

EXHIBIT 671

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QCH/006408

BR057157



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

Briefing Note for Noting

The Honourable Lawrence Springborg MP
Minister for Health

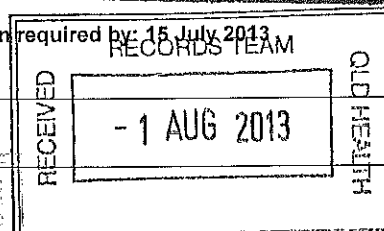


Requested by: Lesley Dwyer, Chief Executive,
West Moreton Hospital and Health Service

Date requested: 8 July 2013

Action required by: 15 July 2013

SUBJECT: Barrett Adolescent Strategy Meeting



Recommendation

That the Minister:

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

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

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

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

APPROVED/NOT APPROVED

NOTED

NOTED

LAWRENCE SPRINGBORG
Minister for Health

Chief of Staff

31/7/13

Minister's comments

Briefing note rating

1

2

3

4

5

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

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

URGENT

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12 JUL 2013

Director-General

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

Date requested: 8 July 2013

Action required by: 15 July 2013

SUBJECT: Barrett Adolescent Strategy Meeting**Proposal**

That the Director-General:

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

Provide this brief to the Minister for information.

Urgency

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

Headline Issues

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

Blueprint

3. How does this align with the *Blueprint for Better Healthcare in Queensland*?
 - providing Queenslanders with value in health services – value for taxpayers money; and
 - better patient care in the community setting, utilising safe, sustainable and responsive service models – delivering best patient care.

Key issues

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

Background

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

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

Consultation

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

Attachments

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

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Provide this brief to the Minister for information.

APPROVED/NOT APPROVED

NOTED

DR TONY O'CONNELL
Director-General

1517113

To Minister's Office For Noting

**Director-General's comments**

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



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Barrett Adolescent Strategy*Expert Clinical Reference Group*

Proposed Service Model Elements

Adolescent Extended Treatment and Rehabilitation Services (AETRS)

Preamble

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

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

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

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



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

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

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

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

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

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



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

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

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

Recommendations:

- a) Further work will be required at a statewide level to translate these concepts into a model of service and to develop implementation and funding plans.
- b) Formal planning including consultation with stakeholder groups will be required.

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

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



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Recommendation:

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

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

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

Recommendations:

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

4. Duration of treatment

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

Recommendation:

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



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

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

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

Recommendations:

- a) Access to on-site schooling (including suitably qualified educators), is considered essential for Tiers 2 (day programs) and 3. It is the position of the ECRG that a Band 7 Specific Purpose School (provided by Department of Education, Training and Employment) is required for a Tier 3 service.
- b) As an aside, consideration should also be given to the establishment of a multi-site, statewide education service for children/adolescents in acute units (hub and spoke model).

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

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



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

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

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

Recommendations:

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

West Moreton Hospital and Health Service Issues and Incident Management Plan

Issues synopsis

SITUATION ANALYSIS:

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

MEDIA PROGNOSIS

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

MAJOR ISSUES AND RESPONSES / FAQs

Has the expert clinical reference group made any recommendations?

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

West Moreton Hospital and Health Service Issues and Incident Management Plan

CURRENT STATUS

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

KEY MESSAGES

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

RECOMMENDED APPROACH

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