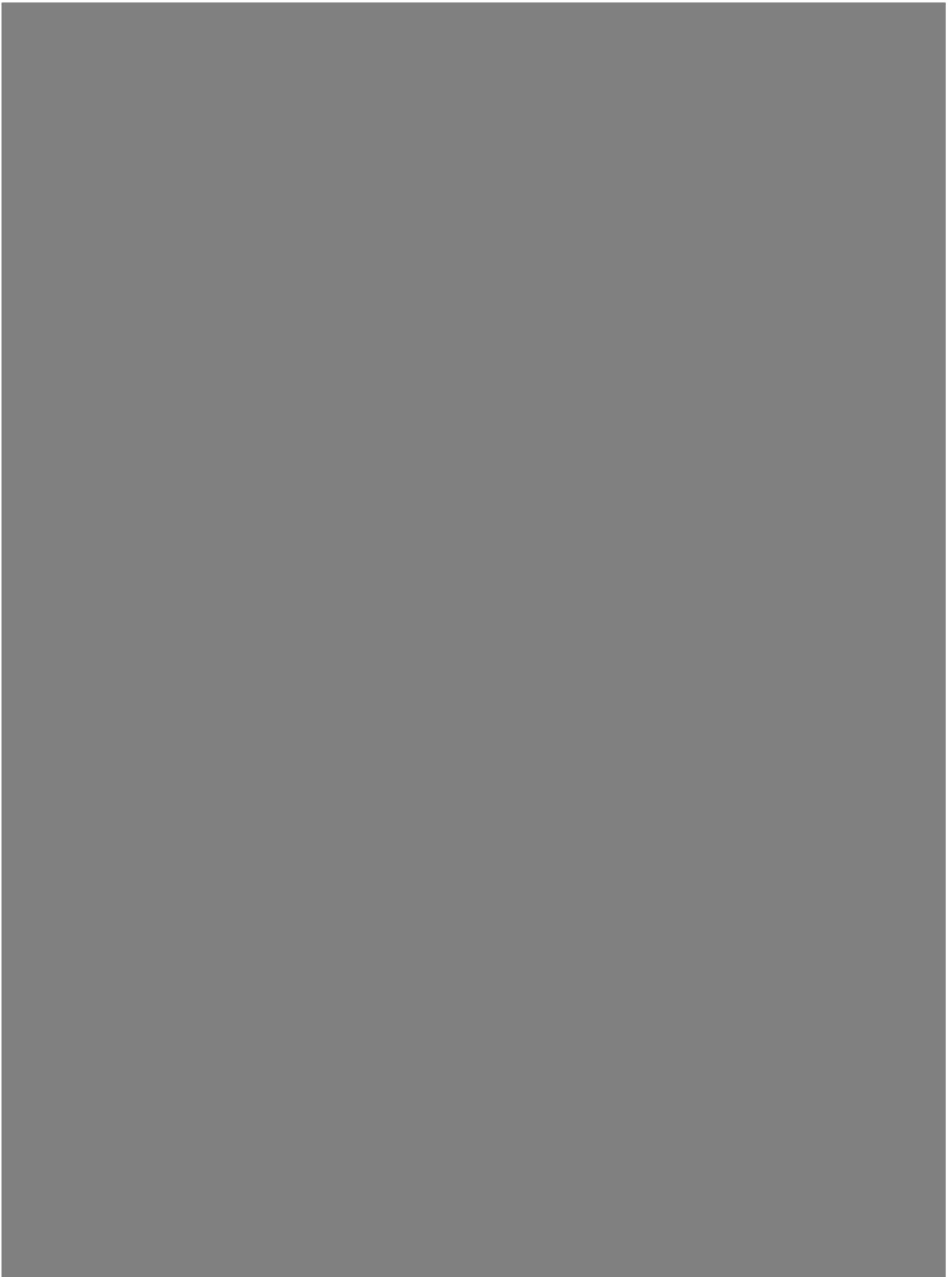
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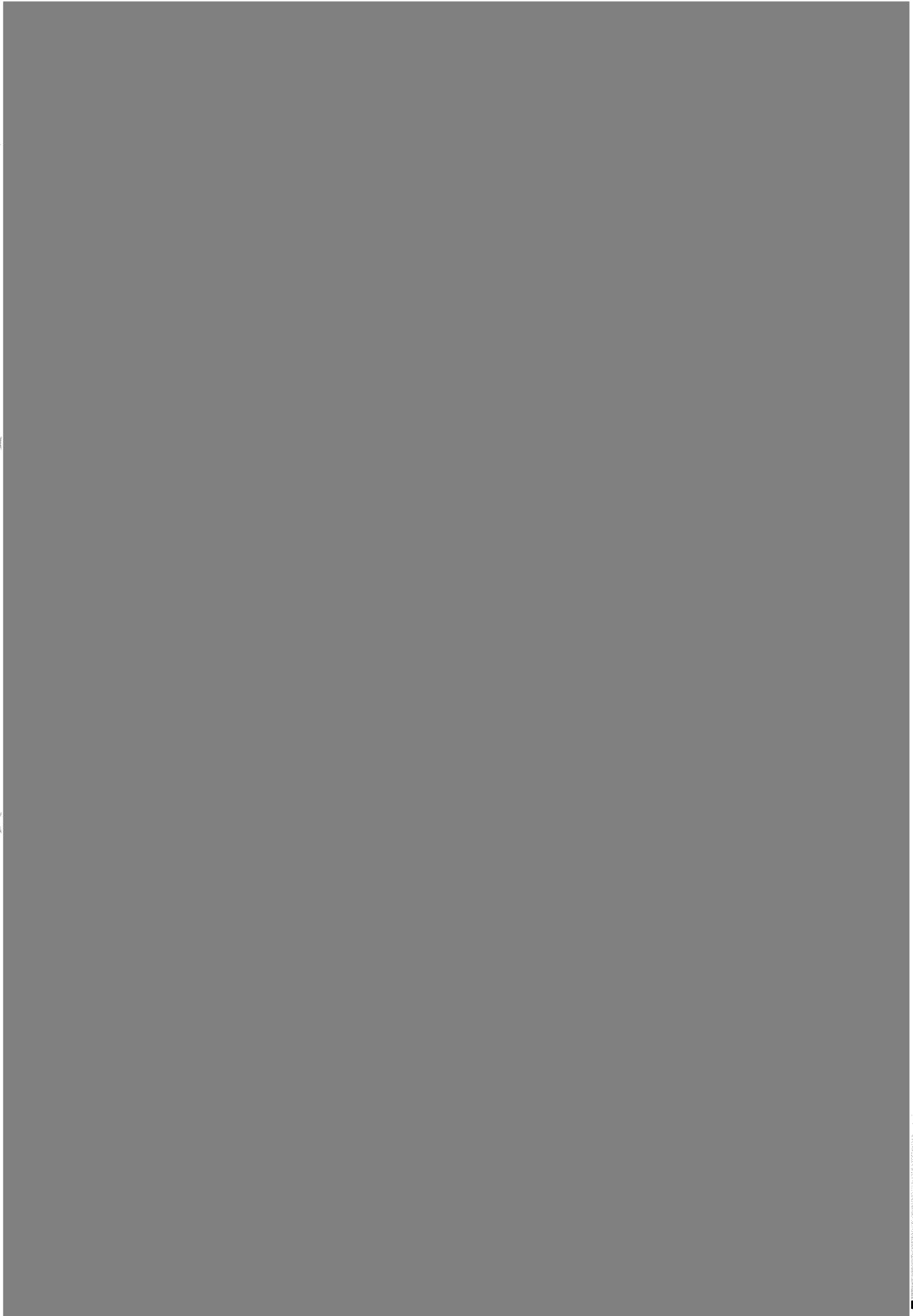


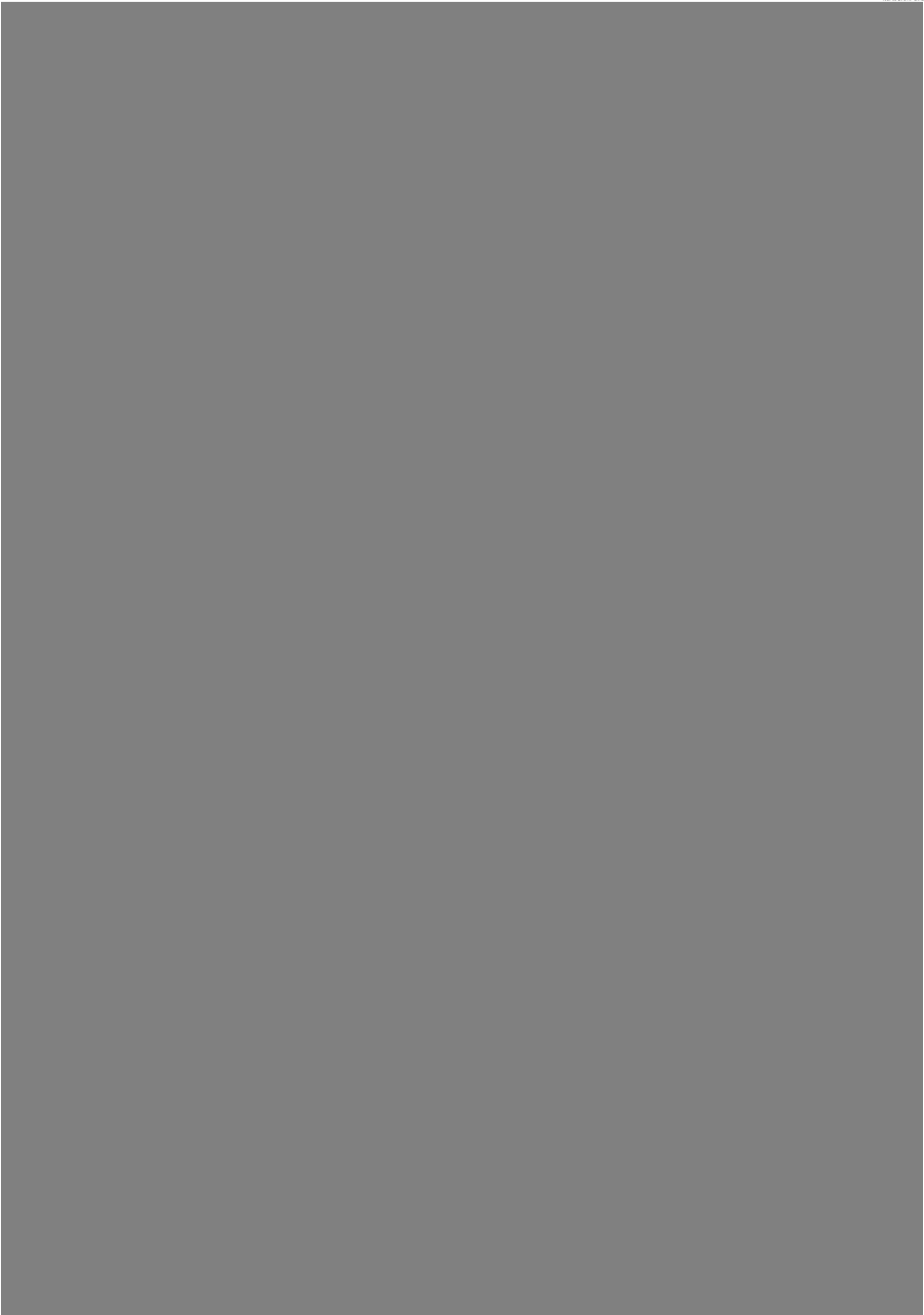


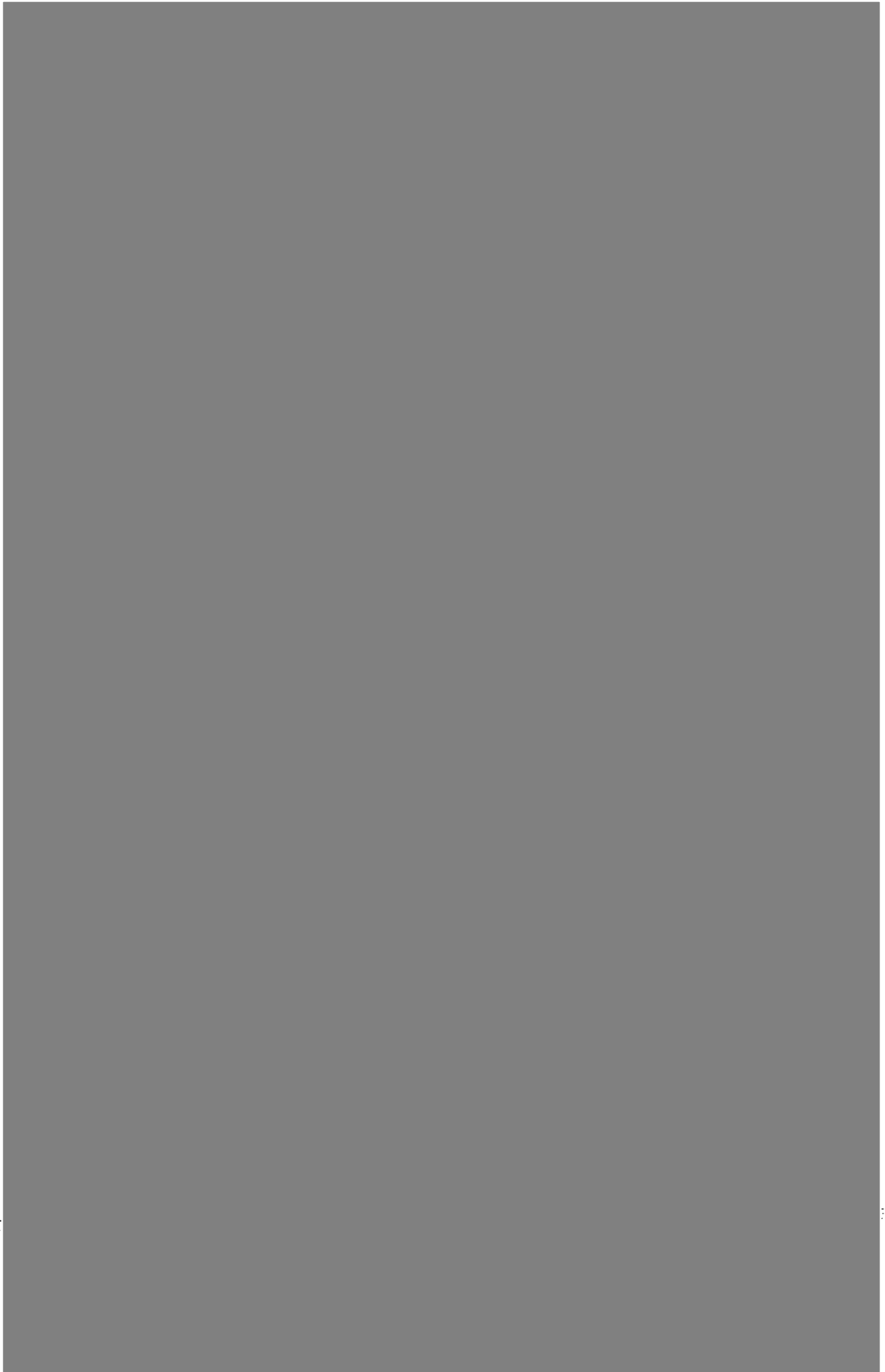




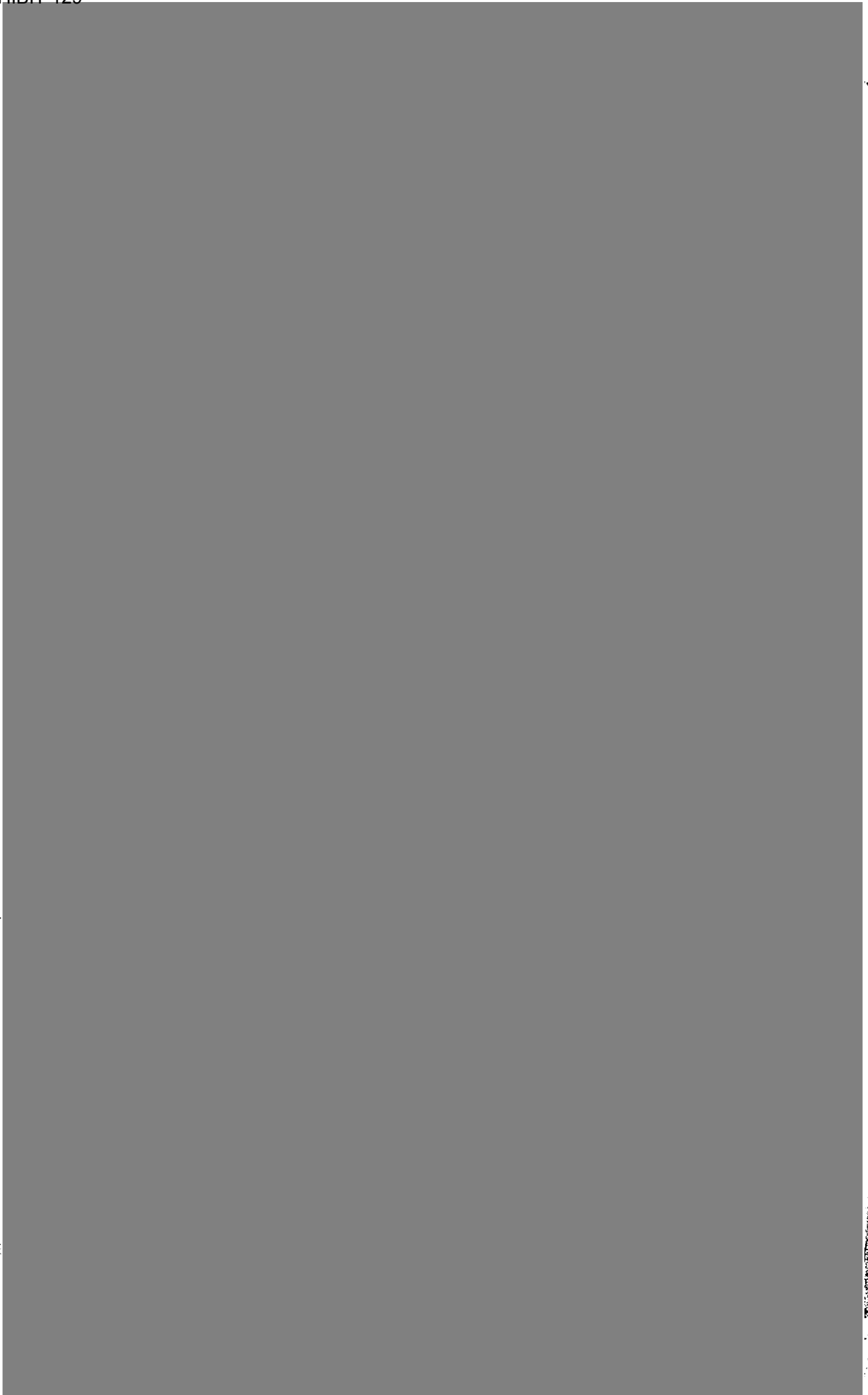




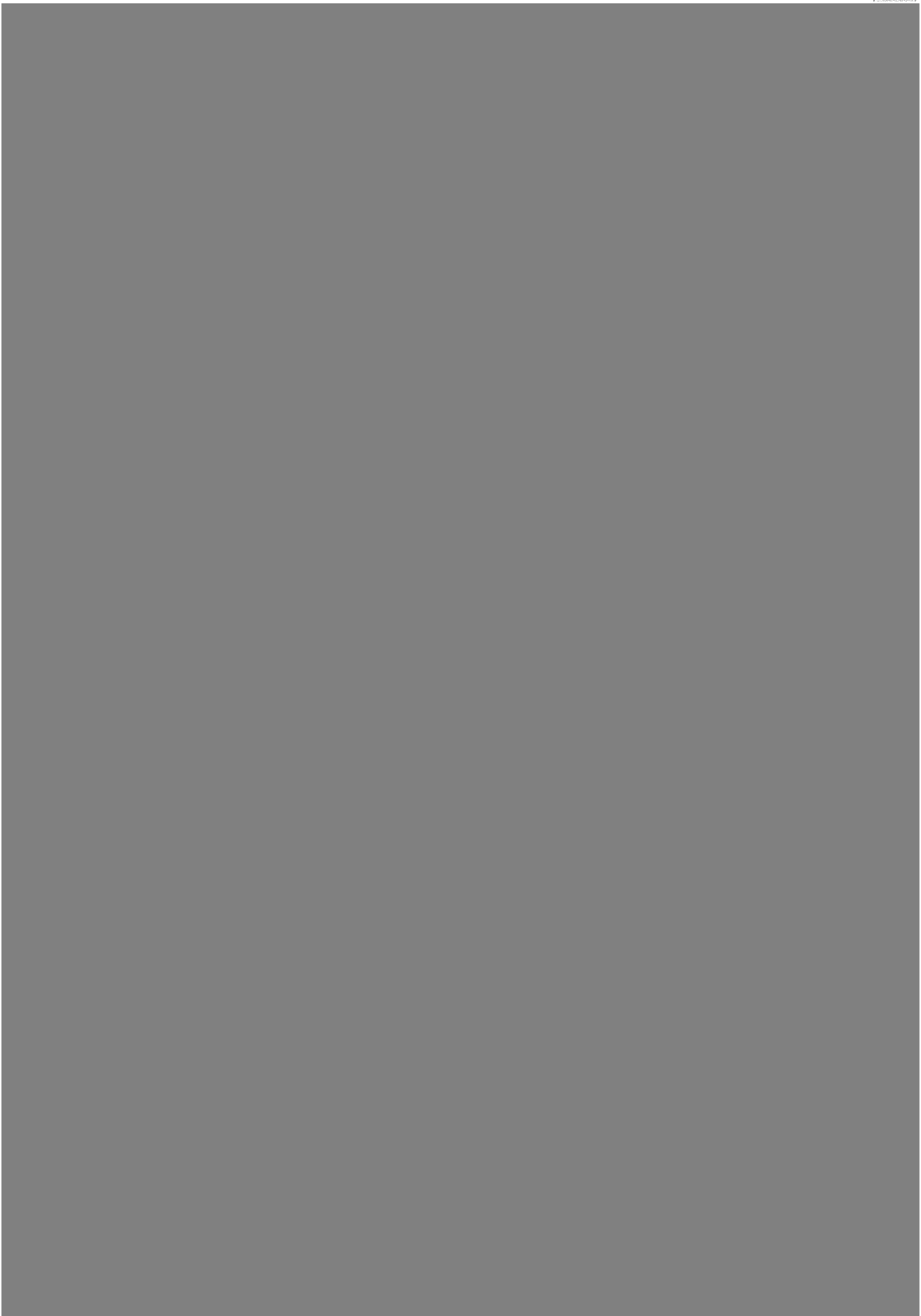


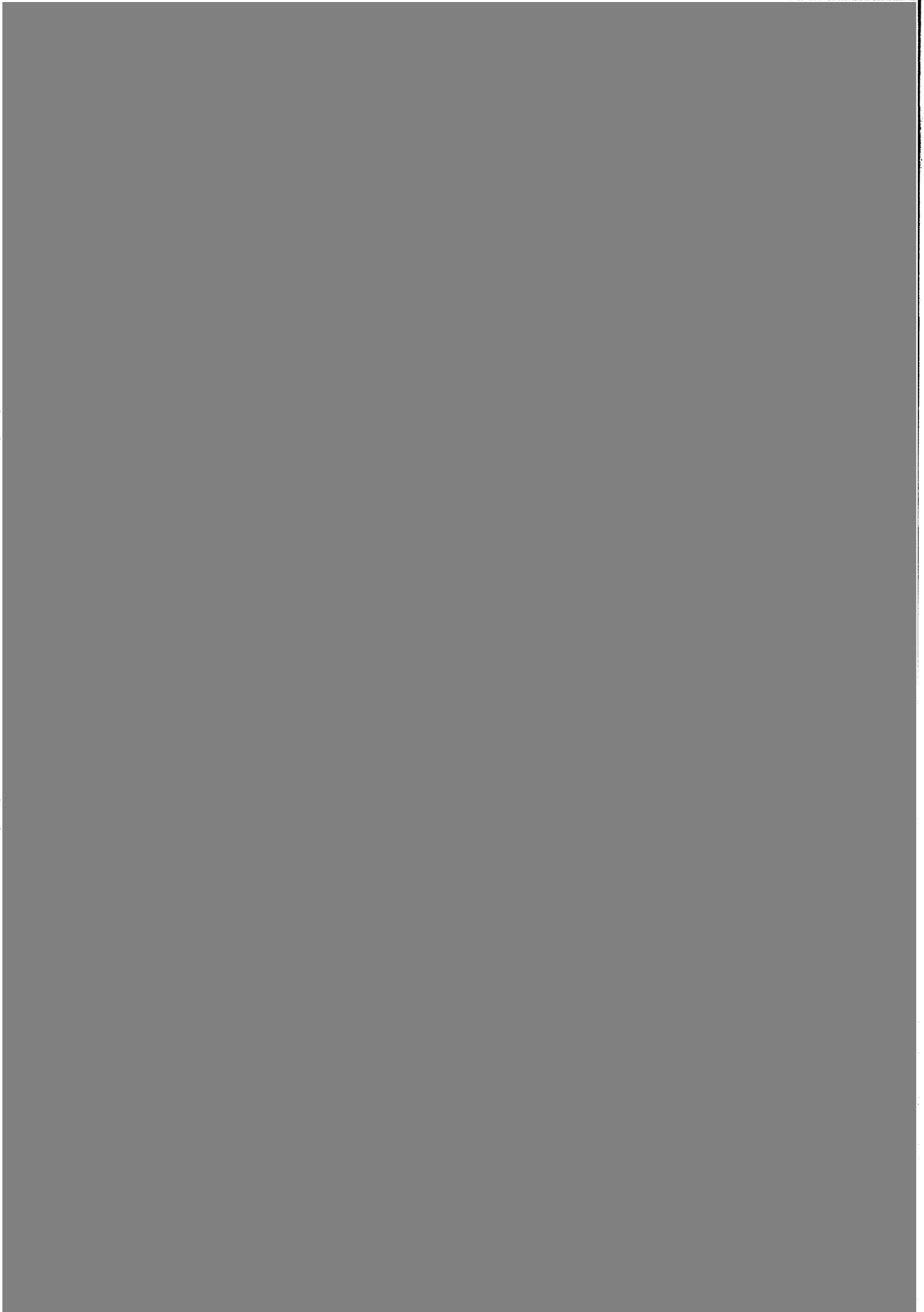




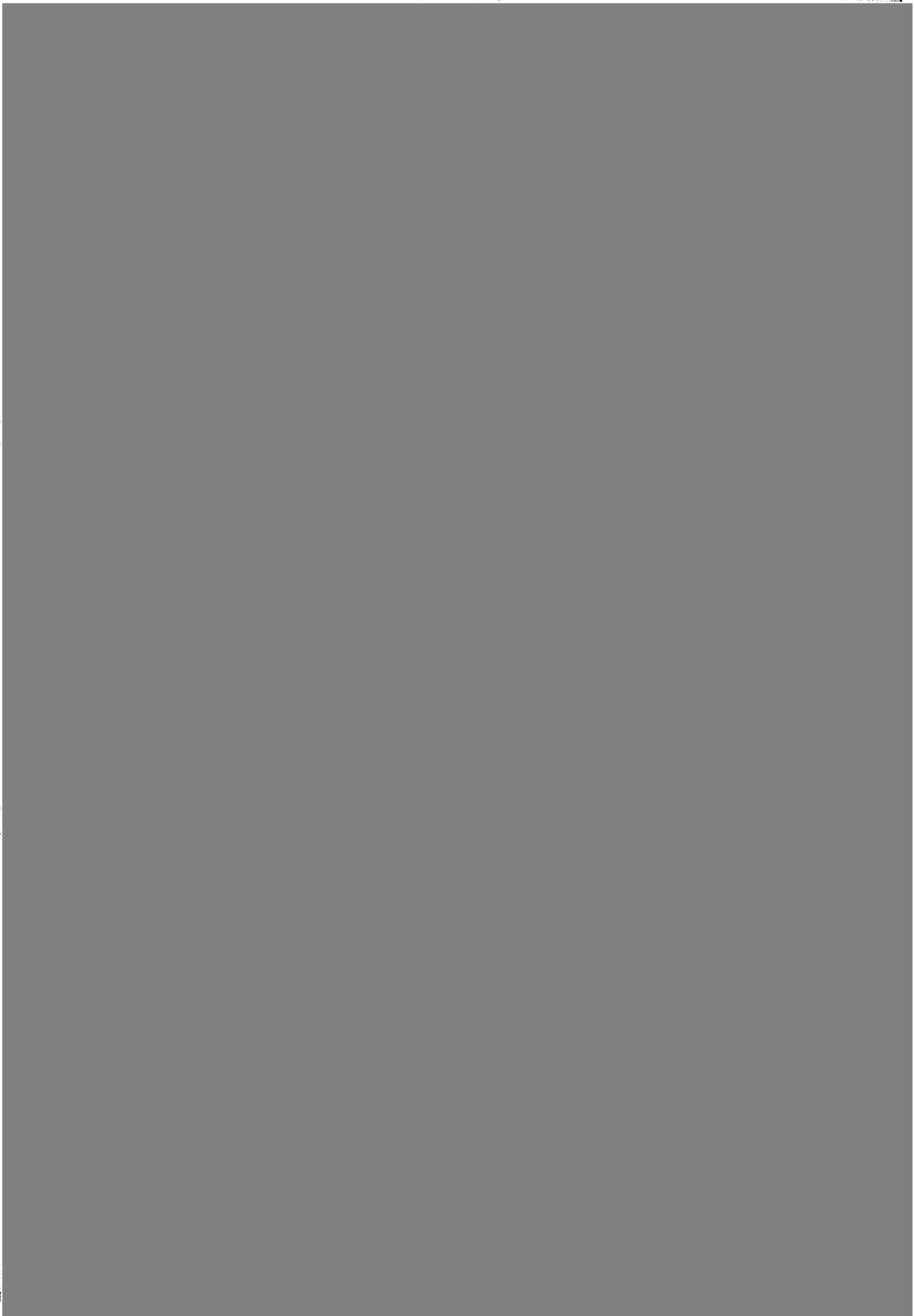


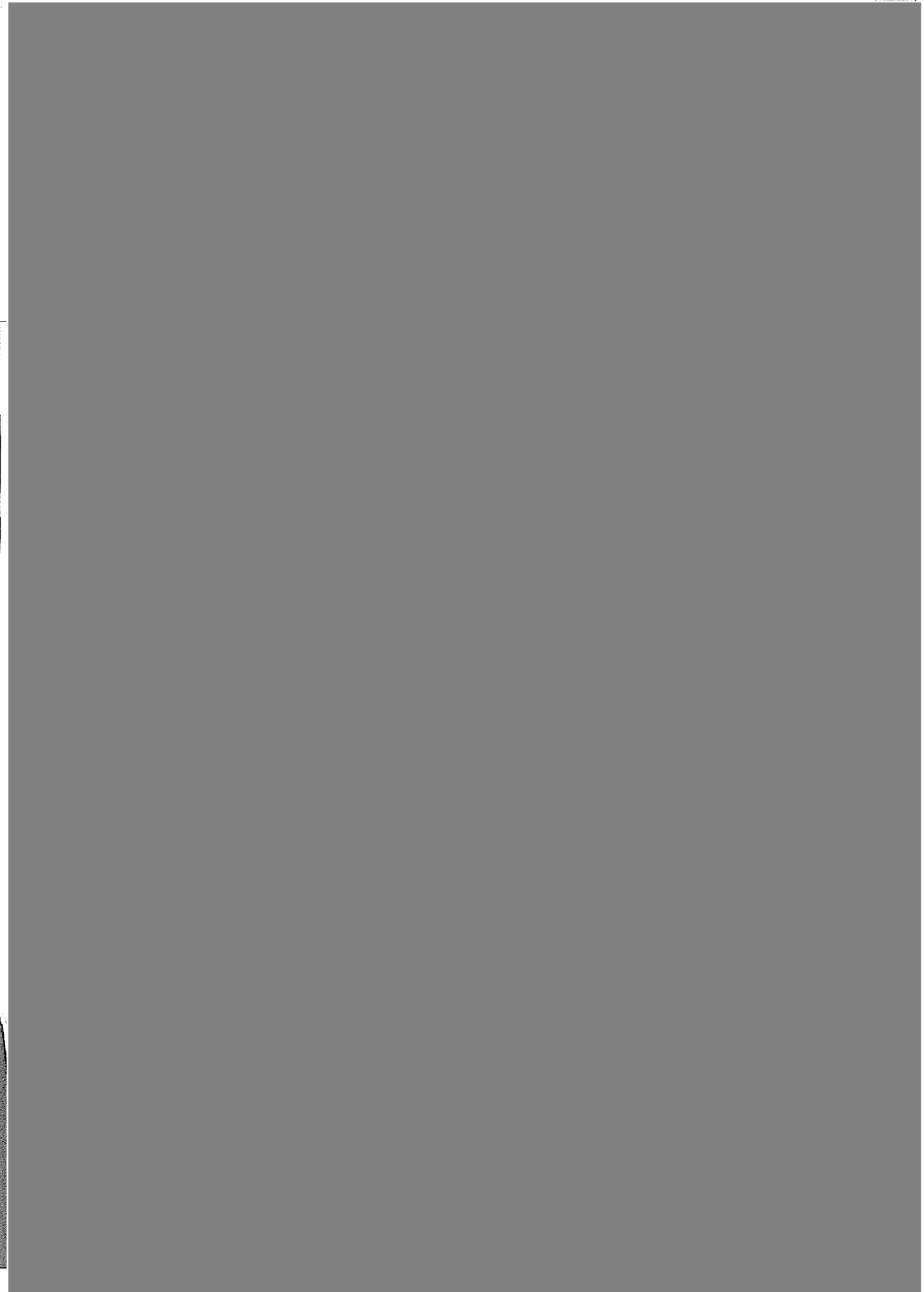


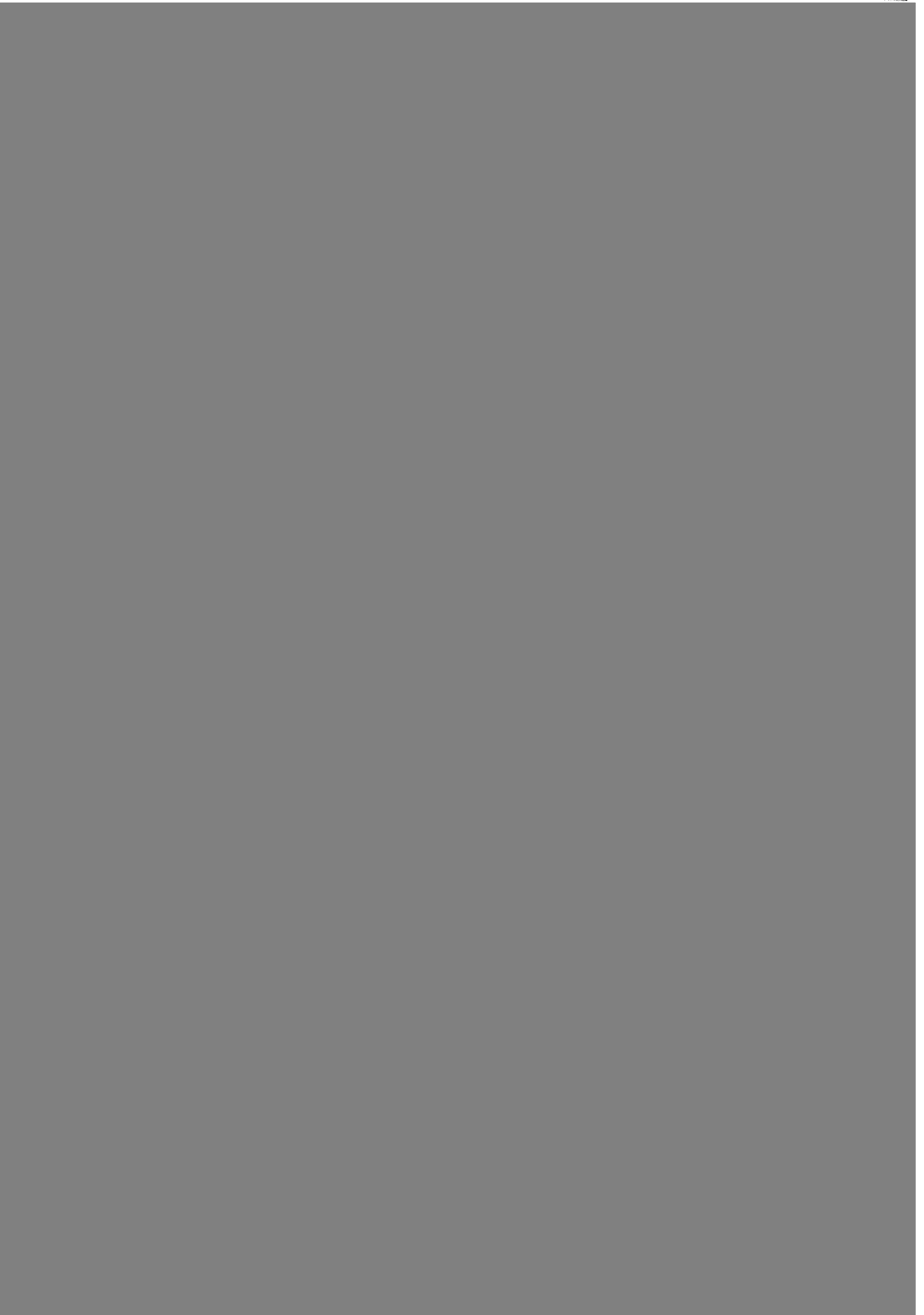




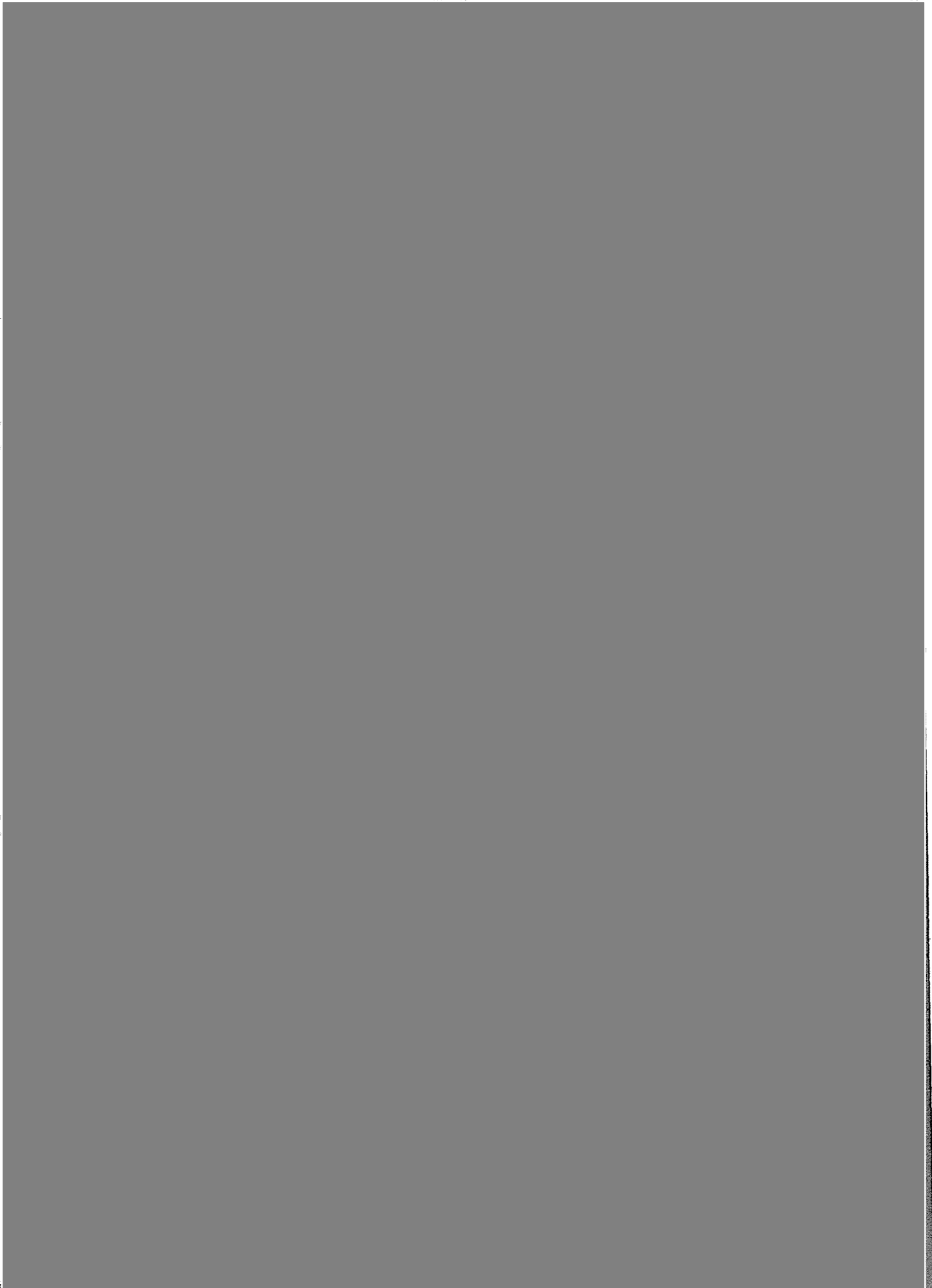
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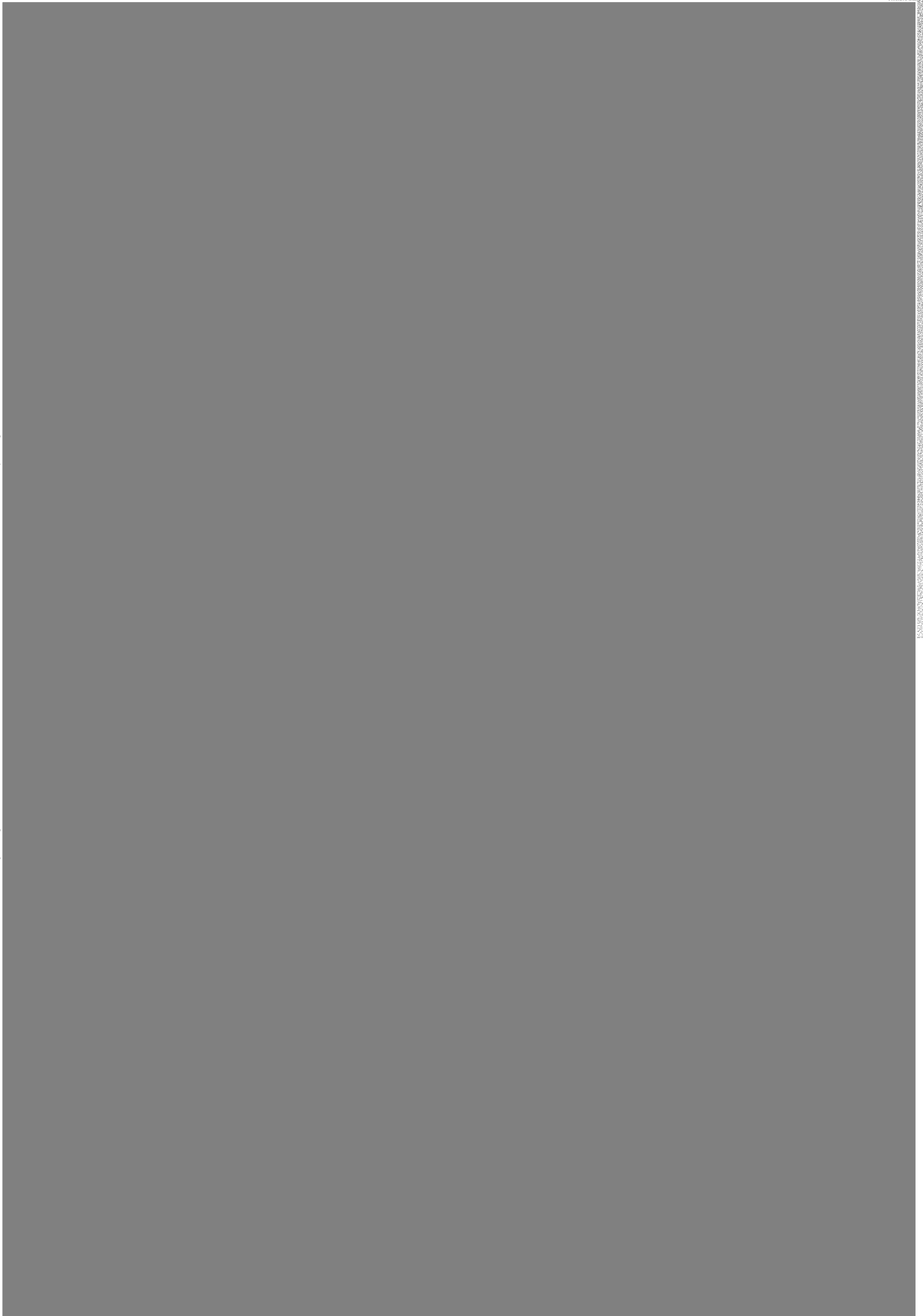




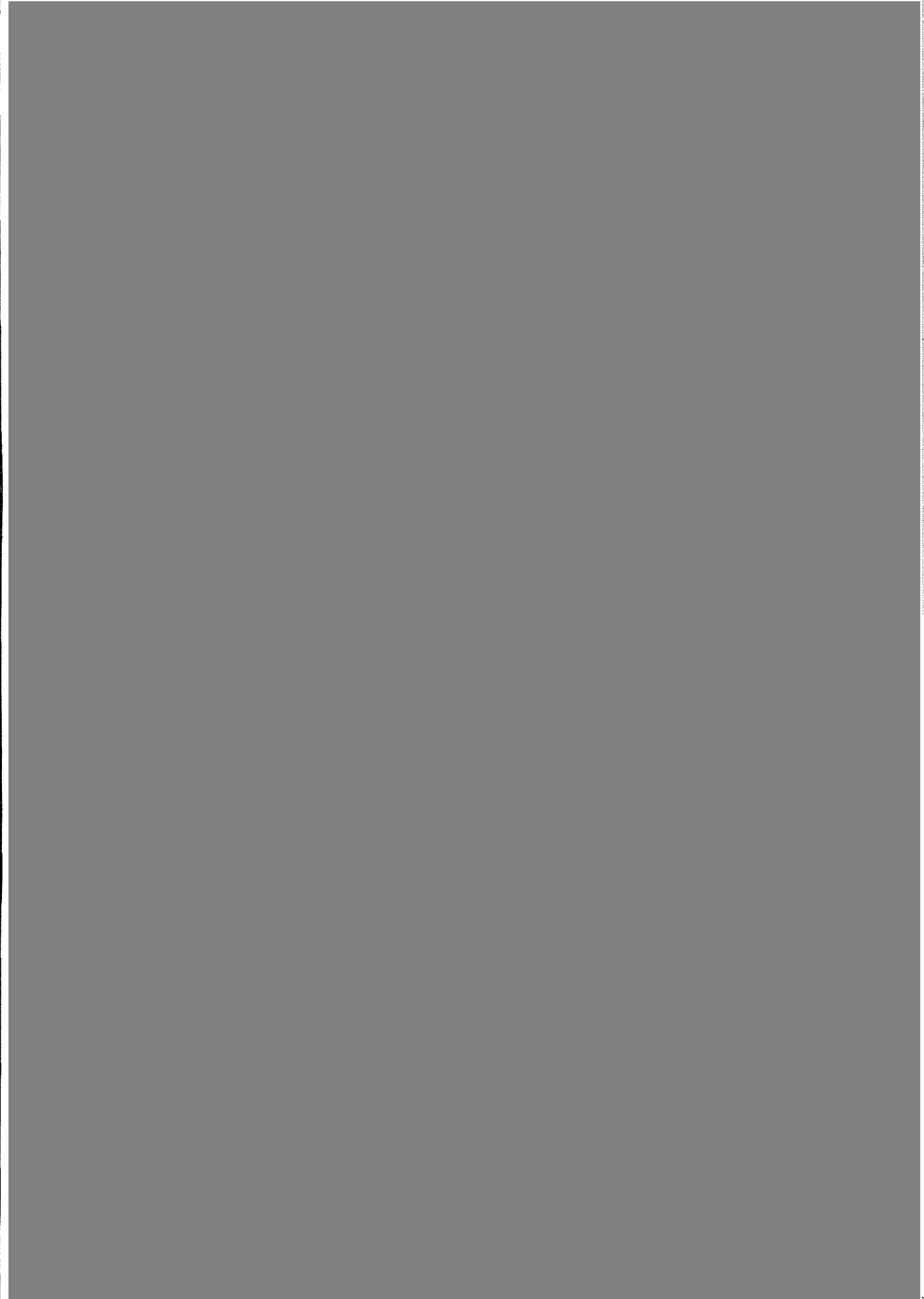


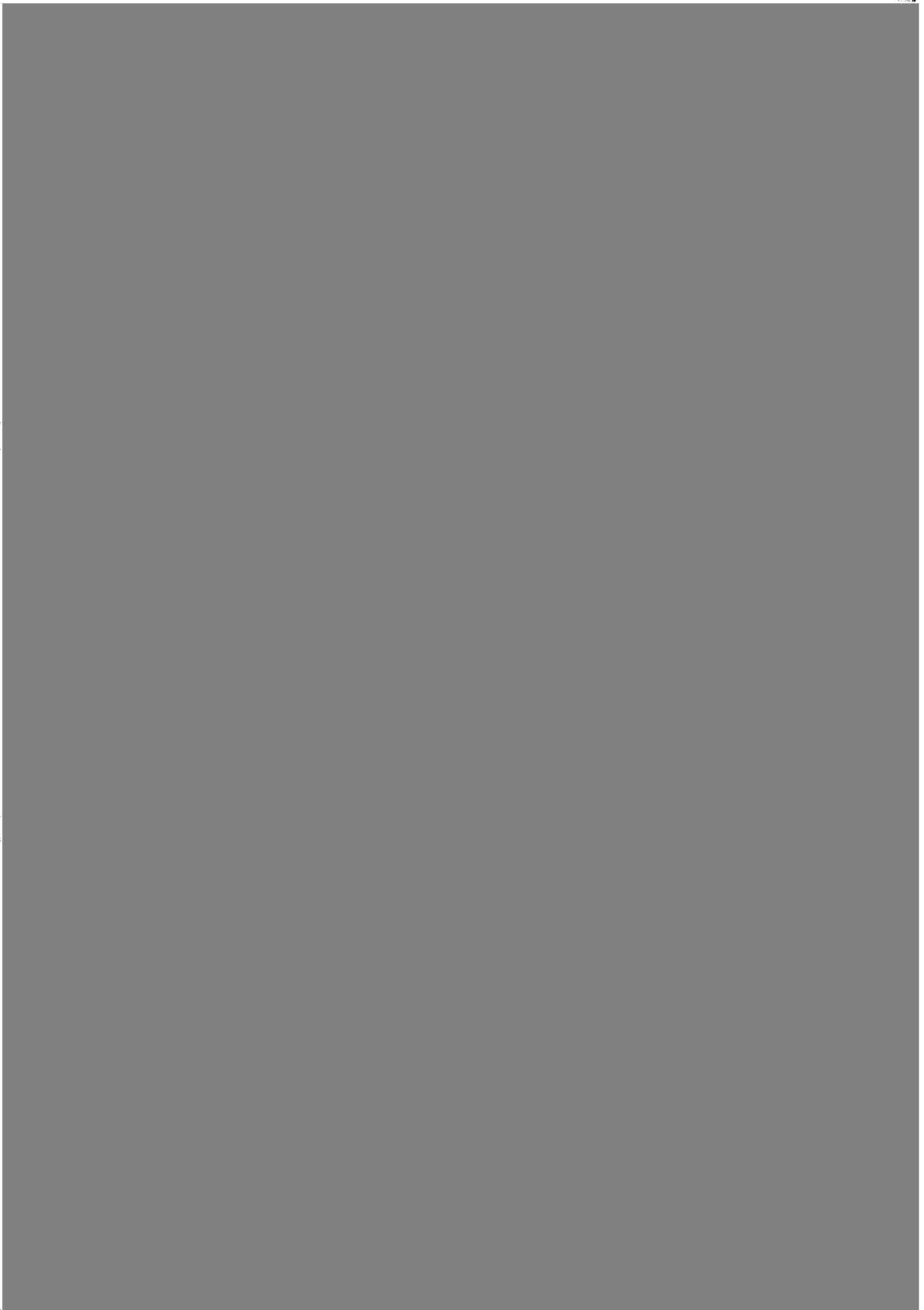
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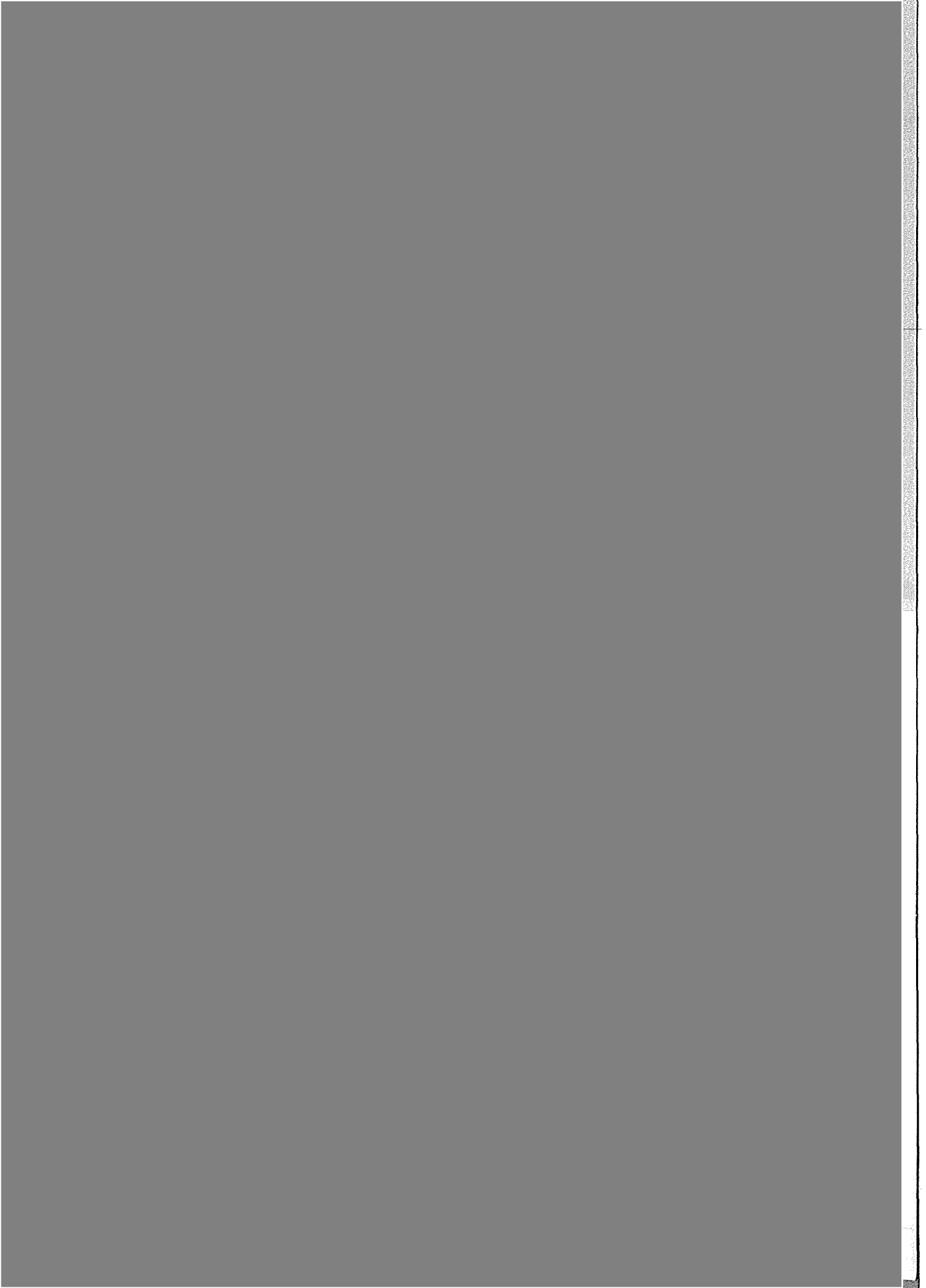


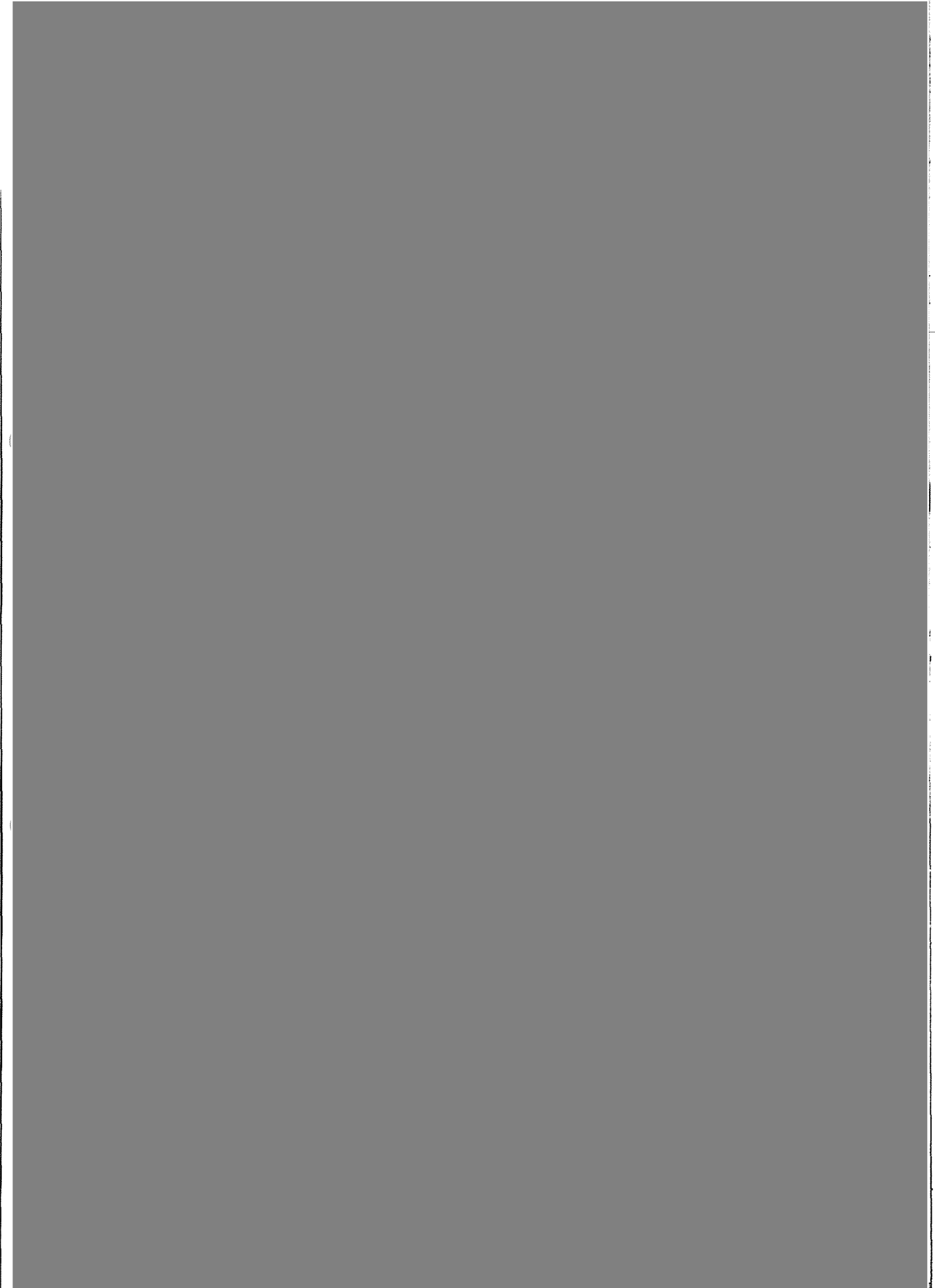
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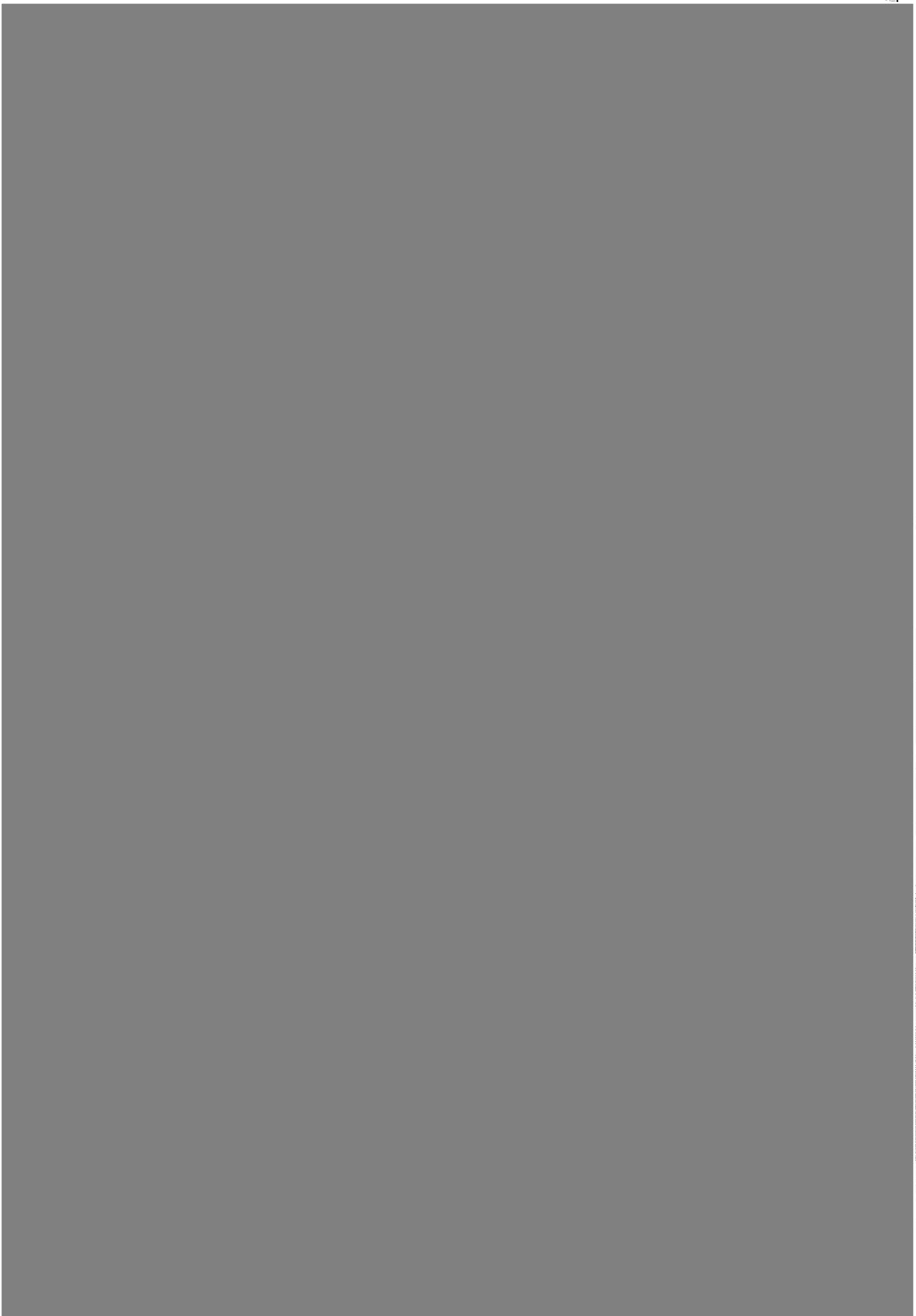




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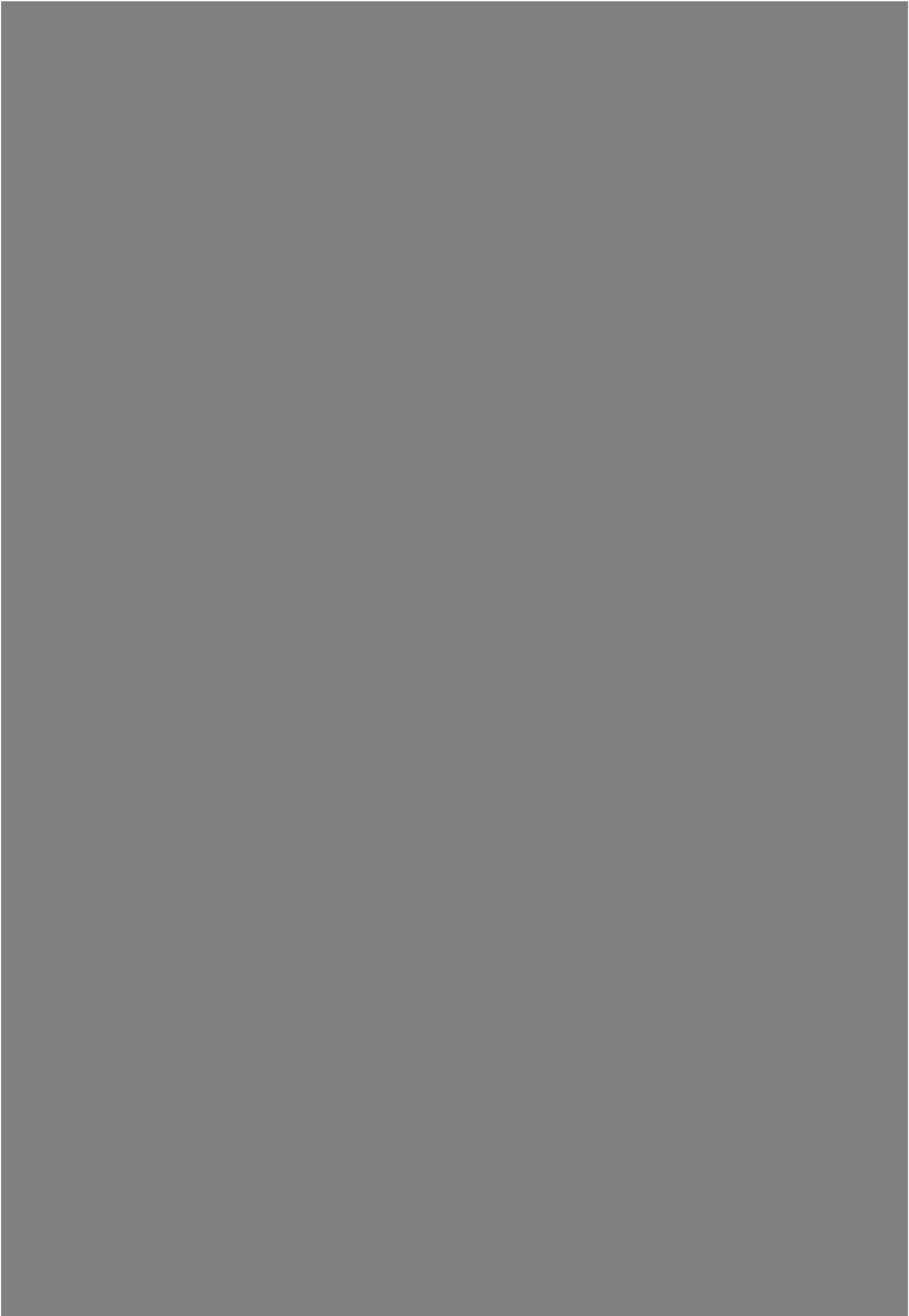
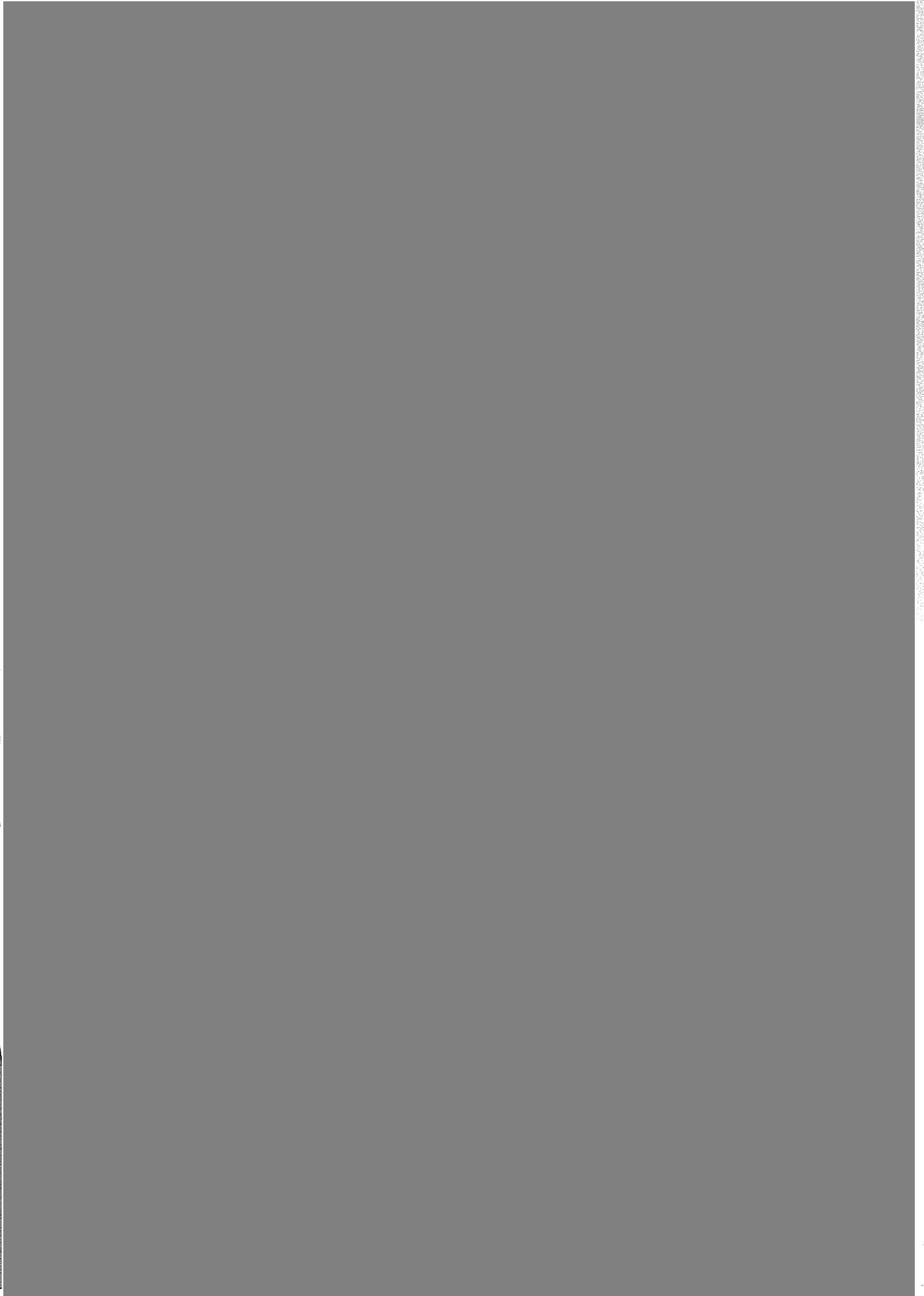


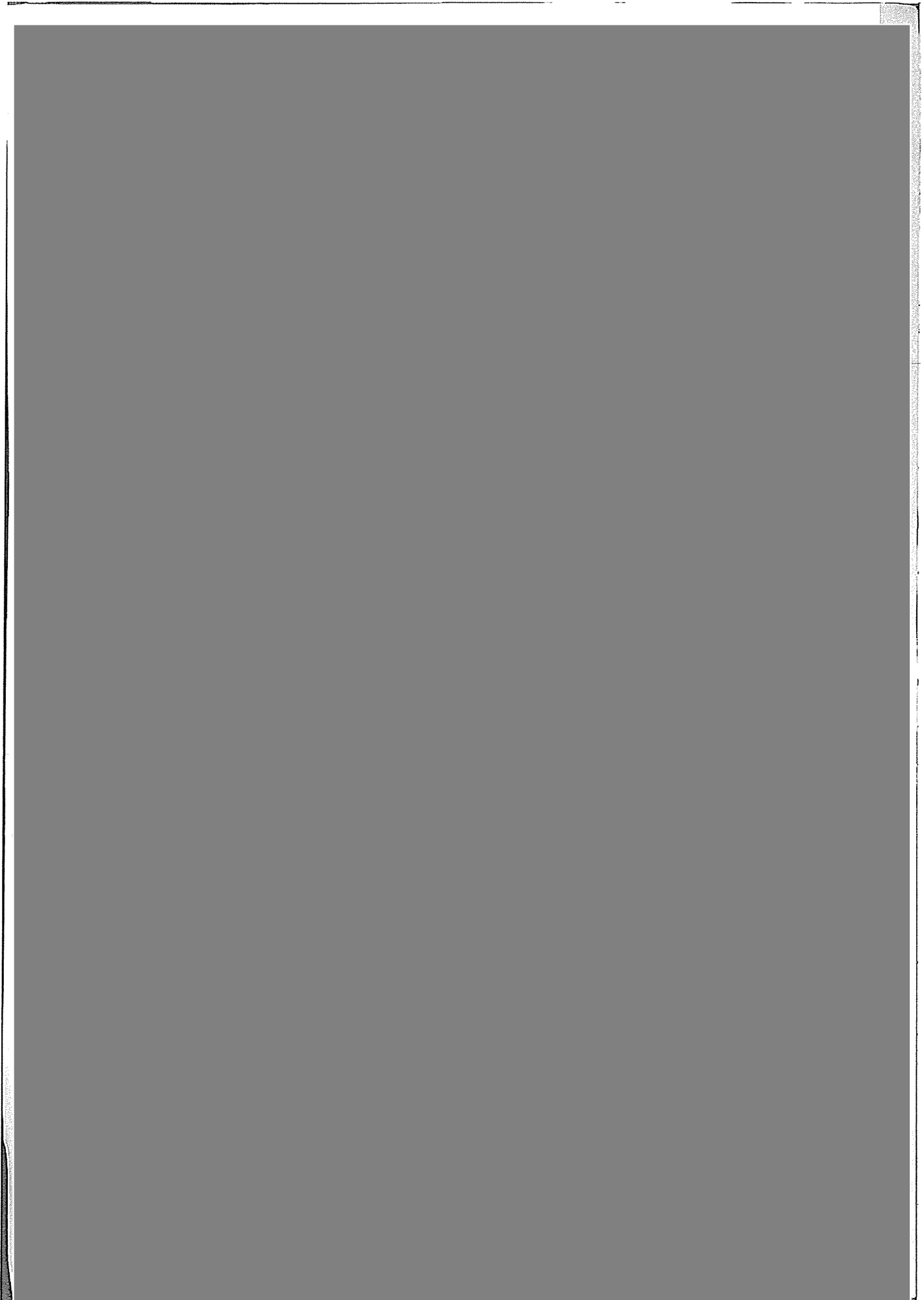
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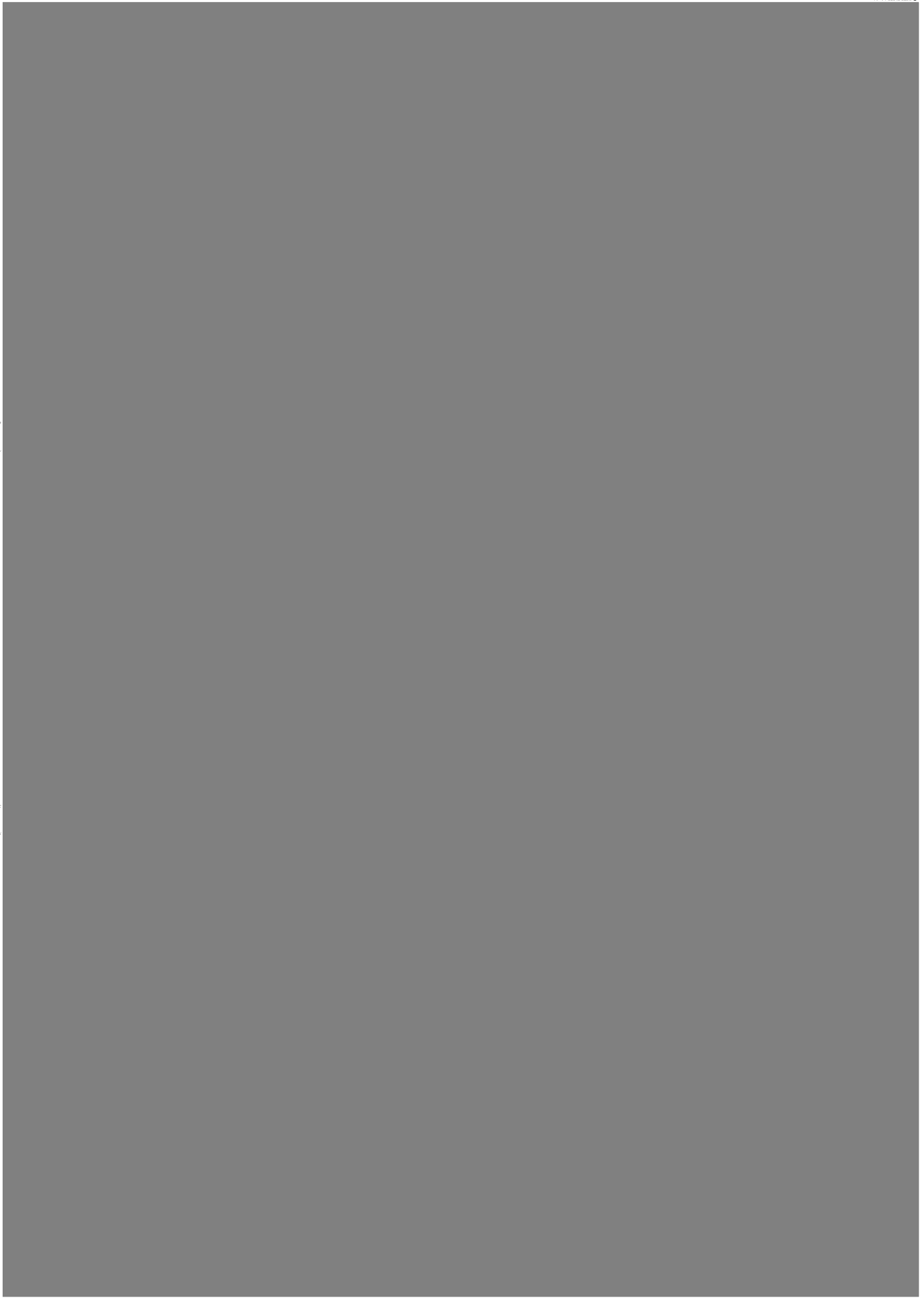


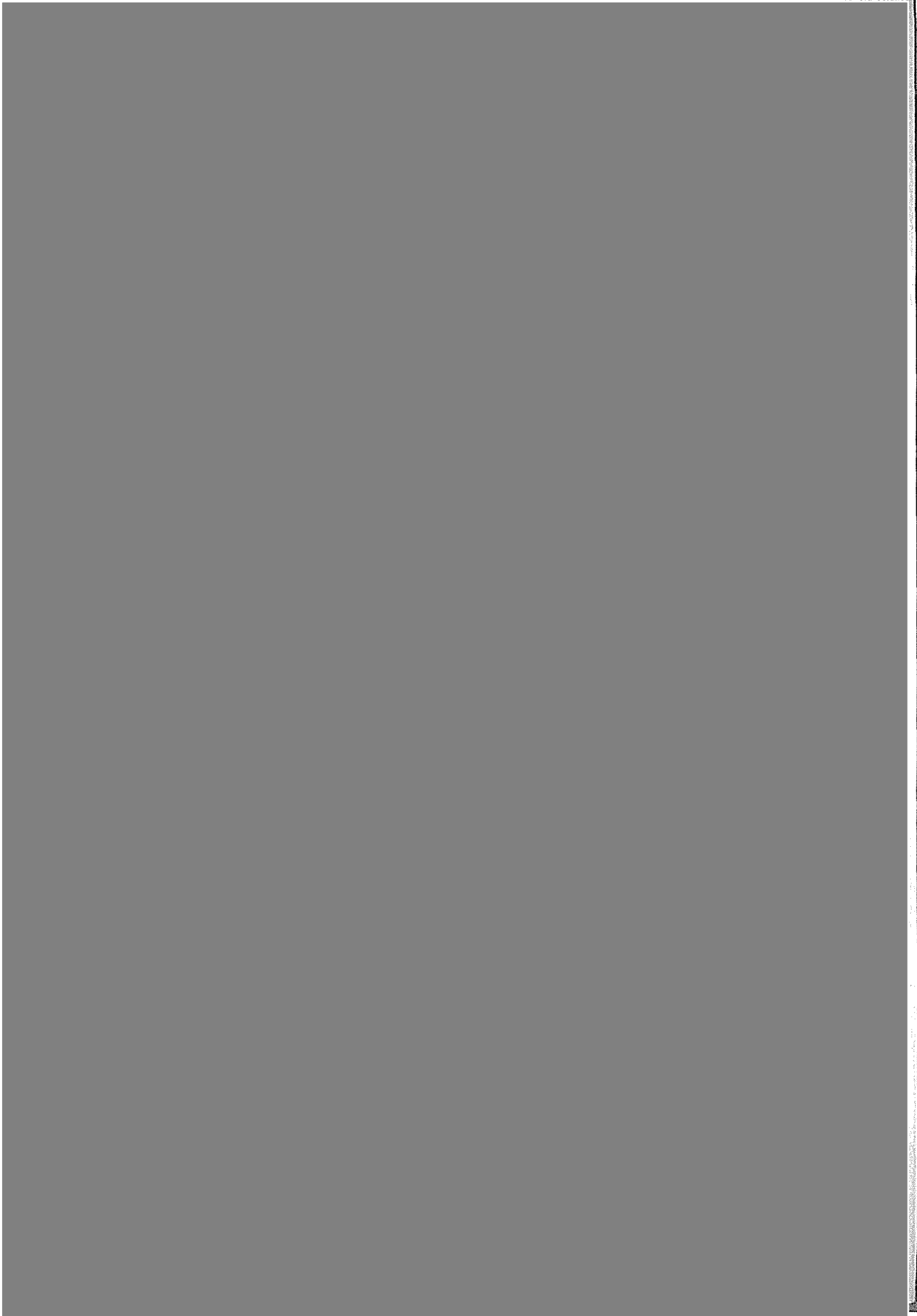
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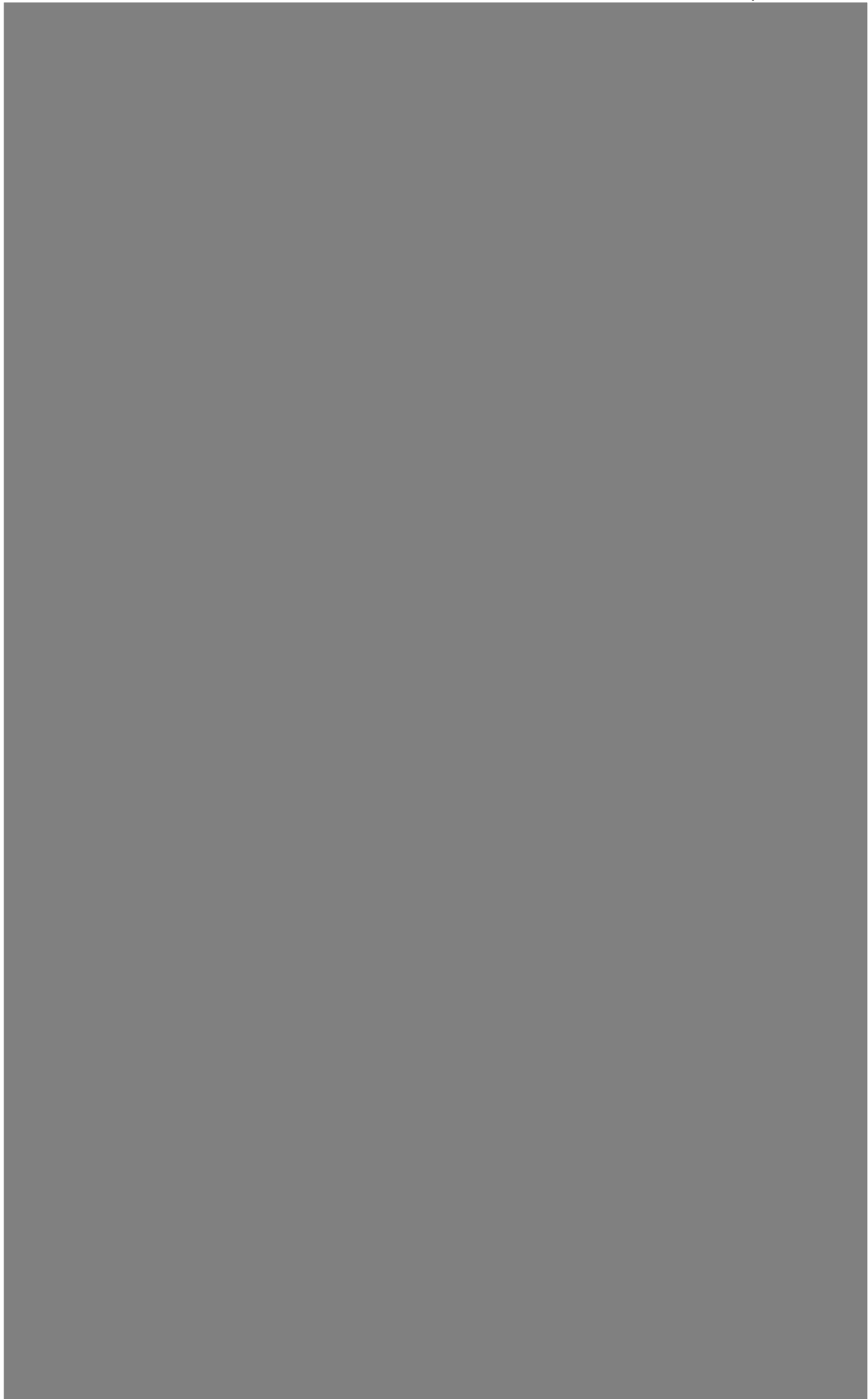


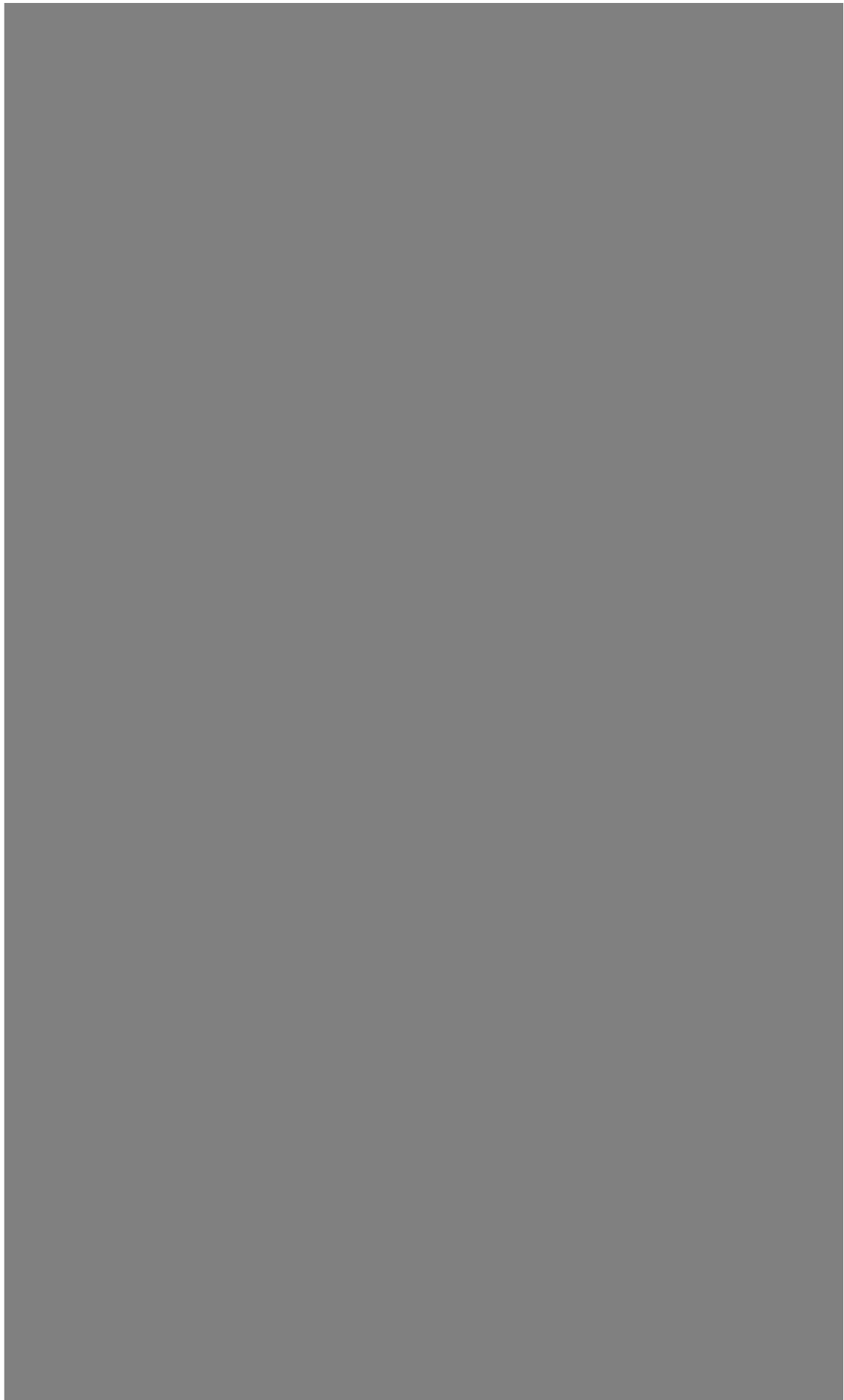
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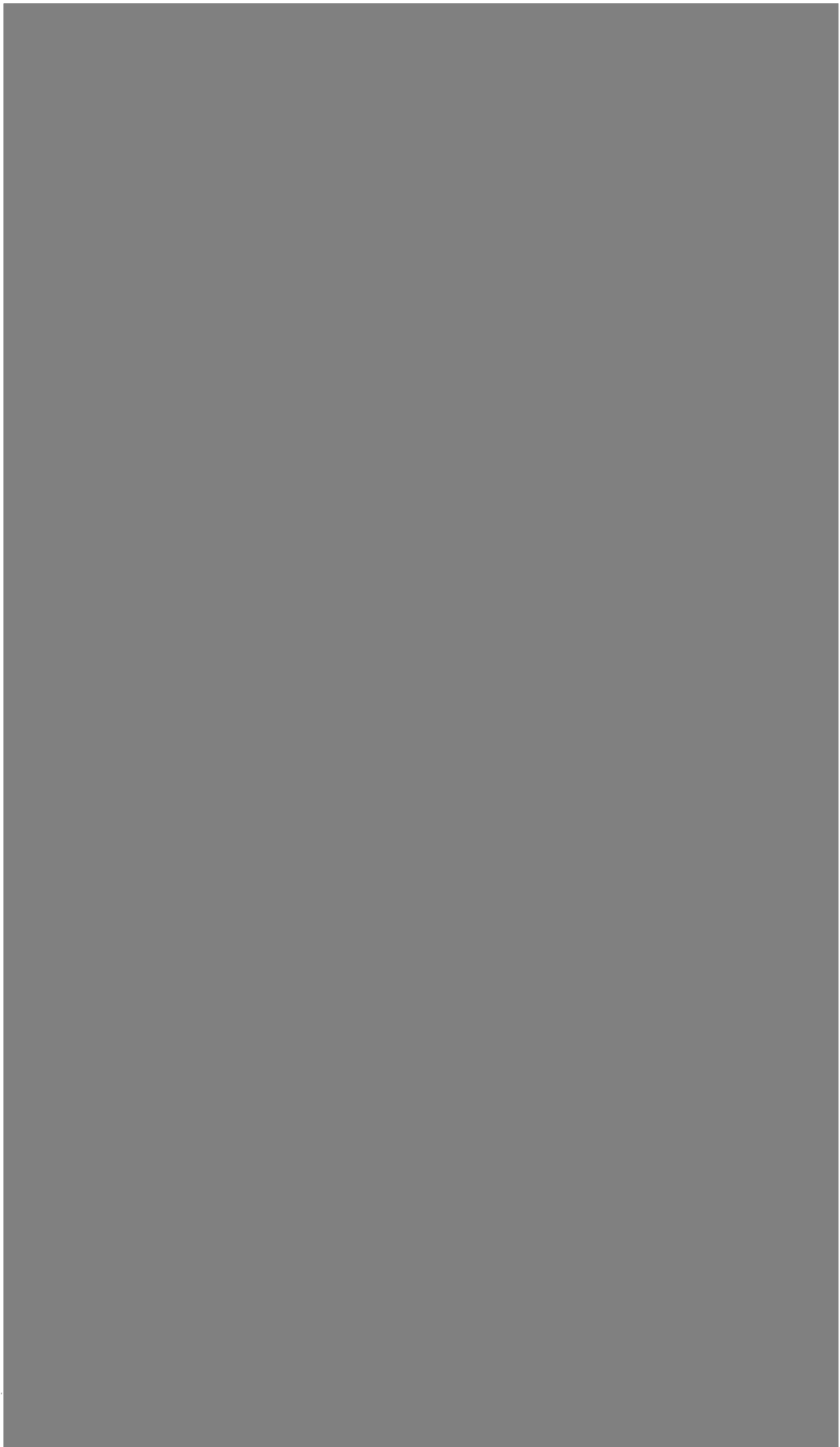
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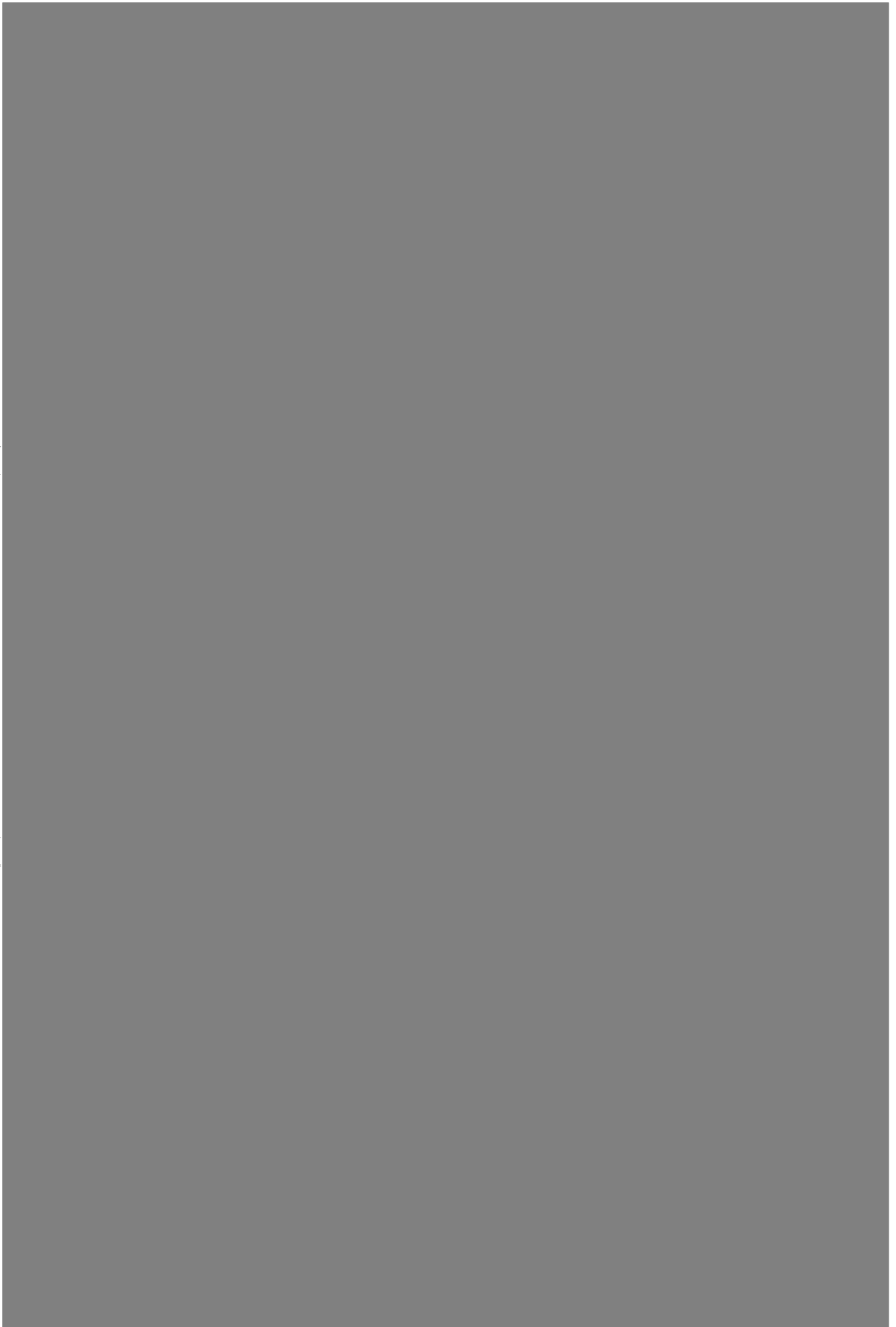




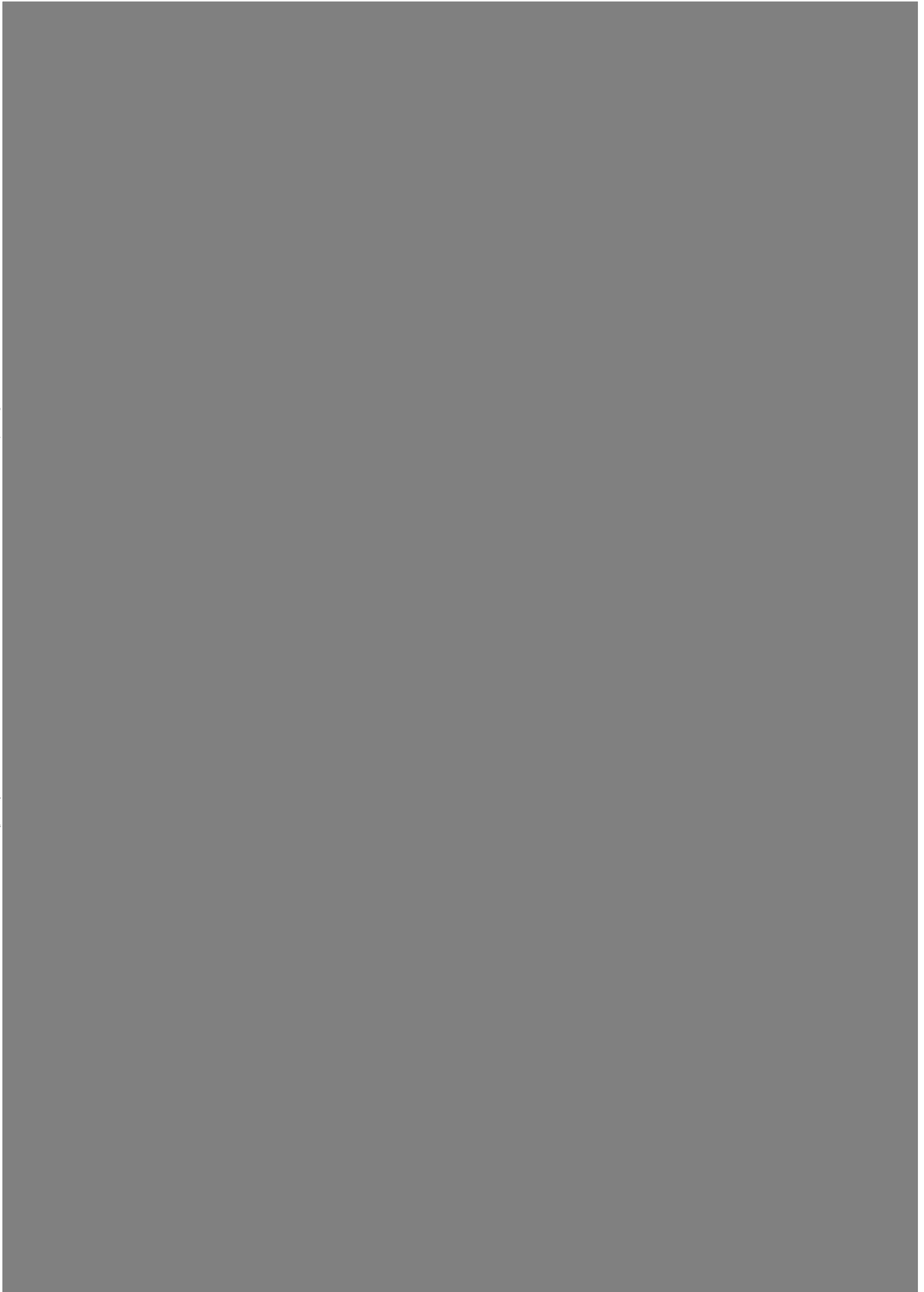








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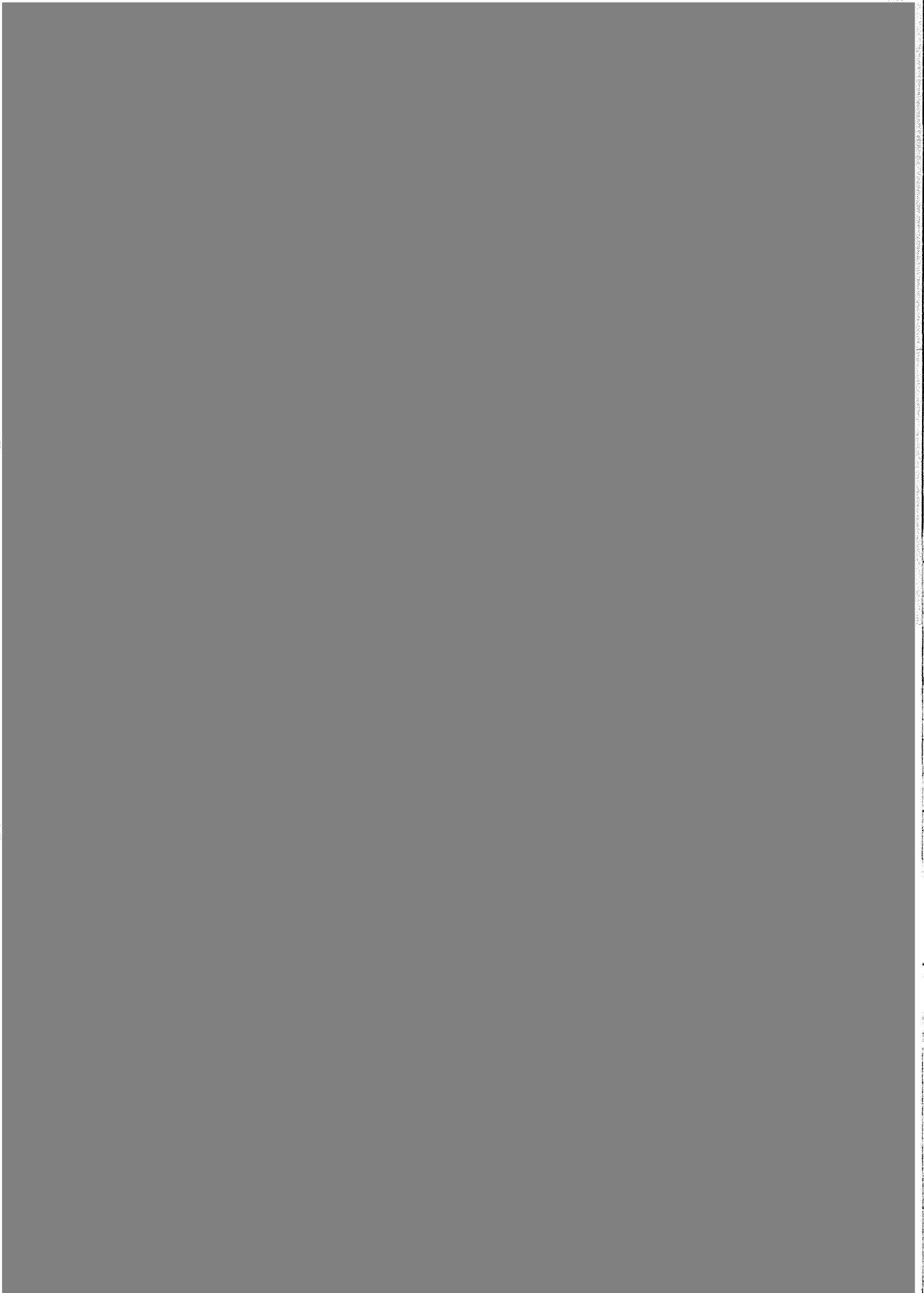


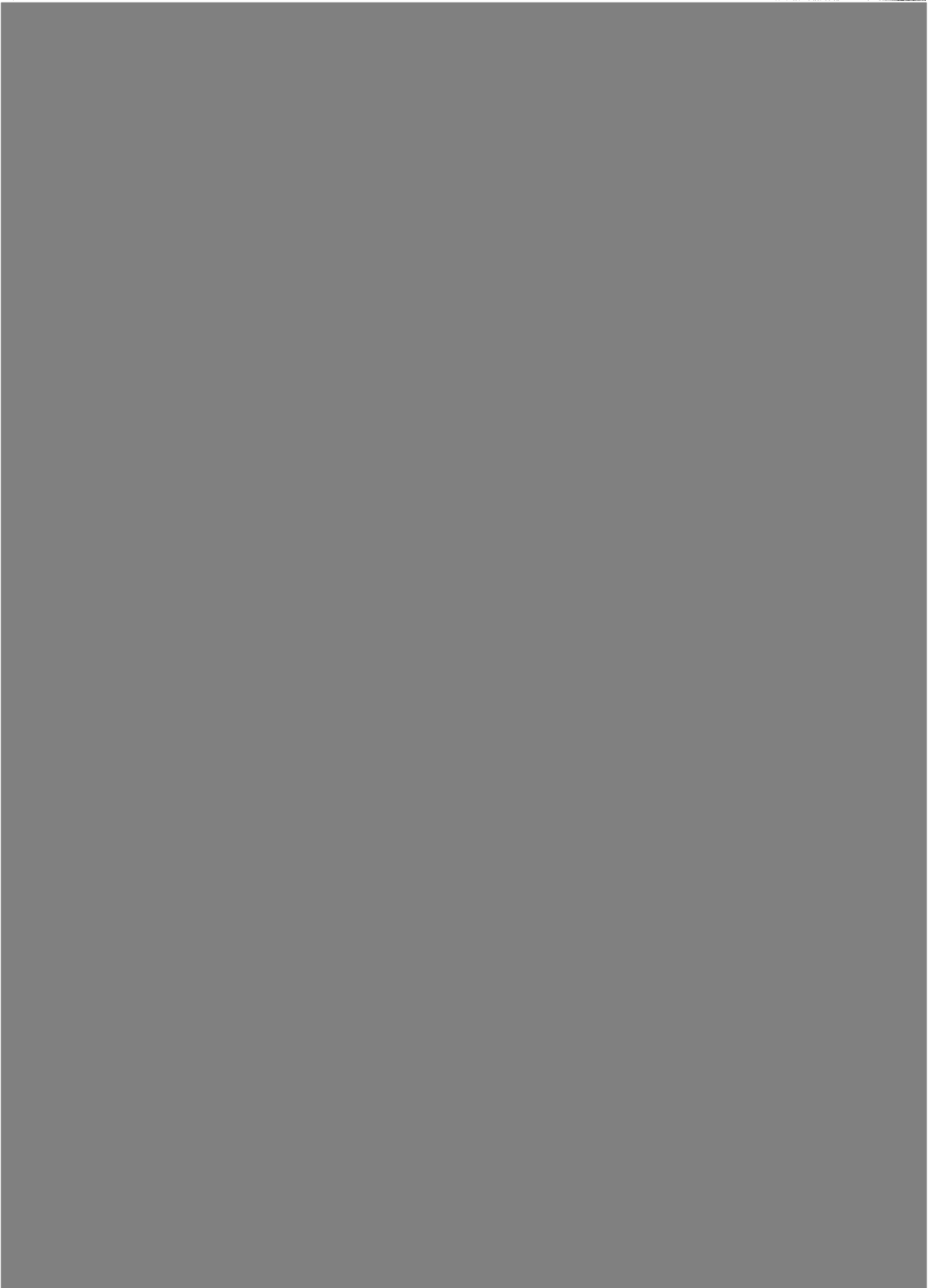
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Sent: 16 Oct 2013 12:15:58 +1000
To: Pettet, Thomas
Cc: Brennan, Anne;Ashleigh Trinder
Subject: [REDACTED]

Hi Tom,







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From: Ashleigh Trinder
Sent: 30 Oct 2013 16:59:53 +1000
To: Daniel, Susan
Subject: Re: 

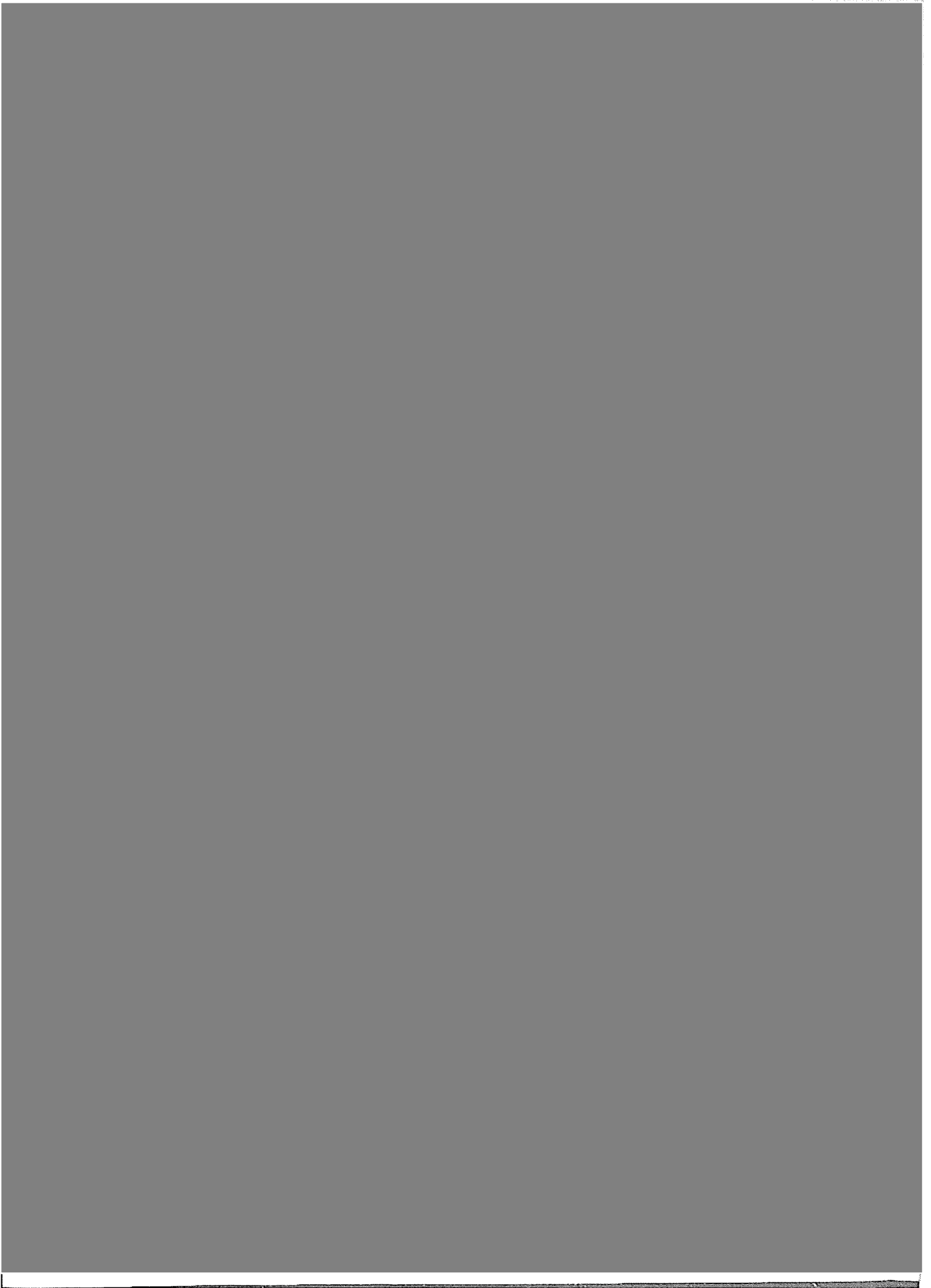
Hi Sue,



Thanks.

Kind Regards,

Ashleigh



From: Susan Daniel
Sent: 5 Nov 2013 12:05:36 +1000
To: Ashleigh Trinder
Cc: Anne Brennan
Subject: Re: [REDACTED]

Hi Ashleigh,

[REDACTED]

Kind Regards,
Sue

Susan Daniel
Community Liaison, Clinical Nurse
Barrett Adolescent Centre | The Park - Centre for Mental Health | Orford Drive | Wacol Q 4076
Alternative Postal Address: Locked Bag 500, Sumner Park BC Q 4074
PH: [REDACTED]

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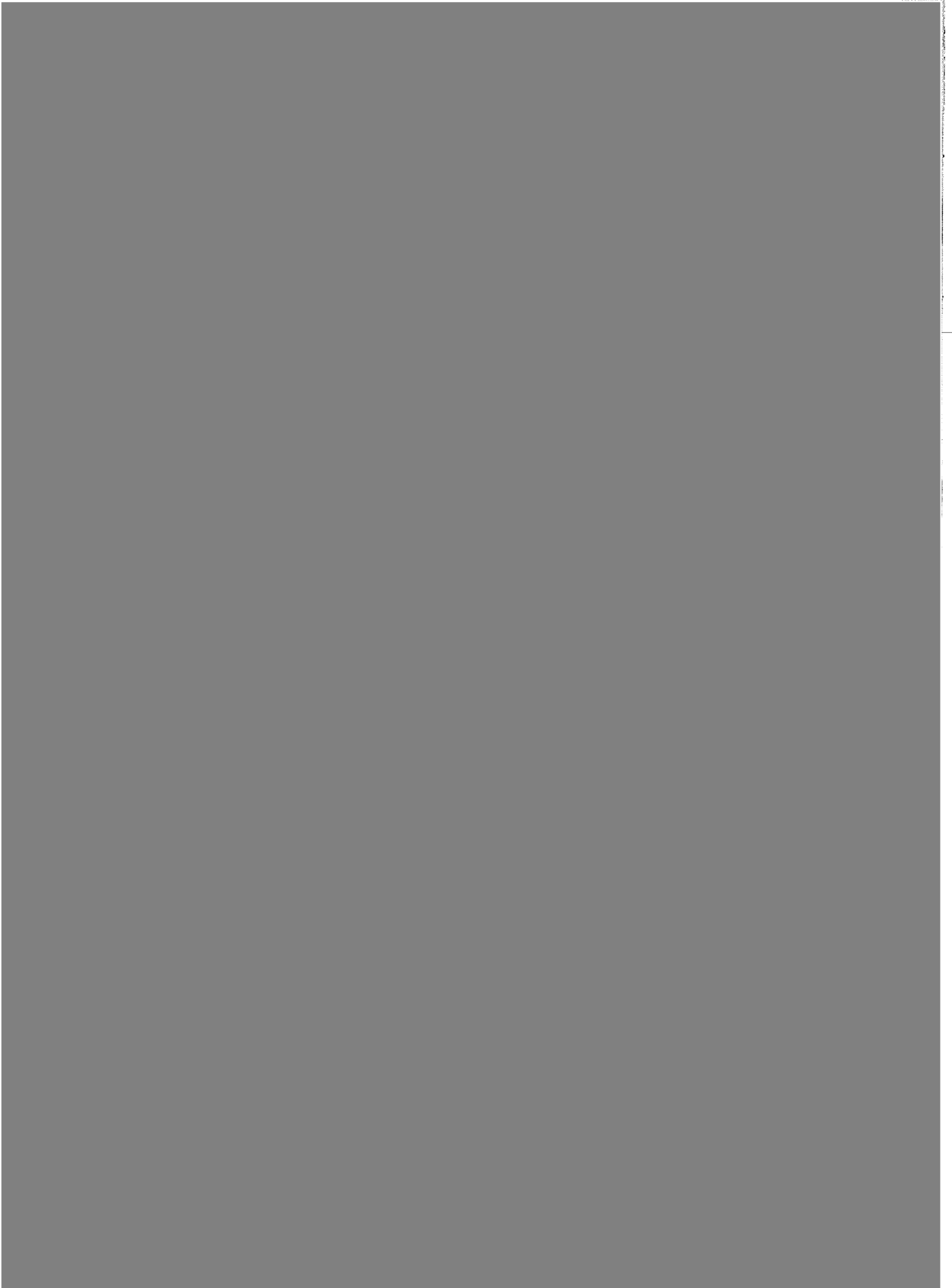
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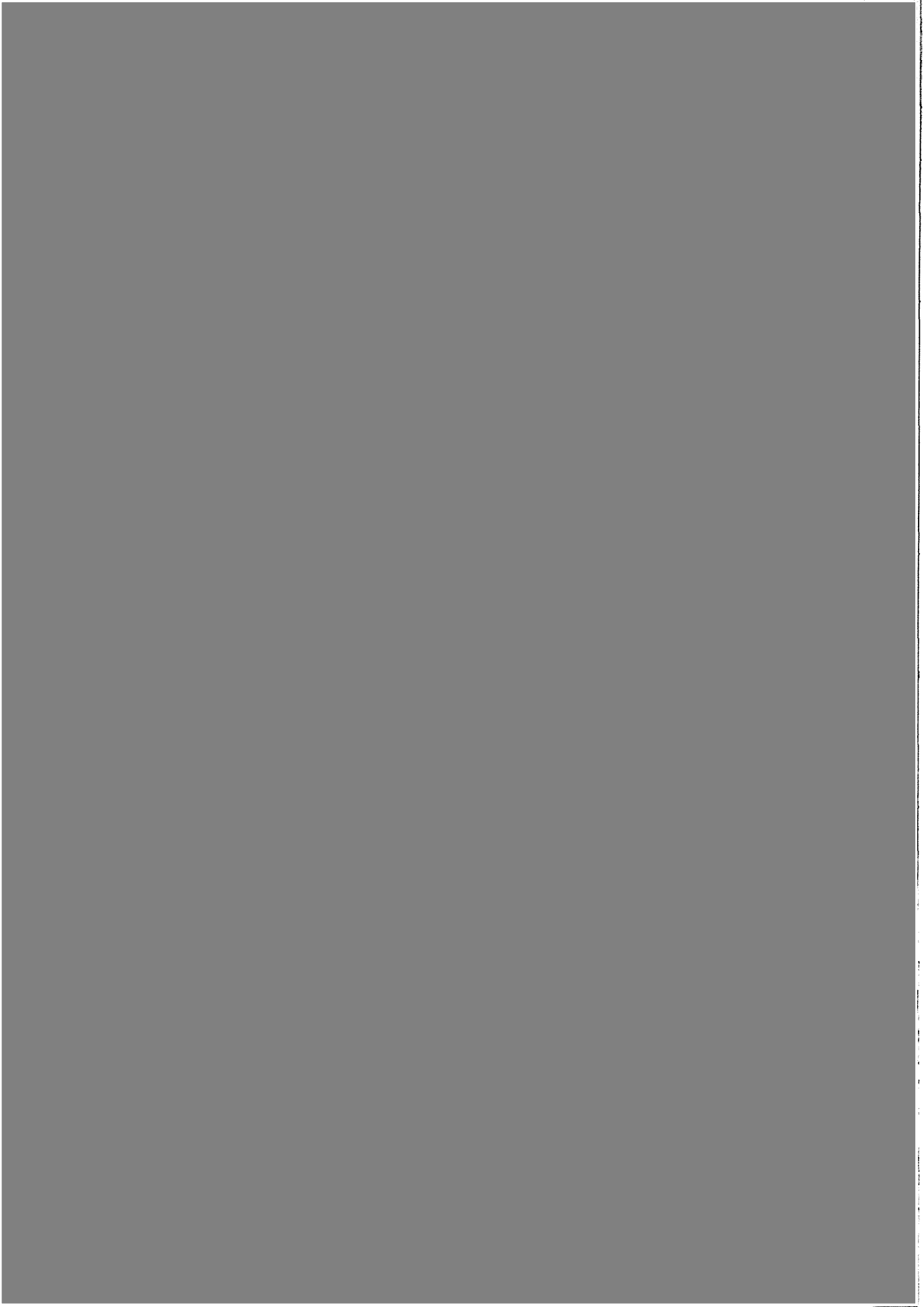
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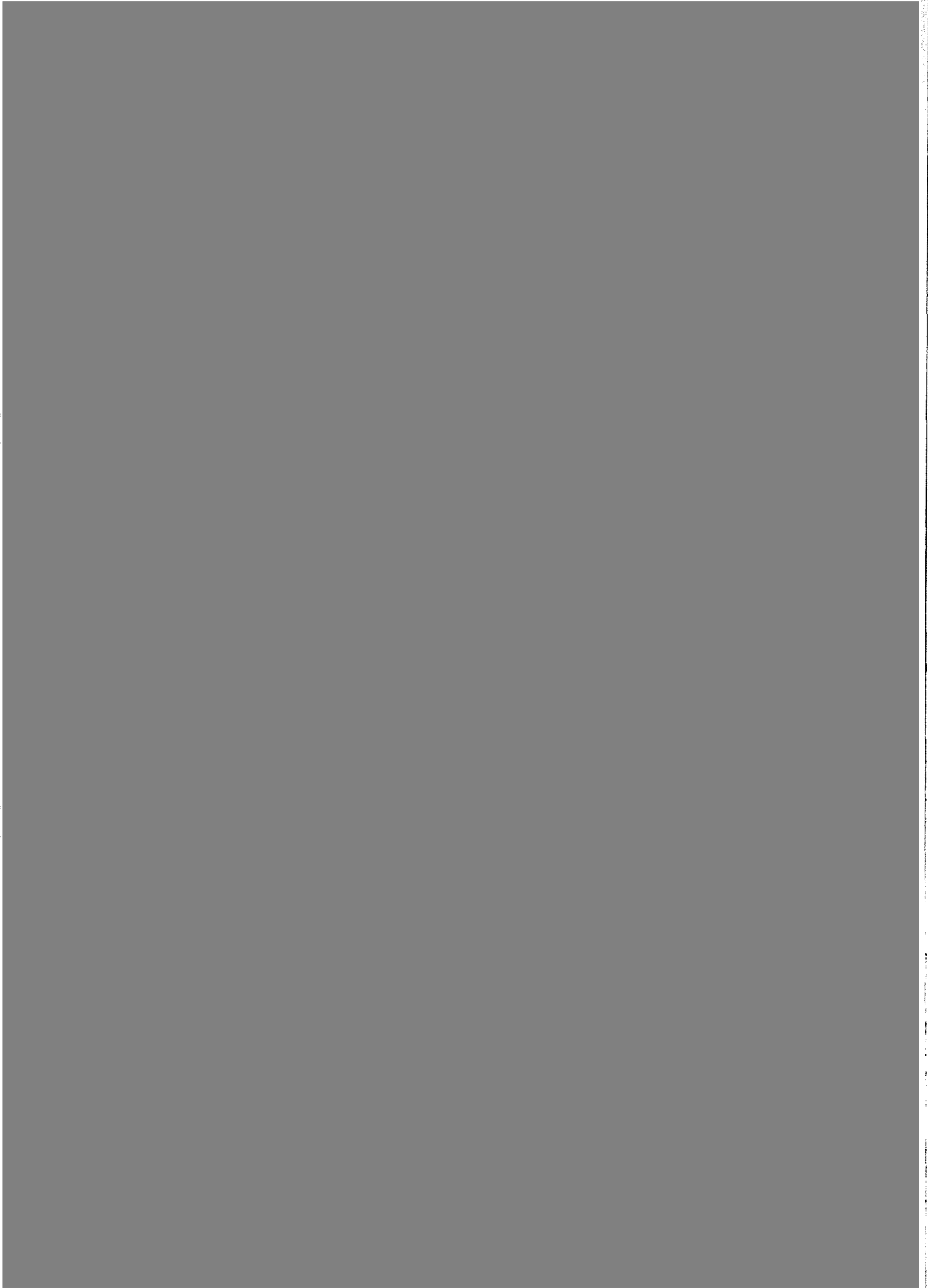
Anne

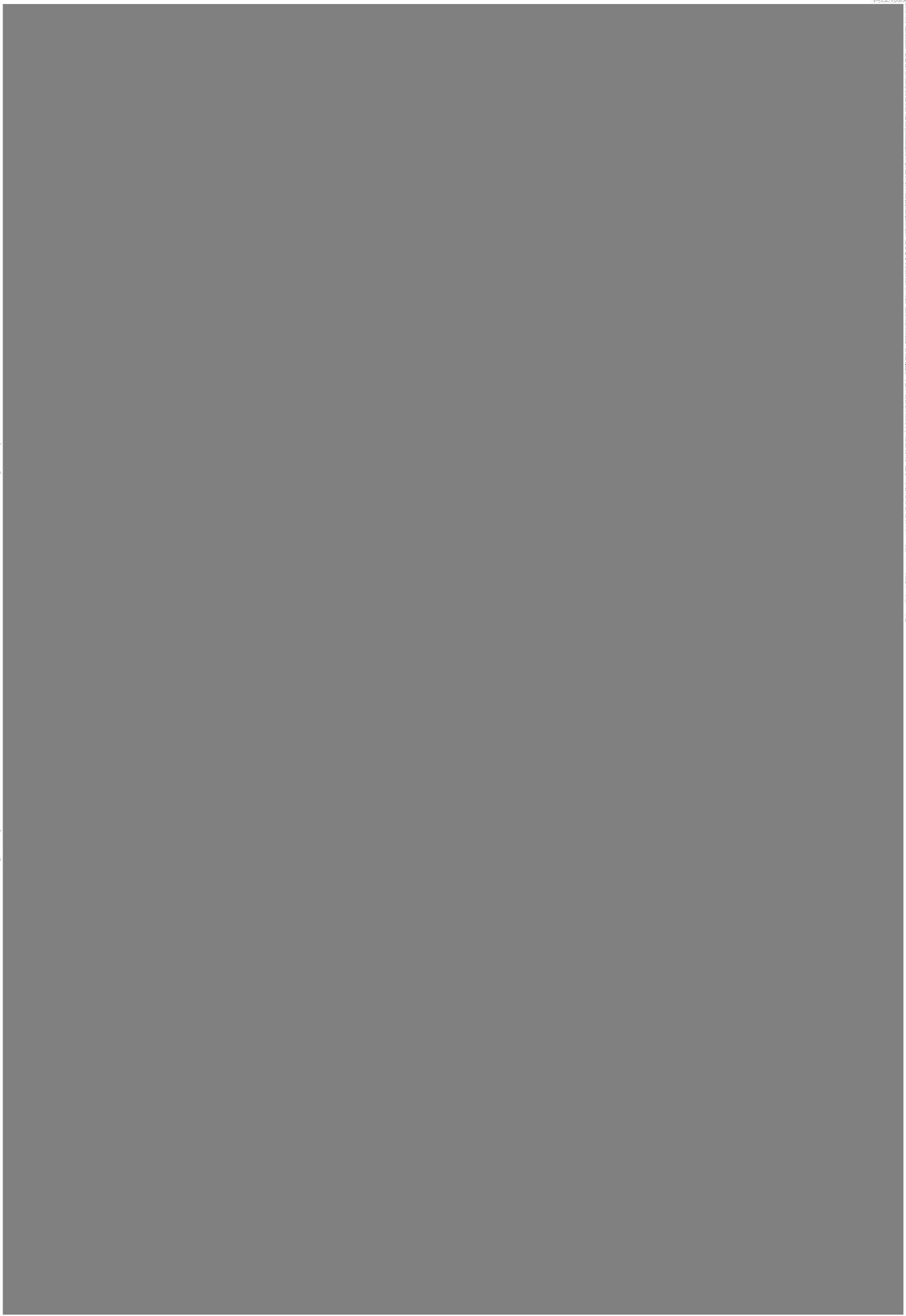
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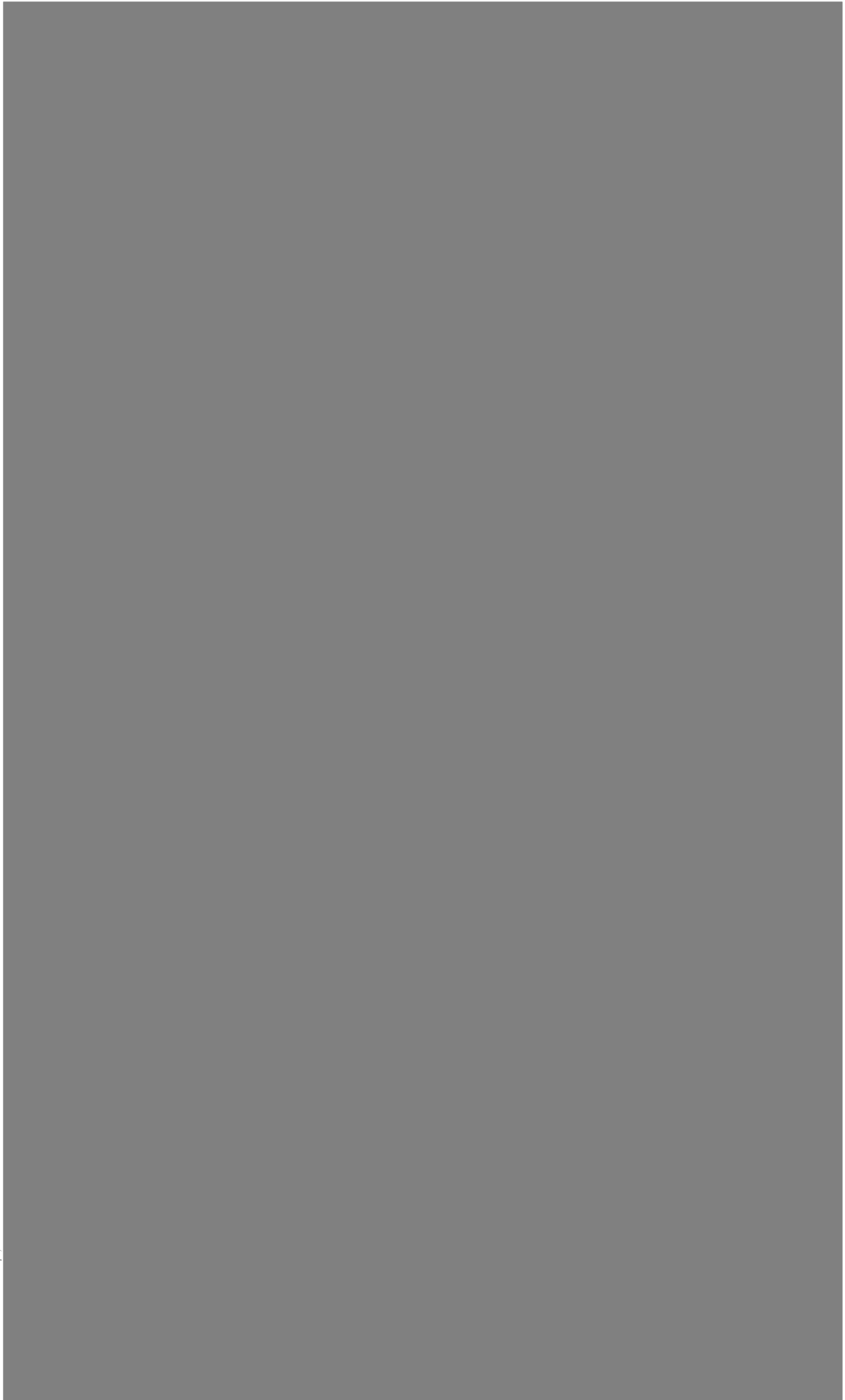


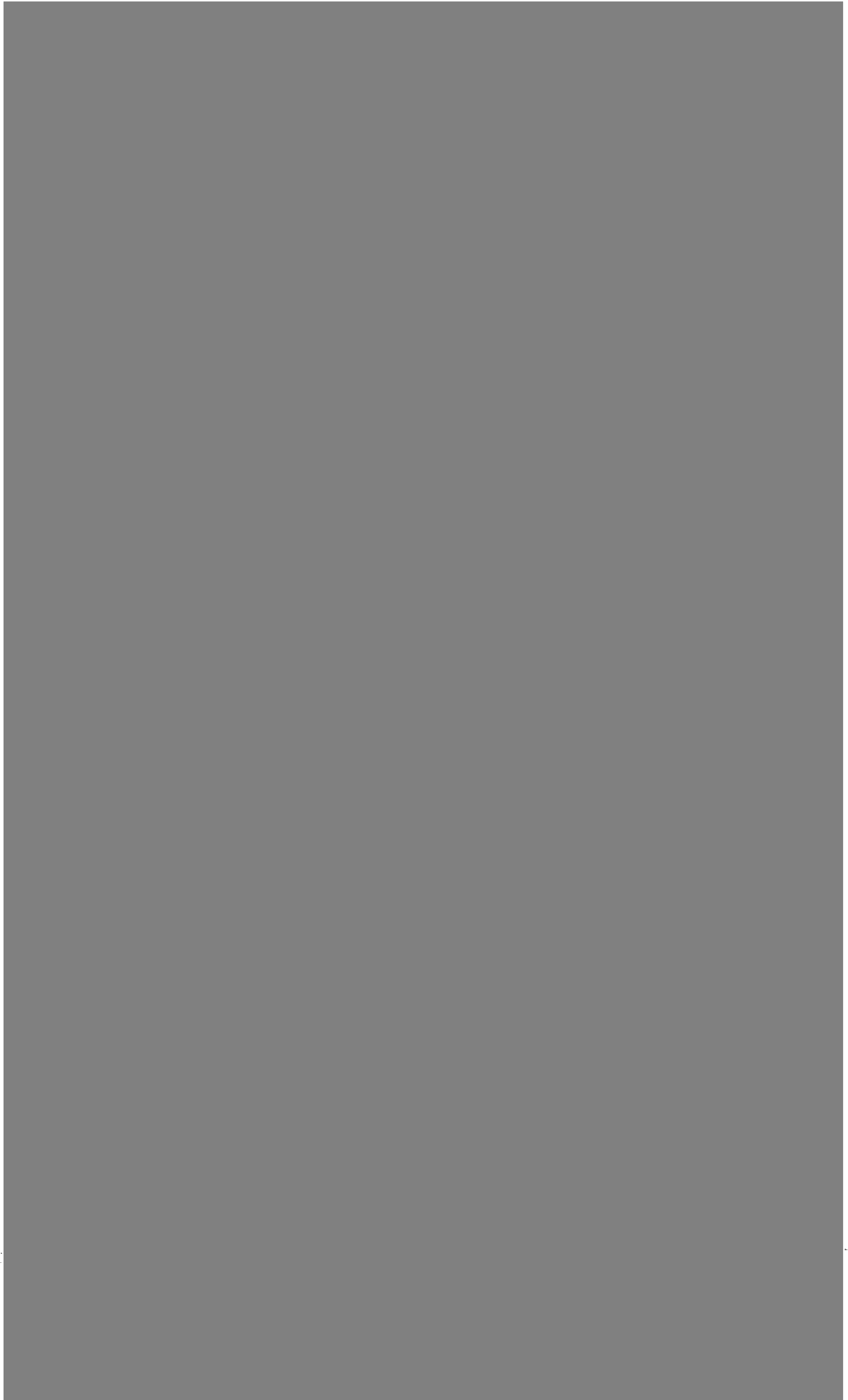


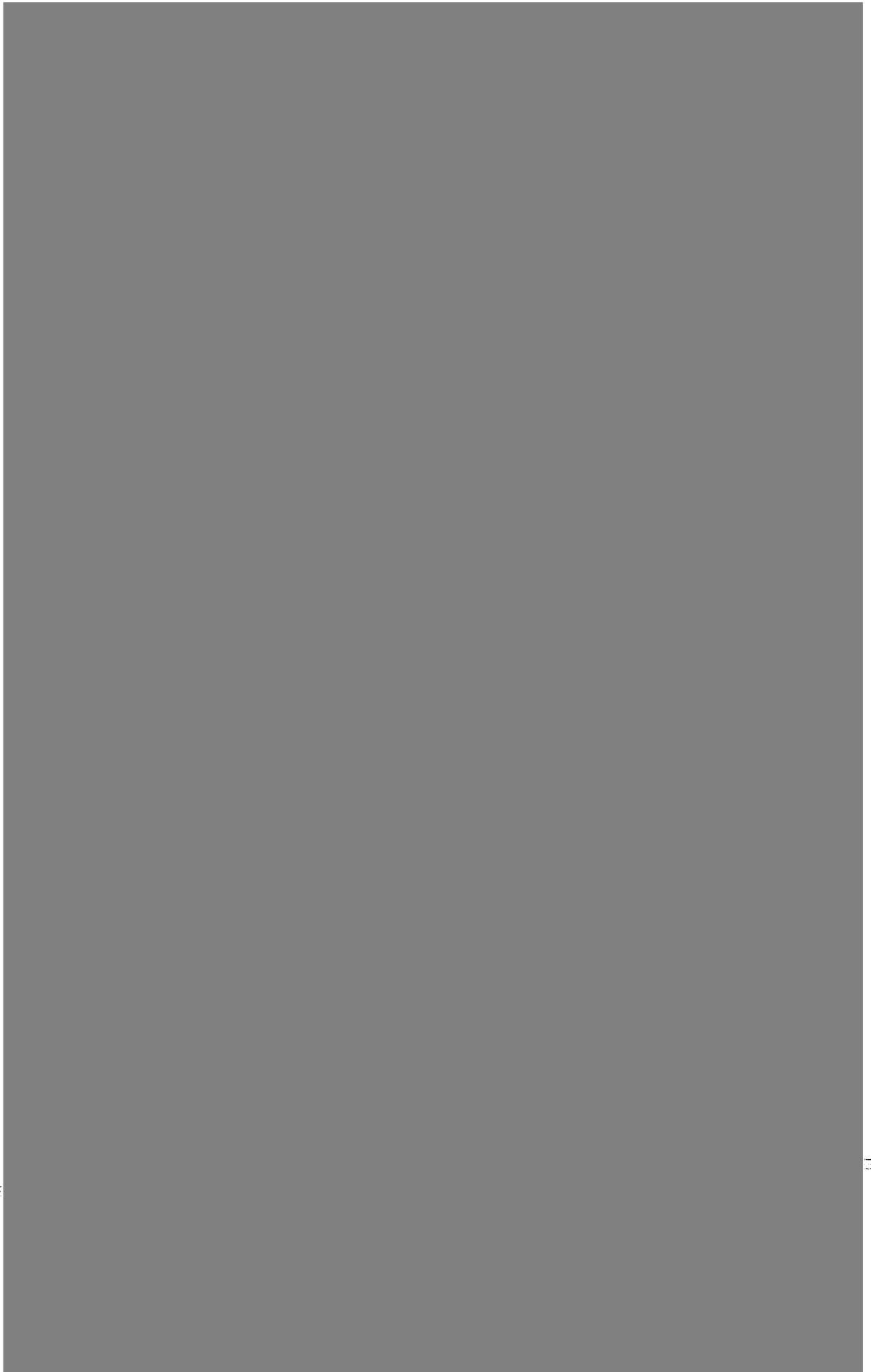
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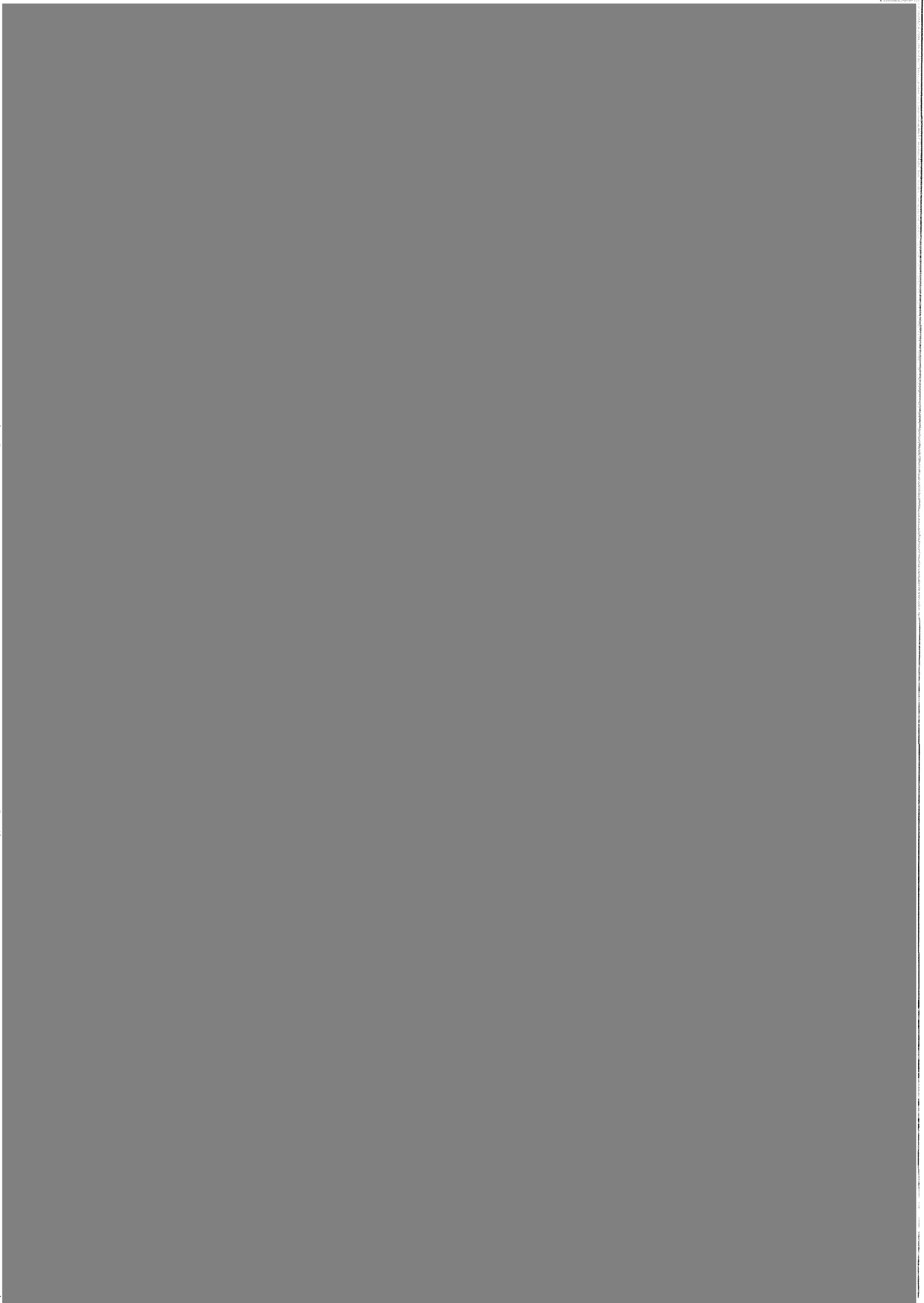


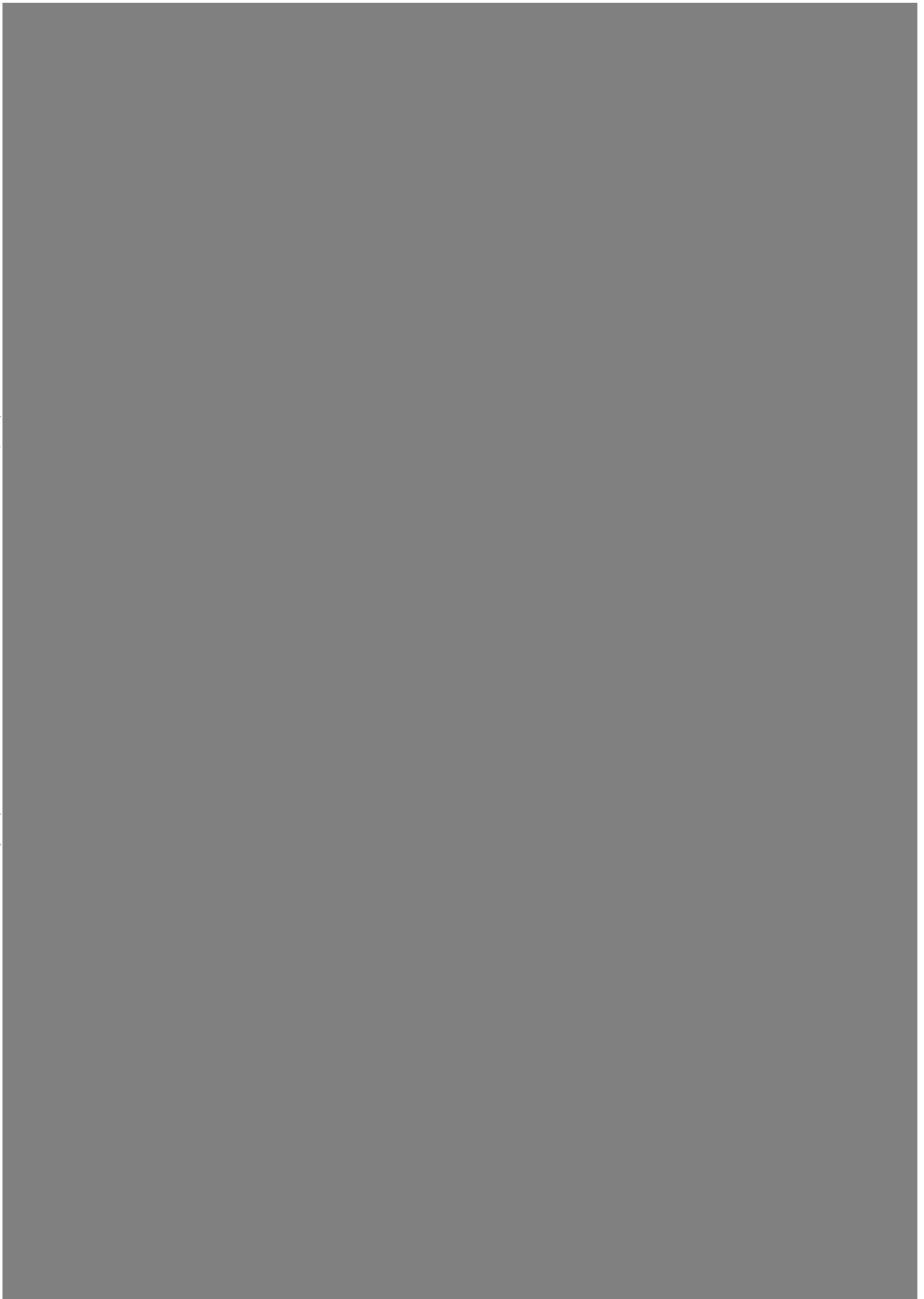






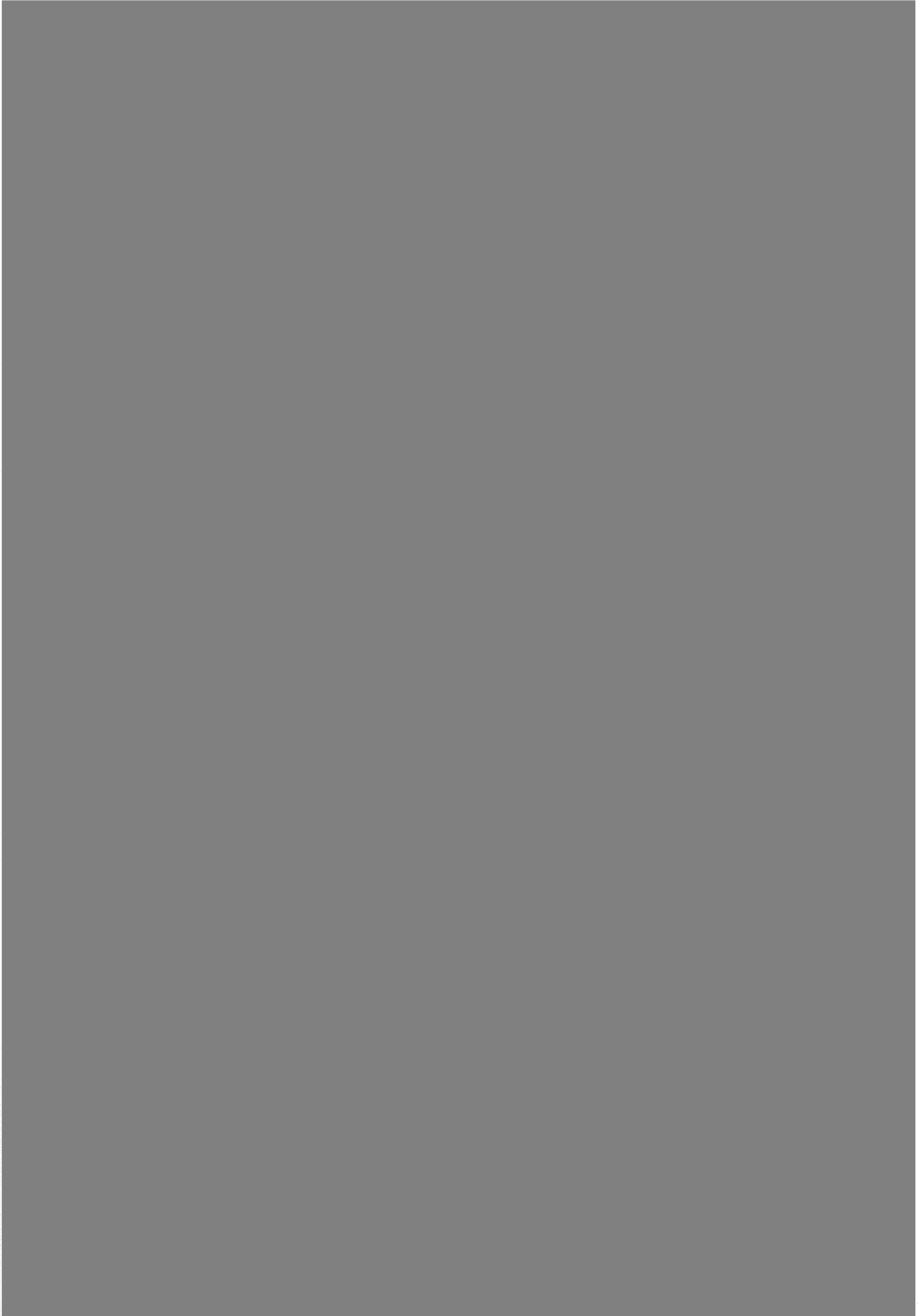
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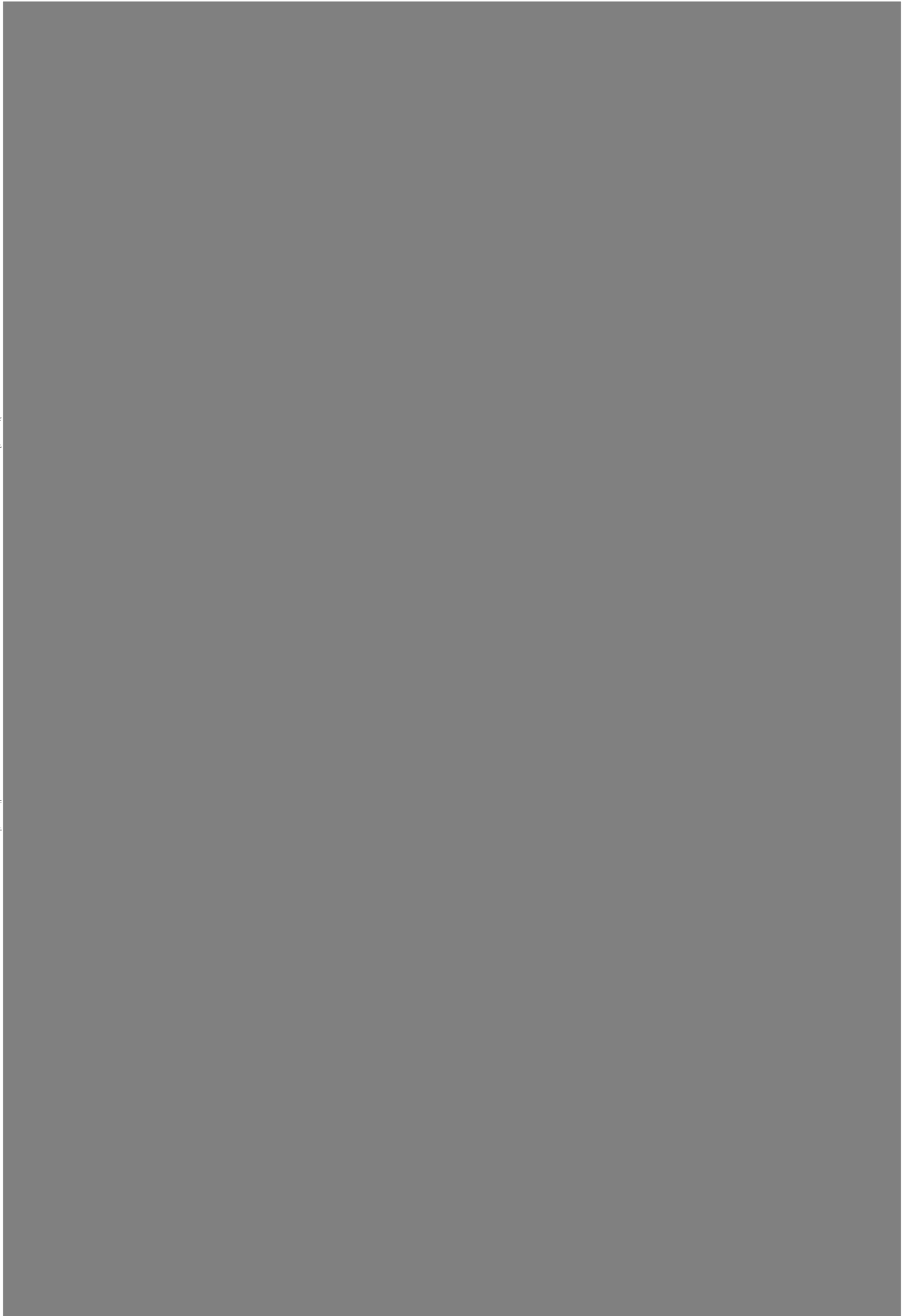


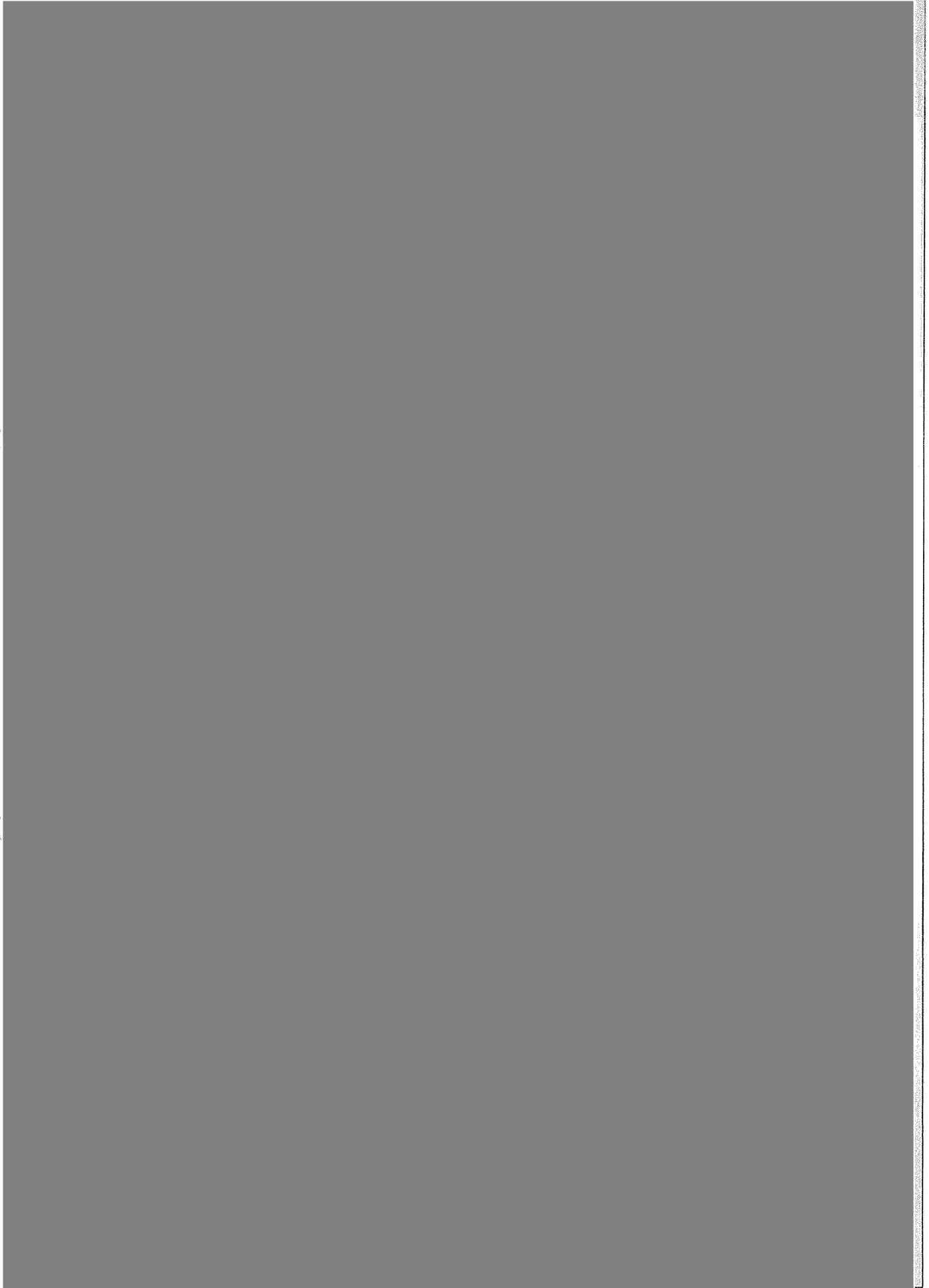
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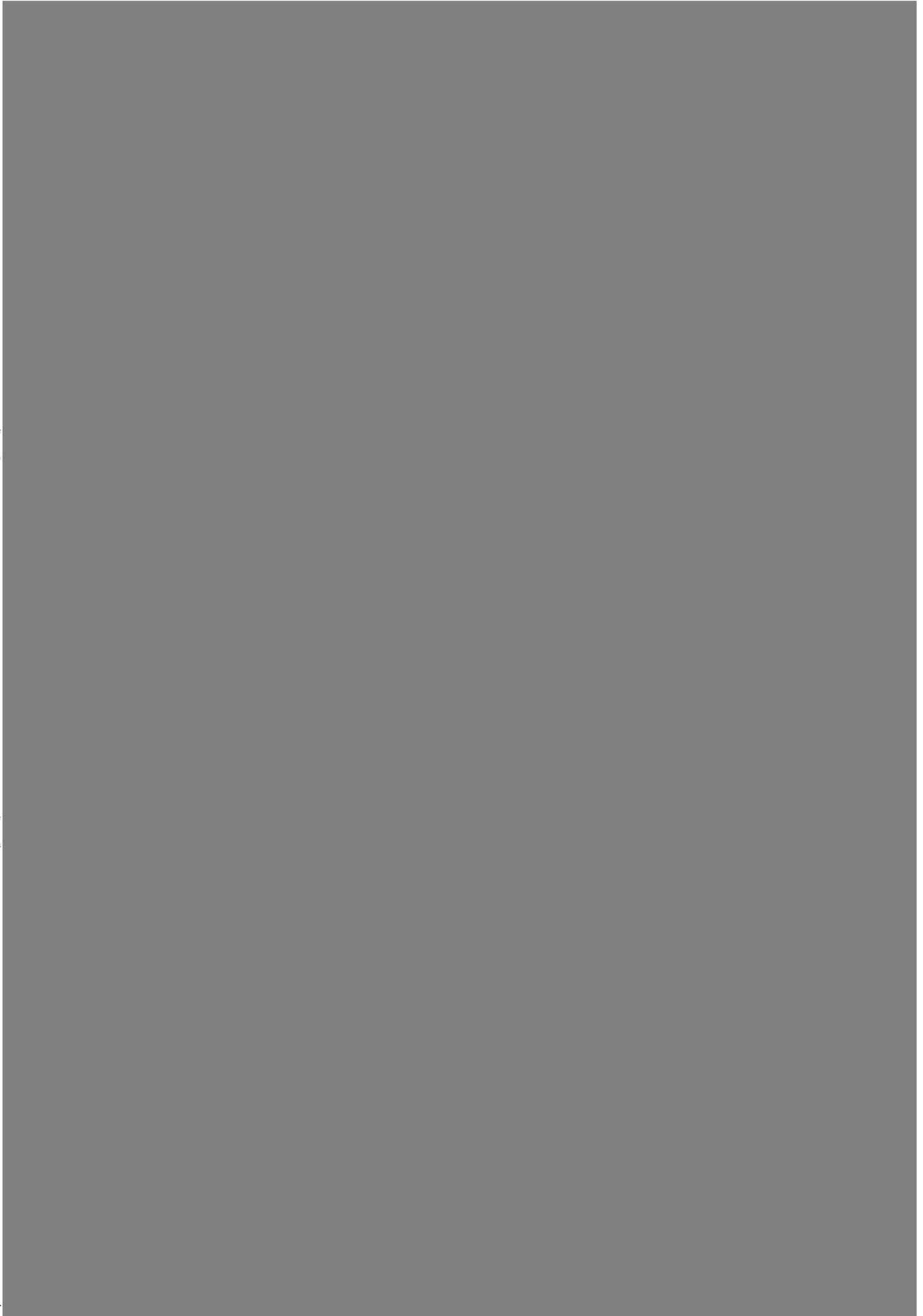


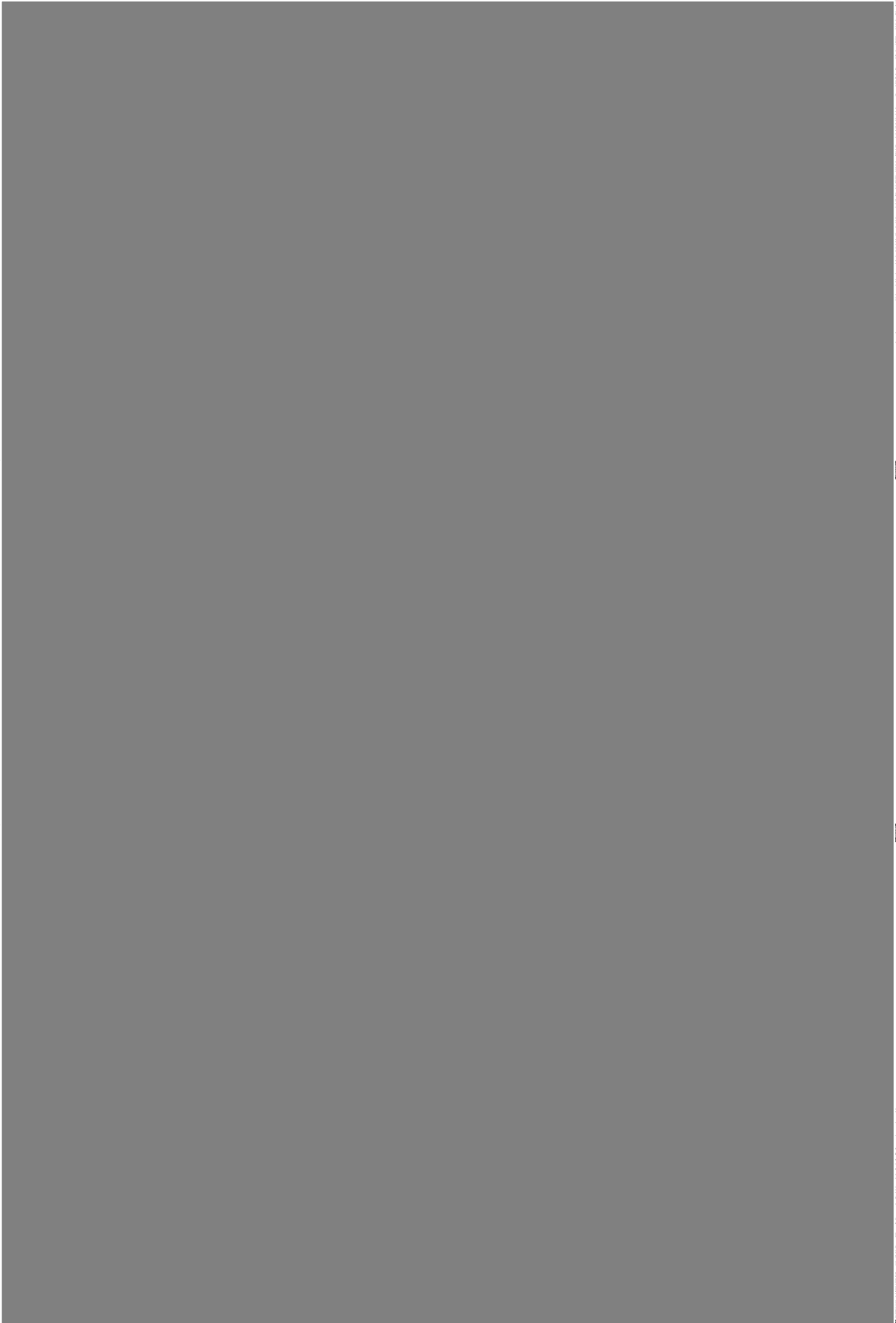


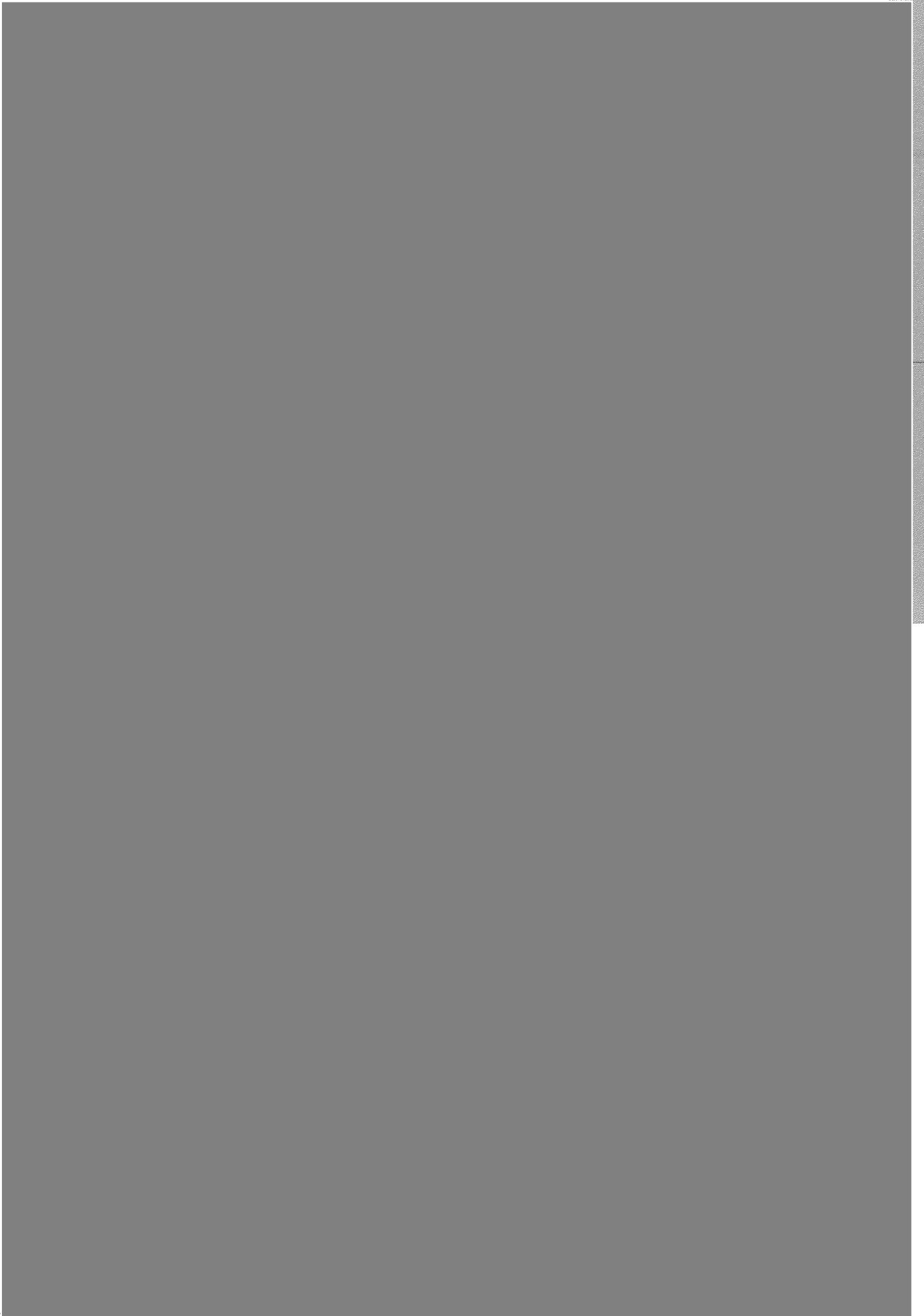
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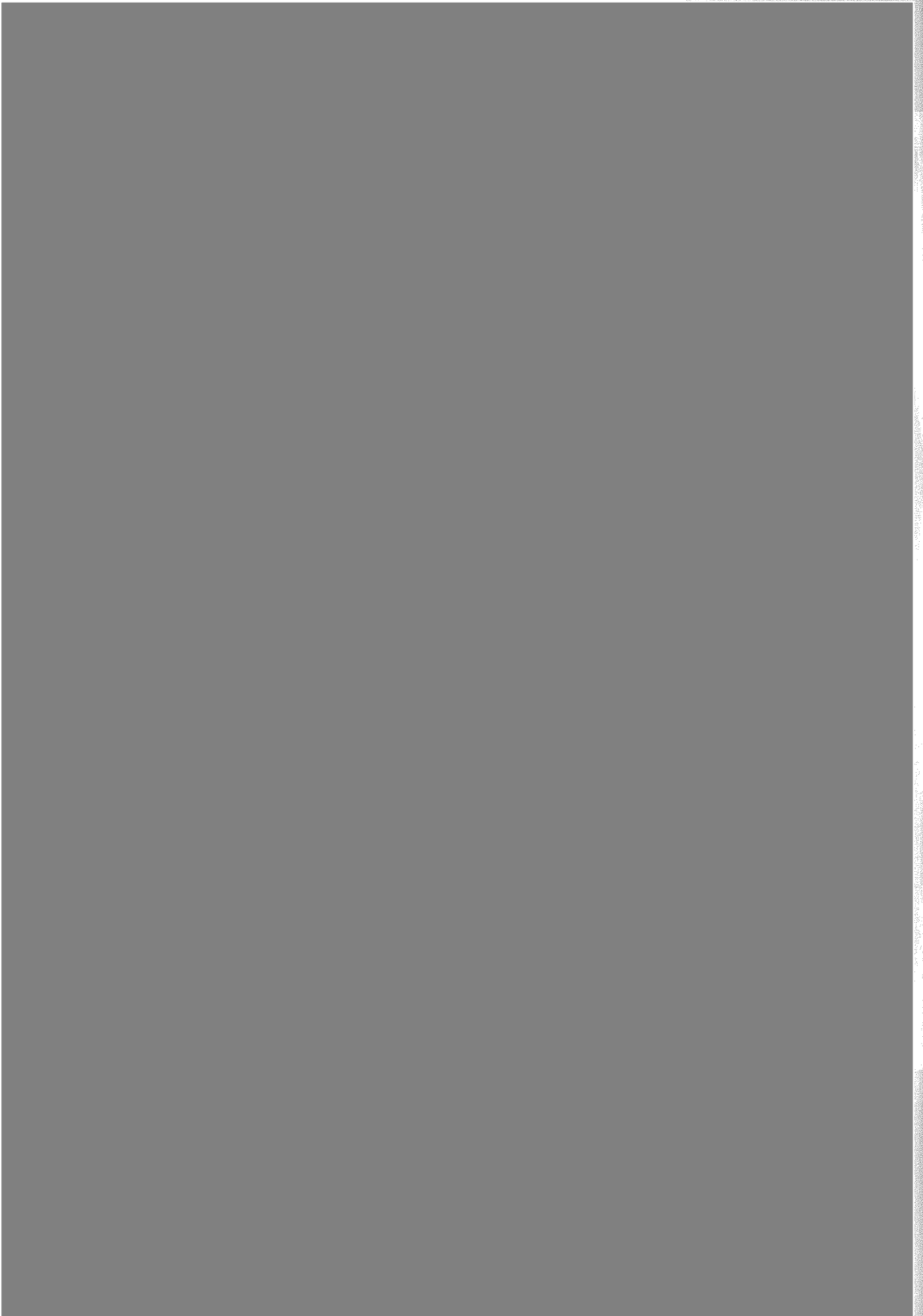


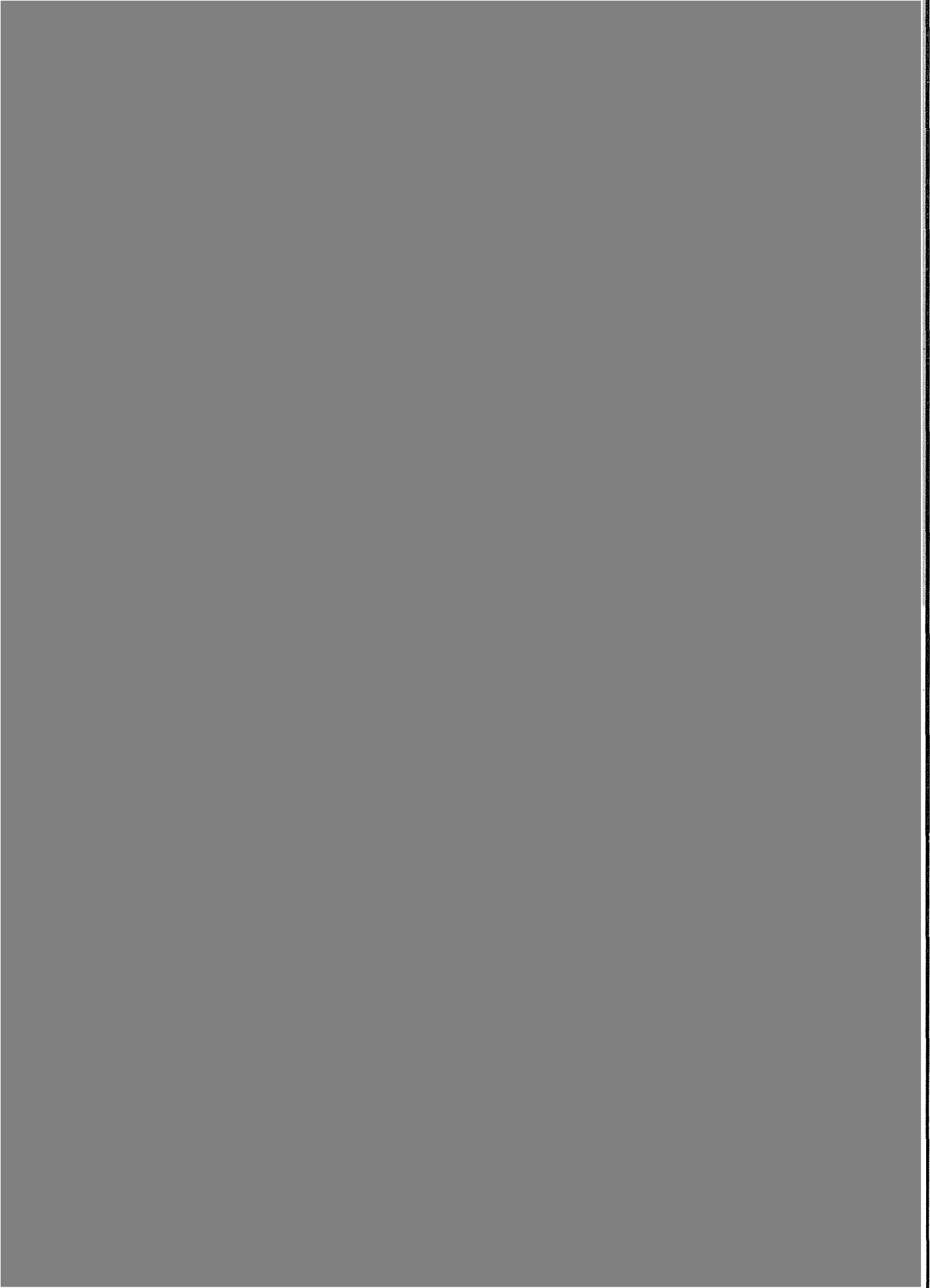


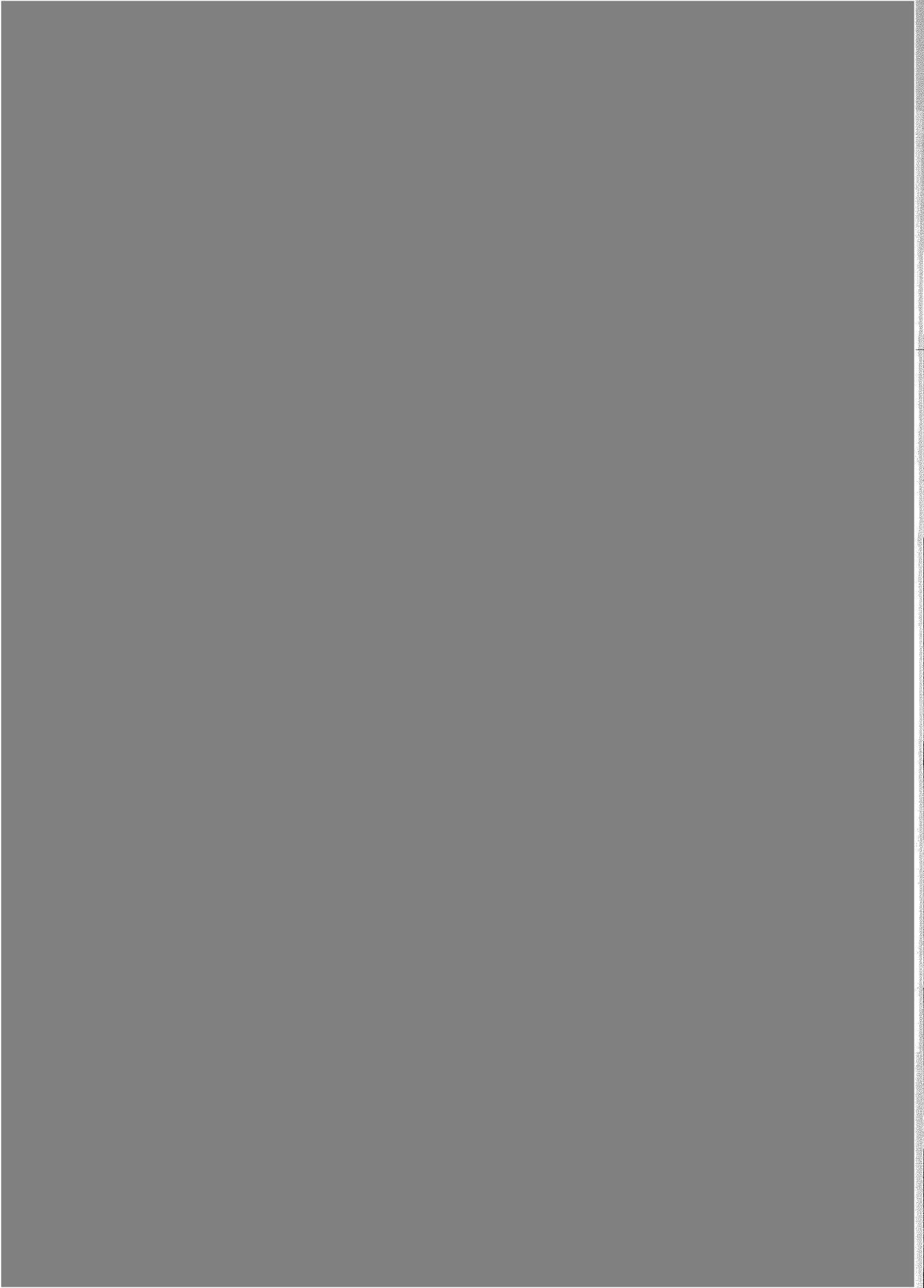


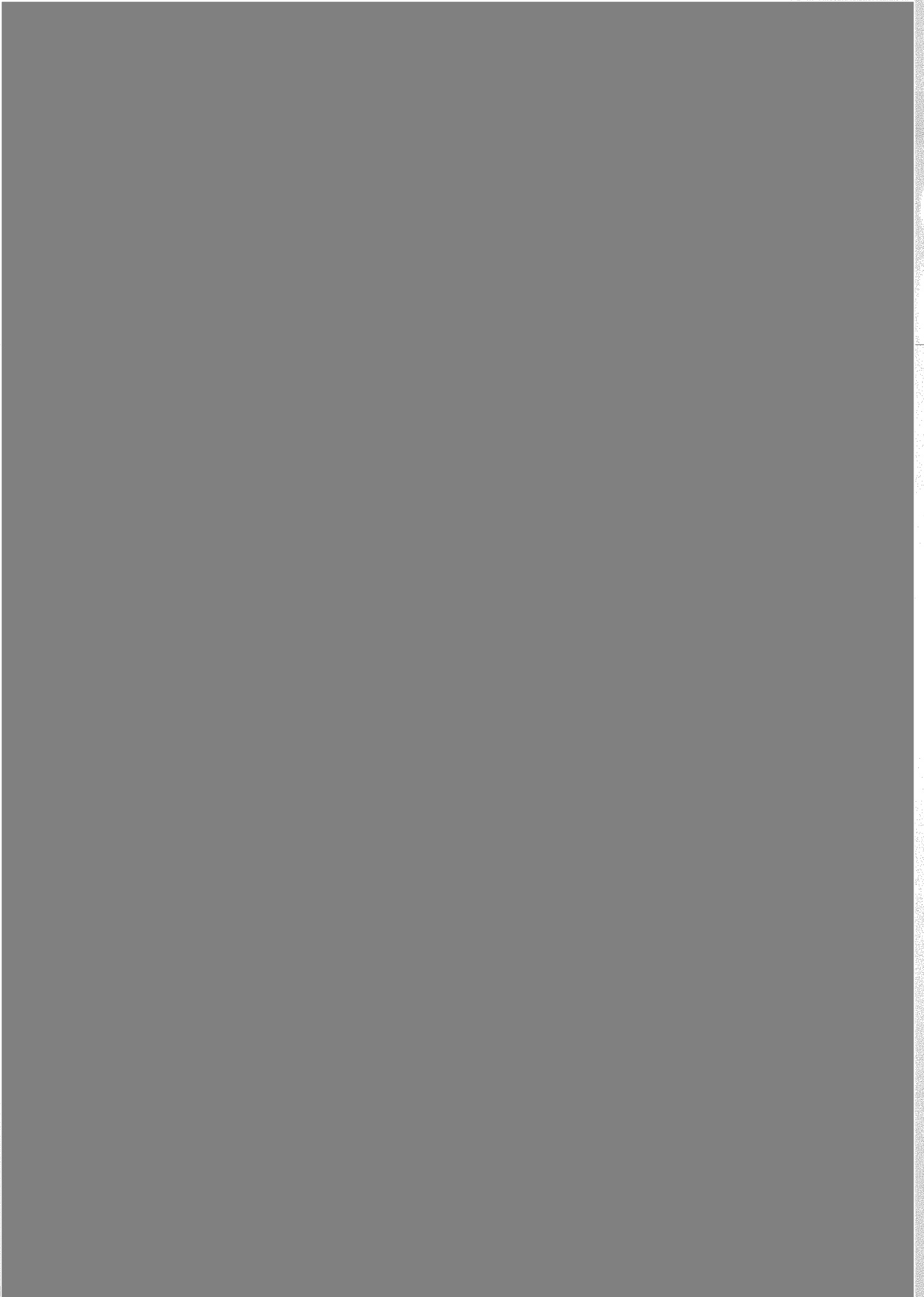






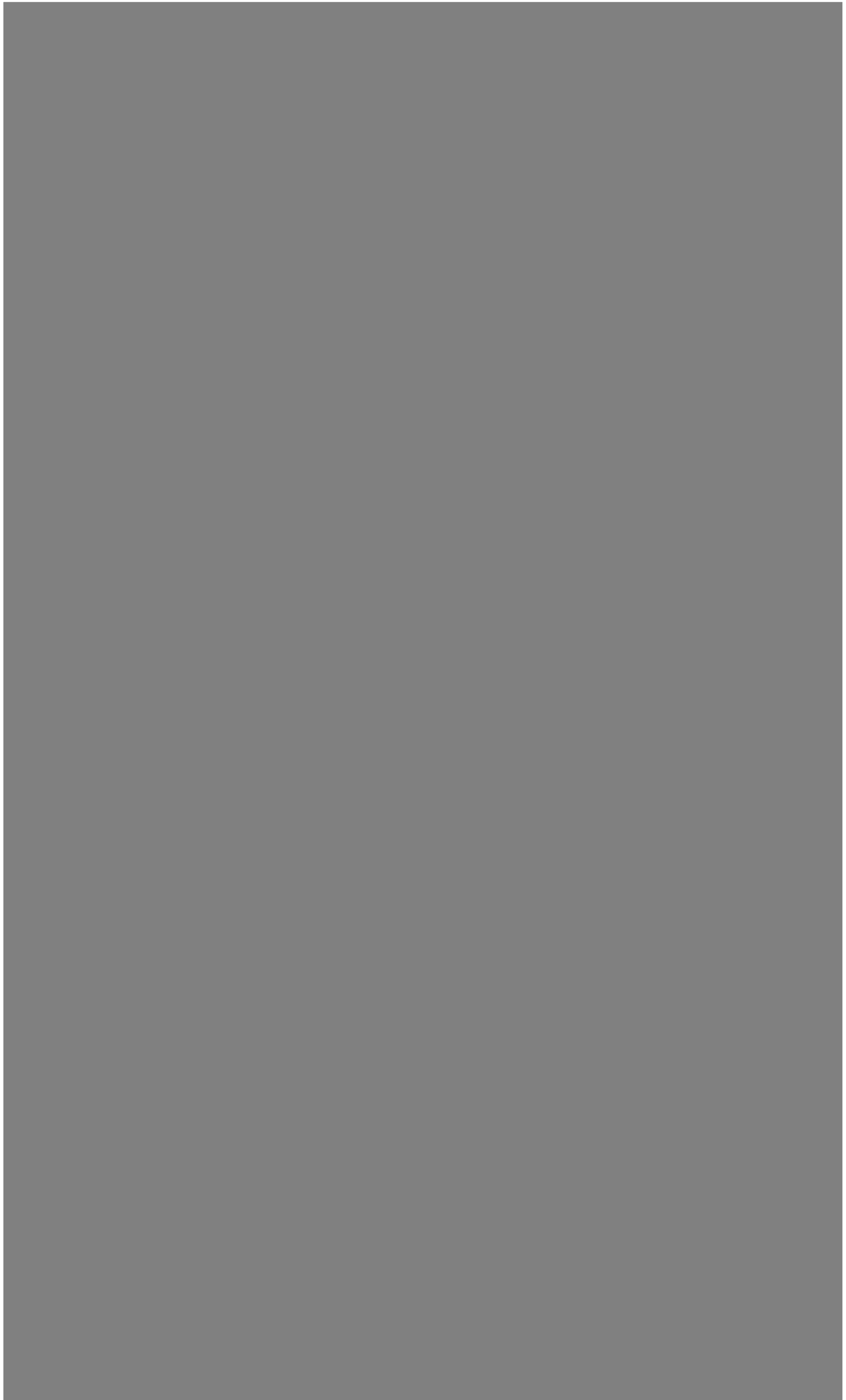


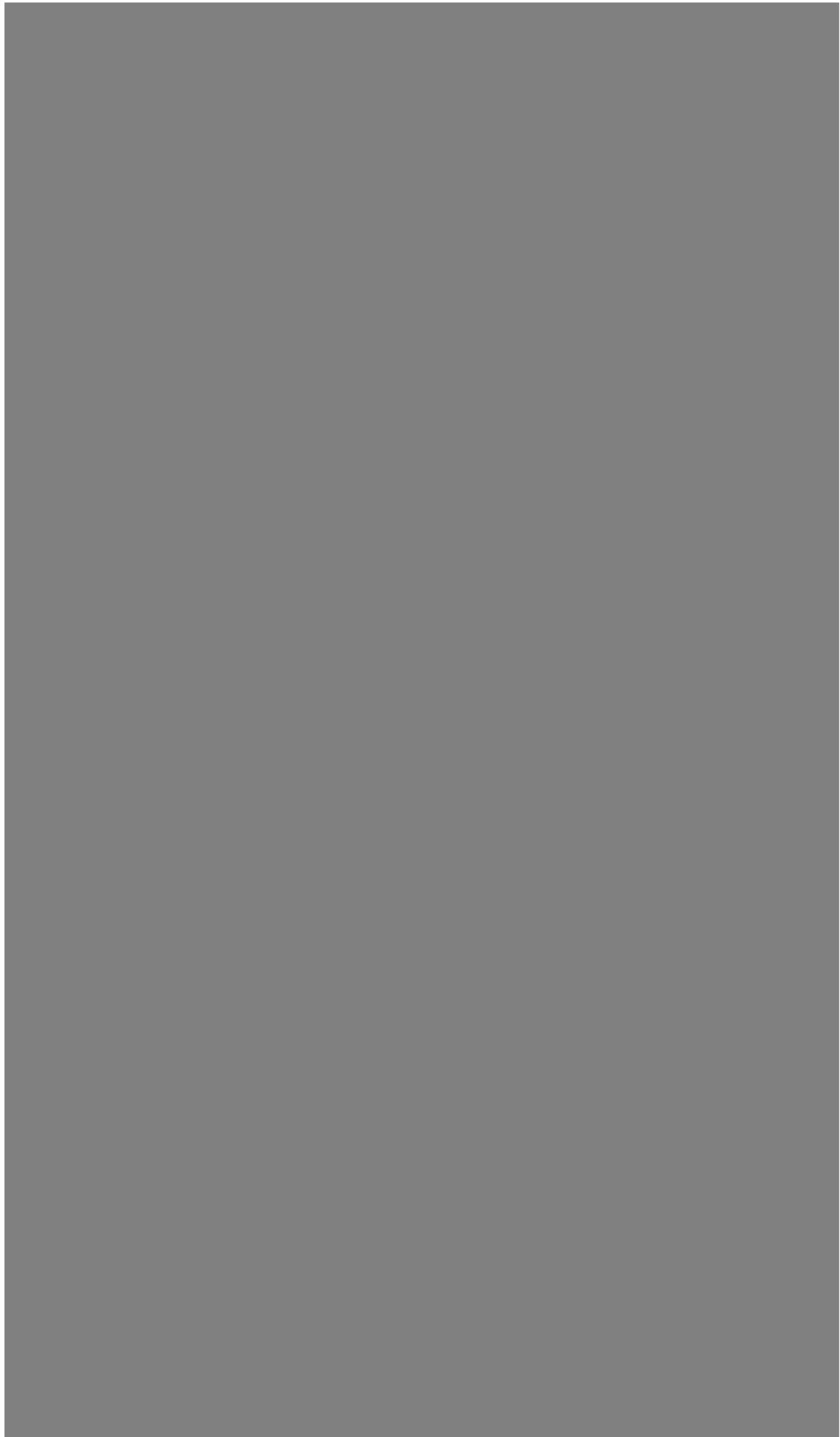


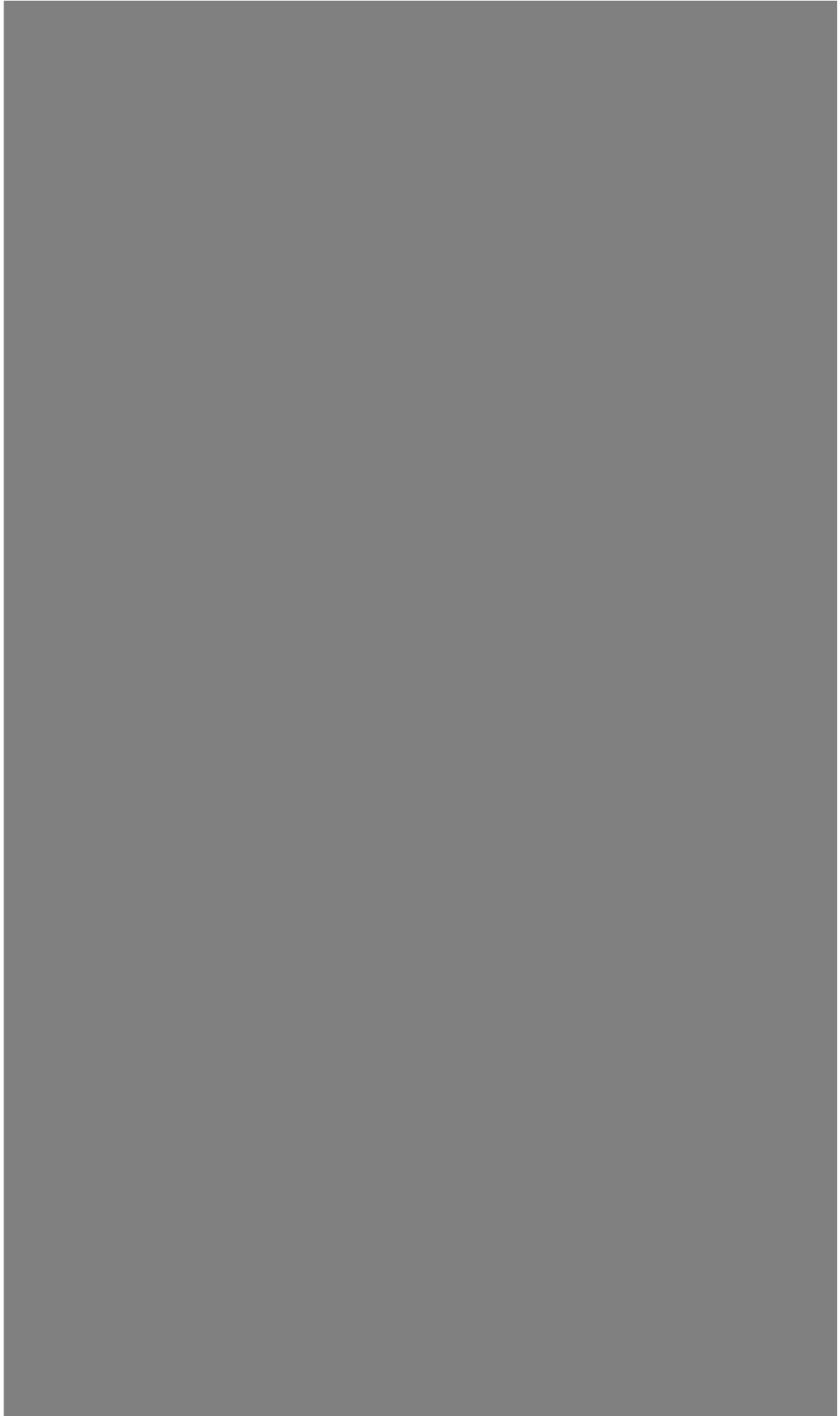


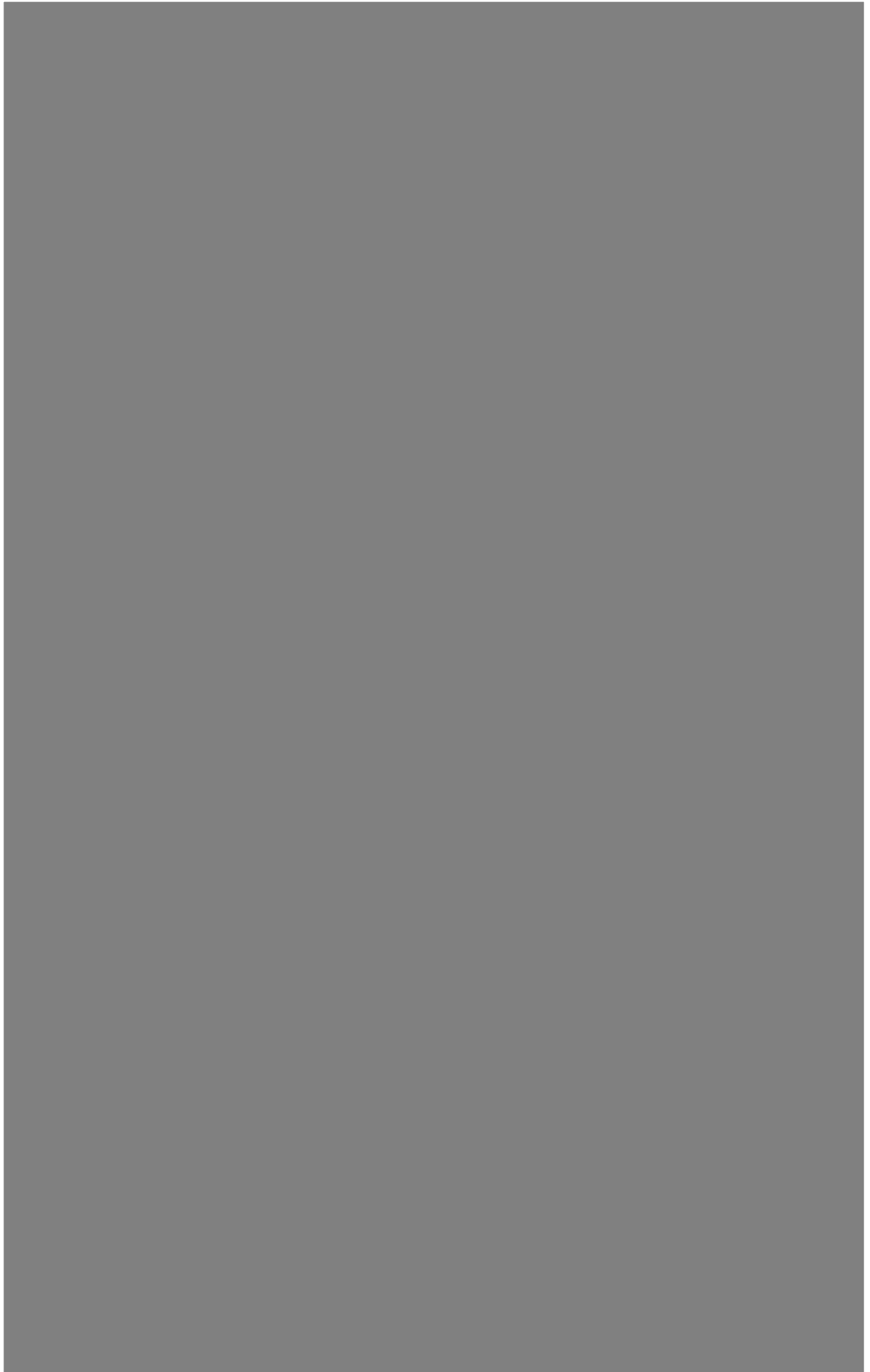


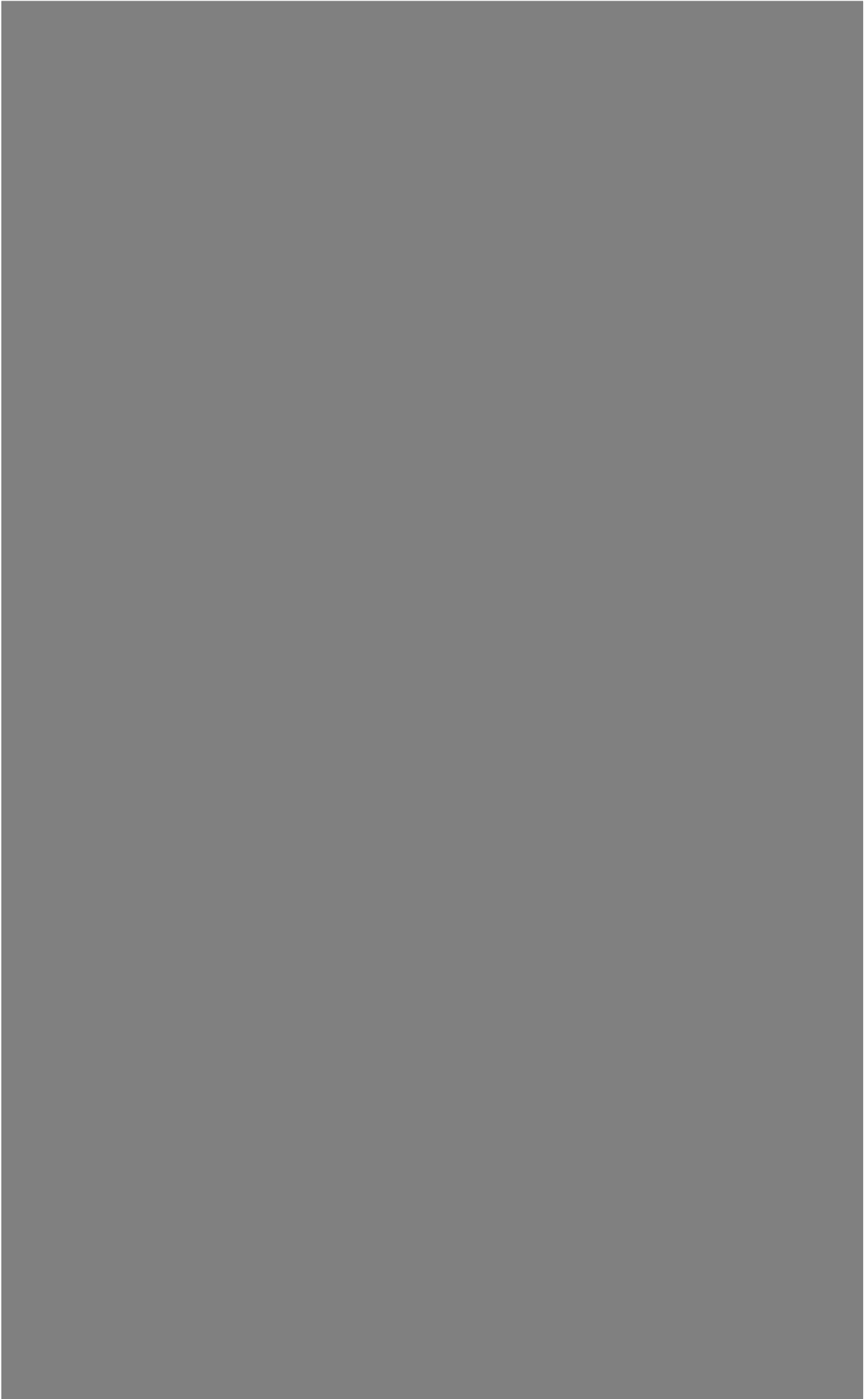
“AT-39”



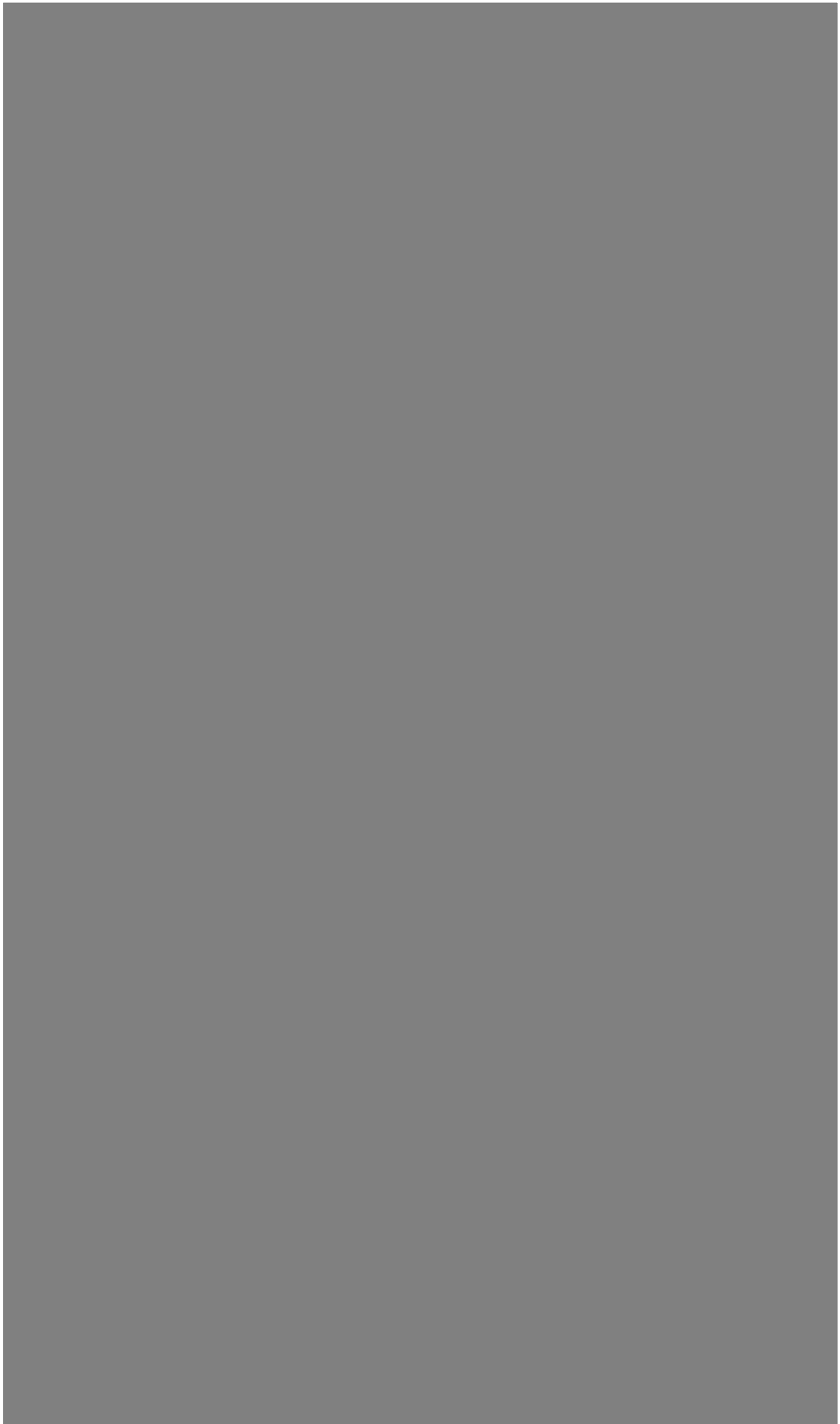


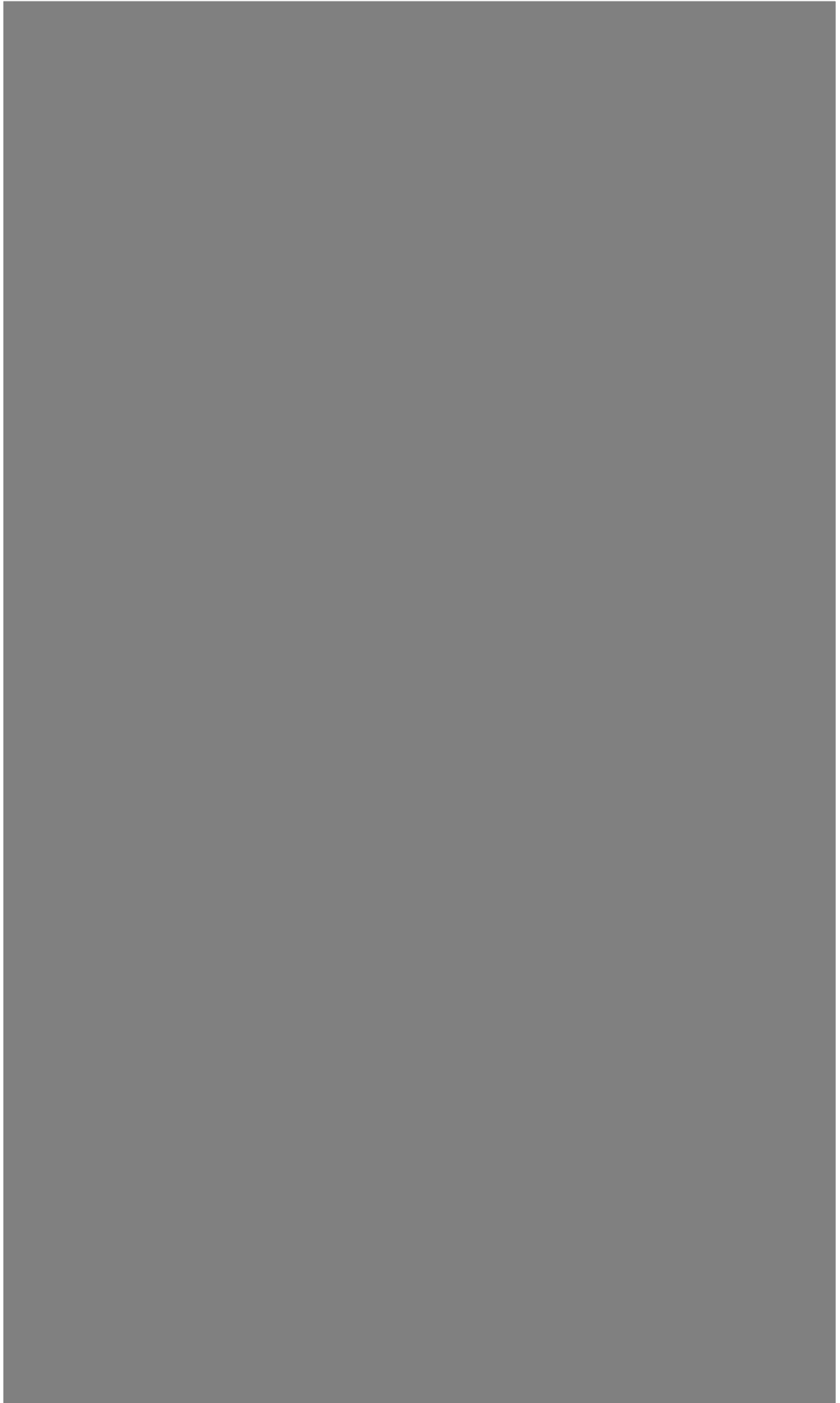


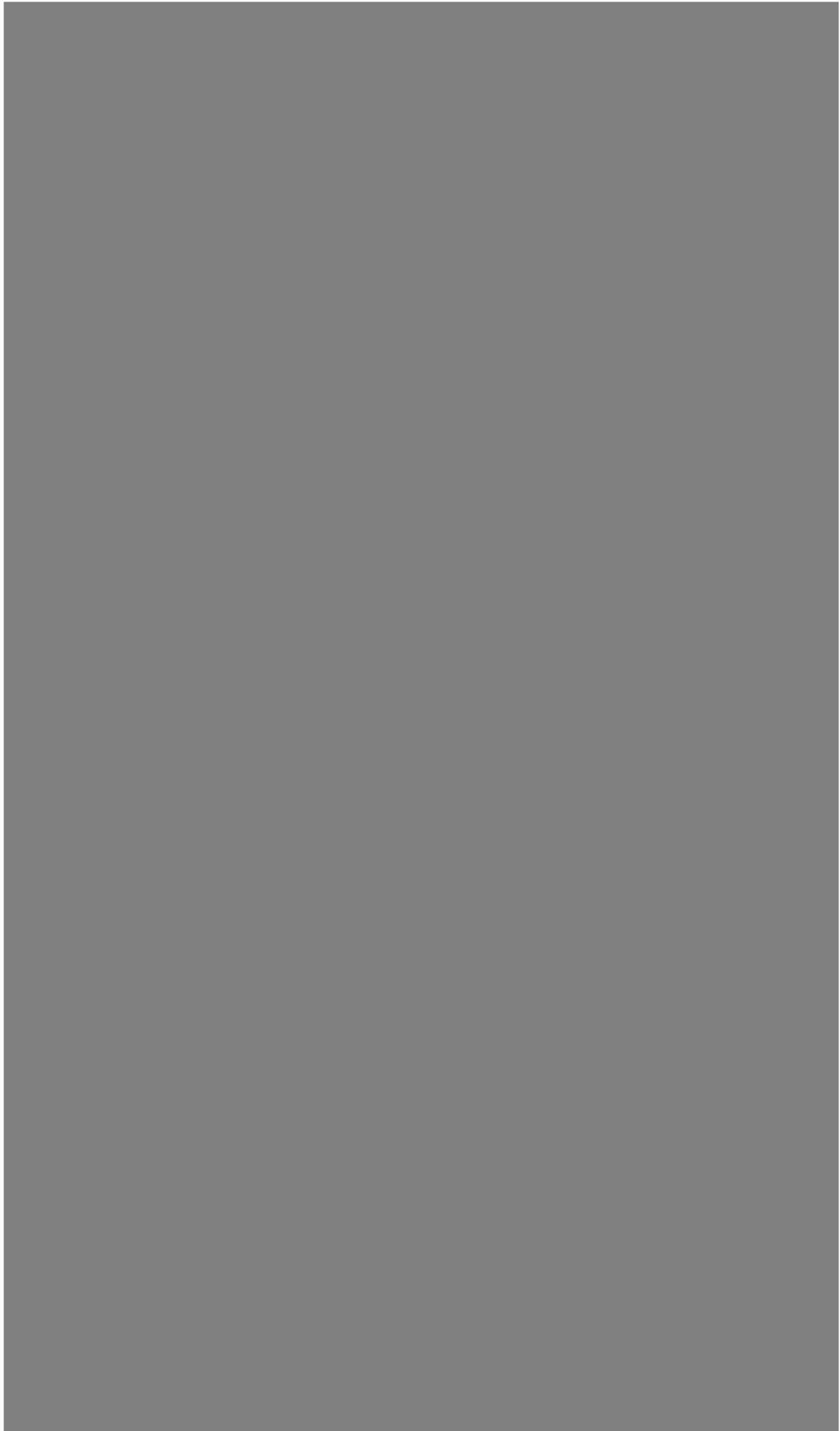




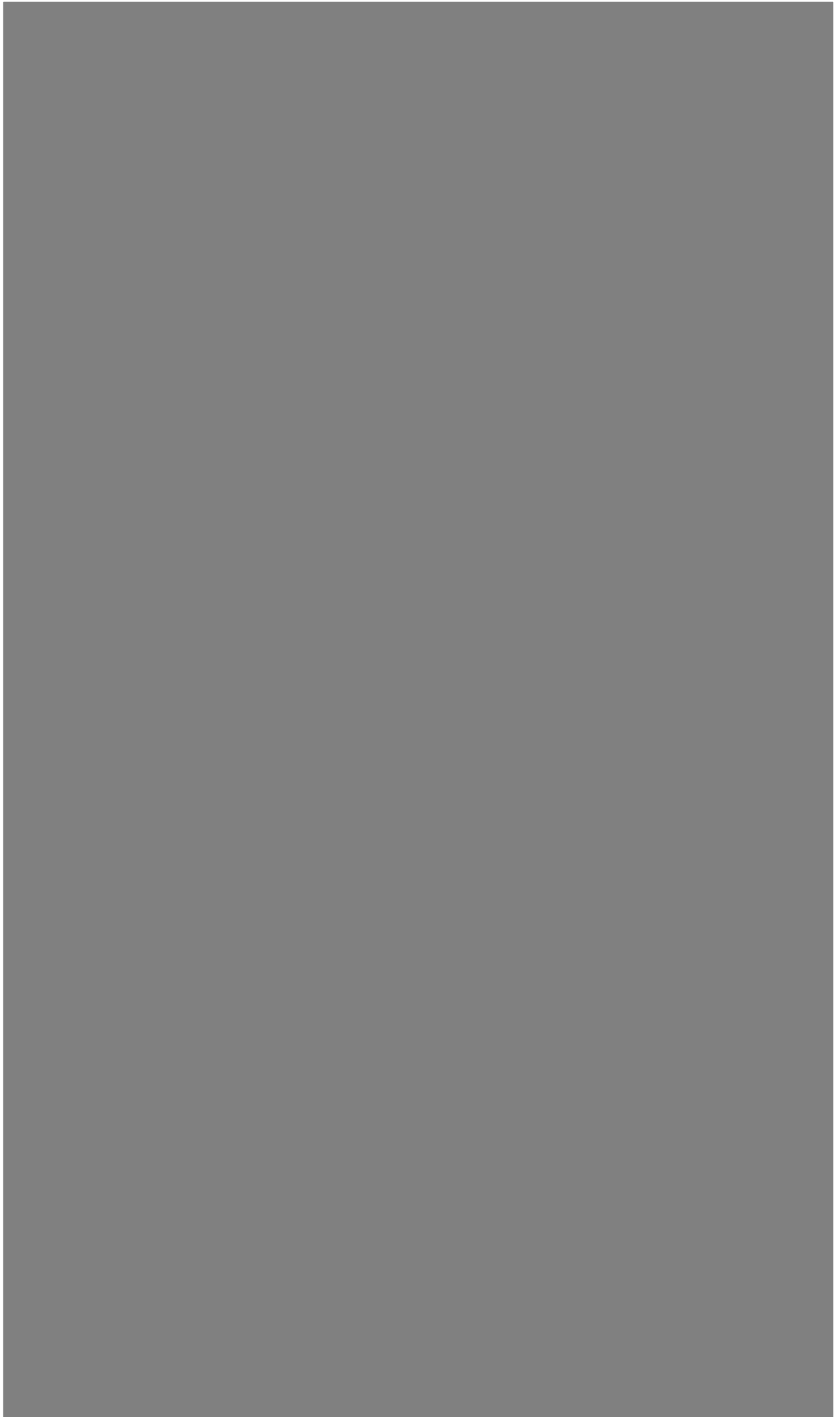


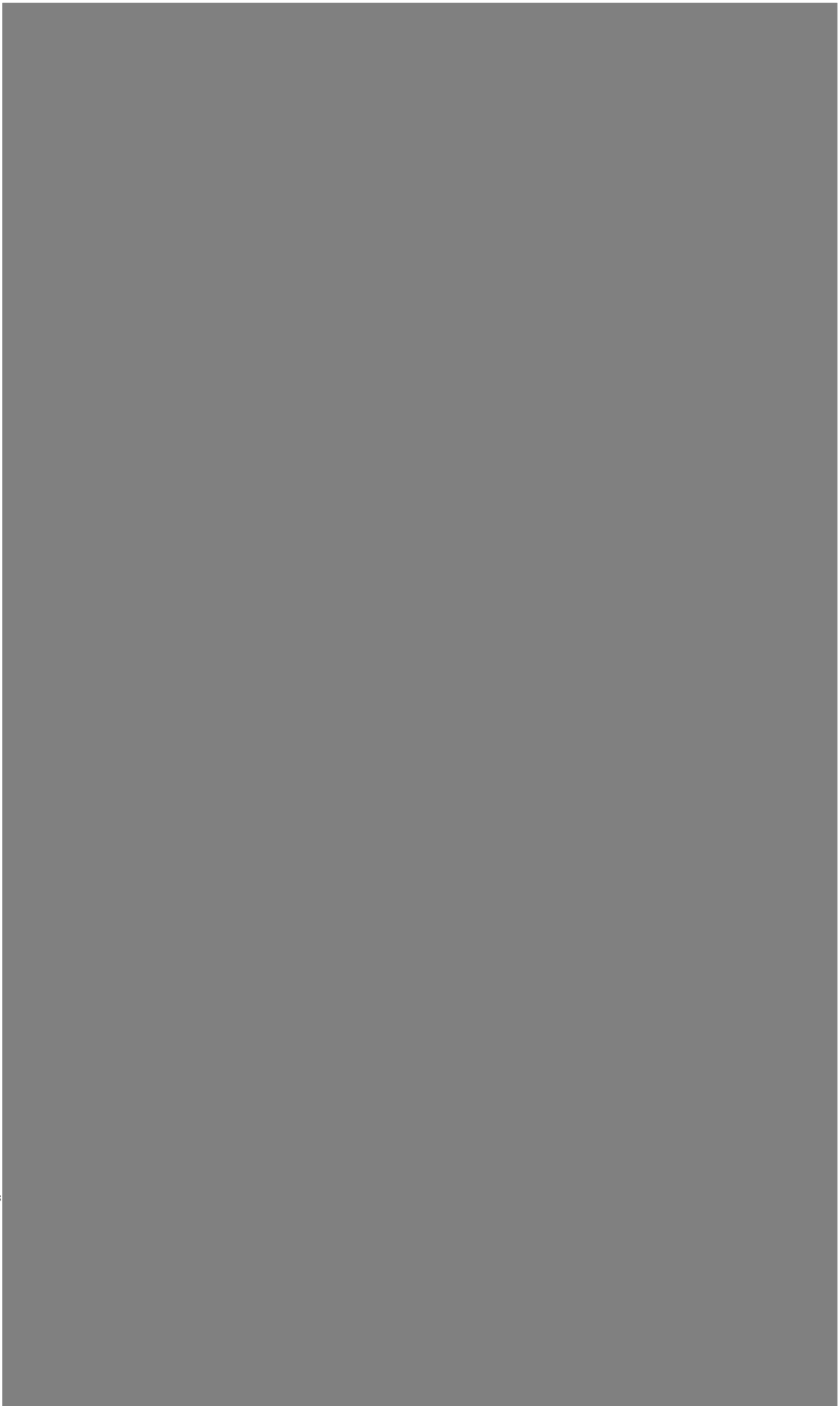


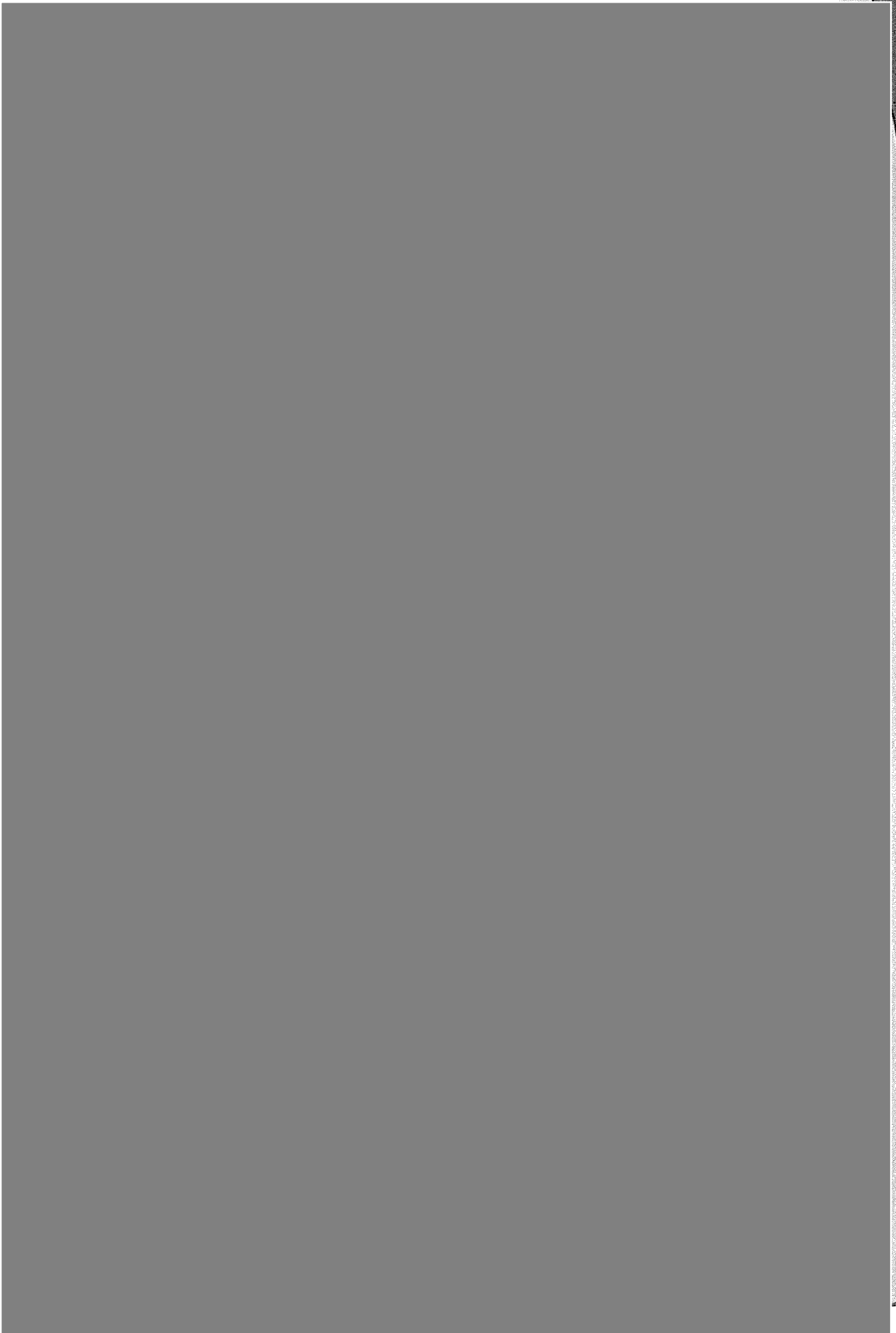


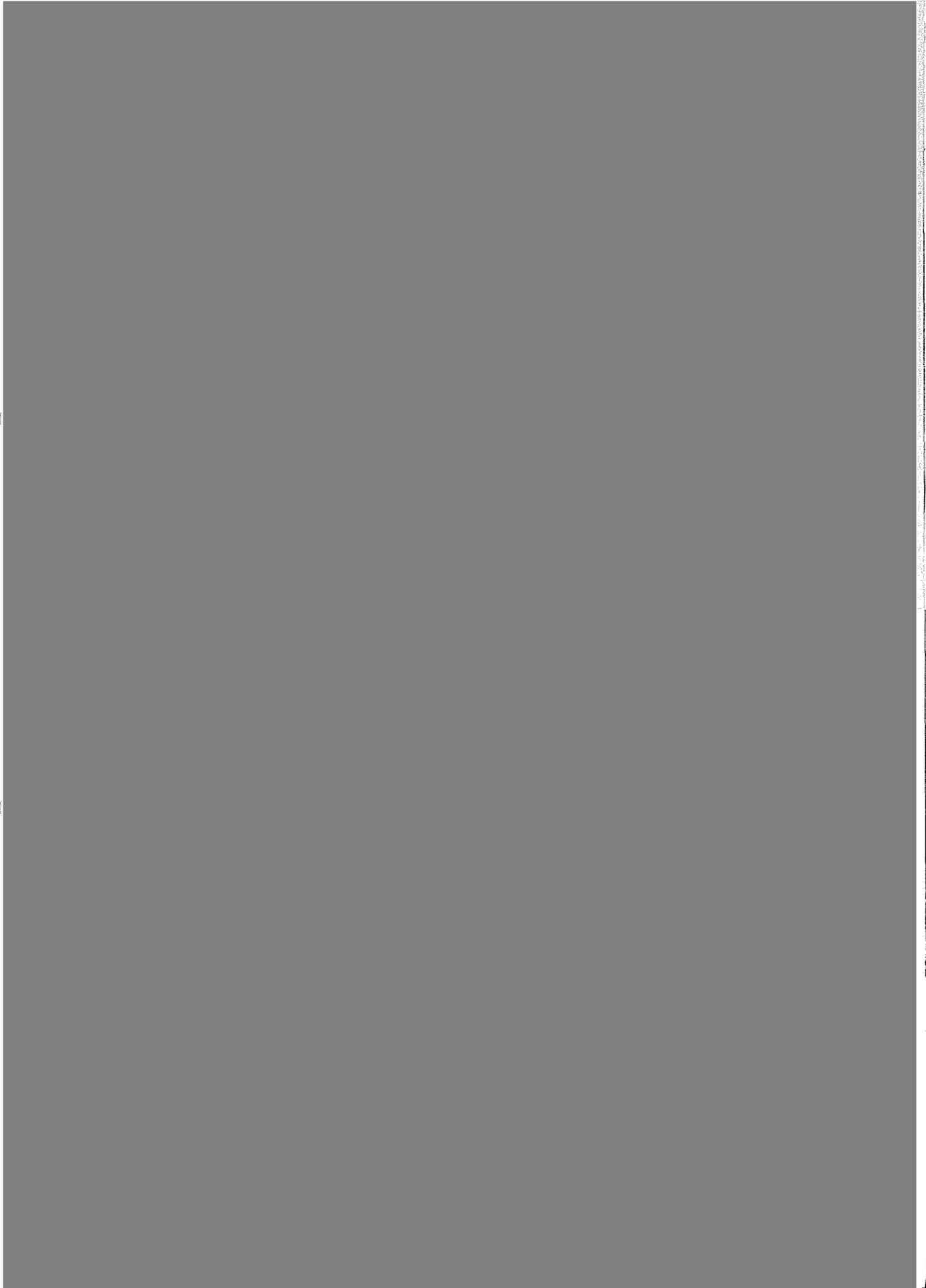


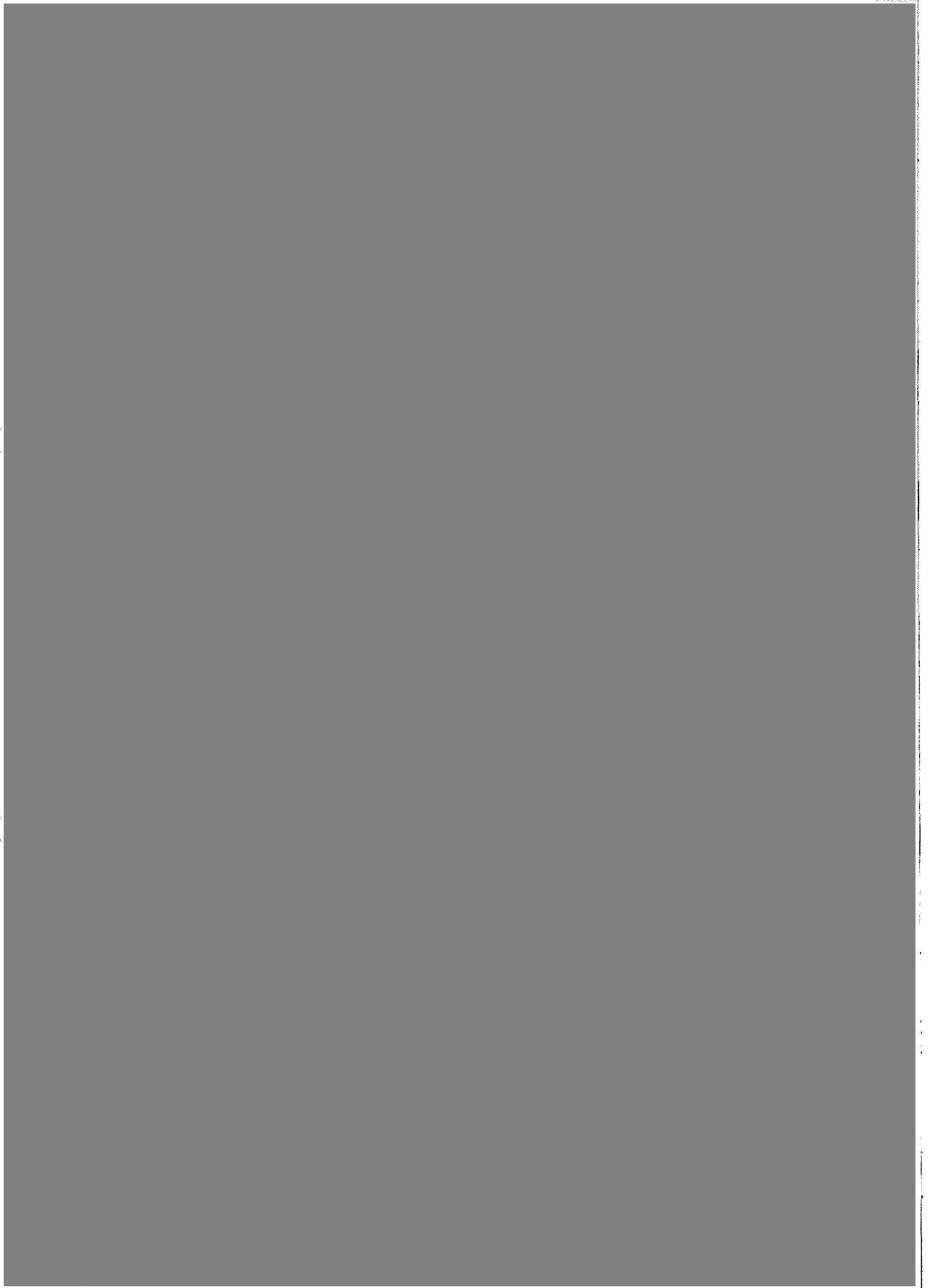


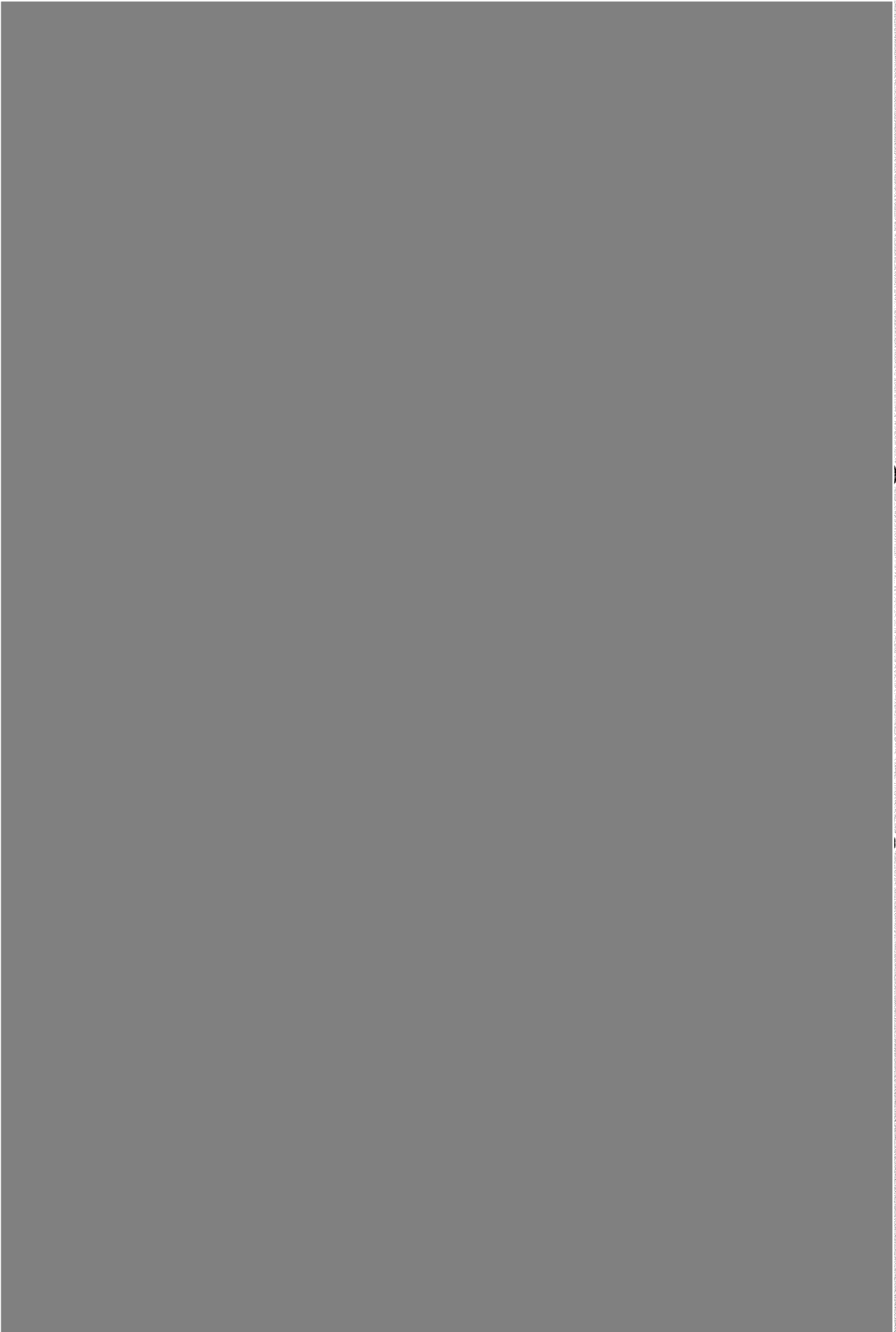


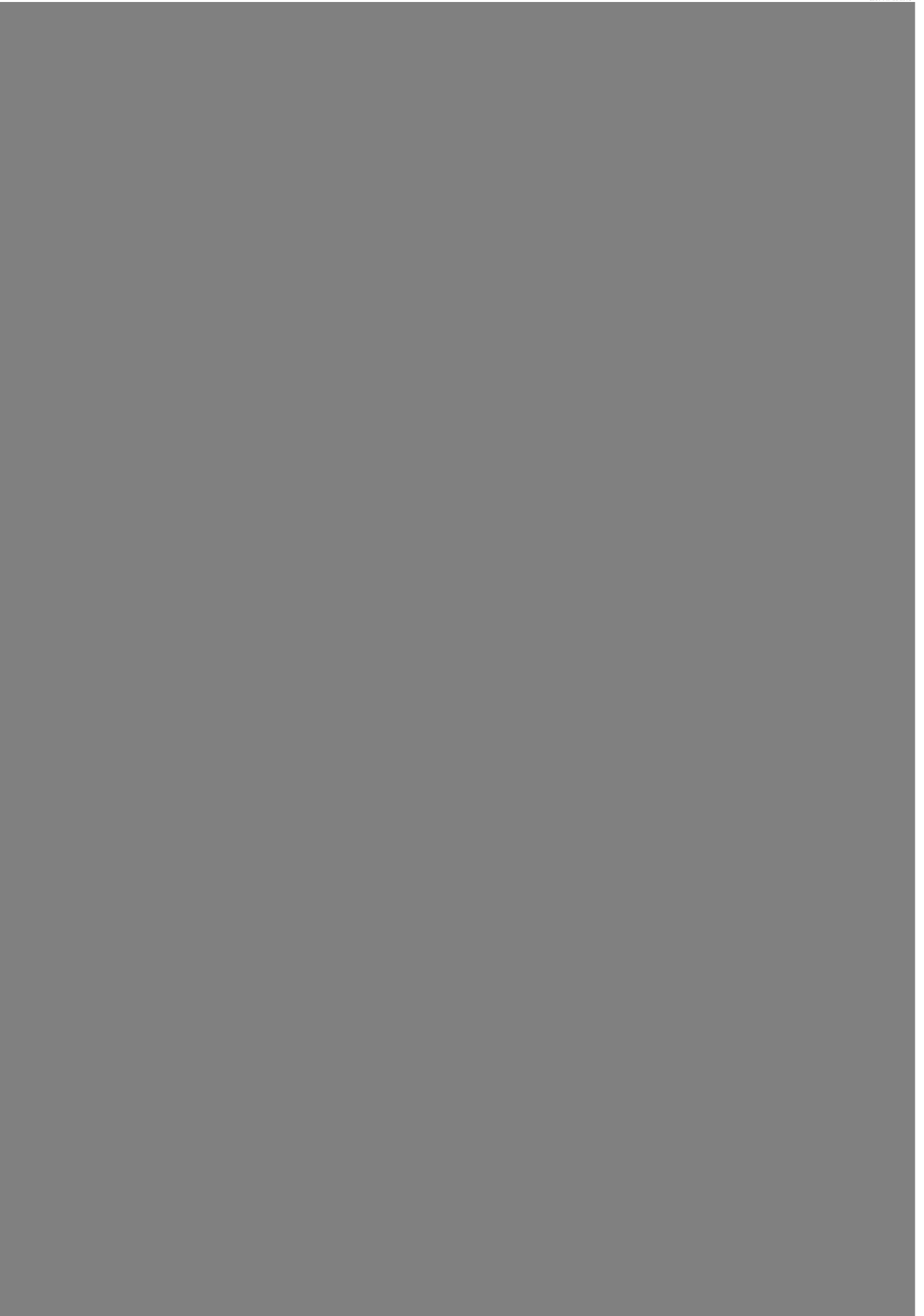


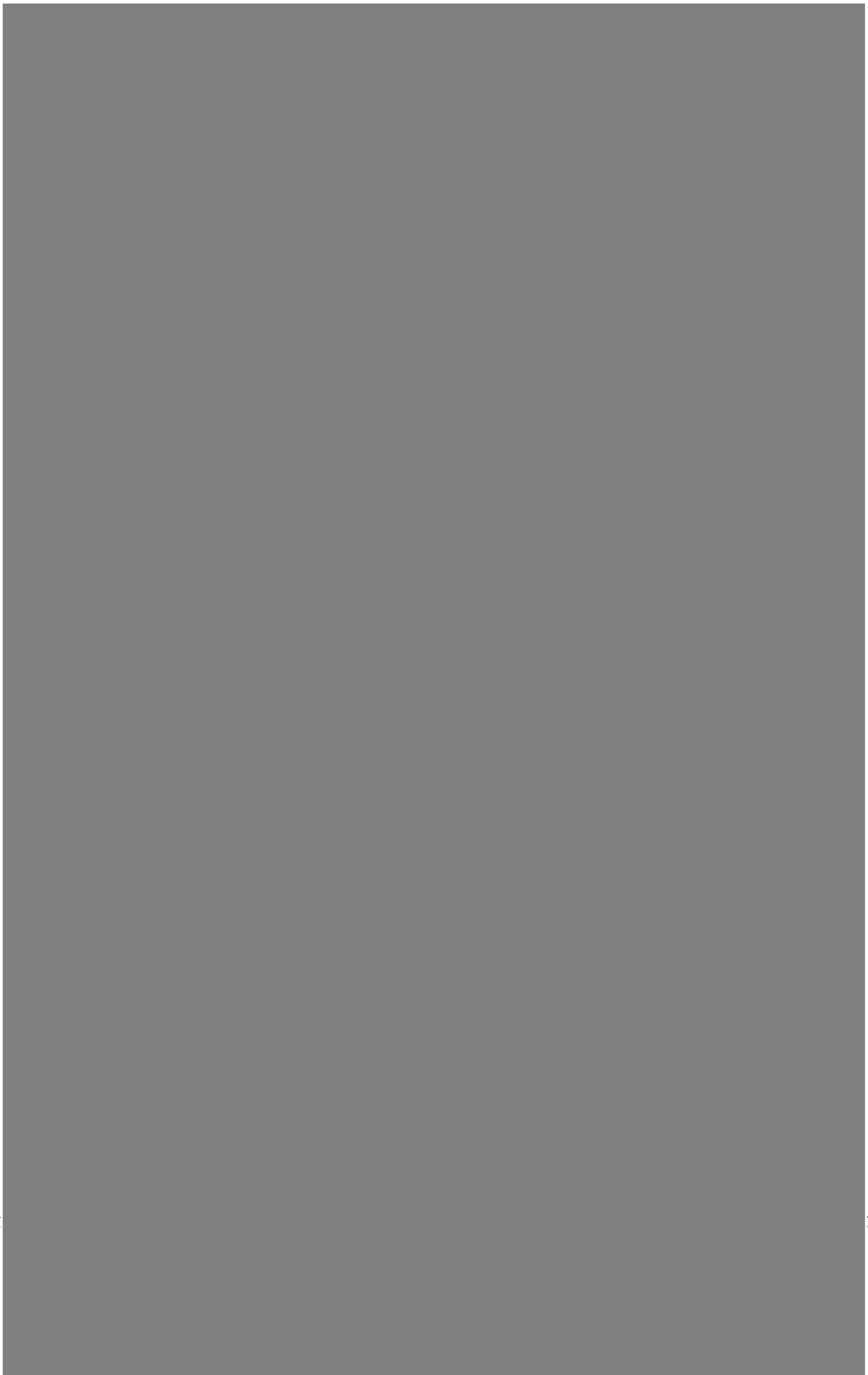


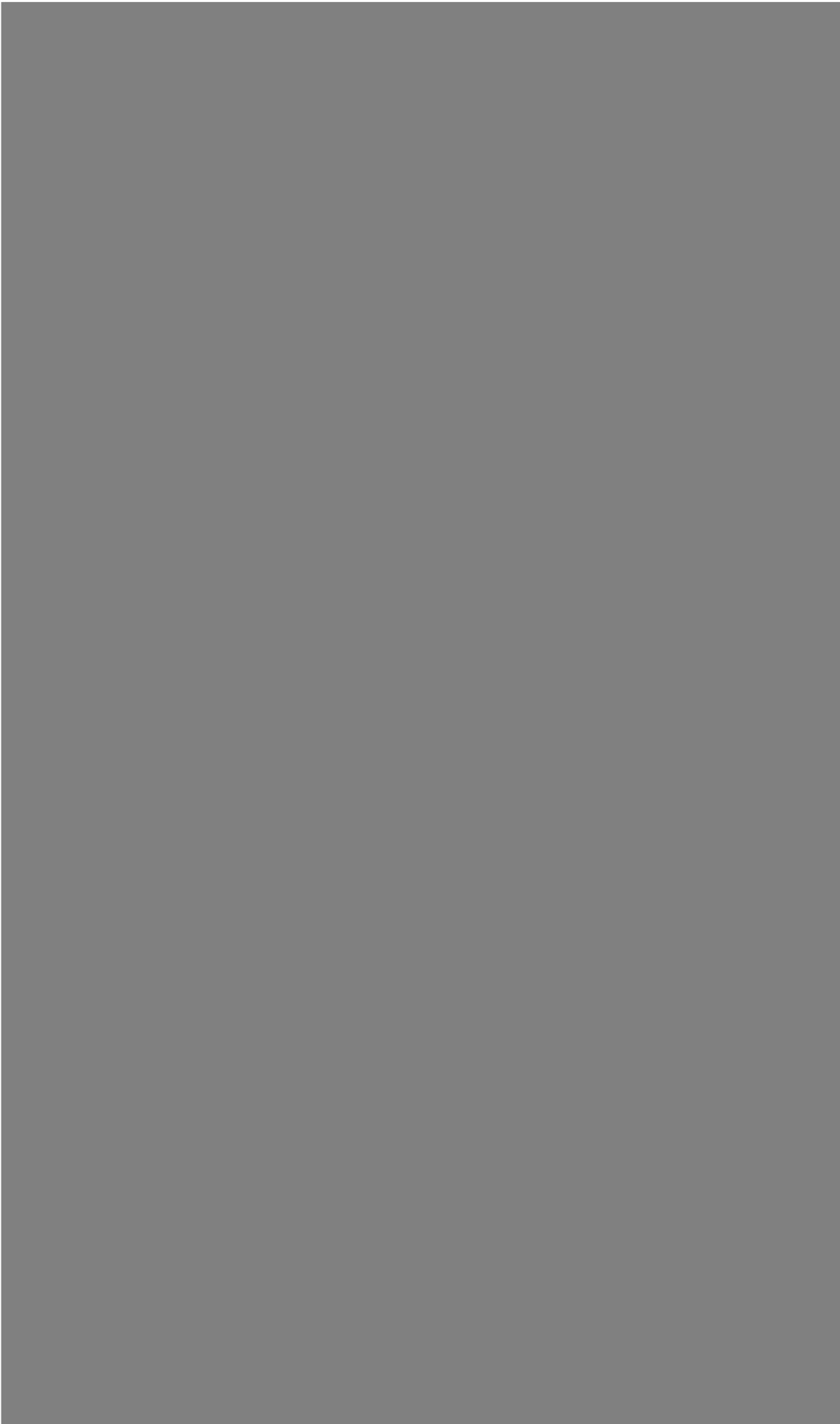


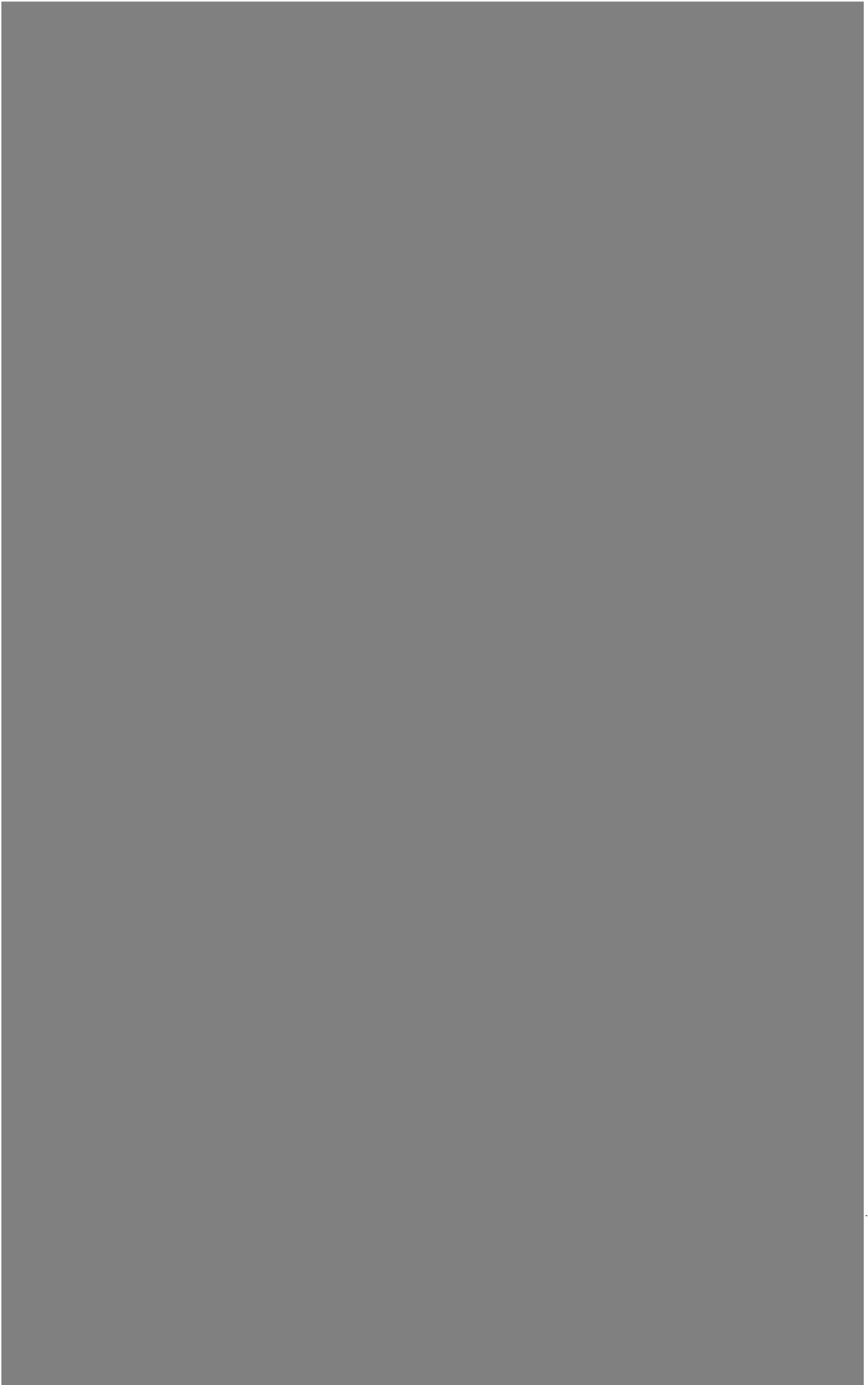




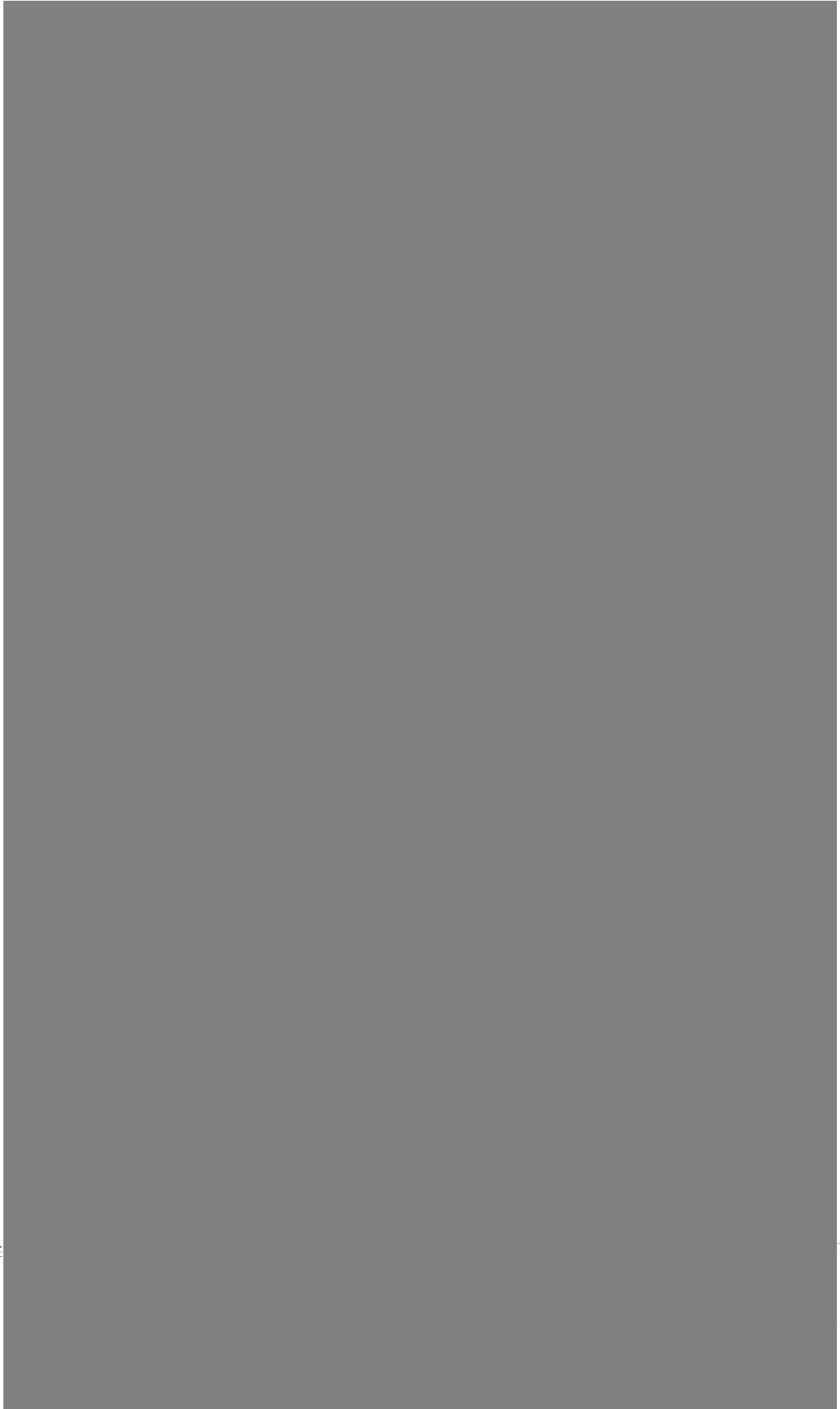


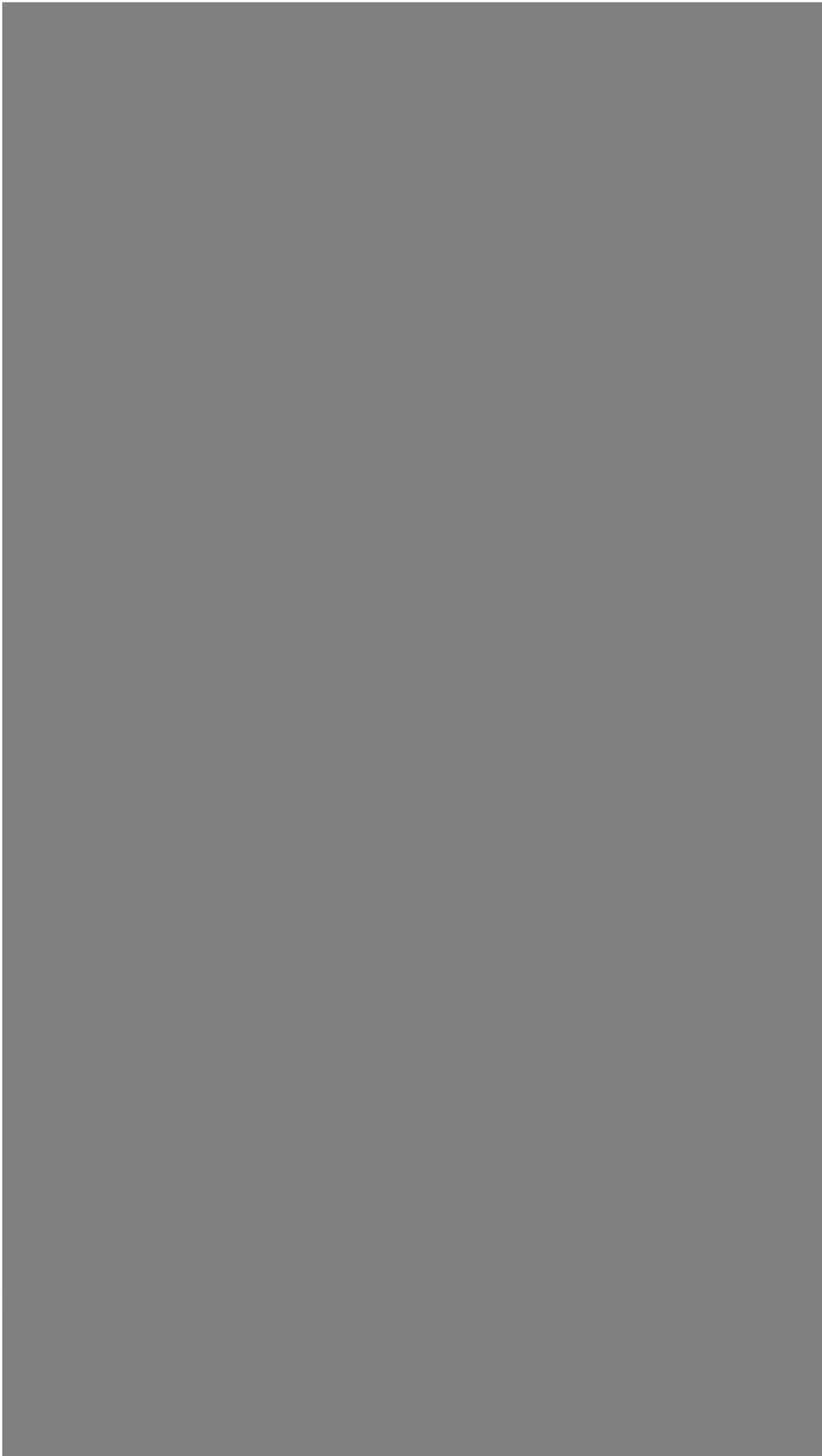




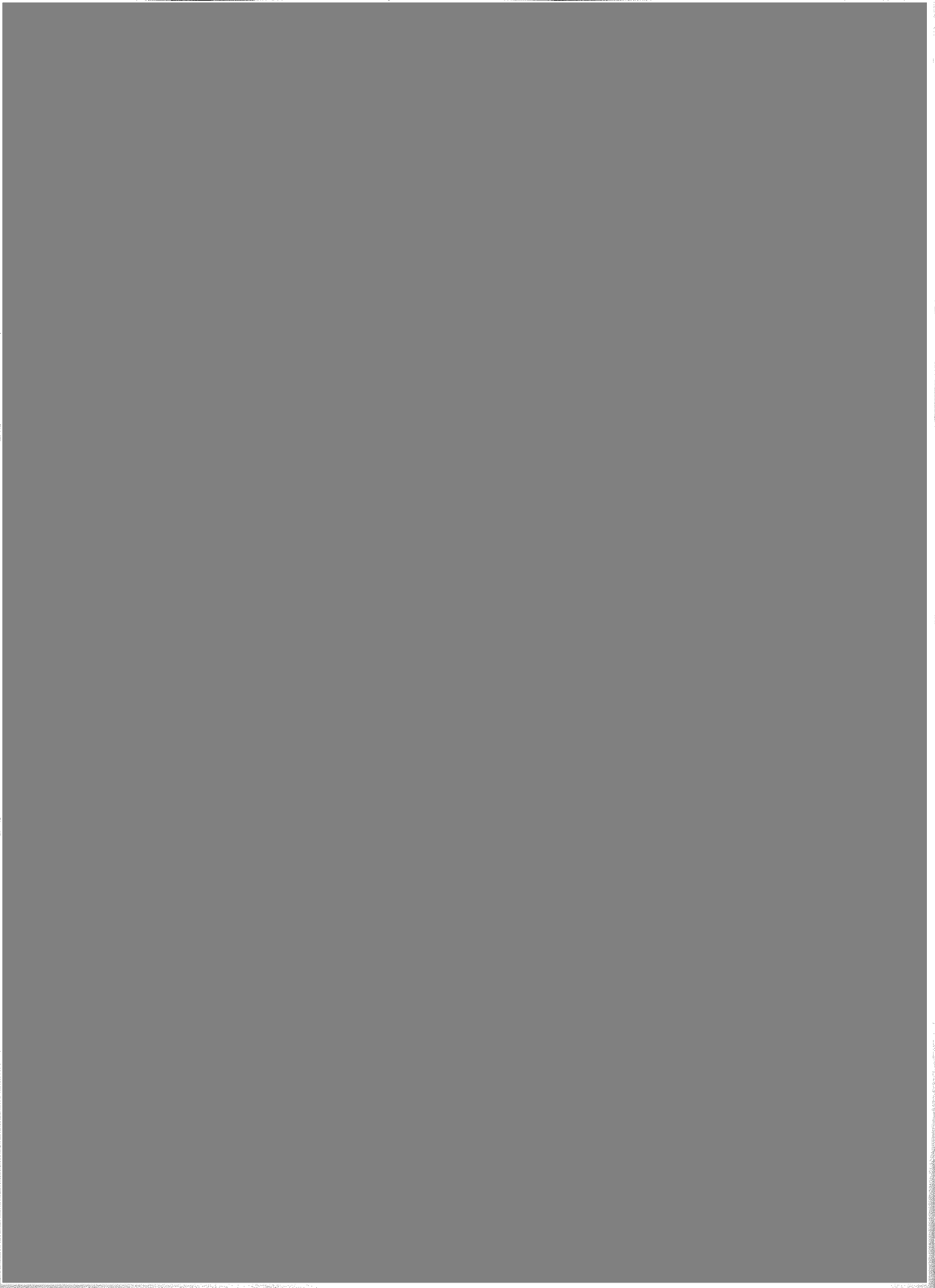


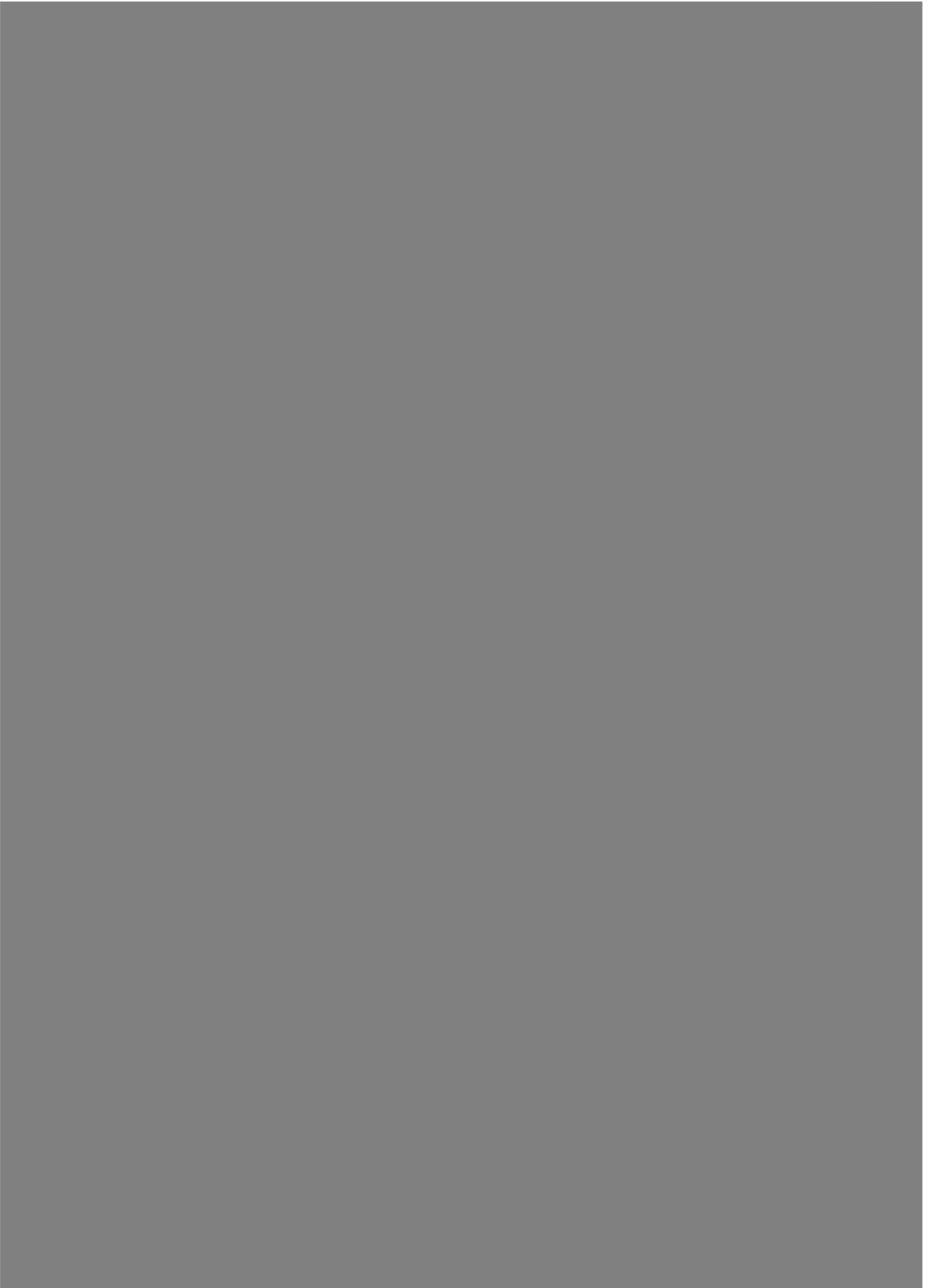




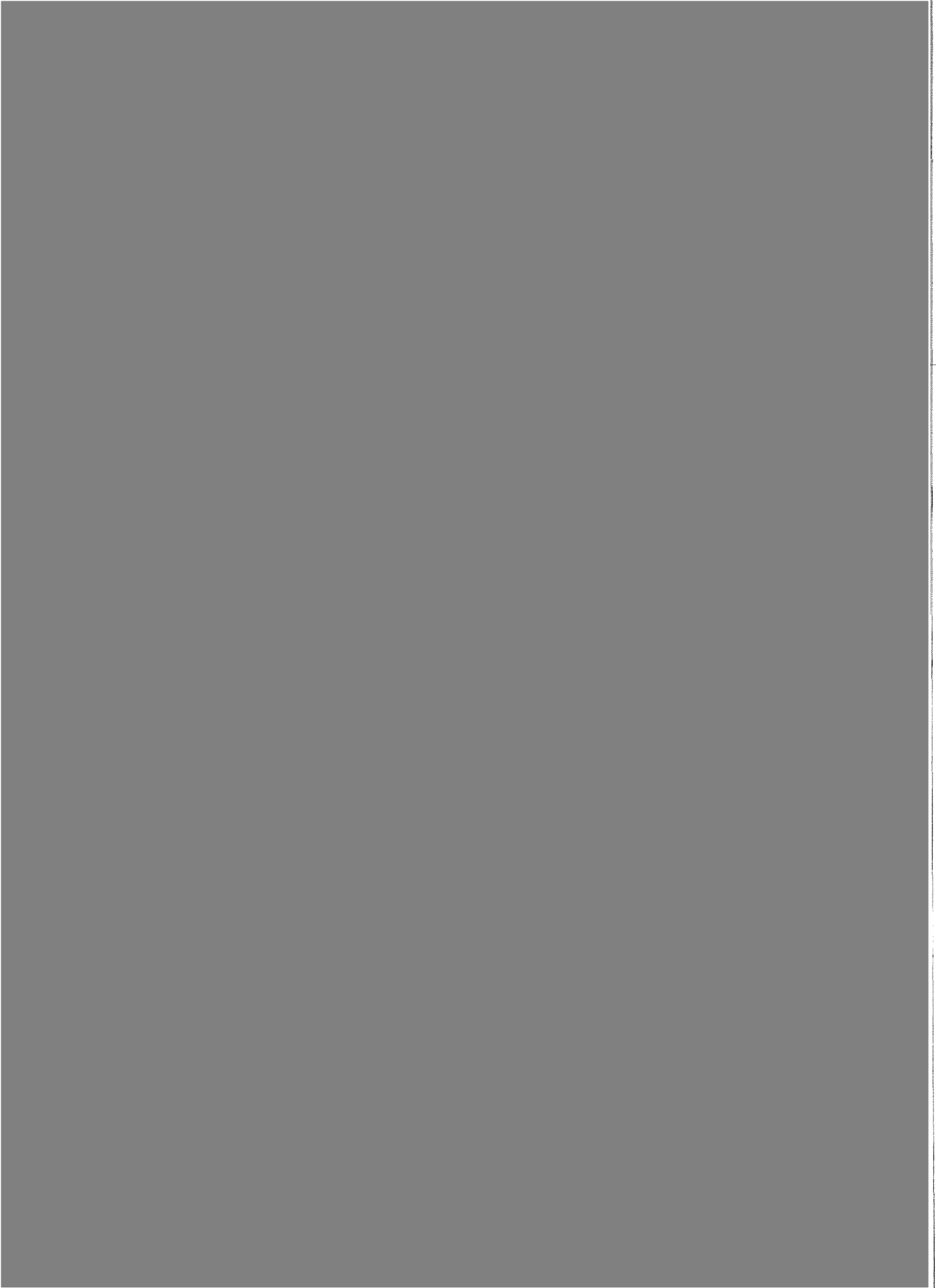


"AT-43"









From: Ashleigh Trinder
Sent: 28 Oct 2013 12:59:01 +1000
To: [REDACTED]
Subject: RE: Barrett Adolescent Centre patient

Hi [REDACTED],

[REDACTED]

Kind Regards,

Ashleigh

>>> [REDACTED] 10/23/2013 8:25 am >>>

Morning Ashleigh,

[REDACTED]

From: Ashleigh Trinder [REDACTED]
Sent: Monday, 21 October 2013 11:39 AM
To: [REDACTED]
Subject: Barrett Adolescent Centre [REDACTED]

Hi [REDACTED]

[REDACTED]



Kind Regards,

Ashleigh Trinder

Ashleigh Trinder
Psychologist
Barrett Adolescent Centre
The Park, Centre for Mental Health
Available: M, W & alt. F
Phone: [REDACTED]
E-Mail: [REDACTED]

From: [REDACTED]
Sent: 29 Oct 2013 10:39:31 +1000
To: Anne Brennan
Subject: RE: Barrett Adolescent Centre patient

Hi Dr Brennan

[REDACTED]

From: Anne Brennan [REDACTED]
Sent: Tuesday, 29 October 2013 9:00 AM
To: [REDACTED] Ashleigh Trinder
Subject: RE: Barrett Adolescent Centre patient

Hi [REDACTED]

[REDACTED]

Anne Brennan
Clinical Director
[REDACTED]

>>> [REDACTED] > 10/29/2013 8:10 am >>>

Morning,

[REDACTED]

[REDACTED]

From: Ashleigh Trinder [REDACTED]
Sent: Monday, 28 October 2013 4:29 PM
To: [REDACTED]
Cc: Anne Brennan
Subject: RE: Barrett Adolescent Centre patient

Hi [REDACTED],

[REDACTED]

Kind Regards,

Ashleigh

>>> [REDACTED] · 10/28/2013 1:02 pm >>>

Hi Ashleigh

[REDACTED]

From: Ashleigh Trinder [REDACTED]
Sent: Monday, 28 October 2013 12:59 PM

To: [REDACTED]

Subject: RE: Barrett Adolescent Centre patient

Hi [REDACTED],

[REDACTED]

Kind Regards,

Ashleigh

>>> [REDACTED] 10/23/2013 8:25 am >>>

Morning Ashleigh,

[REDACTED]

From: Ashleigh Trinder | [REDACTED]
Sent: Monday, 21 October 2013 11:39 AM
To: [REDACTED]
Subject: Barrett Adolescent Centre patient

Hi [REDACTED],

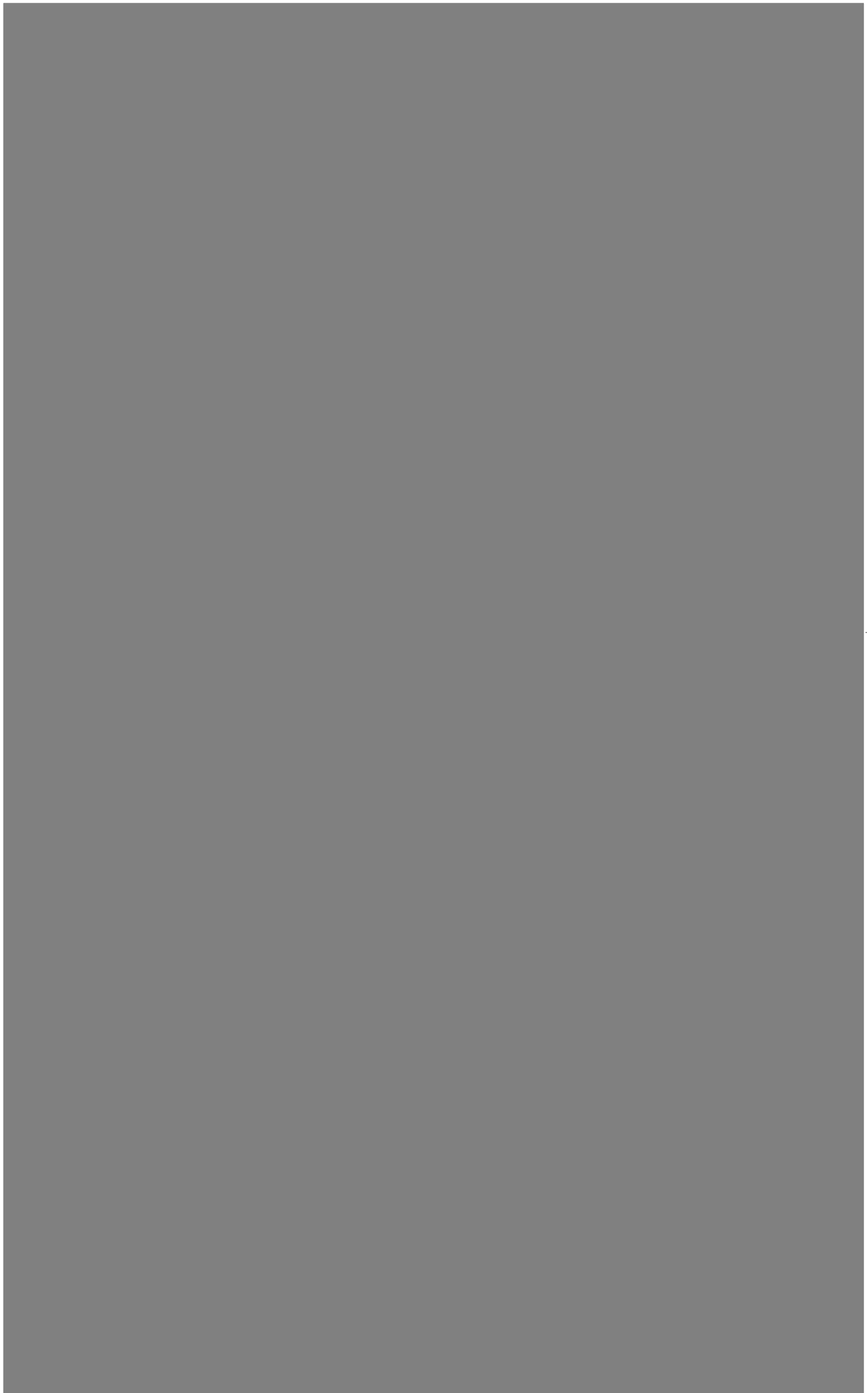
[REDACTED]



Kind Regards,

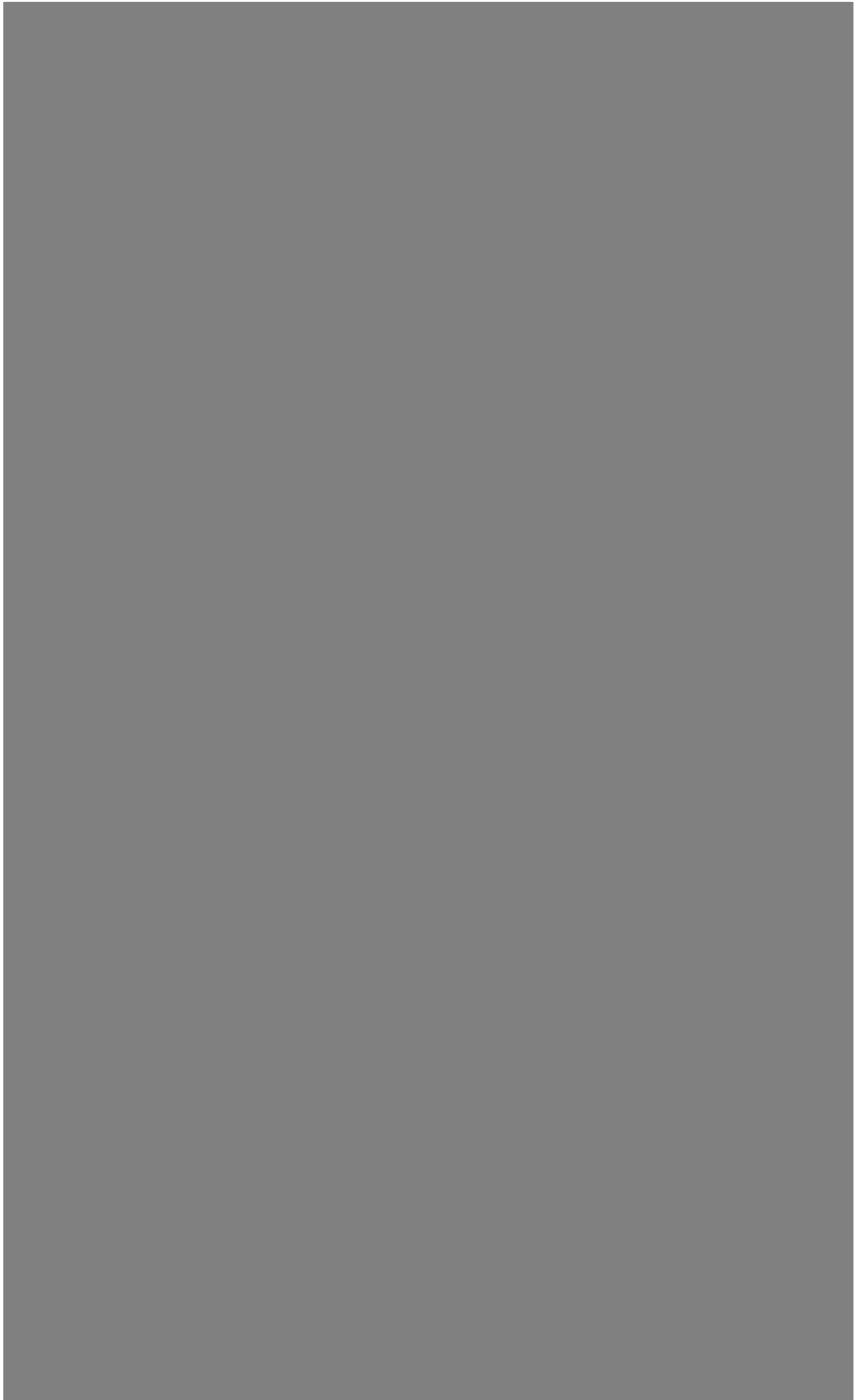
Ashleigh Trinder

Ashleigh Trinder
Psychologist
BarrettAdolescent Centre
The Park, Centre for Mental Health
Available: M, W & alt. F
Phone: [REDACTED]
E-Mail: [REDACTED]

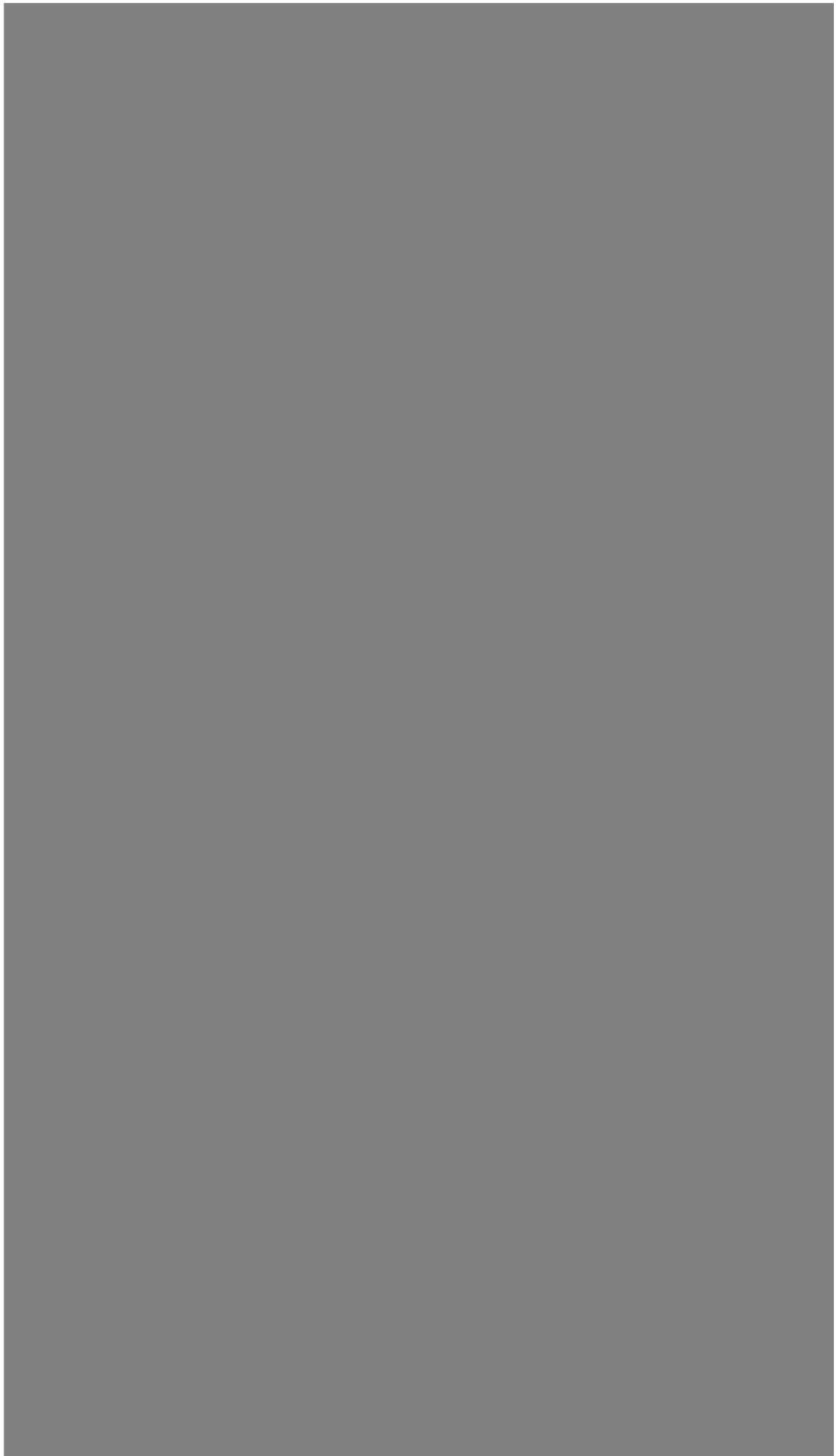


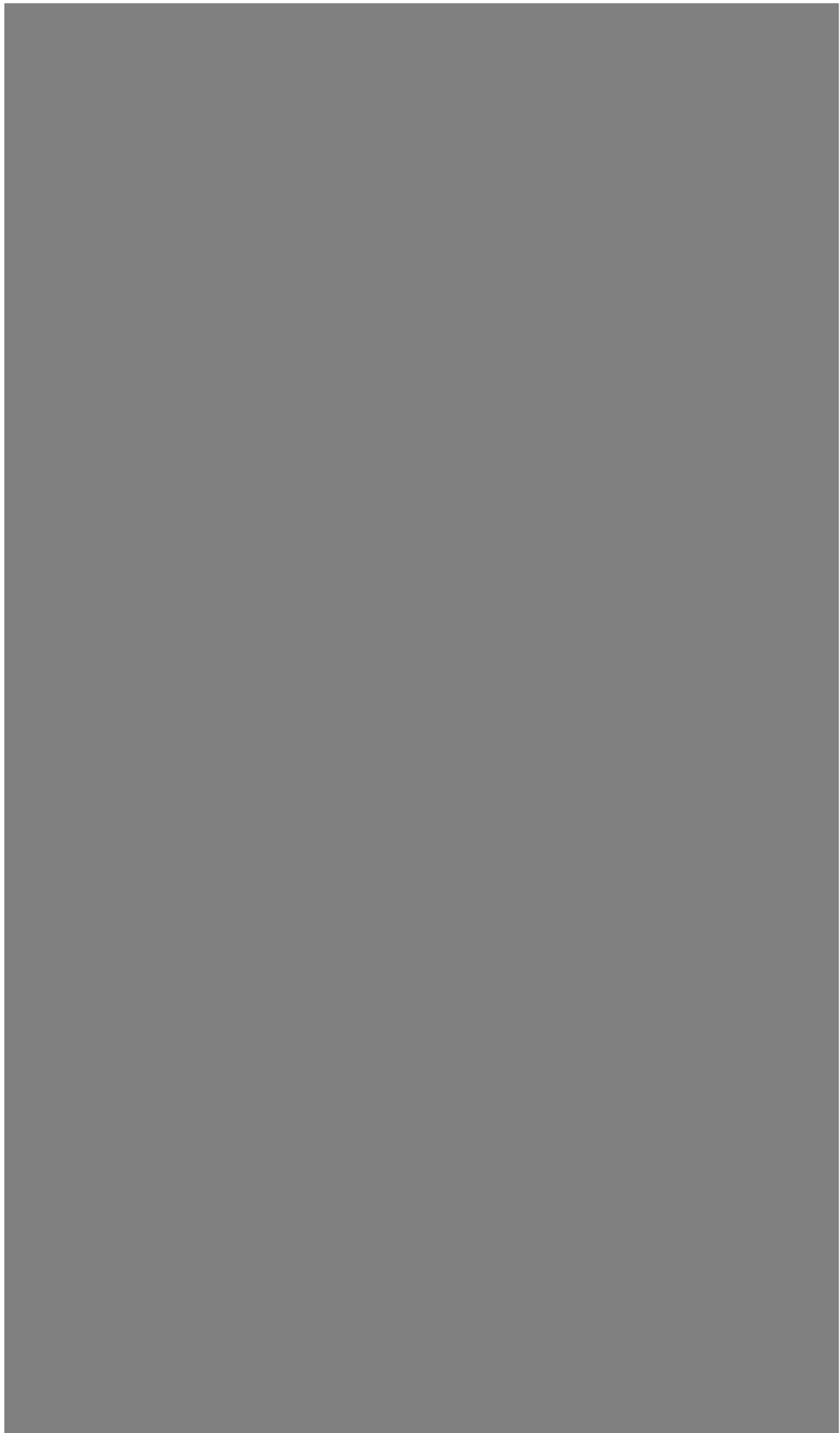




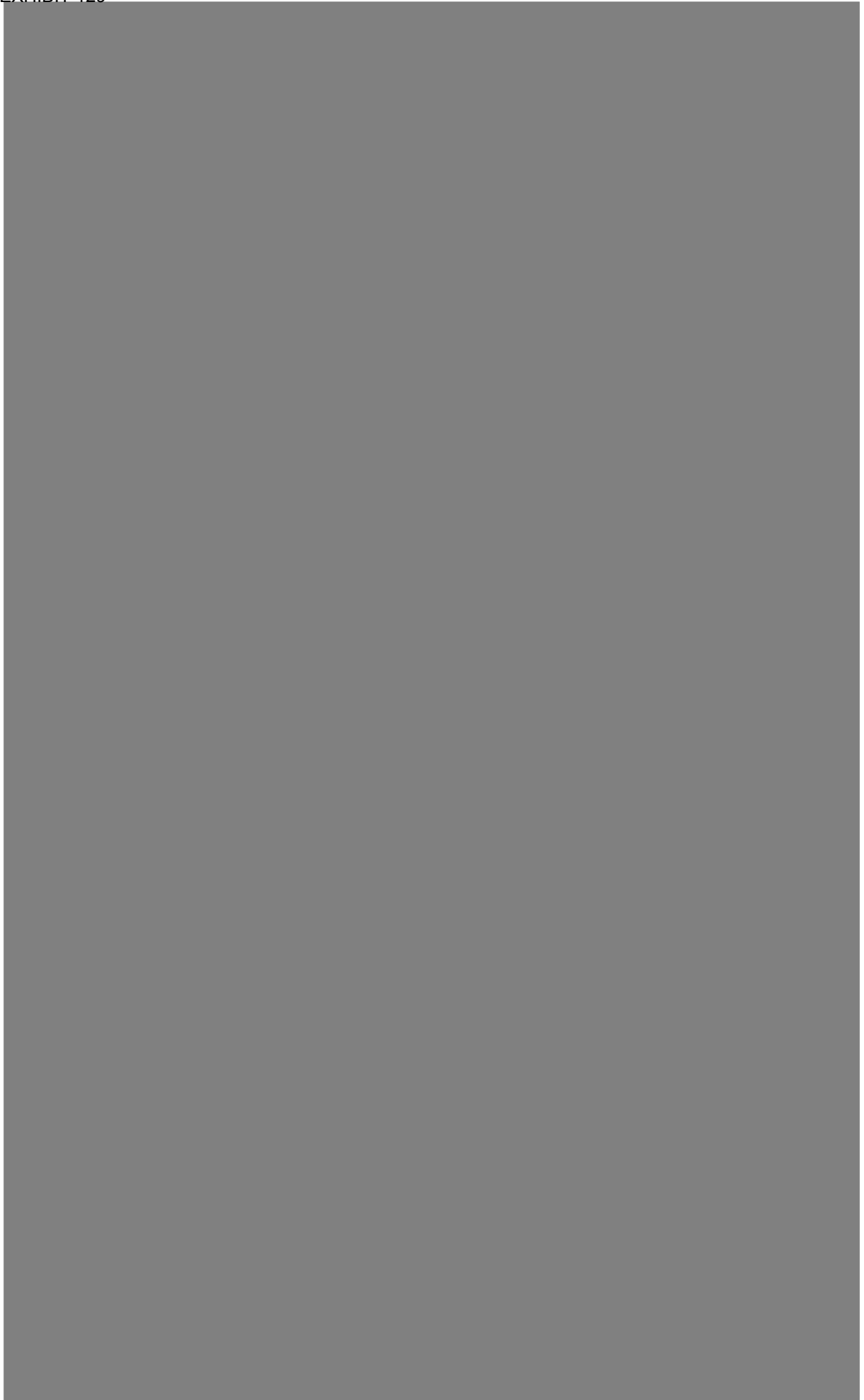




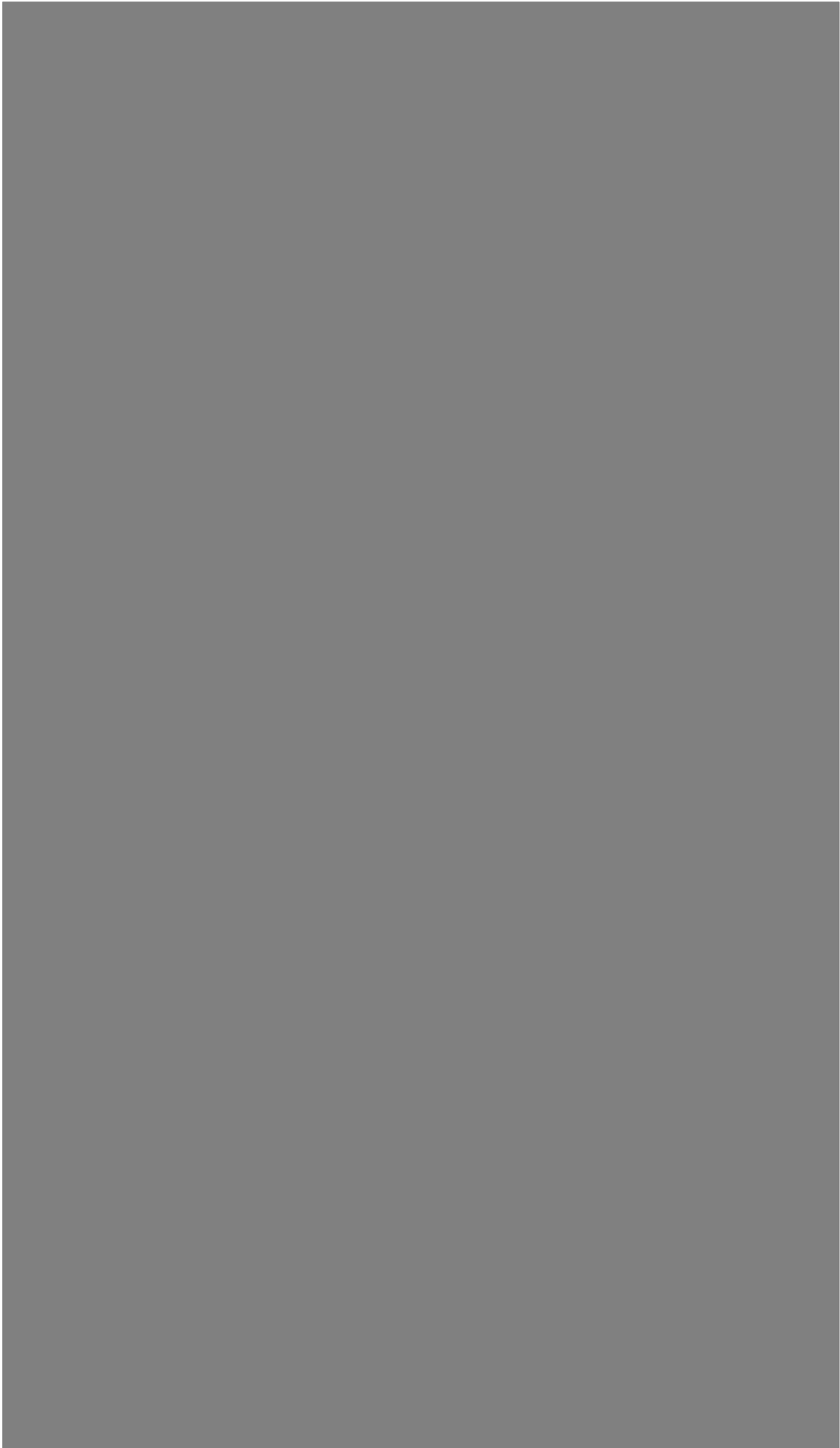


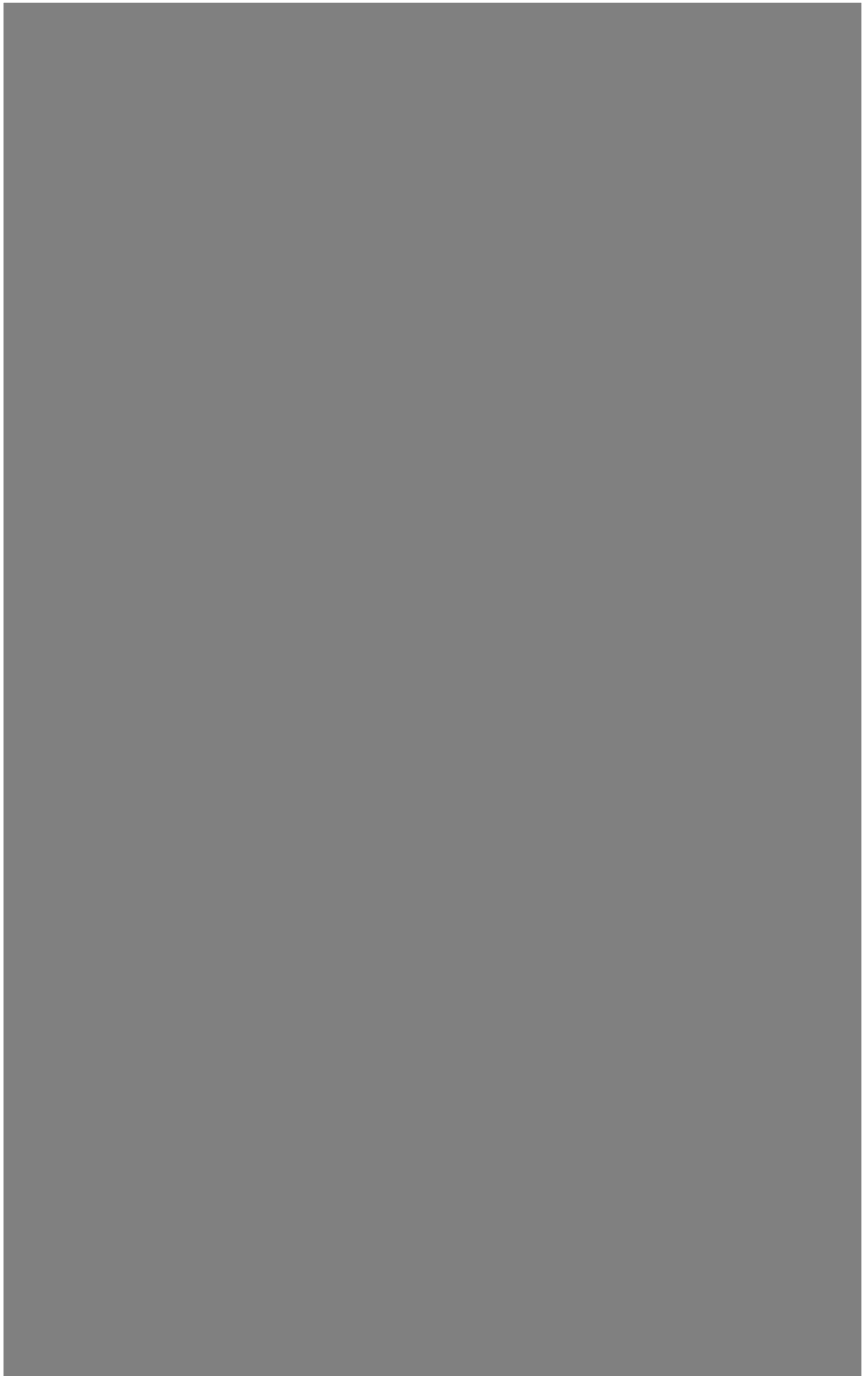






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“AT-49”

From: Danielle Corbett
Sent: 13 May 2013 09:30:09 +1000
To: Ashleigh Trinder
Subject: Re: student placements

precisely, thanks Ash

Danielle Corbett
Psychologist
Barrett Adolescent Centre
The Park, Centre for Mental Health

Phone: [REDACTED]

E-Mail: [REDACTED]

Do what you feel in your heart to be right - for you'll be criticized anyway. You'll be damned if you do, and damned if you don't. Eleanor Roosavelt

>>> Ashleigh Trinder 5/13/2013 9:17 am >>>
Hi Sarah,

The demand for a student I believe is very high at Barrett, particularly since the abolishment of the clinical supervisor position, loss of Georgia and absence of a social worker, though considering the current situation with not knowing whether the unit will continue, it would be unethical at this point to offer a position to a student. However, should the unit remain open and we can ensure at least 6 more months, then I would be more than happy to support a student on placement.

I only recently received endorsement though I have been eligible for clinical endorsement since 2010.

Kind Regards,

Ashleigh

>>> Sarah Brown 5/9/2013 11:43 am >>>
Dear Ashleigh and Danielle

I hope this finds you both well. I am writing regarding supervision of postgrads at BAC but also eligibility to do so. If you are interested in and willing to contribute to the supervision of postgraduate students then please contact me to discuss this in more detail. It is likely that the Semester 2 placements will begin in August and end around December and will require students to attend 2-3 days/week, though there is some flexibility. I will be on hand to support and advice in my Clinical Educator for Psychology role and will take care of all the paperwork and co-ordination of the placement.

Ashleigh - I also note that from The Boards website you are registered as an approved supervisor of the higher degree

programme and that you hold endorsement which is great- could you please let me know when you obtained your endorsement for my records.

Danielle - I am not sure of your registration as you may have elected to keep your information private. Would you please let me know what categories you are approved to supervise. If you are unsure I would be happy to speak with you about this and help you contact The Board for this information.

Please call me if you want any further help or information.
Your support is very much appreciated.

Regards
Sarah

District Clinical Educator Department of Psychology
Level 6
Ipswich Hospital
West Moreton Hospital and Health Service
Ipswich Q 4305

Tel [REDACTED]
Fax [REDACTED]

Hours: Mon - Weds 7am - 4 pm; Thurs 7 am - 1pm

"AT-50"

From: Danielle Corbett
Sent: 18 Sep 2013 16:07:43 +1000
To: Clarke, Angela;Ashleigh Trinder;Hughes, Carol;Hoang, Kim;Hayes, Megan
Cc: Giles, Michelle;Dowell, Lorraine
Subject: BAC meetings

Hello Everyone,

Michelle Giles (AH Director) and Lorraine Dowell (non secure Team Leader) kindly came down to BAC today and have suggested to have brief weekly meetings to touch base and to provide a two way flow of information and support during this time of flux.

Dr Brennan would like to start case conference at 930 on a Monday, so would we all be able to meet around 9am? Are we able to make that time work?

Kind Regards,
Danielle

From: Ashleigh Trinder
Sent: 30 Sep 2013 12:51:48 +1000
To: Corbett, Danielle
Subject: Fwd: Helpful strategies
Attachments: Organisational Change Helpful Strategies.doc

Hey Dan,

Hope you and the family are feeling better.
I managed to make part of the meeting this morning; here is an email Lorraine sent post it.
I will talk with you Wednesday about other elements of the meeting.

See you then.

Ash

>>> Lorraine Dowell 9/30/2013 11:06 am >>>
Hi,

Thank you for making the time to meet this morning.

Attached is the list of strategies I referred to this morning. I hope you find it to be helpful.
If you would like anything else added, please let me know. Change is always difficult and it helps to acknowledge this then commit to what we need to do. The adolescents are the winners of this change process with all the recommendations from the ECRG being accepted.

See you again next Monday at 9:00 am.

Kind regards,

Lorraine

**Organisational Change Helpful Strategies
For Allied Health – BAC
As at 30 Sept 2013**

- Acknowledge the uncertainty, confusion and sometimes distress that each other is experiencing, but in appropriate forums – away from clinical situations and the adolescents.
- Maintain a focus on quality care for the adolescents and provide them with strong reassurance that change is happening as part of providing an even better service for their health care needs
- Always use credible sources of information for updates about change. Fear can generate wild and unreal imaginings even in the hearts and minds of intelligent people.
- Celebrate the endorsement of all of the recommendations of the Expert Clinical Reference Group. The wisdom acquired from BAC is being used to develop future services.
- Work closely with the clinical team to ensure ongoing high quality care.
- Work towards effective clinical handover as a way of acknowledging and communicating the vital contribution that BAC has made to many vulnerable young people.
- Separate concerns and feelings pertaining to the phasing out of the BAC footprint and the impact on ourselves personally.
- Invest in plans for your personal future, sooner rather than later. Once any potential personal disadvantage is minimised, you will be better able to focus on quality care.
- Look after each other with positive support and encouragement to stay on task for the next few months.
- There are no hidden agendas, so please actively discourage any thoughts in this direction. It is all about better care for the vulnerable young people in our community
- Deconstructing a service takes as much dedication, planning, hard work and skill as does constructing a service. Our best efforts are needed more than ever
- Focus on what needs to be achieved in a short timeframe. This is our positive contribution to the process.

Any other suggestions....? Please let me know so I can add them to our list as reminders to help us through to the new year.



From: Ashleigh Trinder
Sent: 31 Oct 2012 17:38:53 +1000
To: Machingura, Tawanda
Cc: Watkins-Allen, Georgia
Subject: BAC Psychology Provision of Service
Attachments: BAC Psychology Provision of Service.doc

Dear Tawanda,

Please find attached additional documentation on provision of service delivered by BAC psychology.

Please do not hesitate to contact either myself or Georgia if you have any further questions.

Kind Regards,

Ashleigh

Ashleigh Trinder
Psychologist
Barrett Adolescent Centre
The Park, Centre for Mental Health
Available: M, W & alt. F
Phone: [REDACTED]
E-Mail: [REDACTED]

BAC Psychology

ATT: Tawanda - Director of Allied Health at The Park- Centre for Mental Health (MH)**BAC Dept of Psychology Provision of Service.**

Due to the universally recognised complex developmental needs concerning adolescent MH, it is imperative that an integrated health policy effectively provides stable budgetary support for the treatment of this vulnerable population. Psychological support at BAC is imperative to facilitate recovery and relapse prevention of the adolescents to enable both *life*, and *quality of life*; in turn minimising long-term disability and impairment and thereby reducing long-term strain on the health system.

- NHMRC, RANZCP, APS & Medicare recommend psychological therapy as a routine *first line* and/or complimentary treatment based on a “body of evidence that can be trusted to guide practice”, and at minimum is “good practice based on expert consensus opinion, in the absence of an evidence base”.
- Need for BAC - 15 bed inpatient facility. It is a *tertiary* level end line intensive service, providing expert interventions following unsuccessful preliminary primary and secondary level intervention.
- Skill level of psychology – Adolescent mental health requires unique clinical psychological expertise and specialisation to treat and facilitate recovery.
 - BAC referral presentations include the full spectrum of DSM-IVR disorders including: Complex trauma (PTSD); Mood & Anxiety disorders; Psychosis, ADHD, ASP; Self harm behaviours; Severe and persistent suicidality; Eating disorders; and developmental challenges with difficulties negotiating transitions to lifestyle changes.
 - The psychologist role within the multi-disciplinary team is highly complex and integrative, bringing together all relevant information to aid case conceptualisation and treatment planning, in addition to peer supervision and education/training.
 - Psychologists at the BAC independently apply advanced clinical reasoning and deliver expertise in conducting assessment, formulating and providing effective treatment (i.e., in terms of individual therapy, case conference and consultation liaison with relevant stakeholders).
- Treatments utilised by psychology at BAC: CBT, DBT (i.e., Mindfulness, Distress Tolerance, Emotion Regulation, & Interpersonal Effectiveness), ACT, Schema Therapy, Interpersonal Therapy, Non-Verbal therapy, Narrative Therapy, Motivational Therapy, Psychodynamic Therapy.
 - These treatment interventions are intrinsic to, and are employed in, the context of the multi-disciplinary framework from which BAC operates.
- Staff to patient ratio - **1 FTE** psychology position and **0.5 FTE psychology student** offering efficacious treatment interventions to **22 patients (inpatient and day patient)** both within individual and group settings.

BAC Psychology

- In all tertiary level adolescent units, known internationally, admissions accommodate both *inpatient* and *day patient* model of service delivery.
- Research supports transition from inpatient to day patient status at tertiary level to maximise long term recovery and reduce health service costs. Day patients account for additional numbers, exceeding 15, at any given time. ***These higher numbers must be considered in determining number of staff required at BAC.***
- In the absence of a *clinical supervisor* position, the psychology position provides supervisory and debriefing support as required (i.e., as psychologists are qualified and experienced to do so). This extra role contributes to further strain on the 1 FTE psychology position in addition to the already excessive case-load.
- Current reviews on service delivery breakdown indicate that the demand of the FTE Psychology position requires an additional 4 hours of therapeutic contact per week, even with the extra support of the 0.5 psychology student position.
- Without additional support by a 0.5 psychology student, psychology would not be effective in meeting its current demands.

From: Scott Natho
Sent: 6 Feb 2013 12:23:31 +1000
To: Ashleigh Trinder
Subject: Re: Update
Attachments: matudtxuvziq.image_29.bmp

Sure Ashleigh, just talking to Terry Stedman about it now actually, and how we might be able to extend you in the position temporarily given the resignation of the social worker recently. Of course it depends on the agreement of multiple parties to come to fruition. I will meet with Terry later today to see if we can just finalise your existing locum arrangements (he is sympathetic and has signed off on them already once and is acting in Sharon Kelly place while she is on leave).

Regards
Scott

Scott Natho
Senior Psychologist
The Park - Centre for Mental Health
West Moreton Hospital and Health Service

Cnr Ellerton Dr & Wolston Park Rd
Wacol, Q, 4076, Australia
Locked Bag 500, Sumner Park BC,
O. 4074

Web: www.health.qld.gov.au/the_park/



>>> Ashleigh Trinder 2/6/2013 12:06 pm >>>
Hi Scott,

Can you please update me regarding the completion of the sign off of my contract.

Thank you.

Kind Regards,

Ashleigh

From: Ashleigh Trinder
Sent: 6 Feb 2013 13:16:09 +1000
To: Natho, Scott
Subject: Re: Update
Attachments: nqvugfnzgdyr.image.bmp

Hi Scott,

Thank you; this is greatly appreciated. Hopefully we can work out something beyond my current contract date. During these uncertain times at BAC and The Park as a whole, retaining staff in their current positions is crucial to continuing to provide ethical and quality care to these patients.

Kind Regards,

Ashleigh

>>> Scott Natho 2/6/2013 12:23 pm >>>

Sure Ashleigh, just talking to Terry Stedman about it now actually, and how we might be able to extend you in the position temporarily given the resignation of the social worker recently. Of course it depends on the agreement of multiple parties to come to fruition. I will meet with Terry later today to see if we can just finalise your existing locum arrangements (he is sympathetic and has signed off on them already once and is acting in Sharon Kelly place while she is on leave).

Regards

Scott

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Locked Bag 500, Sumner Park BC,
O, 4074

Web: www.health.qld.gov.au/the_park/



>>> Ashleigh Trinder 2/6/2013 12:06 pm >>>

Hi Scott,

Can you please update me regarding the completion of the sign off of my contract.

Thank you.

Kind Regards,
Ashleigh



From: Ashleigh Trinder
Sent: 13 Feb 2013 15:59:27 +1000
To: Scott Natho
Subject: Re: Contract & BAC contact breakdown
Attachments: gcdwmvwtepic.image_5.bmp, fpwcizndikwy.image_6.bmp, phoxbaondrye.image_7.bmp, mytswwedimiy.image_8.bmp

Thank you. I hope Sharon is able to appreciate the over-arching need of continuity of care and stability for the unit at present. As you know, I would extend my contract if this was a possibility.

>>> Scott Natho 2/13/2013 3:02 pm >>>

Yes, I agree, and this was mentioned . . . and patients welfare was keep to the fore . . . but I can't be any clearer than that, and I am sorry. I think overall, if you want to stay, you will be more likely able to . . . at least until a decision is made in relation to the longer-term (closure, relocations, etc.).

Scott Natho
Senior Psychologist
The Park - Centre for Mental Health
West Moreton Hospital and Health Service

Cnr Ellerton Dr & Wolston Park Rd
Wacol, Q, 4076, Australia
Locked Bag 500, Sumner Park BC,
O, 4074

Web: www.health.qld.gov.au/the_park/



>>> Ashleigh Trinder 2/13/2013 2:58 pm >>>

Hi Scott,

Thank you. I appreciate your feedback; just struggling with my current contract end date approaching (2 weeks today) and preparing the ward for any changes. Ethically I am experiencing a major internal battle particularly when there is already insufficient time to terminate therapy effectively and appropriately. I know you are doing, and have done, everything you can to support psychology and the unit stability and appreciate your ongoing efforts.

Kind Regards,

Ashleigh

>>> Scott Natho 2/13/2013 2:16 pm >>>

Hi Ashleigh, I think it is likely that next week they may choose to delay the abolition of the clinical supervisor position so that you may be extended in the locum position .. I await to

hear from Sharon Kelly. I think this is more likely than not but I can't say much further until discussions with Tawanda and Sharon early next week. The other alternative would be to use part of a vacant FTE from Social Work, however, I believe that this is less likely. A third option was canvassed in terms of running over FTE's for psychology, I think this is the least likely given the budget oversight processes. I believe Sharon will be back on Monday.

Regards

Scott

Scott Natho
Senior Psychologist
The Park - Centre for Mental Health
West Moreton Hospital and Health Service

Cnr Ellerton Dr & Wolston Park Rd
Wacol, Q, 4076, Australia
Locked Bag 500, Sumner Park BC,
Q, 4074

Web: www.health.qld.gov.au/the_park/



>>> Ashleigh Trinder 2/13/2013 1:20 pm >>>

Hi Scott,

I just wanted to touch base with you regarding the meeting on Monday and your impressions. I have spoken with Trevor and he has filled me in on where things are at, though I would appreciate your perspective and anything additional you can pass on.

Thank you.

Kind Regards,

Ashleigh

>>> Scott Natho 2/11/2013 9:19 am >>>

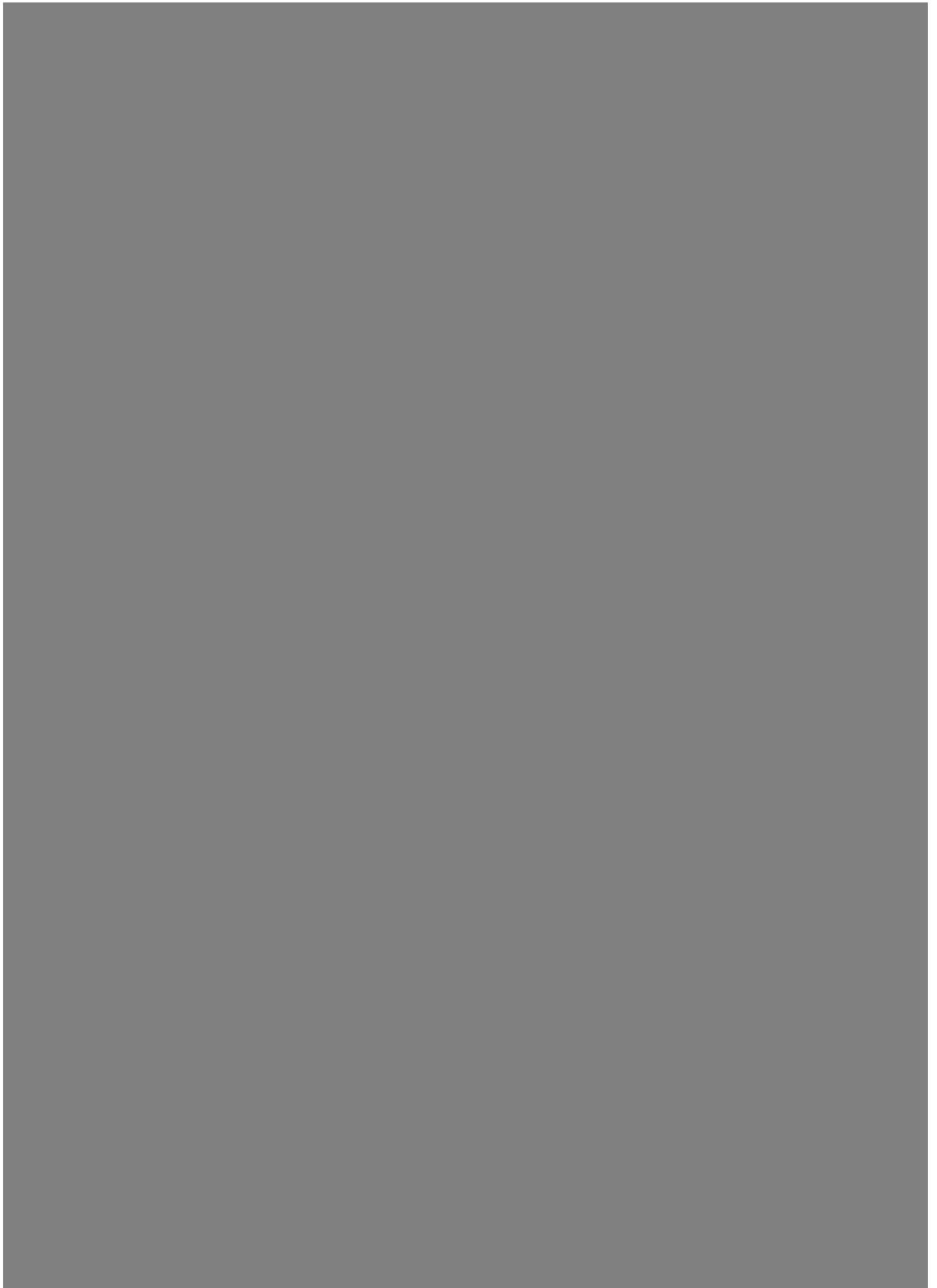
Thanks Ashleigh, much appreciated. Will make it a little easier to argue at 9:30 . .

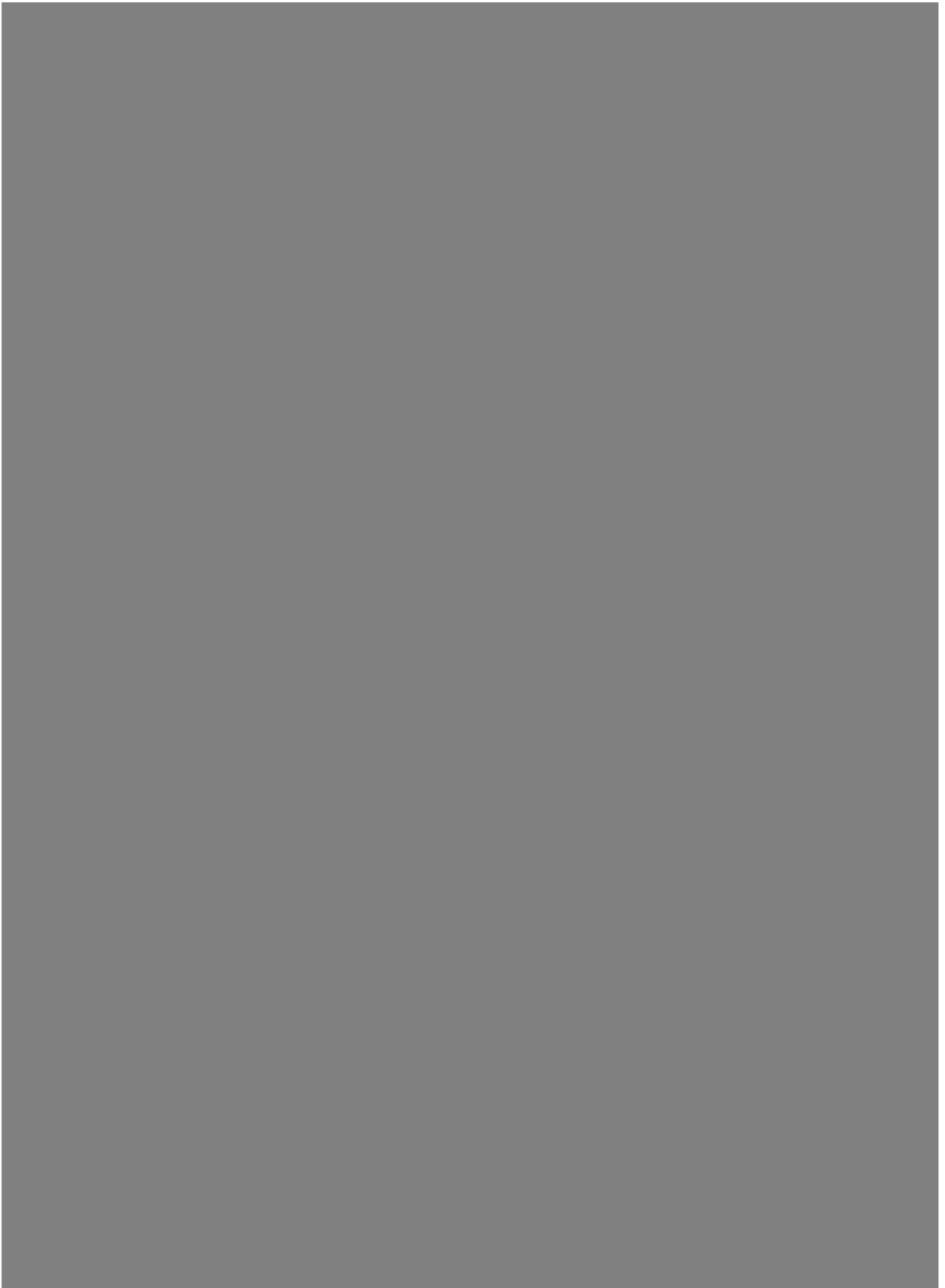
Regards

Scott

Scott Natho
Senior Psychologist
The Park - Centre for Mental Health
West Moreton Hospital and Health Service

Cnr Ellerton Dr & Wolston Park Rd
Wacol, Q, 4076, Australia
Locked Bag 500, Sumner Park BC,
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Wacol, Q, 4076, Australia
Locked Bag 500, Sumner Park BC,
Q, 4074



Web: www.health.qld.gov.au/the_park/



>>> Ashleigh Trinder 2/8/2013 1:11 pm >>>
Hi Scott,

I was just wondering if you know whether my current contract forms have been sent through to Payroll to ensure payment occurs next week?

I'm sure you are looking forward to the weekend; as am I. :)

Kind Regards,

Ashleigh

From: Trevor Sadler
Sent: 1 Mar 2013 17:57:57 +1000
To: Ashleigh Trinder; Danielle Corbett; Georgia Watkins-Allen
Subject: Text of correspondence about psychology position

Dear Colleagues,

Below my name is the text of emails I have sent to various people about HP staffing, just so you can be clear what has been said in various discussions.

Kind regards,

Trevor

4/2/2013
Hello Rob,

Sorry to have not gotten back to you before now. I was on leave last week, and missed you today.

David's resignation came at an unfortunate time for our service, especially given the number of families for family therapy. However, he was not seeing many families on a regular basis.

We have a major crisis with our Allied Health Professionals at present.

- One vacant Social Worker position (HP5)
- One Occupational Therapist (HP3) on contract who has been told that her contract would not be renewed at the end of February.
- Two x 0.5 psychologist positions (HP4), one of whom is already past her contract expiry date, and has not been paid for the continued work she has done, the other whose contract will end at the end of February.

Given the uncertain future our unit faces, it is paramount that we have continuity of our current staff to continue vital therapeutic work with adolescents.

My strong opinion is to maintain the current remaining AH staffing as far as possible, even if it means that we have to do that at the delay of appointing a social worker. If the HSS agree to let us appoint a SW and the current staffing, then that would be my first preference. Maintaining existing continuity of staff is critical for our young people at this stage who have already been upset enough by the threatened closure. Having a temporary social worker come for perhaps a month or two will not contribute to clinical effectiveness as much as retaining the current AH staffing.

This is in no way to devalue the role of the social worker. Should our service continue in some form, there is no way I would consider operating without a social worker and our other current staffing. I emphasise that the above arrangement is my preference for these difficult, uncertain times.

Kind regards,

Trevor

11/2/2013
Hello Reeny,

Many thanks for making the time to come to Barrett this morning and advocate for filling the Social Work position. I really appreciate that.

I have attached the PD. It's pretty outdated. At the time, David had moved across at level as a locum, was more enthusiastic than he has been recently, and we advertised for the position to be made permanent, not paying too much attention to the delineating the role. It is a generic mental health PD, because that is all that we could get from HR at the time.

You mentioned what you consider to be the core skills of the role of the Social Worker, particularly with respect to transitioning young people and linking them back into their community.

I became aware 17 years ago that this was an area in which we failed young people, and so we have developed skills in doing this. We build in multiple levels of support and community linkage. This is time consuming, as I am sure you will appreciate.

David was involved in this in his early years at Barrett with one or two young people. His predecessor had also taken on that role a little. However, this has overwhelmingly been the role of initially the Care Co-ordinator during the mid 1990's, and then the Occupational Therapists from 2000 until the present time.

You questioned whether Occupational Therapists had the skill base to do this. I am eminently satisfied that they are most well equipped. They bring with them a strong developmental knowledge, which they use to integrate an adolescent's broad developmental profile with the suitability of community tasks with which they are being integrated. Moreover, they are trained in assessments of a wide range of occupational skills for vocational and day to day living. They have facilitated the adolescent's progress in these areas during their period at BAC. They are then in an ideal position to match up resources/activities in the community with their knowledge of the adolescent built up over the months.

They would welcome having a Social Worker being able to assist them in this role, because it is very time intensive.

However, I would not see it as being the core nor the specific role of the Social Worker.

I would be reluctant to not include reference to Family Therapy in the role (whether it is a short term or long term position). The Standards of the Quality Network for Inpatient CAMHS of the Royal College of Psychiatrists (a multi-disciplinary body) recommends 0.5 FTE Social Worker time + 0.5 FTE dedicated Family Therapy time for a 10 - 12 bed unit. (By their measures, as I mentioned, we are under resourced for Allied Health staff).

Kind regards,

Trevor

19/2/2013

Many thanks, Tawanda. This is excellent news. Well done.

(I do have to say that we will struggle with only one FTE psychologist - assuming the supervisor was converted to a psychology position - though. Boy is that a headache! We have 22 patients at present, 16 on the waiting list. Is there any chance of

- formally making the SW position HP 4, if we have to get another position description done. That adds a bit of time, but would open it to a wider pool of applicants of equivalent skill to the psychologists. As we discussed, the current HP 5 was an anomaly of the HP process, and did not reflect value to the unit.

- continuing with 1.5 FTE psychologists until the social worker is appointed or even have 0.5 SW if one at a community clinic was interested in a half time secondment to BAC - a potentially useful skills mix - and continue with 1.5 psychologists.

We have a number of adolescents who have experienced great instability of relationships in their lives. Four in particular are at critical stages of therapy, and losing their psychologist suddenly will be quite disruptive.

Again, I really appreciate all you have done to try to ensure that we can deliver a service to as many adolescents as possible while we wait on the outcome of the review.

Kind regards,

Trevor

>>> Tawanda Machingura 2/19/2013 1:19 pm >>>

Hi all,

I can confirm that all Allied Health positions at BAU will continue to exist in their current form except for the Clinical Supervisor Position ID 30469613 which will be abolished.

This means that we can continue to extend contracts and recruit to AH vacant positions except for the position mentioned above.

Many thanks

Tawanda

Tawanda Machingura
Programme Manager/ Dir Allied Health

The Park Centre for Mental Health

West Moreton Hospital and Health Service

T: [REDACTED]
Corner Ellerton Drive & Wolston Park Road, WACOL QLD 4076
Locked Bag 500, SUMNER PARK BC QLD 4074

From: Lorraine Dowell
Sent: 11 Oct 2013 11:53:41 +1000
To: Ashleigh Trinder
Subject: Re: A few things...

Hi Ashleigh,

I'll check with Michelle re extending your contract till the end of Jan.

I have a Tax Declaration form and will provide to you on Mon when we all meet.

I'll process the sick form on an AVAC.

Hope you are feeling better.

Kind regards,

Lorraine

>>> Ashleigh Trinder 9/10/2013 2:22 pm >>>

Hi Lorraine,

Firstly, I hope you enjoyed the long weekend and didn't suffer too much in the heat. :)
Secondly, I received the latest BAC Staff Communique which indicates BAC will be open until end of January, and was wondering whether we should discuss organising another temporary contract post my current December, 2013 one.

Thirdly, I have recently realised that the tax file number on Qhealth records is incorrect and I will need to complete a new TFN declaration form. Is this something you are able to organise?

Lastly, please find attached a sick leave form for last Friday.

Thank you.

Kind Regards,

Ashleigh