

the legislation – when the Advisory Council is yet to exist, let alone contribute to the whole of government plan.

In recent weeks, we have heard that the Statewide Adolescent Extended Treatment & Rehabilitation Implementation Strategy Steering Committee is developing the alternative to the Barrett Adolescent Centre. **Is this Committee going to work within/alongside/ separate from the Mental Health Commission process?** With one carer and one consumer on this Committee, concerns have been raised directly with West Moreton HHS that this level of input does not fit the multiple tiers of community engagement outlined in WMHHS's Governance Framework. **It is hoped that, from now on, there will be greater opportunities for consumers, carers and others to provide input to the Committee so the support of the Queensland Mental Health Commissioner in ensuring that this commitment is met would be invaluable.**

On a National level, the National Mental Health Service Planning Framework (NMHSPF) Project, an initiative of the Fourth National Mental Health Plan, will provide its finalised Care Packages and Service Mapping by 30 September 2013. This is one part of a much larger process to develop national modelling for mental health services – involving consumers and community in the process – which will have implications for models of delivery and funding. The NMHSPF project is joint-led by the NSW Ministry of Health and Queensland Health. **What implications, if any, does this National process have for the whole-of-government plan to be developed by QMHC, and if a Care Package describing service models for 12-17 year olds has been designed, should Queensland wait to see what models are proposed before undertaking significant changes to youth mental health services, especially since funding will be tied to these models based on population demand for each service?**

In Western Australia, the WA Commission for Children and Young People commissioned an Inquiry into the Mental Health and Wellbeing of Children and Young People in Western Australia. The subsequent report (2011) specified that *"The Inquiry has recommended that the **Mental Health Commission** become the lead coordinating body for the improvement of service delivery for children and young people's mental health – by developing a comprehensive and strategic plan for the mental health and wellbeing of children and young people and leading a whole-of-government implementation process: Recommendation 10 – A whole-of-government collaboration to improve the mental health and wellbeing of children and young people across the State be led by the Mental Health Commission. (Page 63)".* Queenslanders see this as an appropriate process, and **singling out a specific service for closure WITHOUT such a thorough procedure is in complete contradiction to best practice.**

There are additional concerns that the Queensland restructure relates only to 'Adolescent Extended Treatment and Rehabilitation Services'. If so, what are the plans for these services to integrate into the other community based youth mental health and general youth services to allow for the 'seamless' transition to, and usage of, these services by youth from the Barrett model if the objective is to achieve recovery for these young people so they can transition back into the community. If the **Mental Health Commission Act 2013** states its 'Object' as achieved by

"(a) developing a whole-of-government strategic plan that—

- (i) provides for coordinated action by relevant agencies involved in the delivery of relevant services; ...*
- (iv) encourages integration of relevant services"*

and its 'Guiding Principles' state that

"An effective mental health and substance misuse system is the shared responsibility of the government and non-government sectors and requires—

- (a) a coordinated and integrated approach, including across the areas of health, housing, employment, education, justice and policing; and*

(b) a commitment to communication and collaboration across public sector and publicly funded agencies, consumers and the community"

then surely the Queensland Mental Health Commission should be overseeing the decisions made on a treatment option that will receive adolescents from other services (acute care or community-based mental health care, education, even justice and other government services) and will send adolescents to other services (community-based, adult health care, government employment, housing services etc.)? It seems much less effective for a model to be developed in isolation and *later* integrated into a comprehensive plan than for all aspects of mental healthcare to be considered together and implementation of new service options to follow.

As well as the expectation that Queensland's Mental Health Commission oversees this restructure, there is also the feeling that, as these young people are a vulnerable and disadvantaged group, our Commission for Children and Young People and Child Guardian should contribute to this process at a high level. The Commission for Children "*promotes and protects the rights, interests and wellbeing of children and young people in Queensland*". Their vision is for "*a better life for Queensland children and young people, particularly our most vulnerable*"; their mission, "*to improve the safety and wellbeing of vulnerable children and young people in Queensland*". The Commission "*works collaboratively with both government and non-government agencies to resolve matters impacting on the best interests of children and young people ... The Commissioner's operations and decisions must be independent of any Ministers, government departments or other agencies.*" So surely **the involvement of the Mental Health Commission AND the Commission for Children is the appropriate way to ensure proper process and protect the rights and wellbeing of these young people.**

If this process continues to be separate from the whole-of-government plan, then **responsibility falls to WMHHS and/or CHQ to manage the issue of young people needing to transition to adult mental health services** (as this would affect most of the Barrett inpatients in 2014/15). Most of Barrett's consumers are socially, mentally and emotionally developmentally delayed to varying degrees due to their social isolation and subsequent loss of contact with peers and associated social engagement. To expect them to transition from Barrett to existing forms of adult services is unrealistic – it would be unrealistic for young people with *less* severe mental health needs to make the jump to adult services. Who will be ensuring the modifications to existing adult mental health services or the implementation of new mental health services will cater for these young people making the transition to adulthood? National and international research and consultation with consumers and community has informed evidence-based models of care that are now providing community based mental health services for a 16 – 25 year old age range e.g. Headspace (whose services cater for 12 – 25 year olds). This overlaps adolescence with adult ages **in recognition of the significant gap between adult and adolescent mental health services**, avoiding the 16 – 18 year old transition point and **improving the seamless transfer to adult services**. It would therefore seem **absolutely critical that the Barrett Centre – and youth mental health services in general – be considered in the QMHC's whole-of-government plan to facilitate this crossover from youth to adult mental health services**. Minister Springborg stated on 10 June, 2013 "*Most importantly, she [the Mental Health Commissioner] will be central to improving the system that supports people living with a mental illness or who misuse substances, as well as their families, carers and support networks.*" Then on 28 June 2013 "*It [the Mental Health Commission] will also improve the coordination and transparency of clinical services and other human services and focus on outcomes, recovery, social inclusion and community wellbeing.*" **This acknowledges the need for the Barrett Adolescent Centre to be considered in the process for the whole-of-government plan and infers, through the Health Minister's own words, that a closure announcement is premature before all the**

requirements of consultation have been met and all due consideration is given to future services and the best transition to those by young people who are already at risk.

No clear timeline – mixed messages and uncertainty

Initially, the Health Minister's announcement stated that "it is true that **some time in early 2014 that Centre will be closing** as we come up with a range of new options to deliver services closer to people in their own home or right in their own home town." Carers of current patients were given the news in phone conversations on the 6th of August, with some interpreting what they were told as "that early in 2014, it will relocate to another hospital ... that the inpatient specific adolescent service will be retained" (*The World Today, ABC Radio, 7 August*). However in that same radio coverage, the Health Minister stated that "the final makeup of this will be known early next year". Only 2 weeks later, though, the Education Minister, when asked in parliament about the closure of the Barrett Centre School, said "... *Queensland Health advises that this model could take up to three years to develop and implement*." Just prior to this, in the same session of parliament, Mr Springborg had said "***no decision will be made to close that facility until such time as we know that appropriate alternatives are in place, including alternatives which adequately ensure that young people with educational needs, as many of them are, can be supported in conjunction with Education Queensland.***" So – when will it close? When will new programs be up and running? And when will key stakeholders in the consumers, carers and the community be told? Those who **MOST** need to know what will be happening are being given contradictory statements and vague explanations. They need to know the situation clearly and consistently. Many in the community are wondering ... **Have there been rushed decisions and if so, why? Is the early 2014 deadline realistic? And again, importantly, is there an option for the 'early 2014' closure to be delayed to allow the best solution to be worked out or is that decision irreversible? And if it cannot be changed, how can adequate facilities be developed within the next 5 months?**

Repeatedly the issue of failure in consultation and communication arises. *The consumers and community have had to rely on media reporting to stay informed and even that information – including quotes directly from the Ministers – changes from day to day.*

No clear process – mixed messages and uncertainty

The report of the *Inquiry into the Mental Health and Well-being of Children and Young People* in Western Australia by Commissioner for Children and Young People W.A. (April 2011) states "When serious problems with the status quo have been identified, as they have in mental health and specifically youth mental health, the onus is on governments and health departments to respond with better models, while ***safeguarding the positive aspects of the original system.***" This warning highlights **the great risk that Queensland would be taking if the Barrett Adolescent Centre closures and its programs, services and personnel are not relocated as a complete entity.** The proposed reforms to youth mental healthcare in Queensland need to include an extended inpatient facility with on-site schooling – as this has proven to be uniquely successful over its 30 years in existence. So the system proposed by the minister as a potentially better model for general prevention and early intervention service delivery is welcomed but **as Barrett is clearly a positive aspect in the original system, it must be retained.**

Of particular concern now is Barrett's capacity to continue to implement the treatment plans of each inpatient and to prepare each patient for the proposed transition to other services/care in early 2014. Barrett has recently lost an Occupational Therapist – a crucial member of the treatment team, another OT is absent due to illness and is the centre is operating with reduced psychology and other services. As a result, therapy options and hence

'consumer' recovery is compromised. The absence of these important staff meant the holiday program for 'consumers' had to be cancelled. However due to the selfless dedication of Education staff, and their belief in the importance of this program, they have donated their time during their holidays by volunteering to run the program. So not only are treatment plans undermined because of staff losses, the pressure is now on for treatment plans to address the objective of preparing inpatients for a transition to a model of care about which the form/agencies etc. remain unknown. **If it wasn't enough for the young people to deal with their own illness, they now have to manage a monumental change in their life when, for most, they were starting develop a stable and manageable lifestyle. It should be an absolute priority to redress these staff losses/shortages to ensure treatment plan objectives are met.**

Treatment at Barrett is individualised. It would be completely unrealistic, given the varying times of entry to the centre and individual variations in progress with treatment, that every inpatient could be expected to be ready to transition out of the centre at the end of January 2014. **What plans do WMHHS have to address the situation that it may not be the right time to transition an inpatient? Has WMHHS already begun consulting with treatment teams to address this issue, and if not, when is that process to occur? Once transitioned, if a young person relapses, where are they to go – are they destined again for the 'in-and- out' of acute care that many have had define their lives before Barrett? (The mp3 of 'Molly' on the supplied flash drive indicates that this is a pattern than many young sufferers experience.)** CYMHS was able to refer young people to another level of care above community-based services. Once Barrett closes, that option will not exist and if there are other bed-based community services – what will happen if they are full? **And, in a not unrealistic situation, what duty of care does the WMHHS see itself having should a former Barrett inpatient suicide as a result of being transitioned to other care?**

One of the reasons that Barrett works so well is the **sense of community** and belonging that the inpatients develop which helps them to overcome their social isolation, develop confidence in their interactions and acquire skills to behave in a more functional way as well as manage their own condition. The relationships formed in the **micro-community** of the Barrett Centre between staff and adolescents are vital to the participation and engagement in – and effectiveness of – treatment and therapy. Such relationships and trust would take much longer to develop in community based models – if at all – as contact with workers would be more brief, variable and less predictable. The young person's inclination to engage could be severely reduced without those substantial relationships. **At Barrett, adolescents have opportunities to practice their social skills and observe those of others as well as have appropriate interactions in a range of situations supported and modeled by staff. This is one of the powerful tools that Barrett has in being able to address the social isolation of its inpatients.** With access to instant feedback and support in a variety of settings – inside Barrett, in the school and out in the community – 24 hours a day, this comprehensive approach couldn't be replicated beyond a Barrett-like environment. In addition, with staff able to make observations in a range of settings and situations, they are then better able to tailor interventions and therapy to assist each young person's development. The peer interaction (again, across settings) is also invaluable and has the added advantage of finally allowing a young person to not feel alone in their suffering. With peers going through similar issues in a safe and supportive environment, they can not only learn a range of ways to deal with shared issues and develop peer-to-peer social interaction skills but gain the invaluable insight of knowing that they are not as isolated as they have been feeling (often for years) in their own home environment. Treatment models within the community cannot provide the consistency and comprehensively supportive, understanding environments that facilitate this

kind of progress, leaving a young person at risk of withdrawing even further from social interactions and situations and becoming even more socially isolated over time.

As they progress and move to day-patient status, the young person still maintains the connection with Barrett as they try out their independence and self-management – but still with the support of the Barrett community. This process itself is a gradual one, starting with one day a week as a day patient if necessary. This way, the sense of belonging and support is maintained but progress is tested and consolidated. **The change from a supportive community to new services, processes, people – and potentially back to a social network that provides either no support or is unstable or dysfunctional – puts these young people at considerable risk.** It is absolutely crucial for Barrett to remain open as long as possible – to be part of the broader whole-of-government plan process of the QMHC – so that considerable deliberation and consultation can be undertaken so that if these young people are to be moved and Barrett is definitely not going to be a part of the new model of care, they are afforded **the respect and consideration of being transitioned to services that are in place and consolidated and properly integrated with other relevant services.** At this stage, five months out from closure, the committee has only just been formed to determine an alternative. If time to advertise for staff, find premises, establish protocols for operating and many other issues is factored in, ***how can services be ready by January 2014?*** It is also totally unjust to expect staff, inpatients and families, to be on a month by month proposition after January – wondering when these services would be up and running, particularly after 9 months of not knowing what was happening to the service. **In recognition of these factors, Barrett should be allowed to continue operating until the end of 2014 (as per the pre-existing Redlands Plan) or until the QMHC Plan is developed, whichever comes first.**

Recognition and Funding

Sam Mostyn, National Mental Health Commissioner states *"My aspiration for the National Mental Health Commission is that mental illness receives the same priority, focus and resources as any other part of our health system."* **Mental Health funding has always been the "poor relation" in the health system** according to Professor Patrick McGorry, attracting half the funding it should by proportion of the total health budget. However mental health and mental illness is a rapidly growing problem affecting a significant proportion of the community. The World Economic Forum states Mental Health is now equal to Cardio-vascular disease as the biggest health threat to the economy in the next 20 years. April 2013 figures estimate the cost to the Australian economy of \$30 billion a year for care, treatment, welfare payments and hours of lost work. Within the mental health budget, **youth mental health** - the point at which the greatest impact could be made - **attracts an even smaller proportion of the mental health budget.** Given that a significant proportion of mental illness appears in adolescence or is the result of childhood problems such as trauma it would make sense to distribute a larger share of funding to child and youth mental health, since National and State Mental Health priorities are the Promotion, Prevention and Early Intervention areas of the **mental health strategy continuum.** Yet Queensland spent only **1.7% of the \$983.3 million** on Promotion, Prevention and Early Intervention, Action Area 1 of the COAG National Action Plan on Mental Health 2006-2011 funding allocations (*Well meant or well spent? Accountability for the \$8 billion of mental health reform, Rosenberg et al. 2012*). This would have massive implications for future spending on adult mental health - **surely the goal of intervention in this area of the strategy continuum is to reduce the demand and adult services.**

Whilst the major focus is on these priority areas of the strategy continuum, the young people of Barrett have moved beyond this part of the continuum. They are in the Treatment part of the continuum – at the far end of treatment, for young people with severe and complex treatment

needs. One of the characteristics of the young people who attend Barrett is that they have become socially isolated – in most cases, completely disconnected from friends, family and community and education. Their functional impairment is so severe, and they are often developmentally behind because of such long periods of disengagement from the adolescent world, that a couple of months of inpatient care is not enough to rehabilitate or enable recovery. It is why this particular group of adolescents require such intensive inpatient treatment with expert, such individual multidisciplinary clinical and therapeutic treatment. The proportion of young people in this category may only constitute 1% of the adolescent population. But when considering the trajectory for these young people without such specialist support like that provided by Barrett, their future is particularly bleak, and their ongoing reliance on health and welfare services to function is inevitable. These young people have missed the opportunity for early intervention – either due to lack of early intervention services, or because methods of early intervention have failed. NO model of care, however effective, will ever meet every need of every person. **It is essential, therefore, that the particular specific, unique needs of this group of young people are recognized, catered and budgeted for in whatever model structure is developed by the Steering Committee. To ignore the statistics and the proven record of a treatment facility that has led many young sufferers to constructive adult lives is to ignore an effective approach for a specific cohort of the population with a great need for the best mental healthcare – something that any government should take every step possible to avoid.**

WILL THE NEW MODEL INCLUDE SOMETHING THAT RESEMBLES THE BARRETT ADOLESCENT CENTRE?

Again, ambiguous responses to queries about the future are causing great stress AND, significantly, disruption to the progress that current Barrett patients had been making. All those directly involved understand that this is a complex issue but there **needs to be more clarity in relation to the key features of the new model**. Those who use the Barrett service now and those who have been relying on it for the future **need to know** that the aspects listed by the Expert Clinical Reference Group as 'ESSENTIAL' will continue to be available.

Widespread support for the Barrett Model across consumers, carers, and the community

Those beyond the government have spoken with one voice on this issue. A petition on the CommunityRun website has garnered 4000+ signatories (*supplied on flash drive*) and a parliamentary petition was entered into records when it reached past 1000 signatories. Current patients and their carers – AND the families of young people on the waiting list to utilise the Barrett Centre's service – have given media interviews in support of the Centre (*mp3 files supplied on flash drive*) and, considering the hardships these people are already facing each day, to take the time and effort – *and* to expose their private lives so publicly – speaks to the depth of their need for a facility like the Barrett Centre.

Rarely have consumers been so effusive in their praise for a healthcare program. **Current and past patients' UNANIMOUS support** has reached pleading proportions. Young people – and especially troubled young people – are not known for their admiration for, or gratitude to, healthcare and/or educational facilities. But every single current patient is adamant about their need for Barrett and the need for Barrett to continue to exist for others like them. (*Sample Statements doc and mp3 interview files on the flash drive are evidence of this.*) **Of all the stakeholders and experts, this group's insights – whether we call them 'consumers', patients, students, adolescents or teenagers – should not only be acknowledged but prioritised. They are the people at the heart of this issue and if they are saying that**

nothing has worked for them like the Barrett Centre, then that endorsement should carry enough weight to ensure everything is done to continue to provide that uniquely successful program.

The Relocation option

If money is not an issue as the Health Minister and West Moreton HHS have clearly stated, why is a relocation of Barrett not automatically part of a program that also includes new community-based options? The ECRG has clearly emphasised the importance of a facility like Barrett so if the Queensland Health department has no concerns about financing whatever is required, many are wondering why the government is not demonstrating a comprehensive understanding of community needs by addressing the demand for more local, regional care options AND taking advantage of the financial and time investment already undertaken in the Redlands relocation strategy. Architectural plans exist for the new \$10 million building that the previous government were to build adjacent to the Redlands Hospital so if there is at least \$20 million available as the Health Minister has stated, is it only politics that is standing in the way of meeting adolescent healthcare needs fully and completely?

Under the previous Government, the new purpose built facility at Redlands would have been ready to move into sometime towards the end of 2014. It was obviously the intention of the then Government to have Barrett continue functioning on the existing site until that time. **What has changed, that Barrett now needs to be closed in early 2014? Safety concerns have been raised regarding the Forensic Mental Health facility at Wacol. What incidents have occurred in the past? What consultations have been held with staff to discuss these concerns – what strategies were developed and implemented to minimise potential harm? Has WMHHS spoken to inpatients and parents to ask if they were worried or sought recommendations about how it might be made safer?** There is a public cricket oval on the grounds of The Park. Every week families come to use the facility, people transit through the grounds exercising (bikes, walking) and the grounds are open to public access alongside the Gailes Golf Course with no fencing or boundaries. There are no signs warning of any danger to the public and nothing to keep the public out. If there are concerns for the inpatients of the Barrett Centre, then there should be some notice/s to warn the public as well. It is, then, difficult for many to accept that health and lives are being put at risk due to the closure/relocation of the centre based to a great extent (according to comments made by government officials) on a security risk which doesn't pose a threat to anyone on the grounds except those confined within the Barrett Centre's boundaries. Inpatients are likely at greater risk of harm during the transition from Barrett than any risk within the grounds of The Park at Wacol.

THE BENEFITS OF BARRETT

Only ACUTE or COMMUNITY-BASED OPTIONS aren't enough – there must be EXTENDED INPATIENT CARE WITH ON-SITE SCHOOLING

The Barrett model is the best opportunity for **progress to be made in cases where acute/community-based care options have failed** – the level of intensive, individually-tooled treatment plans can't be provided in any other setting. Extended inpatient treatment can provide a young sufferer with a full understanding of their condition, its influences and the ways to manage it through years of complex changes and the influences of life. And because the most appropriate and comprehensive care in adolescence can provide the strongest foundation for decades of adult living, the ongoing advantages of having a facility operating the unique way that Barrett does are clearly proven. In human terms, the benefits

are obvious but even in economic terms this means that these individuals are less likely to be a drain on the healthcare and welfare systems. They are more likely to become productive, tax-paying adults and those that have been their carers are more likely to be able to gain full-time employment and not be as vulnerable to stress related illnesses. In the long-term, a model which provides the required adolescent care options i.e. including access to extended patient care undertaken by a multidisciplinary team of specially trained and experienced clinicians, therapists, nursing staff and on-site educators is the **best for sufferers, families, communities AND the government purse**. Professor Patrick McGorry has stated "*youth mental health services would aim to provide an intensive, comprehensive and integrated service response to young people and their families, focused on symptom remission, social and vocational recovery, and relapse prevention.*" This is precisely what Barrett provides.

In addition to its other advantages, an extended residential care option provides **respite for a family** whose lives have been severely compromised. This then ensures an environment more conducive to continued progress as the flexibility of the Barrett model leads to part-time inpatient treatment and ultimately only daily attendance. In addition, family members lead more well-adjusted, productive lives themselves.

A facility which houses 10+ patients allows the use of **an extensive multidisciplinary team over an extended period** (available all day every day if required). This not only means that the best progress will be made by patients because of the constant availability of specialised treatment and support, but in the case of Barrett, because of the approach of the team, this has led to the development of a **surrogate family atmosphere which enables young people to observe and form functional relationships**. The trust on which these are based then provides a foundation for a young person to develop resilience and self-esteem. This environment is a major factor in overcoming one of the predominating indicators of the severe mental illness that requires the Barrett model of treatment i.e. **long-term disengagement from society**. This occurs as a result of the initial manifestations of many cases of mental illness but evolves into becoming a significant issue in itself with feelings of isolation then exacerbating symptoms to the point that the sufferers feels as if his/her problems are totally unique and that they are beyond help. Acute/community based options rarely have the capacity to address this disengagement – so **severely withdrawn young people will not progress without a Barrett type program**.

Although there is clearly a need for additional local options, Barrett patients have cited that there can actually be advantages to a **NON-localised facility** i.e. **it can act as a circuit breaker for the young person to put an end to the cycle they have been stuck in – one of moving from acute facility to home back to acute facility etc.** In many circumstances, in an all too familiar environment, a young person is **destined to repeat destructive or stagnating patterns of behavior**. So moving to a totally new environment, neighbourhood and living space can not only give them a more conducive setting for understanding their condition and addressing their problems, but it can be a conscious trigger for them to acknowledge that they have NOT progressed in their previous situations and need to now apply themselves as fully as they can because their illness has reached a level that has warranted such a significant change (*'Molly' interview on mp3 attests to this*). In addition, in circumstances where abuse or neglect in the home environment has actually been a significant factor in the mental health issue that young person is suffering, **being away from unsupportive or, in some cases, an abusive home environment** is clearly a positive step and one that is vital if any progress is to be made at all. It should also be noted that the WA Report found that **it was unrealistic to expect specialist services to be available in all regional centres and that it was unavoidable that some specialist care would need to be provided in major centres**. In fact the Fourth National Mental Health Plan acknowledges

"it is not possible that uniform service provision exists in every area or across all age groups" but the aim should be "for equity of access and quality."

The importance of the school

The community is unequivocal on the need for any future model to include an on-site school. The current education team are highly skilled and have the strongest commitment to remaining as a group to continue to offer their services as an integral part of the full treatment and rehabilitation program. This is further highlighted, as previously mentioned, by current teaching staff volunteering their time to run the holiday program for inpatients. Having *at least one centralised facility in the state provides opportunities for the acquisition of social and life skills as well the learning provided by every school's program and curriculum.* In addition, the school encourages **the adjustment to a more 'normalised' daily routine.** 'Patients' become 'students' away from the ward in an environment that leaves any medical/hospital atmosphere aside and allows interaction and the **development of peer relationships** - a key element of life but quite often something that **young sufferers of severe mental illness have never experienced.** Inpatients live with, attend school and socialise with their peers. In a safe and supportive environment where their peers are often going through similar issues, many young people experience friendship with people their own age for the first time in their lives. If there were only smaller regional facilities, this couldn't be replicated and the environment (with one or two patients and one or two therapists/educators) could *foster* feelings of isolation and difference rather than *engagement* with larger groups and the wider society. In these circumstances, young people would never progress through the socialisation and relationship experiences that shape healthy adult lives and, if they are to deal with severe mental health issues for the rest of their lives (as many of them might have to), those challenges alone are demanding enough. The support of ongoing relationships can be vital in living with mental illness and for young people to move beyond isolation, conflict and reliance on carers, they **MUST have the opportunity to develop peer relationships and the ability to have constructive and mature interactions with a range of people, and from within groups of people.** So the on-site school is essential in providing an environment to nurture the crucial skills for living in a society as well as living with a mental illness. It should be noted too, that **for some of these young people, their attendance at school will cease if the new model does not maintain a co-located school** as they will not have attained a level of functioning that would allow them to attend other school options. So sustaining the on-site school in an extended inpatient facility will be vital.

At Barrett, teachers and support staff are experienced in mental health and **the education program is tailored for the needs of inpatients. It enables students to re-connect to and/or maintain their education - an area of their life that often suffers in young people with mental health issues.** Barrett recognises the importance of physical activity in mental health and **incorporates Physical Education in their school program as well as providing other physical activity opportunities when possible.** Access to a Department of Education Guidance Officer - as well as teachers experienced in vocational education - allows the young Barrett residents to explore options beyond school. These can include **further study and employment, engaging in work experience programs and career expos** - all activities which enhance the preparation for a return to the community beyond the Barrett Centre. **Far from being isolated from the general community/society, the young people at Barrett engage in general activities like going to the movies, shopping and other recreational excursions - simple things that many of us take for granted but which have often been absent from the lives of young people suffering with severe mental health issues.**

So Barrett is NOT a place that keeps young sufferers of mental illness from society but brings them back to it. And, in some cases, introduces them to the wider community for the first time in their lives.

IDEAS AND POSITIVES TO CONSIDER IN FUTURE PLANNING

The VALUE of the school economically

Funded and fully backed by Education Queensland (the Barrett Centre School had just passed their quadrennial school review with flying colours last year when the threat of closure become public) with EQ keen for the teaching staff to stay together as a team, this is a proven and funded asset INCLUDING equipment which includes computers and a car for transporting students to external learning opportunities, outside schooling and work experience. The staff are not only experienced in developing teaching opportunities as part of a total treatment program but, in practical terms, they are used to all the aspects of FLEXIBLE learning. The programs, materials and staff are all financed by Education Queensland and fully supported to relocate as a complete unit to a new location.

Utilising the Barrett Centre for RESEARCH ... an added benefit of sustaining/expanding the Barrett model

The philosophy of 'Together...Toward Recovery' is a fundamental part of the Model of Service Delivery (MOSD) under which The Park at Wacol operates. The Barrett Adolescent Centre is, therefore, run like the The Park's other services – under the Guiding Principles for decision-making which include:

***"Evidence based practice:** This refers to seeking to provide interventions that are supported by evidence. It also encompasses an expectation that we will seek to create evidence for our practice through evaluation and research;*

***Outcome based services:** The services are committed to being able to demonstrate to individual consumers, service providers and to external agencies that the work undertaken contributes to better outcomes for the people who use the service."*

These two principles form the basis that would allow the expansion of Barrett to incorporate a research and education function. Furthermore, The Fourth National Mental Health Plan states that "services should be informed by the available evidence and look to innovative models as examples of service improvement." Therefore, **with 30 years of data and information that could be utilised for retrospective studies, Barrett is in a unique position to study a range of aspects of adolescent mental health and mental illness.** That certainly fits with the guiding principle 'to create evidence for our practice through evaluation and research' and is consistent with National mental health objectives. With its move to Children's Health Queensland, the research and education function of Barrett would fit well within Children's Health Queensland Strategic Plan, under Strategic Direction 6 i.e. "excellence in paediatric health care through innovation, research, education and the application of evidence-based practice across daily processes and systems. We will embrace invention and innovation to continually improve the value of our service."

Study areas could include self-harming, social anxiety (in particular its role in social isolation and exclusion) and benefits to recovery of the 'community' environment created at Barrett. Barrett could link with other institutions/research facilities to become part of larger studies or focus on research in the unique environment – where adolescents engage in a range of activities and environments (including Education) always supervised and observed by staff.

Information gathered from Barrett could be used to inform practice and treatment in many other areas. With such an emphasis on prevention and early intervention in National and State mental healthcare objectives, Barrett could make a valuable contribution by analysing the circumstances under which adolescents find themselves admitted to Barrett and use this information to develop strategies and processes for prevention, early intervention and even identification of risk factors. Barrett is also in the unique position of being able to observe the effects of treatment on and the associated changes that take place in adolescents who transition from full-time inpatient to day patient. Barrett can continue to monitor the progress of day patients and adjust treatment level and type accordingly. Observations and knowledge gained from these observations is quite unique and could be applied to a range of treatment settings.

Introducing promotion and early intervention strategies into schools and training school staff in the identification of students at risk of mental health problems is an avenue for reducing the stigma of mental health issues and increasing the opportunity for early intervention. The Education staff working in the Barrett School possess many years of experience working with adolescents in an education environment. One of the great tragedies, should Barrett close, is that the collective knowledge and experience of the team will be lost. With mental health issues so prevalent in adolescence, this expert education team are in a position to be able to document practices and strategies and share this information throughout the state education system – a valuable opportunity that should not be lost. In addition, the teaching group could link with other organisations to participate in studies and/or contribute to the community knowledge base of mental health issues in schools. Rivendell School in Concorde West, New South Wales, is jointly run and funded by the Department of Health and Department of Education and Communities. It offers both extended inpatient and day patient programs where clinical staff and educators work collaboratively for positive outcomes in both the mental health and education of the adolescents. The school develops an appropriate program related to the individual needs of the young person, including looking further to training options (e.g. TAFE) if school classes do not meet their needs. It essentially runs in the same way as Barrett – with strong connections between its school and treatment functions. Rivendell runs a mixture of programs, both for day patients and inpatients – in fact the inpatient accommodation is housed in one wing of the building, the school in the other. Like Barrett, there is a heavy focus on links with the community. Rivendell is well supported by both the NSW Health and Education departments.

The Queensland Health Minister, during interviews at the time he announced the closure of Barrett Adolescent Centre, repeatedly claimed Barrett had done a good job over the years. **Why then, close it?** The wealth of knowledge and expertise at Barrett is extremely valuable and it has been a successful facility. Why not build on the important role it has played in treating a unique and specific group of adolescents, whose needs may not be adequately met by community-based models. It is intended that the Mental Health Commission will “promote greater use of research and evaluation in service development and delivery.” It is to develop a whole-of-government strategic plan that in part “drives innovation and best practice through knowledge sharing, research and evidence-based policy and practice.” Barrett with a research function would certainly fit within the QMHC framework. Surely there is scope even for Barrett to link with University of Queensland and/or other Tertiary institutions and the Queensland Centre for Mental Health Research? Orygen Youth Health in Victoria very successfully combines a research function with a youth mental health service model and it attracts significant funding for its research into youth mental health issues and service delivery. There is no reason that the Barrett Centre could not be in the same position.

There is considerable research into community based/collaborative models of care and little research on Tier 3 service provision for severe levels of mental illness other than acute care – certainly no research on a unique facility such as Barrett that combines treatment and rehabilitation and education with community connection, from a ‘recovery platform’. If Barrett is being closed because of a lack of evidence in contrast to that existing to support community based models of care, that is, in essence, a false premise, as there is a general lack of any research and any evidence, supportive or otherwise. Can the government guarantee that the recovery and social inclusion for this cohort of youth with severe mental illness will be better under new models of care – what measures did they use? Does the government know what the rates for re-engagement in education, training, employment and socially are for these young people – how did they measure those? Is the government certain that readmissions and relapses will be reduced under the new model – if so, how did they arrive at these figures? The argument for a new model to replace Barrett must be based on more than just being ‘contemporary’. There must be some justification based on outcomes. There is **significant justification** for the existence of Barrett within the National Mental Health Framework and the Fourth National Mental Health Plan. Rather than close in favour of new options, the **government should be valuing the unique resource and knowledge base of Barrett and building on its significant foundations.**

We urge those undertaking the future planning for mental healthcare across Queensland to consider the opportunities that retention of the Barrett Centre affords – not simply in providing the ongoing successful treatment of young suffers of severe mental illness (there is no doubt that that is ample reason for the centre’s existence), but as a vital tool in the research that could define future models beyond Queensland and even Australia. To neglect this valuable resource and the role it could play in the future not only ignores the needs of current adolescent suffers of mental illness, but those in the generations to come.

The consumers, carers and the extensive wider Queensland community that supports the incredibly successful work of the Barrett Adolescent Centre in assisting the most ‘at-risk’ young people in our society to gain an understanding of the mental illness that has reduced their lives to what can only be described as ‘hell’ are grateful for any opportunity to provide input into the future services that will be offered by the state government in this area. This document – outlining many of the concerns and suggestions of that community – is a representation of the commitment in, and knowledge of, the treatment and rehabilitation needs of that vulnerable group. It is hoped that the Queensland Mental Health Commission, along with the relevant Health Department divisions, the Steering Committees and Expert Panels that will be undertaking governance and future planning for adolescent mental healthcare across Queensland, will not only heed the reactions and ideas contained within this document but seek to explore ways to create an inclusive and collaborative process with all of those with a need for, or an interest in, the Barrett Centre and the future of adolescent mental healthcare in Queensland ... with the sole objective of providing the best possible treatment and rehabilitation options for the young people of our state who suffer – along with their families and friends – under the blight of severe mental illness.

Thank you.

**Claire Ashworth**

From: Lesley Van Schoubroeck
Sent: Wednesday, 5 February 2014 1:48 PM
To: Bec Tan
Cc: Michael Corne; Sandy Gillies; Simone Caynes
Subject: Fwd: Barrett Adolescent Centre - Evaluation Process

Bec

Please arrange a time for me to meet at west Morton

Sandy simone - it will be a slow start so I think we can take it on

Let's have the discussion

Dr Lesley van Schoubroeck

Mental Health Commissioner

Queensland Mental Health Commission

Begin forwarded message:

From: Mental Health Commissioner [REDACTED]
Date: 5 February 2014 1:25:31 PM AEST
To: Lesley Van Schoubroeck [REDACTED]
Subject: FW: Barrett Adolescent Centre - Evaluation Process

From: Leanne Geppert [REDACTED]
Sent: Wednesday, 5 February 2014 12:40 PM
To: Mental Health Commissioner
Cc: Jill Vonharten; Lesley Dwyer; [REDACTED] Sharon Kelly; Bec Tan
Subject: Barrett Adolescent Centre - Evaluation Process

Dear Lesley

Following our brief catchup last week, I have relayed to Sharon Kelly and Lesley Dwyer the option of the QMHC auspicing an evaluation of the system change process associated with the closure of the Barrett Adolescent Centre. Both Sharon and Lesley are strongly supportive of pursuing this option.

West Moreton would welcome a meeting with you to further scope such an evaluation. Can I suggest that Jill Vonharten from Sharon's office liaises with your office to identify some meeting opportunities?

Jill - Bec Tan's contact number is [REDACTED]

regards
Leanne

Dr Leanne Geppert
Acting Director of Strategy
Mental Health & Specialised Services

West Moreton Hospital and Health Service

T:
M:
E:

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

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Claire Ashworth

From: Mental Health Commissioner
Sent: Monday, 12 August 2013 9:12 AM
To: Simone Caynes
Cc: QMHC Corro
Subject: FW: For the attention of Dr Lesley van Schoubroeck re Youth Suicide Prevention, the Declan Crouch Fund and the crisis in youth mental health services in FNQ
Attachments: Petition letter.docx; Email to Dr van Schoubroeck.docx

The below is the first email received from Ms Crouch.

Thanks,
Bec

From: Ruth Crouch
Sent: Wednesday, 24 July 2013 3:34 PM
To: Mental Health Commissioner; Barron River Electorate Office; Dulcie Ann Bird;

Subject: For the attention of Dr Lesley van Schoubroeck re Youth Suicide Prevention, the Declan Crouch Fund and the crisis in youth mental health services in FNQ

Dear Dr van Schoubroeck,

I am emailing you from Cairns. I am the mother of a 13 year old boy, Declan Crouch, who suicided 2 years ago. His case was very public, as he was missing for 3 months before he was found to have taken his own life not too far from home. The search for him was just about nationwide so this case was quite well known. Certainly the community in which we live were right behind our family, wanting to help.

Since then I have formed the Declan Crouch Fund which raises funds and awareness for the Dr Edward Koch Foundation. The Koch Foundation is a non-government Public Health organisation that focuses on suicide prevention and suicide bereavement support. The three aims of the Declan Crouch Fund are youth suicide prevention focussed

- a) Developing and promoting a youth suicide prevention workshop into schools
- b) the breaking down of the stigma of mental illness and suicide and
- c) campaigning for better mental health services in FNQ for our young, particularly an adolescent and young adult mental health ward and day unit.

After that long introduction, I would like to say Welcome! and tell you how excited I am that you have been appointed. :-)

A couple of months ago I presented a petition to our Health Minister Lawrence Springborg, asking for an adolescent and young adult mental health ward for FNQ.

I attach a copy of the letter to our State MPs that formed the petition. I collected almost 9,500 signatures from around Far North Queensland, almost 10% of the population. If I had had the time to go further afield in our region I am sure I would have collected more.

As I did my rounds of the major towns of FNQ (Innisfail, Mareeba, Atherton, Port Douglas, Cairns) I talked to many people. There was tremendous support and awareness of the need for this in our region. Many people knew of someone's young son, daughter, niece, nephew, friend, neighbour etc being inappropriately placed on the adult mental health ward. Many spoke to me about the general lack of services or poor servicing that they had personally experienced, or relatives or

friends had personally experienced. My understanding of the crisis in mental health services in FNQ grew from the bottom up. I discovered that most people did not know, and were not referred to the services that *do* exist, or were refused a service. I heard of many other difficulties experienced in relation to mental health in our region.

Mr Springborg was supportive of our cause but of course, there are no instantly available funds with which to build such a ward or day unit. He suggested that the next step would be to talk with the Cairns and Hinterland Hospital Board (CHHB), to see what could be achieved.

At the suggestion of Michael Trout, my local State MP, I have also communicated with Mike Horan, Chair of the Darling Downs Hospital and Health Board, who wrote offering help to the Cairns and Hinterland Hospital Board. The Darling Downs region has a slightly less population and a smaller area to serve, yet the Board has managed to achieve the opening of an Adolescent and Young Adult Mental Health Day Unit (and inpatient beds), this year. A similar unit and inpatient beds are being built in Townsville. (NB there are very good reasons why facilities in Townsville are not going to meet our need in FNQ). I have to ask, given the abysmal state of the mental health services in FNQ, WHY don't we have the same? The Board tells me that we receive less funding than other parts of Queensland, and I cannot comment on that. But I can say that it is well researched and established that FNQ has the second highest rates of suicide in the country, only less than in the Northern Territory.

However, it is in focussing on the Day Unit as a solution, as a much cheaper option than expensive inpatient beds, that the idea seems more feasible. If there is such a unit, there will be somewhere for young people to go to provide the preventative treatments, education, therapies etc that will prevent them needing to be inpatients. They can return to their families at night. The [redacted] case (see below) would never have happened had the right preventative treatment been available at the time of need.

Currently in Cairns, we have a 'Time Out' House residential service, for 18-25 year olds, (funding for which is not secure), but no day program at all. This service is desperately needed but is not enough. It acts as prevention, and a 'Step Down' (possibly 'Step Up') program to inpatient treatment (hopefully avoiding the latter).

Link to presentation on the Day Unit at Toowoomba. <http://prezi.com/qq4z7e3oacmz/kd-copy-of-yannanda-adolescent-day-program-forum-presentation-27022013/>

The Queensland 7.30 Report ran a documentary in February this year on 'The Crisis in Adolescent Mental Health in FNQ' and here is a link to that program.

<http://www.abc.net.au/news/2013-02-15/far-north-queensland-mental-health-crisis/4522554>

Confidential

I think this is a strong and cogent argument for investment in providing services that prevent the kind of cost needed to respond to situations that the Mental Health services are just not able to deal with. As it says in the Petition letter, where do families go for help if the health services cannot? and those who are under existing services who suicide anyway.

Dr van Schoubroeck, I am writing to ask for your support and help with making changes as soon as possible in our community. It has been suggested that a building at 21 Upward St in Cairns, might be a possibility for an Adolescent and Young Adult Day Unit, and we believe it already belongs to the Health Department. It is a 12 unit apartment block, located close to the hospital, so is already highly suitable. It would overcome the fact that there is simply not enough space at the hospital and no new building would be needed. (There are currently NO plans at this stage for a Day Unit or more than 2 mental health adolescent beds in the Adolescent Ward that is due to open in 2015). Ms Hartley-Jones and Mr Norman from the CHHB have expressed their interest in pursuing this as a possible option/solution.

Recently I met with Ms Julie Hartley-Jones and Mr Bob Norman who agreed that there is a crisis in our youth mental health services. They are very supportive of our campaign and happy to work

together to find a solution. Julie has suggested a meeting of all services for youth to look at how they can all work together 'seamlessly' and so that there can be 'flowthrough'. I think this is a great place to start. We need to be aware of course, that anyone connected with young people need to be involved, in particular schools/education and local GPs and I have suggested that we involve parents and consumers.

I believe Mr Norman and Mr Horan have had a meeting also and am hoping something positive has come out of this.

Michael Trout and Suzy Grinter, his Electoral Officer have offered to pursue the status of the building at 21 Upward St. I am looking forward to our next meeting with Ms Hartley-Jones, Mr Norman and mental health services as a way forward to meeting the needs of our youth in FNQ.

The 7.30 Report have expressed support and interest in our campaign and I am keeping them informed.

I am really hoping that you can lend your support too in your capacity as Queensland Mental Health Commissioner.

With my very best regards

Ruth Crouch

24/7/13

ps I attach this email as a Word Document so you can print it out if you wish.

To: Michael Trout, MP Barron River, Gavin King, MP Cairns, David Kempton MP Cook

Dear Michael, Gavin and David,

I would like to raise the issue of the urgent need for a well-resourced mental health ward at the Cairns Base Hospital dedicated to the care of youth up to the age of 25 years. A focus on acute inpatient beds for youth is imperative for the Far North Queensland region. Too many of our region's youth are dying through suicide, and preventative measures need to be boosted substantially.

The Dr Edward Koch Foundation has built up a solid reputation over the past 15 years for its work in the area of suicide awareness and prevention, and counselling of persons bereaved through suicide.

The Foundation has heard many stories of distress caused by youth suicide. They have regularly had clients tell them how desperately they have sought help for their young son or daughter, brother or sister, grandchild or other relative or friend, but could not find suitable help. Some have highlighted that in the treatment of youth at high risk of suicide, an adult mental health ward or a paediatric ward is not conducive to the well-being of vulnerable young people.

Member for Cairns, Gavin King in a Media Release (August 3rd 2012) stated that he would "work with the new Cairns and Hinterland Hospital and Health Board and my colleagues the Member for Barron River, Michael Trout and the Member for Cook David Kempton to ensure we address long-standing problems, particularly with Cairns Base Hospital." State Health Minister, Lawrence Springborg, has since said he is "acutely aware of the issues surrounding mental health beds in Cairns" (Media Release October 11th, 2012). He spoke of two new beds for mental health patients becoming available and staffed in October 2012 – and these were 'opened' recently. When complete in 2015, the redevelopment of Cairns Base Hospital will include an additional 10 mental health beds bringing the total number to 50. That is an improvement. However, when the overall picture for the region is looked at, how many mental health acute inpatient beds, per 100,000 of population will we then have for our region? How many low need inpatient beds? How many 24 hour staffed residential beds? How many for youth (aged under 25)?

The social and economic impact of suicide is massive. Suicide remains a significant issue in our region with numbers increasing from last year. According to the Queensland Police Service records the number of suicides has increased dramatically.

The Foundation has heard that a number of those who suicided in 2012 were consumers of the Cairns and Hinterland Health Service. This is of great concern. Where else can people get help when they are mentally ill if not from our health services?

Not everyone who suicides or experiences suicidal behaviour has a mental illness. However, mental illness is one of the strongest contributing factors for suicide. The rate of suicide attempts nationally is six times higher in persons with a mental disorder than those without. From the stories we continue to hear concerning members of our Far North Queensland Community, it is obvious that there is an urgent need for a well-resourced mental health ward at the Cairns Base Hospital dedicated to the care of youth up to the age of 25 years. A focus on acute inpatient beds for youth is imperative for the Far North Queensland region. I ask for URGENT CONSIDERATION OF THIS MATTER.

Yours sincerely,

Dear Dr van Schoubroeck,

I am emailing you from Cairns. I am the mother of a 13 year old boy, Declan Crouch, who suicided 2 years ago. His case was very public, as he was missing for 3 months before he was found to have taken his own life not too far from home. The search for him was just about nationwide so this case was quite well known. Certainly the community in which we live were right behind our family, wanting to help.

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With my very best regards

Ruth Crouch

24/7/13

ps I attach this email as a Word Document so you can print it out if you wish.

Bec Tan

From: [REDACTED]
Sent: Saturday, 27 July 2013 7:18 PM
To: Qld Mental Health Commission
Subject: Barrett Adolescent Centre

Categories: Orange Category

Dr Lesley van Schoubroek(Qld Mental Health Commissioner)

I am wishing to draw your attention to the possible closure of Barrett and implore you to look into this action as a matter of urgency. The Health Minister and the Premier have indicated that the Centre may close (and indeed was granted a stay of execution due to petitions signed by many thousands of supporters and also a Parliamentary petition by the State Opposition Leader and the local member for the area where Barrett is situated).

The previous government under Anna Bligh had planned to build a new facility at Redlands but this was scrapped when the Newman government gained power. The idea to have mental health facilities for adolescents in many of the rural areas will not stop the problems which young people and families are met with when a young person has severe mental issues.

Barrett has existed for thirty years and is the only long term treatment facility in Queensland where adolescents can live and receive the treatment necessary plus the ability to receive an education where this is not possible in a normal school.

[REDACTED]

Instead of looking at closing Barrett our Premier, Health Minister and those in a position of power should be listening to the people involved and doing their utmost to keep Barrett open and thus save many young lives instead of condemning them to further mental anguish or suicide.

Regards,

[REDACTED]

Amy Tuite (Crown Law)

From: Clive Lloyd [REDACTED]
Sent: Sunday, 28 July 2013 12:57 PM
To: Qld Mental Health Commission
Subject: TRIM: Importance of the Barrett Centre

Dear Dr Lesley Van Schoubroek,

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

The key here is 'productive adult lives'! It saves so much personal and community destruction in the short, mid and long term. As decision makers you truly have difficult and competing priorities - however, this must be a priority PLEASE!

Tanya Pavey-Lloyd
[REDACTED]

EXHIBIT 130

Pages 102 through 104 redacted for the following reasons:

The Commissioner has granted confidentiality to parts of this document under correspondence dated 3 November 2015. Confidential

Bec Tan

From: QMHC [REDACTED]
 Sent: Monday, 29 July 2013 8:51 AM
 To: Qld Mental Health Commission
 Subject: QMHC - New submission from Contact us

Categories: Orange Category

First name

Kyle

Last name

Jacques

Email

Post code

4226

Comments

hello, I am writing regarding the Hazelt Adolescent Health Centre, currently located at Wacol. This centre, the work they do, the adolescents they help is imperative to Queensland's health future. The centre needs to be above party politics and I am hoping that you too will rise above party politics and ensure the future of this wonderful centre. The centre was scheduled to be moved into a purpose built amenity, it was NOT scheduled to be closed without a viable alternative. Please do not play politics with the lives of these important children.

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***** QMHC

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Confidential

Amy Tuite (Crown Law)

From: Alison Earls [REDACTED]
Sent: Tuesday, 30 July 2013 1:12 PM
To: [REDACTED]
Cc: [REDACTED] Qld Mental Health Commission;
 [REDACTED] Tony Moore; Rebecca Levingston
Subject: TRIM: Attn Lesley Dwyer Re: the Future of the Barrett Centre

Dear Ms Dwyer,

I read with great concern your comment in today's Brisbane Times article on the Barrett Adolescent Centre that the "model of care" used at the Barrett Centre was no longer supported by the National Mental Health Plan. I have scanned the National Mental Health Plan and can find nothing whatsoever to indicate a termination of support for the Barrett Centre model of care. In fact, many of recommendations regarding the treatment of young people stress the need for a RANGE of care models to suit the complex range and needs of different demographic groups, conditions, and most specifically, individuals.

A quote from the section on Underlying Principles states "Mental health services, whether in the primary care or specialist sector, cannot be provided as a 'one size fits all' across the age range" and while an extended range of community-based options is not in dispute by any mental healthcare advocates, these options along with acute facilities MUST be augmented with long-term residential options for young people. The National Mental Health Plan states that "Jurisdictions across Australia have moved from a bed based to a largely community based mental health system. While access to inpatient care is vital during the acute phase of some illnesses, innovative models of support in the community have been developed and have demonstrated that they can reduce the need for inpatient beds. However, to improve access and promote equitable access and consumer choice, we need to have a better understanding of the necessary components and best mix of services, recognising that there will be variation between areas, and for different age groups." So the Plan is not suggesting provision of solely community-based and acute care options but stressing the need for those ALONG WITH A FLEXIBLE APPROACH to delivery to meet the needs of the sufferers.

The support for a Barrett model continues when the report states "For most people, the mental illness they experience in adult life has its onset in childhood or adolescence. For example, of those who will experience an anxiety or affective disorder, two thirds will have had their first episode by the time they are 21 years of age (Figure 3). Because many illnesses affect the individual's functioning in social, family, educational and vocational roles, the early age of onset can have long term implications. Mental illnesses are the largest single cause of disability in Australia, accounting for 24% of the burden of non-fatal disease (measured by total years of life lived with disability, Figure 4). This has a major impact on youth and people in their prime adult working years." To provide a model that is PROVEN to be successful in supporting young people through this vulnerable stage is to directly address this issue raised by the Plan.

The need for an increase in community-based care options is undeniable. But this, unfortunately, does not preclude the increasing need for comprehensive long-term residential care facilities, particularly in the case of severe adolescent mental illness. Those who have needed to attend the Barrett Centre in the past, present AND in the future CANNOT HAVE THEIR NEEDS MET by community-based or short-term acute care models. And there is nothing in the National Mental Health Plan that does not support the ongoing availability of (OR the increase in) care delivery models like the Barrett Adolescent Centre.

I have no doubt that the report presented by Queensland's expert panel, tasked with making recommendations on the Barrett model, will support this.

Desperate families are waiting for an announcement confirming a positive future for a facility with a proven track record in addressing the needs of our state's young sufferers of mental illness. The young people currently in residence at Barrett are under stress knowing that the only place that has the chance of giving them a strong foundation for a constructive life is in jeopardy. To have these people denied in their pursuit of a life without constant trauma would be a travesty.

Please do what is in your power to ensure a future for the Barrett Adolescent Centre.

Thank you and regards,

Alison Earls

Amy Tuite (Crown Law)

From: Sean Vickery [REDACTED]
Sent: Wednesday, 31 July 2013 8:14 AM
To: Qld Mental Health Commission
Subject: TRIM: Keep the Barrett Adolescent Centre open

Attn: Dr Lesley van Schoubroek, Queensland Mental Health Commissioner

Dear Lesley,

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

Kind regards,
Sean Vickery
West End 4101

Amy Tuite (Crown Law)

From: Robyn Rodgers [REDACTED]
Sent: Wednesday, 31 July 2013 9:43 AM
To: Qld Mental Health Commission
Subject: TRIM: The Barrett Adolescent Centre

Dear Dr van Schoubroek

I am writing in support of the endeavours to keep the Barrett Adolescent Centre, open. This is a unique facility which, for the sake of the privacy of the adolescents who pass through its doors, has not received the accolades it deserves in the years it has been operating. It's successes haven't reached the front page of any newspaper so the general public is not aware of the wonderful work that happens at the centre and the hundreds of young lives that have been saved because of it. Many young people who have attended the facility have become outstanding citizens who proved a valuable contribution to their community.

The team of people that work at the Centre are comprised of a successful amalgamation of both education department and health department employees and are highly skilled and experienced, but most importantly they are a dedicated team who wholeheartedly believe in what they are doing. The staff work over and above expectations to ensure that each and every young person receives the individual care and treatment he or she deserves and needs, to move forward and live a full and productive life. The Centre has been extremely successful in catering to the diverse needs of these young people and in the area of education, the school received the highest results in its region in the last teaching and learning audit; an outstanding result considering the extremely high needs of the students who attend.

Dr van Schoubroek, there is no other such facility to accommodate the unique and long term needs of our most vulnerable young people. The closure of the Centre will definitely mean that valuable young lives will be lost.

This is a chance for the Queensland Government to be proud of what has been achieved in the area of mental health services, an area that has and still does receive significant public criticism. On behalf of the young people and families whose lives have been devastated by mental illness, please do what you can to make sure the Barrett Adolescent Centre remains open to support those who so desperately need it.

Sincerely

Robyn Rodgers

Confidential

Amy Tuite (Crown Law)

From: Alison Earls [REDACTED]
Sent: Wednesday, 31 July 2013 10:54 AM
To: Qld Mental Health Commission
Cc: [REDACTED]
Subject: TRIM: Barrett Centre – the model that will save

Dear Dr van Schoubroeck

Apologies for adding yet again to the inundation of your email Inbox. I know that it must be overwhelming to have begun your new position and have so many issues and so many people making demands on your time and attention. But unfortunately, with the situation as it stands, there are many Queenslanders whose desperation over the safety and treatment of young people they know and love has now escalated because the services they are so heavily relying on are at risk.

While your contribution via a written statement to last night's ABC Radio presentation on youth mental illness was appreciated, it was also deeply concerning to the many who are currently (and/or will be in the future) relying on the Barrett Adolescent Centre for the vital treatment it provides.

While it is completely understandable that the WA youth with whom you have consulted would request treatment that did not involve a restrictive environment or involuntary admission, it needs to be stressed that:

- 1) The Barrett Centre is NOT a facility that would evoke the institutions of old that have led to a move towards community-based care. There is freedom and flexibility within the parameters that must exist to ensure the safety of the young inpatients and, wherever possible, activities beyond the grounds (including work experience within the community) are vital parts of the programs developed to allow for a smooth transaction to a productive life in our modern society; and
- 2) Although it's true that there may be times when involuntary admission is enacted, it is only in cases where a young person's immediate well-being is severely at risk and those young people have subsequently chosen to remain at Barrett once the initial trauma of the change has eased. It's totally understandable that, at 16 years old and dealing with a mental health issue, you would be terrified of having to live in a new place with people that you don't know. And on top of that, you'll have to talk about things you've been avoiding for possibly years. But of every Barrett patient I have had contact with - past and present - there is not a single one who has not said how important that Barrett is and has been for them. And that it must be saved. The day after I set up an online petition to save the Barrett Centre, I received the following email. It had set the agenda for the efforts I have undertaken since ...

hi, my name is -----, i am currently an inpatient at barrett adolescent centre, thank you for making this petition, if there is anything i can do to help keep this place open, please let me know. it is so vital to myself and fellow patients that we keep our centre open.

Current patients are begging us for help to keep Barrett open, families of young people on the waiting list are wretched at the thought that they might NEVER have the help they need, staff are anxious – not just for their own employment but for the futures of the young people for whom they know they're able to make a difference. And on top of all that, Professor Patrick McGorry, Australian of the Year 2010 through his work as a leading international researcher, clinician and advocate for the youth mental health reform agenda has clearly stated:

"Specialised youth inpatient units would form an essential central element of a new youth mental health model. ... The move from institutional to mainstream hospital and community care is now acknowledged to have resulted in an excessive loss of beds, which is now manifesting as critical bed shortages across all levels of inpatient care. The quality of care in inpatient units has also been eroded by much higher levels of acuity in the face of poor design, weakened leadership, and inadequate staffing levels and experience.

The strategic development of specialised inpatient units for young people would go a long way towards solving many of these “downstream” problems.”

Barrett is NOT a problem. Barrett is a key part of the SOLUTION.

Ensuring its future in whatever facility and location is deemed appropriate is the answer.

Please do what you can to make this happen.

Thank you and regards,

Alison Earls

Amy Tuite (Crown Law)

From: Sharon Kelly [REDACTED]
Sent: Wednesday, 7 August 2013 11:21 AM
To: Alison Earls
Cc: Lesley Dwyer; Qld Mental Health Commission
Subject: TRIM: announcement regarding Barrett Adolescent Strategy
Attachments: WMHHS-CHQ BAC 130805.pdf; FAQ BAC.pdf; Expert Clinical Reference Group Recommendations July 2013.pdf

Good morning Alison,

in reflection of your previous correspondence to us in regards to the Barrett Adolescent Strategy and your advocacy on behalf of the families of adolescents who have needed care, I wish to provide you with further information in regards to the progression of the Barrett Adolescent Strategy following announcements you may have heard last evening.

The West Moreton Hospital and Health Board considered the documentation put forward by the Planning Group in May 2013 and all seven recommendations made by the Expert Clinical Reference Group (ECRG) with the additional comments from the planning group were accepted. Further key stakeholder consultation was then conducted with the Department of Health, the Queensland Mental Health Commissioner, the Department of Education Training and Employment, and Children's Health Queensland.

The work of the ECRG, the Planning Group and the subsequent consultation process has enabled us to progress the Strategy to the next phase. As identified in an announcement yesterday, adolescents requiring extended mental health treatment and rehabilitation will receive services through a new range of contemporary service options from early 2014. Young people receiving care from Barrett Adolescent Centre at that time will be supported to transition to other contemporary care options that best meet their individual needs.

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

For further information about Barrett Adolescent Centre and the planning for new statewide service options in adolescent mental health extended treatment and rehabilitation, please find attached a media statement, a copy of the ECRG recommendations submitted to the West Moreton Hospital and Health Board, and a FAQ sheet.

I would like to offer an opportunity for you to meet with both the Chief Executive Ms Lesley Dwyer and myself if you wish to discuss in more detail the progress to date and future consultation options.

If you have any further queries, or wish to meet please do not hesitate to contact me on [REDACTED] or [REDACTED]

Regards
Sharon

Sharon Kelly
Executive Director
Mental Health and Specialised Services

T:
E:

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

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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/>

ENDS

Media contact:

West Moreton Hospital and Health Service – [REDACTED]
Children's Health Queensland - [REDACTED]

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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Amy Tuite (Crown Law)

From: Sue Bond [REDACTED]
Sent: Wednesday, 7 August 2013 11:55 AM
To: [REDACTED]
Cc: Qld Mental Health Commission; [REDACTED]
Subject: TRIM: Barrett Adolescent Centre

Dear Mr Springborg,

I am extremely disappointed to hear that the Barrett Adolescent Centre will be closing at the end of 2014. I can appreciate that another site might be thought to be more appropriate, but what is being done to look for another site? Where will young people with complex mental health problems and complex social problems in our high pressure society go for long-term care? Acute care is necessary, but long-term care is as well. There is no point treating anyone acutely then pushing them out of the door with no follow up and no plan for long-term care of complex problems.

I would appreciate a long-term, well thought out, fully consulted solution rather than a statement that the Barrett Centre will close. Money and debt control is one thing; the health and well-being of society's citizens is quite another, and much more important.

Yours sincerely,

Sue Bond
The Gap, Qld

cc Dr Lesley van Schoubroek, Ms Sharon Kelly, Ms Lesley Dwyer, Mr John-Paul Langbroek, Ms Tanya Pliberseck, Mr Mark Butler

--

Never again will a single story be told as though it's the only one. -John Berger

Amy Tuite (Crown Law)

From: Alison Earls [REDACTED]
Sent: Wednesday, 7 August 2013 11:58 AM
To: Sharon Kelly
Cc: Lesley Dwyer; Qld Mental Health Commission
Subject: TRIM: Re: announcement regarding Barrett Adolescent Strategy

Hello Sharon and thank you so much for getting in touch directly.

I do appreciate that none of this is easy for anyone involved with the process and I know that you are all working towards achieving the best outcomes possible within the constraints in which you find yourselves. I'm pleased to have the opportunity to be meeting with Dr van Schoebroek when she's available in September in order to convey some of the predominating concerns that people have expressed to me. So to have the chance to pass those on to both you and Ms Dwyer would be very valuable if you're able to make the time.

I have sent out an email this morning to all who have signed our petition to Save the Barrett Centre asking that they provide me with any statements that they want passed on. I have said as follows:

Between now and the 8th of September, you can email me with what YOU would like me to tell Dr van Schoebroek about what you believe is/are the key element/s that have made the Barrett Centre the effective treatment facility that it has been for 30 years. It can be *one sentence* or *a few key points* but I will put together a document that includes all your statements (with your names/initials and locations ... please indicate how you'd like to be referenced or if you'd prefer anonymity) so that the Commissioner will know exactly what you think needs to be available to ensure our young mental health sufferers have the best chance at a constructive future.

With that in mind, if you and Ms Dwyer could find the time to meet with me in a few weeks time (or before, if that's not possible), I would be extremely grateful. I know your roles differ from those of the QMHC and that your input into statewide mental healthcare options may be more limited but to know that concerns were directly conveyed to you as you undertook the transition and set about the provision of services in the West Moreton region would be reassuring.

To be honest, it is all that we can do.

I'm sure you understand that mental illness is, in itself, an incredibly disempowering experience for sufferers (both those diagnosed with conditions and their families) so to now feel that they will lose the type of treatment that may have been their only chance at regaining some kind of stability makes people feel even more vulnerable and isolated. So at this point, all I'm able to do is act as a conduit for those people and convey their deep concerns to people in your position. So I welcome the chance to do so.

I thank you and Ms Dwyer for the opportunity and look forward to hearing a date and time that might be suitable. In the meantime, I will continue to gather statements (they have already begun to come in but I'm sure the amount won't be overwhelming ... unfortunately, I think that some have now simply lost all hope) and look forward to passing on key points to you sometime in the future.

Thank you again for making contact with me on this. I can assure you that it has never been my intention to become so immersed in this issue but there are so many who, for various reasons, are unable to speak out publicly for themselves, so if I am able to take on that role for them, it is something I have been proud to do. I'm sure, through your own experiences, you will have discovered that people who have found themselves dealing with mental illness demonstrate great reserves of strength and compassion and have insights into

what really matters in life. So to have had contact with so many such people, has enriched my life and I am honoured to represent such people, however ineptly I might do so.

Thank you and regards,

Alison Earls

On 07/08/2013, at 11:20 AM, Sharon Kelly wrote:

Good morning Alison,

in reflection of your previous correspondence to us in regards to the Barrett Adolescent Strategy and your advocacy on behalf of the families of adolescents who have needed care, I wish to provide you with further information in regards to the progression of the Barrett Adolescent Strategy following announcements you may have heard last evening.

The West Moreton Hospital and Health Board considered the documentation put forward by the Planning Group in May 2013 and all seven recommendations made by the Expert Clinical Reference Group (ECRG) with the additional comments from the planning group were accepted. Further key stakeholder consultation was then conducted with the Department of Health, the Queensland Mental Health Commissioner, the Department of Education Training and Employment, and Children's Health Queensland.

The work of the ECRG, the Planning Group and the subsequent consultation process has enabled us to progress the Strategy to the next phase. As identified in an announcement yesterday, adolescents requiring extended mental health treatment and rehabilitation will receive services through a new range of contemporary service options from early 2014. Young people receiving care from Barrett Adolescent Centre at that time will be supported to transition to other contemporary care options that best meet their individual needs.

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

For further information about Barrett Adolescent Centre and the planning for new statewide service options in adolescent mental health extended treatment and rehabilitation, please find attached a media statement, a copy of the ECRG recommendations submitted to the West Moreton Hospital and Health Board, and a FAQ sheet.

I would like to offer an opportunity for you to meet with both the Chief Executive Ms Lesley Dwyer and myself if you wish to discuss in more detail the progress to date and future consultation options.

If you have any further queries, or wish to meet please do not hesitate to contact me on [REDACTED] or [REDACTED].

Regards
Sharon
Sharon Kelly
Executive Director
Mental Health and Specialised Services

T:
E:

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

www.health.qld.gov.au

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<WMHHS-CHQ BAC 130805.pdf><FAQ BAC.pdf><Expert Clinical Reference Group
Recommendations July 2013.pdf>

Amy Tuite (Crown Law)

From: Kate McDonald [REDACTED]
Sent: Wednesday, 7 August 2013 10:09 PM
To: Qld Mental Health Commission; [REDACTED]
[REDACTED]
Subject: TRIM: Barrett Adolescent Centre

To Whom It May Concern

I am writing to add my voice to the chorus of community member who are displeased by the closure of the Barrett Adolescent Centre.

During my training to become a doctor I visited the centre in person and I was very impressed by the standard of care given to these very troubled children and teenagers. The BAC is a relatively small facility providing intensive therapy when required. It is intolerable that there will now be no such facility to help these children and their families.

This centre, or a similar facility is a necessity in the community and I ask for your assistance in this matter.

Kind regards

Dr Kate McDonald

Amy Tuite (Crown Law)

From: shayne dearling [REDACTED]
Sent: Monday, 19 August 2013 6:11 PM
To: Health
Subject: TRIM: THE BARRETT ADOLESCENT CENTRE

Dear Sir/Madam,

For more than ninth months, the people of Queensland have been waiting to find out if young people suffering with severe mental illness will continue to receive the outstanding treatment that the Barrett Adolescent Centre has been providing for 30 years.

The announcement of the centre's closure at Wacol has devastated many. But compounding that with more waiting about future mental healthcare options is too much to ask of people whose lives are already filled with daily pain and distress.

The Expert Clinical Reference Group has recommended retaining a model of care that includes INPATIENT EXTENDED TREATMENT and ON-SITE SCHOOLING. So I am writing to ask you to announce publicly that your government will ensure the provision of exactly such a service.

The details of how such a model will put into practice may require the final months of the life of the Barrett Centre at Wacol to finalise – but the ongoing availability of LONGTERM RESIDENTIAL TREATMENT with a MULTIDISCIPLINARY TEAM that includes ON-SITE EDUCATION provided by SPECIALISED TEACHERS must be confirmed as soon as possible so as not to cause any more disruption to the lives of people who are already suffering.

SEVERE mental illness goes beyond depression and anxiety. SEVERE mental illness can mean violence, self-harm, extreme isolation, family torment and ultimately suicide. You have the power to lighten the loads that would be, to many of us, already unbearable.

Please announce as soon as you can that adolescents with severe mental illness will have access to INPATIENT EXTENDED TREATMENT ON-SITE SCHOOLING from 2014 onwards.

Thank you,

Shayne Dearling

Amy Tuite (Crown Law)

From: Qld Mental Health Commission
Sent: Monday, 26 August 2013 11:54 AM
To: Frances Hughes
Subject: FW: Save the Barrett Adolescent Centre!!!!

Hi Frances,

Please see the below email regarding the Barrett Adolescent Centre FYI. A response letter will be drafted for your signature shortly.

Thanks,

Bec

Bec Tan

Executive Support Officer

Queensland Mental Health Commission

t: [REDACTED] f: [REDACTED]
a: PO Box 13027 George Street QLD 4003
e: [REDACTED] w: www.qmhc.qld.gov.au

From: Robyn Rodgers [REDACTED]
Sent: Thursday, 22 August 2013 5:28 PM
To: Qld Mental Health Commission
Subject: Save the Barrett Adolescent Centre!!!!

Dr Lesley van Schoubroek

I am writing following the state government's announcement that it will be closing the Barrett Adolescent Centre.

I believe that a residential facility that offers care and treatment for young people with severe mental health issues will always be needed in Queensland. Mental illness will not go away! I ask that the government FULLY implement the recommendations of the Expert Clinical Reference Group which addresses the needs of young sufferers of severe mental illness and their families. The recommendations have been collated on the basis of a **successful model** that has not only enhanced quality of life but has **saved the lives** of hundreds of young people.

Without a **long-term residential** centre which offers treatment, education and support, lives already compromised will be in further turmoil, without any hope of improvement. Please do what you can to ensure an **IMMEDIATE PUBLIC COMMITMENT** to **EXTENDED, PATIENT CARE with ON-SITE SCHOOLING** for the young people of Queensland from 2014 onwards.

Your faithfully

[REDACTED]

Message: 2013/255

From: Sue Bond [REDACTED]
To: Qld Mental Health Commission [EX:/O=QUEENSLAND CULTURAL
CENTER/OU=EXCHANGE ADMINISTRATIVE GROUP
(FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=Informationa1c]
Cc:
Sent: 26/08/2013 at 2:37 PM
Received: 26/08/2013 at 2:37 PM
Subject: Re: Barrett Adolescent Centre - response from the Acting Mental Health
Commissioner

Attachments: ATT00001.jpg

Thank you for keeping me up to date on this issue, much appreciated.

Kind regards,

Sue

On 26/08/13 10:06 AM, Qld Mental Health Commission wrote:

Dear Ms Bond,

Please see the attached letter from Dr Frances Hughes, Acting
Mental Health Commissioner in response to your email received on 7
August 2013.

Kind regards,

Bec Tan

Executive Support Officer

Queensland Mental Health Commission

t: [REDACTED] f: [REDACTED]

a: PO Box 13027 George Street QLD 4003

e: [REDACTED] w: www.qmhc.qld.gov.au
<<http://www.qmhc.qld.gov.au/>>

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--

Sue Bond
PhD Candidate, Creative and Performing Arts
Central Queensland University
Member of the Learning and Teaching Education Research Centre (LTERC)

email: [REDACTED]

Never again will a single story be told as though it's the only one.
-John Berger

<http://thewordygecko.wordpress.com>

<http://www.facebook.com/thewordygecko>

Amy Tuite (Crown Law)

From: Qld Mental Health Commission
Sent: Thursday, 12 September 2013 11:19 AM
To: Jade Symonds
Subject: FW: Meg Waller - Investigation into closure of Barrett Adolescent Facility

fyi

From: meg waller [REDACTED]
Sent: Thursday, 12 September 2013 10:17 AM
To: Qld Mental Health Commission
Subject: Meg Waller - Investigation into closure of Barrett Adolescent Facility

To whom this may concern,

My name is Meg Waller. I am a student at the Queensland University of Technology and I am studying Law and Journalism. I am currently doing an assignment whereby I am required to look into the Barrett Adolescent Centre. I have decided to investigate its proposed closure.

It would be much appreciated if the following questions could be answered:

As I understand it, the Government is proposing that centre will be closed until a range of new options are organised to deliver the services that Barrett provides but closer to the children's homes? Do you think this is necessary?

Barrett caters for the young sufferers of severe mental illnesses. Without a long-term residential centre like that of Barrett, who specialises in the care of these children, do you think their lives will be compromised, or do you think that decentralising the facilities is important for them?

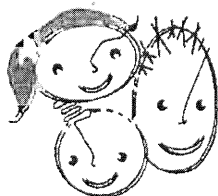
I would appreciate any other thoughts you have on the issue.

I understand that you must be very busy at this time, however, it would be a great help to me if you could respond, at least in brief.

If you would prefer to call me, my mobile number is [REDACTED]

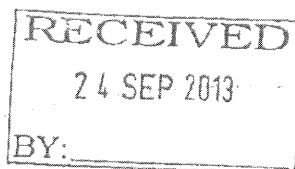
Regards,
Meg

Confidential



commission for
children and young people
and child guardian

Level 17, 53 Albert Street, Brisbane Qld 4000
PO Box 15217, Brisbane City East Qld 4002
Ph: [redacted] Fax: [redacted]
www.ccypcg.qld.gov.au



Telephone: (07) 3211 6700
Reference: CRT/CG-1314-59031/DN56592

COPY

20 SEP 2013

Ms Sharon Kelly
Executive Director
Mental Health and Specialised Services
West Moreton Hospital and Health Services
Locked Bag 500
SUMNER PARK BC QLD 4074

30.9.13
Reald [redacted]

Dear Ms Kelly

I write to you regarding the pending closure of the Barrett Adolescent Centre. Specific concerns have been brought to my attention by a member of the community who has direct involvement with the Barrett Adolescent Centre. The specific concerns reported are as follows:

- 1. the closure of the Barrett Adolescent Centre will provide a gap in services for a specific group of young people who are patients at the centre
- 2. the short time frame of early 2014, to transition patients to alternate support services is not in their best interests
- 3. the transition timeframe is not adequate in allowing appropriate support networks to be established for patients
- 4. the transition process does not provide an adequate timeframe for the Mental Health Commission and the Mental Health Drug and Alcohol Advisory Council to consult with each other and key community members to formulate appropriate service delivery models that will best support this group of young people, and
- 5. the young people currently accessing the services of the Barrett Adolescent Centre are experiencing increased anxiety due to the uncertainty associated with the closure and transition process.

In assessing the abovementioned concerns, I reviewed your letter dated 16 August 2013, where you responded to a request made by Ms Michelle Bullen, A/Director Systemic Monitoring and Review Program with the Commission for Children and Young People and Child Guardian (Commission), for an update regarding the Barrett Adolescent Centre. In your letter you confirmed that young people receiving care from the Barrett Adolescent Centre during early 2014 will be supported to transition to other contemporary care options that best meet their individual needs. You further advised of key stakeholder consultation that has occurred. Given the Commission's legislative responsibility to regularly visit the centre and verify the safety and wellbeing of the young people, it would have been valuable to be part of this consultative process.

The Expert Clinical Reference Group (ECRG) recommendations submitted to the West Moreton Hospital and Health Board were not attached to your previous correspondence. I therefore acknowledge that I do not have detailed information relating to the proposed model and transition process. However, I continue to hold concerns for service delivery around the planning and consultation preceding the transition of young people from the Barrett Adolescent Centre during early 2014. Due to these concerns, it would be appreciated if you could assist with:

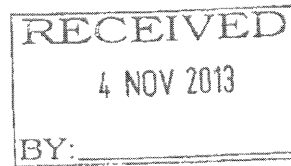
- confirmation of the timeframe for the proposed model to be implemented
- details of the contingency plan to ensure young people accessing the Barrett Adolescent Centre continue to receive the same level of care if the proposed model is unable to be implemented within the specified timeframe
- strategies implemented at the Barrett Adolescent Centre to minimise the level of anxiety experienced by young people with mental health or substance misuse issues and their families, carers and support persons over the transition process; and
- communication strategies implemented to ensure young people understand the transition process and possible extension timeframes if the model cannot be implemented within the proposed timeframe.

Thank you for your assistance with this matter. If you require further clarification please do not hesitate to contact Ms Diane Nash, Manager, Complaints Resolution Team on [REDACTED].

Yours sincerely

[REDACTED]
Barry Salmon
**Acting Commissioner for Children and Young People
and Child Guardian**

cc Dr Lesley van Schoubroeck, Mental Health Commissioner, Queensland Mental Health Commission



Mr. Robert Ellis

Dr. Lesley van Schoebroek
Queensland Mental Health Commissioner
PO Box 13027
George St, QLD 4003

1 November, 2013

Dear Dr. Schoebroek

I am writing to you today to address a very sombre issue that I have been witness to firsthand over the past few months. I strongly believe that it has the potential to destroy a number of young lives – both present and future – yet it is a preventable situation. I am referring to the recent decision of the Queensland Government to close the Barrett Adolescent Centre, located at The Park Mental Health Facility at Wacol. I will first make the point of stating that I have no clinical qualification, and that all opinions addressed in this letter are my own, and that all reasoning is based on personal observation and understanding. The reason that I am writing this letter is because I hold a personal concern for the students of the centre, should it be closed with current transition plans in place, and feel a personal responsibility to express this concern.

The Barrett Centre is currently the only inpatient facility in Queensland that facilitates adolescents who have a history of severe mental health, whilst allowing for a normal education to take place. In addition to inpatients, the centre also has a number of outpatients who attend school on a regular basis and benefit greatly from this attendance. The school allows educational programs to be individually tailored to each student, with enough support staff to ensure that they achieve their goals; both ones set for them, and that they have set for themselves. It is a fantastic integration of both education and healthcare, allowing for a facilitated recovery for the patients to occur, whilst giving them the best opportunities to exit the centre with a higher level of education than what they entered with.

Despite huge levels of success attained by this model, with proven results dating back decades, a decision has been made by the Queensland Government to close the centre in early 2014. The primary reasons given for this closure is that nearby adult facilities are to be extended, therefore giving rise to the possibility that the environment may no longer be safe for both students and staff. While this is an initiative spearheaded by the previous government, the current decision lacks one key component that the previous plan did: that there is now nowhere for the current (and future) students of the Barrett Centre to go.

At present, it is my understanding that the current transition plan is to decentralise the healthcare and education previously provided by the centre, and to have these services administered through third parties. This would also involve the current students being moved into either: temporary accommodation or another inpatient facility. I believe that this provides difficulties on two fronts.

First, by decentralising the services given to the current students, this will potentially reduce their access to them. Presently, many of the students are reliant on centre staff to provide transportation to the many appointments, work-experiences; and both schooling and general activities that make up a busy teenagers life. In addition, many students may become unmotivated to continue engaging with these various aspects of their life (pursuant to their respective diagnoses), a situation that is greatly reduced when prompted and encouraged by both staff and peers, in a centralised environment.

Second, it is my understanding that the reason that the current students are based at the Barrett Centre is that they have been through the conventional system – the system which they are to be introduced back into – and have been unable to cope. The Barrett Centre is the only facility of its kind in Queensland, and the reason that students are sent there is because the current system has been unable to cater for their needs. I believe that there is no justification for depriving them of this alternative to the current system, which has apparently failed them.

I have been affiliated with the centre for the past three months, in an education supporting role. In this time, I have gotten to know the students personally and become aware of individual circumstances. Although it is not my place to discuss the impacts of the current decision on individual students personally, I do believe that it is my responsibility to address the issue collectively for all students. In my time at the centre, I have seen a huge amount of personal growth in many students, and the increases in self esteem and confidence in such a short timeframe is phenomenal. All positives aside, I have unfortunately been witness to some major setbacks in many students as well, many of whom have resorted to previously discarded patterns of self harm and anti-social behaviours.

There has currently been a lot of controversy surrounding the centre, due to the plans for closure, and as a result many of the students are being adversely affected. The uncertainty that they are feeling, due to what they perceive as 'being forcibly removed from their current home', has been expressed to me on a number of occasions. In addition, the loss of many staff, due to job insecurity, has again affected students greatly—as many of these staff members make up a big proportion of the interpersonal relationships that students maintain on a daily basis. Although I am not qualified to make a clinical appraisal, I am aware that many of the students' are diagnosed with anxiety disorders, among other things. It is therefore my belief that many of the setbacks that students are expressing is due to the uncertainty being placed upon them by Queensland Health's plan for them, which an overwhelming majority collectively believe does not address their needs sufficiently.