Re: [QFCAP] BAC impending closure

From: "McDermott, Brett"
To: Stephen Stathis
Date: Mon, 05 Nov 2012 15:21:26 +1000

Society traumatic stress studies conference, shame our premier +_ Bill K may be adding to the overall state stress!

Sent from my iPhone

On 04/11/2012, at 9:16 PM, "Stephen Stathis" wrote:

> Enjoy the flight back, Brett. Was the US work or play?
>
> No - no consultation on my end, though Leanne Geppert mentioned it in passing last week (when I saw her for another issue). I organised a meeting with her for this Thursday, but only found out the news today. Poor Trevor. All very hard. I just spoke to him on the phone.
>
> We will need to lobby very hard to keep the BAC. But I fear its closing is a fait accompli. Our fall back position must be that the money is kept with Child and Youth MH. Trevor mentioned their budget is 4 Mill a year, so I am sure there would be alot of people wanting to get their paws on the dough. We need to have a "Plan B or Plan C". Mentioned this to Trevor. he agrees. Not sure what, just yet. Long term Day Unit?? Step Up Unit?? Any thoughts. There is no $$ for capital works, which makes this all the more difficult. Not sure if we could accommodate a unit at the Mater (then transferred over to the QCH). Or keep Barrett open in another form (though goodness knows, it needs a lot of $$ spent on an upgrade).
>
> Bill believes we are only running on 40% occupancy. Not sure where he gets those figures, as we operate on about 80%. Full right now. You are too. I think they count leave beds on the w/end as empty - clearly an adult model. Falsely brings down our total occupancy. Bill needs to understand we operate differently. I am actually seeing Bill in a few weeks time, so will bring this up. ABF is also going to cause us a headache.
>
> I am away from Friday 9 - 16th. Back the next week. We should try to all meet then (You, me and Trevor if possible). I'll also have a better idea from Leanne about what the plans are.
>
> BTW. Not sure if you have got the e-mail, but you are booked to give evidence at the Carmondy Inquiry this Thursday. I am on Wednesday. Spoke to Tim on Friday - he seems switched on and want the system to change, though is grappling on how to do it (aren't we all).
>
> High time we organise drinks at the London Club. Lots going on.
>
> Cheers
>
> Stephen
>
> Dr Stephen Stathis
> Director: Child and Family Therapy Unit
> Royal Children's Hospital
> Herston Road, Herston 4029
>
> >>> "McDermott, Brett" 5/11/2012 2:49 pm >>>
> Hi Stephen,
> I'm in the QANTAS club in LA - your email was the first news to reach me. Did they consult you about the closure? I was not.

I'm back tomorrow and will talk to Trevor. Heavens knows what I'm going to say - this is a life's work. All the good from the past cannot be taken away, but no Barrett as his legacy must be very hard.
Brett

Sent from my iPhone

On 04/11/2012, at 6:53 PM, "Stephen Stathis" wrote:

> G'day Brett
>
> Not sure if you have spoken to Trevor yet. We need to talk and strategise + how best to support Trevor.
>
> I can understand Trevor's distress, but I am concerned this confidential information has now been broadcast on the Psychiatrist network.
>
> Cheers
>
> Stephen
>
> Dr Stephen Stathis
> Director: Child and Family Therapy Unit
> Royal Children's Hospital
> Herston Road, Herston 4029

<!--[if mso 9]--> <!--[endif]-->

Dear Colleagues

Dear Colleagues,

I meant to add that this information is confidential at the moment, until after discussions with the other inpatient units. I cannot inform any staff.

Kind regards,

Trevor

From: **On Behalf Of** Trevor Sadler
Sent: Friday, 2 November 2012 6:42 PM
To:
Subject: [QFCAP] BAC impending closure

Dear Colleagues,

I was informed today that the Mental Health Alcohol Tobacco and other Drugs Directorate (MHATODD) has made the decision to close Barrett Adolescent Centre. I got the impression that it is to be sooner rather than later – a date of 31 December was mentioned.

The decision to do this was because of alleged occupancy rates of about 60% in the acute inpatient units, and less than 50% for our unit. I cannot speak for the acute inpatient units, of course, but I know that currently we are managing 13 inpatients and 7 day patients (+ 1 outpatient whom I may need to readmit soon). We have 15 inpatient beds. (MHATODD has never recognised we have day patients for the last 30 years.) Adolescents who go on leave for the weekend or for school holidays or adolescents who are partial inpatients while in transition back to the community are not counted as occupied beds when they do not spend the night with us. However, her bed will be counted as a vacancy , although we are still managing her. We have trialled other adolescents as day patients for several weeks, but then needed to readmit them. During their absence, they are a vacancy. All of this adds up, of course over the period of a year, and MHATODD averages out our occupancy, hence the figure of less than 50%.

They believe our adolescents can be redistributed among the other inpatient units and seek out some NGO services.

The decision has just about been made. However, they will first talk to senior staff in the other inpatient units to determine their capacity to take up our adolescents.

I thought, however, that I needed to let you know ahead of the official announcement so you can carefully consider the alternatives

- For any patients you may have with us
- For any services which will provide services in lieu of our service. I must confess that because my thinking has been along the lines of how to best provide an inpatient/day patient services, I am a bit stumped to think quickly of alternatives. My narrow thinking was reinforced at the recent

FCAP conference, when there was a presentation by the Walker Unit (which is our NSW counterpart opened 2 years ago) where they were able to argue the need for a longer term unit, and Bob Adler's comments at that presentation that they absolutely needed one in Victoria. I thought the alternatives probably aren't that obvious. I also visited 13 inpatient units in the UK and 2 in Switzerland. Those that had a mix of acute/medium-long term patients really struggled. Again, for the patient groups we see that require longer term treatment and intensive rehabilitation, there weren't clear alternatives.

So it will require some careful thinking as to how best we can help adolescents with severe and persistent disorders with resulting impairments. There isn't apparently much time to come up with ideas.

Sorry to trouble you. I know you are all busy. I just want to make sure the adolescents we see have a viable alternative.

Kind regards,

Trevor

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