

- Four Root Cause Analyses (RCAs) were conducted in 2006 for extreme risk incidents. These incidents were of the following nature:

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Each RCA made a recommendation about the redevelopment of BAC to provide a safe system of care for consumers and staff.

- Some of the above incidents have involved the Queensland Police Service, and on occasion the Queensland Fire & Rescue Service. The local police have expressed concerns in the local liaison meeting that the current Barrett buildings are unsuitable and pose a risk to the patients as well as create difficult situations to which the police need to respond.
- The clinical profile of consumers has changed considerably since the establishment of other child and youth inpatient centres, resulting in complex and challenging presentations for extended care. Children with eating disorders, self-harming, and suicidality make up a large proportion of admissions. These changes have resulted in higher demands on staff, and increases in use of emergency medical care, general health services, outpatient and inpatient general hospital care.
- Actions taken so far to address the risk include:
 - Use of continuous observations by nursing staff to attend to consumers assessed as a high clinical risk. 7500 hours of continuous observation were used in 2006. The cost of this level of care is beyond the budgeted establishment;
 - A number of internal and external reviews have been undertaken (see 'Background' for more information) and the recommendations implemented where possible;
 - Attention to ensuring adherence to hospital & district procedures, and upholding guidelines and principles of patient safety in practice;
 - An options paper has been written and capital works costings sought for ways to improve the safety and practicality of the environment.
 - Various minor changes to the environment within budget.
- The outlined issues could be largely prevented by improvements to the physical environment and infrastructure.

PROPOSED ACTIONS

- It is proposed that the issue of environmental impact on patient safety in the short term is noted, prior to the redevelopment of the centre.
- Advice is sought as to what extent refurbishment is possible and what funding sources may be available to meet these needs.
- The main stakeholders are the adolescent consumers and their families. The staff of the centre will be advantaged by working in a safer and less stressful environment. The community and partnership organisations (eg Queensland Police Service) will be advantaged through fewer incidents with their involvement.
- The risks inherent in the BAC environment for providing clinical services to this population of consumers are grounds for justifying this issue as a high priority.

BACKGROUND

The BAC accommodation was constructed in 1976, as part of an adult inpatients service at Wolston

Author's Name Position: Centre/District Tel No: Date:	Cleared by: (DM/SD/SDIR) Name Position Centre/District: Tel No: Date:	Cleared by: (GM/ED) Name: Position: AHS Tel No: Date:	DG
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EXHIBIT 75

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Park Hospital. When established in the early 1980s, the Barrett Adolescent Centre was the only specialised mental health service for youth in Queensland. It remains the only extended care inpatient adolescent program in Australia.

BAC provides comprehensive treatment and rehabilitation programs for adolescents with severe eating disorders, social anxiety, self-harming and suicidal behaviours. Evaluations of the outcomes provide encouraging support for the effectiveness of this program. These complex issues require a range of intensive therapeutic interventions provided in an environment that is able to support the needs of consumers.

The *Ten Year Mental Health Strategy for Queensland* envisaged replacement of the BAC with specialised inpatient units in District hospitals. The centre was intended to close in 1999 once the Child and Youth Acute Inpatient Service in the adjacent districts were commissioned. In 1997 families of consumers and staff successfully lobbied for the retention of the BAC as a medium stay inpatient service for adolescents in Queensland. Consequently, the centre has had no major refurbishment since opening, and does not meet the needs of the current population of consumers.

The commissioning of child and youth inpatient units during the late 1990s resulted in a change to the pattern of referrals to BAC. Adolescents are admitted with increasingly complex mental or emotional problems, and with significant degrees of functional impairment. In response to the changing profile, the average length of stay has increased from four months in 1994 to ten months in 2006. Changes to the model of care have occurred to meet increased demands and risks.

An external review in 2003, which followed a series of serious incidents in the centre, recommended changes to clinical, operational and risk management processes. While the majority of these recommendations have been implemented, there has been no associated reduction in patient-related incidents. The review also stated that “the building looked dated and...would benefit from a process to establish whether it could be improved by significant modifications...or a new type of facility required”.

In July 2004 the Mental Health Unit commissioned Project Services, Department of Public Works to undertake an options study to consider the ongoing suitability of the existing building to safely accommodate 15 adolescents requiring medium stay treatment and rehabilitation. While this report recommended three options, from refurbishment to completely rebuilding the centre, it found rebuilding to be the preferred option, but this has not progressed as a capital works priority.

In February 2006 the Australian Council of Healthcare Standards in an accreditation survey identified the poor current physical environment, risk to the consumers, and inadequate staffing levels, and recommended a review of the suitability of the building.

In December 2006, a Community Visitor report was received from the Commissioner for Children and Young People and Child Guardian. This report stated that “It appears that this facility is unable to make full provision for the safety and security of all the residents with the existing facilities. The building is not purpose built so security can be difficult for staff to maintain over longer periods of time.” The report goes on to comment about the need for the building to undergo “extensive changes to bring it up to a standard in line with other facilities”, and criticises the inability to separate young people with high dependency needs. The report is supportive of the policies and procedures and clinical processes being undertaken by the BAC.

Author's Name Position: Centre/District Tel No: Date:	Cleared by: (DM/SD/SDIR) Name Position Centre/District: Tel No: Date:	Cleared by: (GM/ED) Name: Position: AHS Tel No: Date:	DG
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In May 2007 The Queensland Nurses' Union wrote to the Executive Director of Integrated Mental Health Services, West Moreton South Burnett Health Service District, outlining their concerns for members who had been injured as a result of responding to crisis situations at Barrett Adolescent Centre. This letter highlighted member's concerns for the physical layout of the building, and the ongoing risks related to this.

At a Queensland Health forum in May 2006, the State-wide Child & Youth Mental Health Services Network supported the continuation of an extended treatment inpatient adolescent unit. Subsequently, rebuilding of the BAC has been incorporated in the yet to be released Mental Health Plan and in the State budget.

An options paper was written in March 2007 by the current Nurse Unit Manager of BAC to consider the options for interim improvements to the environment. This paper has canvassed the ideas of both staff and consumers. Several options are proposed which can be further developed.

MEDIA IMPLICATIONS AND KEY MESSAGES (Optional)

There is a high risk of negative media and a decline in public perception of youth mental health services and Queensland Health if the current severity of risk and incidents continues, and particularly if an extreme risk situation results in severe morbidity or mortality.

ATTACHMENTS: (Optional – please list if applicable)

All documents mentioned in this briefing are available upon request.

COMMENTS

Author's Name Position: Centre/District Tel No: Date:	Cleared by: (DM/SD/SDIR) Name Position Centre/District: Tel No: Date:	Cleared by: (GM/ED) Name: Position: AHS Tel No: Date:	DG
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**Queensland
Government**
Queensland Health

MEMORANDUM

To: Dr David Theile, Clinical CEO, Metro South
Ms Pam Lane, Clinical CEO, Darling Downs-West Moreton

Copies to: Dr David Crompton, A/Chair Metro South Health Service District
Dr Bill Kingswell, Executive Director Mental Health, Southside Health Service District
Ms Monica O'Neil, A District Director Mental Health Services, West Moreton-South Burnett

From: Dr Aaron Groves, Senior Director,
Mental Health Branch

Contact No: [REDACTED]
Fax No: [REDACTED]

Subject: Adolescent Extended Treatment- Site Selection

File Ref:

ACTIONS:

- It is recommended that the District CEOs provide preliminary endorsement of the recommendation of the Site Evaluation Subgroup to redevelop the Barrett Adolescent Centre (BAC) at the site identified adjacent to Redland Hospital outlined in the *Report of the Site Evaluation Subgroup*.
- It is further recommended that the District CEOs provide the Site Evaluation Subgroup with the authority to consult with sector stakeholders on the preferred option. Feedback gathered in the course of consultation will be provided to the District CEOs to inform their final decision on site selection.

BACKGROUND:

The replacement of the BAC is one of 17 capital works projects associated with the *Queensland Plan for Mental Health 2007-17*, and is identified in the *Outline of the 2007-08 State Budget Outcomes for Mental Health*.

An initial working group was formed comprising staff members involved in the existing BAC and Project Services architects to consider the redevelopment of the unit and provide advice on the service model and design specification.

Making a determination about a preferred location for the unit is contentious and likely to be subject to public scrutiny.

A previous attempt to close the unit was strongly resisted by staff, consumers and carers.

This redevelopment of the unit at an alternate site should not be resisted as strongly as closure, but may still attract adverse comment.

Redevelopment on the existing site is problematic for a number of reasons outlined in the site options paper, primarily its collocation with forensic services for mentally ill offenders.

The "Site Evaluation Sub Group" was convened on the advice of the Area General Managers to provide advice on site options identified by Area Health Services.

The consensus of the Site Evaluation Subgroup is that a vacant site adjacent to Redland Hospital constitutes the most appropriate option for the redevelopment of the unit.

The Executive Director of Capital Works and Asset Management Branch has provided in principle support for this proposal.

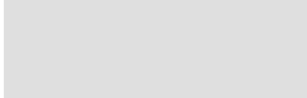
The group has identified a number of challenges associated with the implementation of this option that are likely to become clearer during the course of consultation including:

- planning for the relocation of services from a human resource perspective;
- establishing governance arrangements for the service and in particular its relationship with Metro South and or the Queensland Children's Hospital; and
- negotiation with Education Queensland regarding the operation of the school at the preferred location.

Consultation is planned to occur with the following:

- existing staff and consumers and carers of BAC;
- the Child and Youth Mental Health subgroup; and
- the Child and Youth Inpatient Design reference group.

Following further consultation and the final selection of an appropriate site by the CEOs, a local user group will be formed to manage the project.



Dr Aaron Groves
Senior Director, Mental Health Branch
28/10/2008



Mental Health Plan Implementation Team
Mental Health Branch
Division of the Chief Health Officer
12th Floor, Forestry House
160 Mary St,
Brisbane Qld 4000

Report of the site evaluation subgroup

Site Options Paper for the redevelopment of the Barrett Adolescent Centre

October 2008

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Executive Summary

The Queensland Plan for Mental Health 2007-2017 provides significant funding to support mental health service improvement and reform. The plan includes investment in new and upgraded inpatient services.

This report of the Site Evaluation Subgroup includes an appraisal of the options explored for the redevelopment of the Barrett Adolescent Centre (BAC).

At the request of the Area General Managers of the former Southern and Central Area Health Services, the following sites were considered as options for the redevelopment of the BAC:

- Rogers Street Spring Hill;
- CAFTU- RBH;
- Land adjacent to Redland Hospital;
- Meakin Park – 3 km from Logan Hospital Site (precise land parcel unknown- assume bushland between Queens Rd and Beal St); and
- The Park Centre for Mental Health (3 site options on campus considered).

The report finds Redland and The Park as the only architecturally viable options if the service is to be redeveloped as currently envisaged.

It identifies redevelopment at Redland as the preferred option.

The report identifies the need for further consultation on this option with the current Barrett service providers, consumers, carers and the broader Child and Youth Mental Health Sector to inform a final decision.

The Barrett School is a critical component of the service and must be included in the redevelopment of the service at any site. Therefore, negotiation with the Department of Education, Training and the Arts is required in the process of deciding the preferred option.

A final decision for the service location will be made by the District CEOs of Metro South and Darling Downs West Moreton Health Service Districts. It is recommended that the District CEOs provide the Site Evaluation subgroup with the authority to consult these relevant stakeholders on the preferred option. Subject to approval consultation could consider the following identified issues:

- Review of transport options, including duration and cost of journeys. A comparison of the accessibility of the sites particularly for consumers accessing the day program and for consumers and carers travelling from rural, regional and remote areas who require the service.
- Consideration of the impact of the surrounding built environment at Redland. This should take account of the surrounding bushland and include some consideration of risk management strategies associated with bushfires, wildlife and proximity to other infrastructure including the sewage treatment plant.
- Further analysis of the impact of the built environment at The Park and associated risk management strategies. This may include consideration of the implications of having vacant buildings on the site. It could further identify the challenges and opportunities associated with the proximity of the service to the new Police Academy site.
- Further consideration of the cost and time implications should a staged redevelopment at the existing site be pursued.
- Consultation with police to establish whether Redland site may subject the unit to risk from 'undesirable persons' and consideration about how such a risk might be managed.
- Consideration of the implications of the implementation of the Clinical Services Capability Framework (CSCF) and the assignment of a level to the service. In particular, this may further clarify the specialised requirements of the unit including the need for specialist human resources and the advantages of being co-located with 24 hour medical care.

- Further clarification of plans for service expansion in the second half of the plan to provide 5 additional beds for the adolescent unit in the development of step down units and further consideration of accommodation options for family and carers.
- Clarifying the governance arrangements should the unit be located at Redland. In particular the service's reporting relationships to Metro South and/or the Queensland Children's Hospital.
- Further examination of the potential advantages of co-locating the service near the Brisbane Youth Detention Centre at Wacol, Child and Youth Forensic Outreach Service (CYFOS), Mental Health Alcohol Tobacco and Other Drugs Service (MHATODS) given the overlap of demographics and some characteristics of clients seen by each of these services. This requires some consultation with MHATODS and CYFOS to determine whether co-location of this kind is consistent with the service development intentions of these services.

It is proposed that the Site Evaluation Subgroup report on the outcome of this consultation to the District CEOs to support a final decision concerning the site for redevelopment of the Centre.

Dr Aaron Groves
Senior Director, Mental Health Branch
28/10/2008

Introduction

The purpose of this paper is to support decision making associated with the selection of a site for the replacement of the Barrett Adolescent Centre (BAC).

It considers the sites below, which were identified by Area Health Services as potentially suitable for replacement of the centre:

- Rogers Street Spring Hill
- CAFTU- RBH
- Redland Hospital
- Meakin Park – 3 km from Logan Hospital Site (precise land parcel unknown- assume bushland between Queens Rd and Beal St)
- The Park Centre for Mental Health (3 site options on campus considered)

The report includes:

- a brief description of the project;
- a summary of the model of service for BAC;
- a description of site requirements and;
- a site appraisal of the two architecturally viable sites- prepared by Project Services.

Appendix One includes the rationale for finding two of the three site options at The Park, CAFTU and Rogers Street to be architecturally unviable. Advice from Southside Health Service District subsequent to the site options tour indicated the option at Logan was no longer available or viable; therefore an appraisal of this site has not been undertaken.

Appendix Two is a collection of 'Site Tour Notes' providing a summary of some of the key issues considered by Site Evaluation subgroup during site visits by the subgroup on 5 August 2008.

The report identifies the need for further elaboration of some of the challenges and opportunities of the two architecturally viable sites to support a final decision concerning the redevelopment of the unit.

The report concludes that Redland appears to be the preferred option for the redevelopment of the service subject to further consultation with the sector.

1. Project Description

Replace Barrett Adolescent Centre with a new 15 bed adolescent extended treatment unit.

Background:

- Decision concerning the location for the redevelopment of the Adolescent unit is contentious
- Redevelopment at The Park is problematic because of the expansion of forensic services being undertaken on the site
- This expansion includes the development of a further 40 extended treatment forensic beds over the next 10 years
- Advantage of the current site is the existing service with highly skilled staff.
- No optimal location for the unit identified by Child and Youth clinicians
- "Site Evaluation Sub Group" established to assist in determining an appropriate site for the unit at the direction of the Area General Managers (participants identified below)
- Subgroup reviewed the site selection criteria and accommodation schedule produced by Project Services in collaboration with BAC staff
- Ranking of site selection criteria reviewed
- Scope for reducing footprint identified in accommodation schedule
- Alternate sites identified in discussion with Area Health Services
- Sub Group visited the following sites on 5 August 2008:

Rogers Street Spring Hill

CAFTU- RBH

Redland Hospital

Meakin Park – 3 km from Logan Hospital Site (precise land parcel unknown- assume bushland between Queens Rd and Beal St)

The Park Centre for Mental Health (3 site options on campus considered)

- Sub Group agreed to consider the site options on the basis that they may:
 - serve the clinical objectives of the service
 - satisfy the criteria nominated in the 'Site Selection Criteria'
 - meet the design requirements identified in the accommodation schedule

Participants:

Ms Denisse Best	Executive Director	Child & Youth Mental Health Service, Royal Children's Hospital & Health Services Districts, Chair Child & Youth Sub Group
Mr Kevin Fjeldsoe	Director	Mental Health Plan Implementation Team
Dr Trevor Sadler	Clinical Director	Barrett Adolescent Centre
Dr Brett McDermott	Director	Mater Child & Youth Mental Health Service
Ms Linda Ryan	Principal Project Officer	Southern Area Health Service
Ms Karen Ryan	Manager	Rural Service Planning Unit, Southern Area
Ms Erica Lee	Manager	Child and Youth Mental Health Service
Mr Paul Clare	Principal Project Officer	Mental Health Plan Implementation Team
Mr John Quinn	Manager	Mental Health Plan Implementation Team
Ms Jenny Stone	Assistant Director	(Southern) Program Coordination Unit LWAMB
Mr Chris Hollis	Network Coordinator	Mental Health - Central Area
Mr Mark Wheelehan	Area Team Leader	Central Area
Ms Elisabeth Roberts	Principal Project Officer	Southern Area

Additional invitees to site options tour:

Dr Terry Carter	Project Manager,	Mental Health Capital Works Program
Mr David Pagendam	Senior Architect	Project Services
Ms Karen Reidy	Architect	Project Services

Apologies for the site tour:

Dr Bill Kingswell	Director	Mental Health Services - Logan
Ms Karen Ryan	Manager	Rural Service Planning Unit, Southern Area
Mr Chris Hollis	Network Coordinator	Mental Health - Central Area
Mr Mark Wheelehan	Area Team Leader	Central Area
Ms Elisabeth Roberts	Principal Project Officer	Southern Area
Mr David Pagendam	Senior Architect	Project Services

2. Brief Summary of the Adolescent Extended Treatment Model of Service

Service integration

The Adolescent Extended Treatment and Rehabilitation Service is an integral part of Child and Youth Mental Health network of services in Queensland. Child and Youth Mental Health Services (CYMHS) include:

- community clinics throughout Queensland
- specialised therapeutic services to children and adolescents in the care of the Department of Child Safety (Evolve teams)
- acute inpatient services in Metro South, Metro North, Mater and Gold Coast Health Districts
- a day program at the Mater Children's Hospital, with proposals to develop further day programs at Townsville and the Sunshine Coast.
- a Child and Youth Forensic Outreach Service (CYFOS)
- a visiting service to the Brisbane Youth Detention Centre

An adolescent of high school age is referred to the Adolescent Extended Treatment and Rehabilitation Service if severe mental illness and impairment persist after extended treatments in one or more of these other settings. It is both a tertiary and quaternary referral service, depending on the severity and complexity of illness and range of settings for intervention prior to referral. Referrals are accepted from throughout Queensland. On occasions it is appropriate to accept referrals from northern New South Wales and the Northern Territory. Referrals may also be made by private child and adolescent psychiatrists or psychologists.

Adolescents usually will be placed on the waiting list, and managed by the referring service until admission is possible. Throughout the admission, ongoing linkages with the referrer will occur via videoconference and case management.

It is proposed that the Adolescent Extended Treatment and Rehabilitation Service be a Level 6 service in the Clinical Services Capability Framework being developed by the Mental Health Branch.

Target population:

Adolescents accepted for referral have severe, persistent, co-morbid mental illnesses associated with a range of impairments. Mental illnesses most commonly diagnosed include:

- depression
- eating disorders
- social and other anxiety disorders
- obsessive compulsive disorder
- dissociative disorders

- post traumatic stress disorder
- psychotic disorders
- organic disorders
- co-morbid disorders of development

The Health of the Nations Outcome Scale for Children and Adolescents (HoNOSCA) is an assessment tool used by mental health services across Australia to assess levels of symptom severity, impairment and family function. Compared with the national average of those admitted to acute adolescent inpatient units, those admitted to the Adolescent Extended Treatment and Rehabilitation Service show similarly high levels of symptoms and acuity (e.g. emotional distress, self harm, perceptual disturbances), but significantly higher levels of impairment (e.g. schooling, self care, peer relationships, impaired concentration) and family dysfunction.

Treatment of many disorders requires the active participation of the adolescent. Frequently they are not contemplating change, but continue with an illness seriously affecting health and their functioning. Both symptom severity and impairment are likely to persist for decades into adult life without adequate intervention.

Service description:

The core of the service is the provision of a wide range of intensive interventions for integrated treatment and rehabilitation. (Unlike many areas of physical medicine in which there is a definitive treatment followed by rehabilitation, effective outcomes in adolescent mental health require an integrated approach to treatment and rehabilitation over months.)

Core approaches to treatment and rehabilitation include:

- utilising standard biological mental health treatments (medication, ECT), although the effectiveness of these is limited
- utilising a wide range of psychological interventions for adolescents with often limited verbal skills and limited understanding of psychological issues
- utilising a wide range of life skill and activity based interventions to address developmental tasks in both treatment and rehabilitation
- providing of a range of comprehensive education and pre-vocational activities through the Department of Education, Training and the Arts
- continuing support of, liaison with and therapy for the family
- maintaining strong community linkages
- safely managing a range of life threatening behaviours
- effectively managing a range of dysfunctional behaviours
- maintaining a ward environment which promotes therapeutic interactions

Depending on levels of acuity and impairment, adolescents access this program at a number of levels:

- as inpatients (full or partial hospitalisation) for those with high to extreme levels of acuity and severe impairment. Up to 15 beds are available for this purpose.
- as day patients for those with severe impairment but lower acuity for those who can access the service.

A comprehensive extended treatment and rehabilitation program for a Statewide service would also include:

- a therapeutic residential unit for those who have severe levels of impairment, low to medium levels of acuity and cannot access the service as a day patient
- a transitional residential facility (step-down) service for those who have moved from high to lower levels of acuity, continue to have moderate to severe impairment, and cannot return to their family home.

- a family stay residential facility to provide intensive family interventions or family interventions with adolescents with extreme acuity.

Legislative framework and Policy Directions:

In common with other Mental Health Services in Queensland,

- adolescents are admitted either as voluntary patients or under the Mental Health Act.
- consumer, and where possible, carer participation is essential to providing service.
- a Recovery framework is clearly articulated, although it differs in concept to adult mental health services.
- adolescents are managed in the least restrictive manner appropriate to safety. (This creates challenges on an open unit.)
- minimising seclusion and restraint is associated with better outcomes, but requires more intensive staffing.
- outcomes are routinely measured utilising a nationally standard suite of scales - the HoNOSCA, Children's Global Assessment Scale (CGAS) and Factors Influencing Health Scale (FIHS).

Pathways of service delivery once admitted

Transfer

- acute medical management at local general hospital occurs at regular intervals.
- rarely acute psychiatric care at referring acute unit may be required.

Discharge

- intensive discharge planning requires considerable integration with the local community of origin (including local schools)
- the adolescent often transitions from full inpatient admission to periods of partial hospitalisation prior to discharge.
- the lack of appropriately supervised accommodation in the NGO sector is a problem for adolescents who cannot return to their family of origin.
- remoteness of referring services makes follow up referral linkage sometimes difficult to sustain
- occasionally it is difficult to access support in adult mental health services if the adolescent requires further long term treatment.

Managing risk

Managing self harm, suicide attempts, absconding and aggression are major risk issues in patient safety in both adolescent and adult sectors. However, there are particular issues in the genesis and management of these risks in adolescents.

- adolescents do not often possess good verbal skills and their distress is manifest instead in a range of behaviours
- adolescents generally are fitter and have fewer problems with mobility (whether secondary to the type of illness or medications). This enables them to abscond.
- adolescents are more likely to encourage a peer to join them in absconding or to copy another with self harm – the so called “contagion effect”.
- adolescents are more sensitive to adverse changes in the family environment. Although distant, this may be a potent effect on behaviours within the unit.
- adolescents are often more impulsive, especially in relation to negative life events to which they are more sensitive.
- adolescents have less experience at assessing safety in the community

- adolescents are more likely to react negatively to a perceived closed environment than an open one. There is a complex interaction between built environment and safety which will be described in the next section

Staffing structure and composition:

- Intensive levels of staffing required for intensive interventions and high levels of acuity
- Staff must have training and/or substantial experience in child and adolescent mental health
- Specialist skill sets in a range of psychological, activity based and life skills interventions required
- Clinical and educational multidisciplinary bio psycho social approach
- Maintenance of ongoing professional development and supervision of staff required
- Range of resources to support the necessary range of interventions

Performance, quality and safety:

- consumer and carer satisfaction
- ongoing workplace health and safety monitoring due to nature of service
- outcomes monitoring

3. Site Requirements

THE IMPACT OF BUILT ENVIRONMENT AND EXTENDED ADOLESCENT TREATMENT

1. The Rationale to Develop Guiding Principles for the Built Environment

Adolescents admitted to the Extended Treatment and Rehabilitation unit are likely to spend up to twelve months or more in hospital. (Hospital is acknowledged to be the most restrictive setting in mental health.) About half will at some stage be on an Involuntary Treatment Order. Initially most adolescents do not contemplate the need for change. Many adolescents believe they should be independent and exercising freedoms they see in their peers. These factors have the potential to actively work against the fact that most treatments require the active participation of the adolescent. There is considerable potential for adolescents to react strongly against treatment, the staff and hospitalisation. This is manifest in two of the risk factors associated with the unit – absconding and aggression.

Clearly identifiable factors can minimise these tensions and their attendant risk factors. Broadly they can be divided into staff attitudes/skills and the impact of built environment. Guiding Principles 1 – 3 below have been extracted from surveys of adolescents who have been asked about the impact of the change of environment from the constricted environment of an acute inpatient setting to the more open environment of the extended treatment unit has had on their attitudes to being in treatment.

Built environment also has numerous other impacts:

- Adolescents on admission range widely in their fitness levels, co-ordination abilities and participation in physical activity. Providing for a range of physical activity addresses a number of impaired tasks of adolescent development. (Principles 2 and 3).
- Adolescents interact intensively with a limited range of peers over a long period. Adequate external and internal spaces achieve a balance between privacy and a range of peer interactions. (Principles 2,3 and 6)
- Adolescents can utilise external spaces to help them regulate emotional distress and aggressive impulses. (Principles 1 and 2)
- Many adolescents have had very limited interactions with peers or areas outside their home prior to admission. Time in acute inpatient units is in enclosed environments. It is initially helpful to spend time outside without the feeling of being on view to the public. (Principles 2 and 3)
- A number of adolescents often talk in therapy in an activity in the grounds. They are uncomfortable in a room with the expectation they should talk. (Principle 2)

The built environment must also be considered within the broader context of the neighbourhood in which it is located.

- An open unit offers more chances to abscond. Adolescents are at risk then of mishap from nefarious persons, or from themselves by accessing of heights or other means to attempt suicide. (Principles 4,5)
- It is essential for rehabilitation that community public transport, sporting, community and recreational facilities are available within reasonable distance to prepare an adolescent for integration into their own communities. (Principle 6)
- Either sufficient recreational space and facilities are located within the grounds of the unit, or within close proximity (less than 1 minute) to afford opportunities for acutely unwell adolescents to access these in safety, or for staff return to attend to crises on the unit. (Principle 1, 2 and 6)

2. Guiding Principles

Six Principles can be derived from the above observations to guide the location and design of the Centre.

Principle 1.

Minimising visual restrictions in the environment enable adolescents to cope better with legislative and behavioural restrictions and the restrictions their illness imposes on them.

Principle 2.

The grounds surrounding the building must have sufficient room for multiple purpose activities – recreation, fitness, socialisation, private areas, areas for emotional regulation and areas to enhance therapies to be undertaken safely.

Principle 3.

Adolescents should not feel they are on display to the public, nor should the public have cause to stigmatise the unit.

Principle 4.

The chances of absconding successfully can be reduced by consideration of factors in the immediate neighbourhood of the Unit.

Principle 5.

The chances of an adverse event following an absconding can be reduced by attention to the immediate neighbourhood of the Unit.

Principle 6.

The neighbourhood in which the unit is located should afford opportunities to practice skills for rehabilitation and community integration which can be generalised to the community in which the adolescent lives.

3. Application of the Principals to Design

3.a Characteristics of the Site

3.a.i external views – desirable:

- Sky, trees, distant objects, grass, landscape, sports ovals. (Principles 1,2)
- Sense of distance, calmness more important than people, but distant views of people engaged in gentle activities is desirable. (Principle 1,2)
- Water views a bonus. (Principle 2)

3.a.ii External views – undesirable

- Anything that is too busy or intrusive; buildings. (Principles 1,2 and 5)

3.a.iii Access to natural environment

- Grass, trees, animals, water (as long as it is safe), gardens, getting back to nature. (Principles 1,2)

3.a.iv Access to outdoor activities

- Safe place for walking and riding (not on main roads), playing outdoor games and sports, and just “getting away”. (Principles 2, 6)

3.a.v External buffer space and boundaries

- At least 50m away from houses is a minimum to reduce bad interactions with neighbours (both ways). (Principle 3)
- There needs to be clearly defined boundaries but boundaries should be as invisible and unoppressive as possible. (Principles 1,4)
- Good buffer spaces can reduce the need for fences. (Principles 1,4)

3.a.vi Topography

- An elevated site with long views and vistas into the distance is preferable, but the site of the facility must be reasonable level. (Principles 1,2)
- Slopes can be used to hide fences. (Principles 1,4)

3.a.vii Schools

- The facility will have an on-site school which contributes 60% of rehabilitation.

3.a.viii Privacy

- Privacy for the adolescent consumers is important, but the facility should not be too isolated. (Principles 3,6)
- It is desirable for consumers to have opportunities to see people outside, but adolescents should not be “on display”. (Principle 3)
- Contact with the public and families needs to be controlled. (Principles 2,3,4 and 5)
- It is important that public thoroughfares do not happen through the facility site. (Principle 3)

3.a.ix Total site area

- 2 Ha preferred area. (Principles 1,2 and 3)
- 1.5 Ha minimum.

3.b. Characteristics of the Immediate Neighbourhood

3.b.i Surrounding built environment

Avoid:-

- High rise and high density buildings. (Principles 1,2 and 5)
- Sites that other buildings look down on. (Principle 3)
- Main roads, railways, and other noisy busy areas. (Principles 3,4 and 5)
- Intimidating or industrial general environment (Principles 2, 3)

3.b.ii Physical hazards

- Avoid bridges, high buildings, cliffs, multi-storey car parks, bridges, main roads, train lines. (Principles 4,5)

3.b.iii Absconding

- A buffer of open space around the facility is important to keep sight of an absconder (Principles 4,5)
- A buffer of 500m to public transport to deter rapid absconding. (Principles 4,5)
- Avoid potential hiding places. (Principle 4)

3.b.iv Schools

- The facility will have an on-site school which contributes 60% of rehabilitation.
- It is a Band-7 school (special education) but not all consumers attend this school, therefore access to other schools (particularly high schools) is necessary. (Principle 6)

- Need plenty of good schools within short driving distance including good ones with varying socio-economic levels. (Principles 3,6)
- Avoid areas where there are “tough” schools where there might be bullying. (Principle 3, 6)

3.b.v Recreational facilities in close proximity

- Recreational-size swimming pool. (Principles 1,2)
- Sports oval or park. (Principles 1,2)
- Adventure therapy components (Principles 1,2)

3.b.vi Undesirable persons

- Avoid opportunities for contact with undesirable persons. (Principle 2)
- Avoid close proximity to forensic units (Principle 2)

3.c. Characteristics of the Broader neighbourhood

3.c.i Sports locally off site

- Full-size swimming pool. (Principle 6)
- Sports oval or park. (Principle 6)
- Bike riding and recreational walking
- Water sports. (Principle 6)

3.c.ii Activities off site (remote)

- Reasonable access to adventure therapy activities. (Principle 6)

3.c.iii Public Transport

- Need access to good public transport. Trains are preferred as being more reliable in timetable and less intimidating. (Principle 6)

3.c.iv Shops

- Need access to a variety of shops via public transport. (Principle 6)
- There is graded use of shops in rehabilitation starting with smaller, less dense and closer shops and progressing on to large shopping malls. (Principle 6)
- Ideally there should be a corner store within walking distance, and a major shopping centre a train ride away. (Principle 6)

3.c.v Other facilities

- It is desirable to have other types of social activities available in the community such as:-
 - churches, (Principle 6)
 - youth groups, (Principle 6)
 - sporting groups, (Principle 6)
 - dancing classes etc. (Principle 6)
- (These are examples only – it is not important to have a particular type of community activity, group, club available).

4. Other General Considerations

4.i Staff access

- Staff recruitment and retention are important factors.
- Existing staff have a highly specialised background, and mostly live within easy reach of the Barrett Adolescent Centre.
- A location which is convenient to existing staff is important.
- Numbers and staff on the unit will be insufficient to meet every psychiatric and medical emergency which may arise.

4.ii Emergency Backup

- Access to help for 'code blacks' is critical. These incidents require back up from mental health trained nurses who have completed aggressive behaviour management training.
- A response is needed within 5 minutes; therefore the adolescent facility needs to be located within 500m of a hospital or other mental health facility where appropriate help is available.

4.iii Hospitals and Doctors

- Hospital emergency department within a 20 minute drive of the facility. (Principle 8)
- The existing Barrett Adolescent Centre has enjoyed good relationships with the Mater / Qld Children's Hospital to date, so proximity to there is desirable. (Principle 8)
- Proximity to an 'after hours' GP clinic is desirable. (Principle 8)

4.iv Access for families and visitors.

- Local external accommodation for families are desirable such as motels and hotels with good public transport access to the facility.
- On-site independent accommodation units (for family visits and for consumers preparing to leave).

4.v Police

- Police do not need to be close, but a relationship with a small local police station is good, more for consumer education and contact **than to handle emergency situations.**

4.vi. Climate / Aspect

- Good cooling breezes are desirable for personal comfort and to reduce the need for air-conditioning.
- Site must allow buildings to predominantly face north and south to maximise opportunities for natural cooling and light.

4.vii Public Perception, Politics

- Avoid close proximity to a high security adult mental health facility or prison.
- Avoid suburban areas where 'not in my backyard' syndrome may cause problems.

4.viii Site acquisition & Development

- • Possible in reasonable cost and time
- • Are there heritage, environmental, indigenous issues affecting the site.

4. Site Options Appraisal

Fig 1. Redland Hospital Site (Aerial View)



4.1 Specific Site Considerations for Site Next to Redland Hospital

- Site features
 - Potentially excellent bushland setting satisfactory for views, access to natural environment and access to outdoor activities.
 - No houses in vicinity or likely to be. Site is large enough to allow for adequate buffers. Site is surrounded by hospital, bush and industry.
 - Level site.
 - Distant views may be possible.
 - Sea breezes.
 - Site large enough to allow optimum orientation of buildings.
 - Surrounding built environment is potentially good, if it can be separated from the hospital.
 - Privacy is potentially good, if it can be separated from the hospital.
 - Reasonably close to existing mental health inpatient unit with possibility of closer location in future.
 - There are no physical hazards as per site considerations in the vicinity.
 - If site can be suitably separated from hospital and the public the propensity for interaction with undesirable persons will be limited.
 - 5 minutes walk to nearest bus stop, and being at the end of the bus and train line might make catching of absconders easier (there is only one way to get out of Cleveland)
 - Total site area of 5 Ha - 2 Ha preferred area.

- Local entertainment and sporting facilities
 - Aquatic centre (5 pools plus a spa) in Russell St Cleveland with skate park adjacent. Approx 3 km.
 - Chandler Aquatic Centre approx 10km.
 - Beaches, boating and creeks near.
 - Redland Youth Plaza, a large skateboard facility in Capalaba.
 - Social & community activities are catered for by Redland Shire Council – their web site lists numerous and varied organisations in the area.
- Public transport
 - Buses from Redland Hospital to Cleveland train station. 25 buses in each direction every day from 6 am to 11:30 pm. Veolia bus lines routes 258 and 272. Approx 10 minute ride.
 - 45 trains per day into Brisbane city and back.
- Shopping
 - Snack bar and kiosk in main hospital.
 - Small convenience shopping centre at corner of Bay Street and Wellington Road (approx 750 metres with one road to cross)
 - Good medium size shopping centre at Cleveland (10 minutes by bus)
 - Larger shopping centre at Capalaba (approx 8km)
 - Major shopping centre at Carindale (approx 15km)
 - Brisbane CBD shops accessible by train (approx 1 hour)
- Schools
 - Carmel College (Catholic High School) approx 5km
 - Faith Lutheran College (prep to year 12) approx 7 km
 - Redland District Special School and Thornlands Primary School approx 2 km.
 - Cleveland District High School approx 2km (on bus route)
 - Cleveland Primary approx 3 km
 - Ormiston Primary approx 4km
 - Ormiston College (private non-denominational prep to year 12 school) approx 5 km.
- Supplementary accommodation
 - As a tourist centre, Cleveland has a number of accommodation options for families from \$70 per night.
 - The site is large enough to accommodate independent units.
- External services
 - Hospital emergency department is immediately adjacent.
 - Numerous medical practices in and around Cleveland, including Medeco Medical Centre which operates 24 hours out of central Cleveland and bulk bills children under 16.
 - Large police station in central Cleveland, close to train station.
- Staff
 - Existing staff can access the Redland site which is approximately 40km from the existing Barrett site.
 - The attractions of Redland area (particularly the coastal climate as compared with the Ipswich-Goodna area) might attract existing staff to move or new staff to join.
- Public perception

- Caters to Public perception and politics whereby there is no proximity to a high security adult mental health facility or prison - we are not aware of any such facility anywhere near.

Site acquisition.

- It is understood that the land is State Government owned and is available for purchase from Dept of Infrastructure.

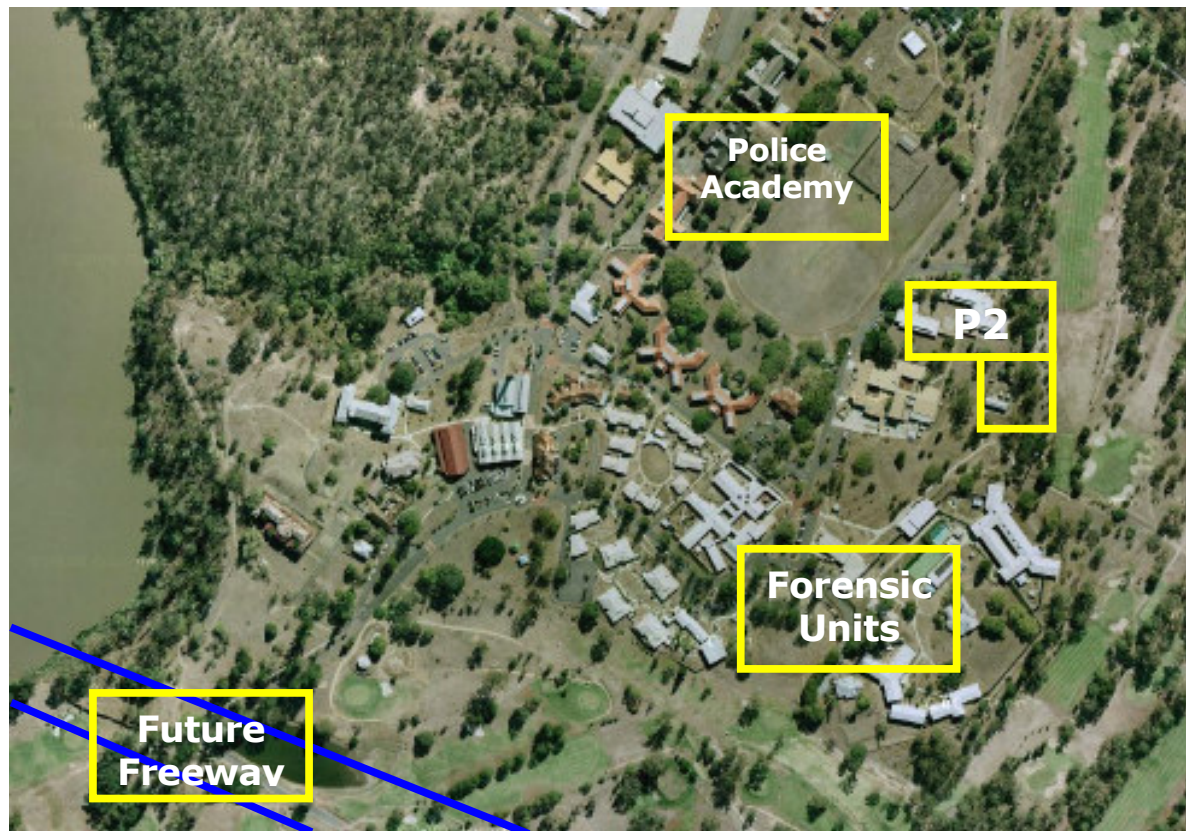
Koalas.

- The site is marked as an Urban Koala Area, which is the least onerous of the three types of Koala Habitat areas.
- It is adjacent to a large Koala Sustainability Area.
- Advice from Project Services Environmental section is that development on this site should not be a problem. It is just a matter of applying a Koala Management Plan, which will cover such items as retention and planting of suitable trees and appropriate fencing. The type of development proposed should be compatible with these requirements.
- Development on this site has not been costed, however, being a “green field” site should have some time and cost advantages.

Conclusion – Redland Site

The information currently at hand, indicates that this site would be suitable for the proposed Adolescent Unit.

Fig 2. P2- The Park Centre for Mental Health – (Aerial View)



4.2 Specific Site Considerations for P2 – The Park

The existing location has been found to be satisfactory in many respects however the following issues need to be taken into consideration

- The Wacol location tends to be hotter in summer and colder in winter than sites closer to the coast.
- The close proximity of the high secure forensic unit could be a drawback.
- Undesirable persons - Open forensic unit nearby
- 2 Ha preferred area, 1.5 Ha minimum - About 1.5 Ha available.
- Existing oval may no longer be available once it is taken over by Police Academy.
- Access for families and visitors - No space available on site.
- Site development possible in stages while maintaining existing service is possible, but there may be a time and cost penalty in a staged development. Figures 3, 4 & 5 illustrate how such a staged development might be achieved while keeping the unit functioning.

Conclusion – P2 – The Park

If the continued proximity of the forensic unit and a compact site can be accepted, the site appears to be suitable for the re-development of the adolescent unit.

Fig 3. Site P2 Stage 1 (Existing Site Redeveloped in 3 Stages) (Aerial View)



SITE OPTION 1 ON EXISTING SITE AT THE PARK - STAGE 1

Project No: 51426
Project Title: 15 Bed Adol. E.T.U., Day Centre and School

Scale 1:1000 @ A3

Note: Options diagrams are based on draft accommodation schedule and spatial relationships workshops only and are not intended to be used as sketch designs.



Fig 4. Stage 2 Site P2 (Existing Site Redeveloped in 3 Stages) (Aerial View)



SITE OPTION 1 ON EXISTING SITE AT THE PARK - STAGE 2

Project No: 51426
Project Title: 15 Bed Adol. ETU, Day Centre and School

Scale 1:1000 @ A3

Note: Options diagrams are based on draft accommodation schedule and spatial relationships workshops only and are not intended to be used as sketch designs.



Fig 5. Stage 3 Site P2 (Existing Site Redeveloped in 3 Stages) (Aerial View)



SITE OPTION 1 ON EXISTING SITE AT THE PARK - STAGE 3

Project No: 51426
Project Title: 15 Bed Adol. ETU, Day Centre and School

Scale 1:1000 @ A3

Note: Options diagrams are based on draft accommodation schedule and spatial relationships workshops only and are not intended to be used as sketch designs.



5. Site Options Conclusion

Redland

According to the analysis provided in this report Redland appears to be the most suitable location for the redevelopment of the 15 Bed adolescent extended treatment unit.

This site measures favourably against the 'Essential' and 'Desirable' characteristics nominated in the revised 'Site Selection Criteria'. The local area affords considerable opportunity to access the natural environment, rehabilitation activities and community and primary care services. The area is adequately serviced by public transport, without being too busy or likely to become a thoroughfare.

The development of a 'green field' option will also avoid some of the logistical challenges and time and cost implications of redeveloped existing buildings.

Importantly, it is not compromised by the risks associated with co-location with forensic inpatient services.

The BAC Clinical Director has identified that the greatest challenge associated with this site is its distance from the existing service at Wacol. In addition, nurses operate under different awards at the two sites. Some senior and experienced staff from both Queensland Health and the Department of Education Training and the Arts definitely would not make a transition to Redland. Managing the retention of experienced staff is critical to avoid crossing a threshold of loss of experience at which all existing staff would seek employment elsewhere. Such a loss of specialised staff would render the unit inoperable. Clearly a human resource management plan would be required to mitigate these significant challenges.

One of the potential benefits of this site is its proximity to Redland Mental Health Service. There are plans to both redevelop and add new acute inpatient beds at Redland in the second half of the Queensland Plan for Mental Health 2007-2017. Initial discussions indicated that the additional beds could well be targeted as youth beds (age 18-25). There has also been suggestion that a child and youth service hub be developed with community and the extended service located at Redland. There could also be opportunity to model improved coordination and integration between adolescent and adult services. It has been noted that co-locating the unit with other mental health services is in the strategic interest of the service.

Among the potential advantages of co-location of this kind include meeting the challenge of staff recruitment and retention.

The Redland site is the preferred option.

The Park

Although the existing and planned forensic services at The Park significantly impact on the feasibility of this option, there are understandable incentives to retain the current adolescent centre location. The service has enjoyed the development of an experienced cohort of staff and the formulation of effective local partnerships. Both are critical to the service model. The key strength of redeveloping in the same location is the inherent support this offers in sustaining the existing culture, expertise and partnerships.

Alternate options that consider relocation and redevelopment must acknowledge the challenges of service development at another site.

Of the three sites identified at The Park, the option to redevelop on the site of the existing unit (P2) is the only option that could be pursued from an architectural/ site planning perspective. The Adolescent Centre Site Appraisal identifies how the redevelopment might be staged to minimise its impact on the provision of services. It is important to acknowledge that this staging process would have time and cost implications for the project. It also indicates that the overall site footprint would need to be reduced in order to be developed on this site.

The site measures well against other 'essential' and 'desirable' characteristics. Close proximity to the natural environment, public transport and the presence of a natural buffer are among the attributes of the location. However, its relative isolation from other child and youth or other (non forensic) mental health services may pose a challenge for service development in the longer term.

As stated the close proximity of the site to the growing high security and extended treatment forensic programs compromise this option. Redeveloping the unit in close proximity to mentally ill offenders is likely to pose clinical and practical challenges and may become a matter of public interest.

Appendix 1 – Site options Appraisal

Fig 1. Sites P1 A and P1B- The Park Centre for Mental Health (Aerial View)

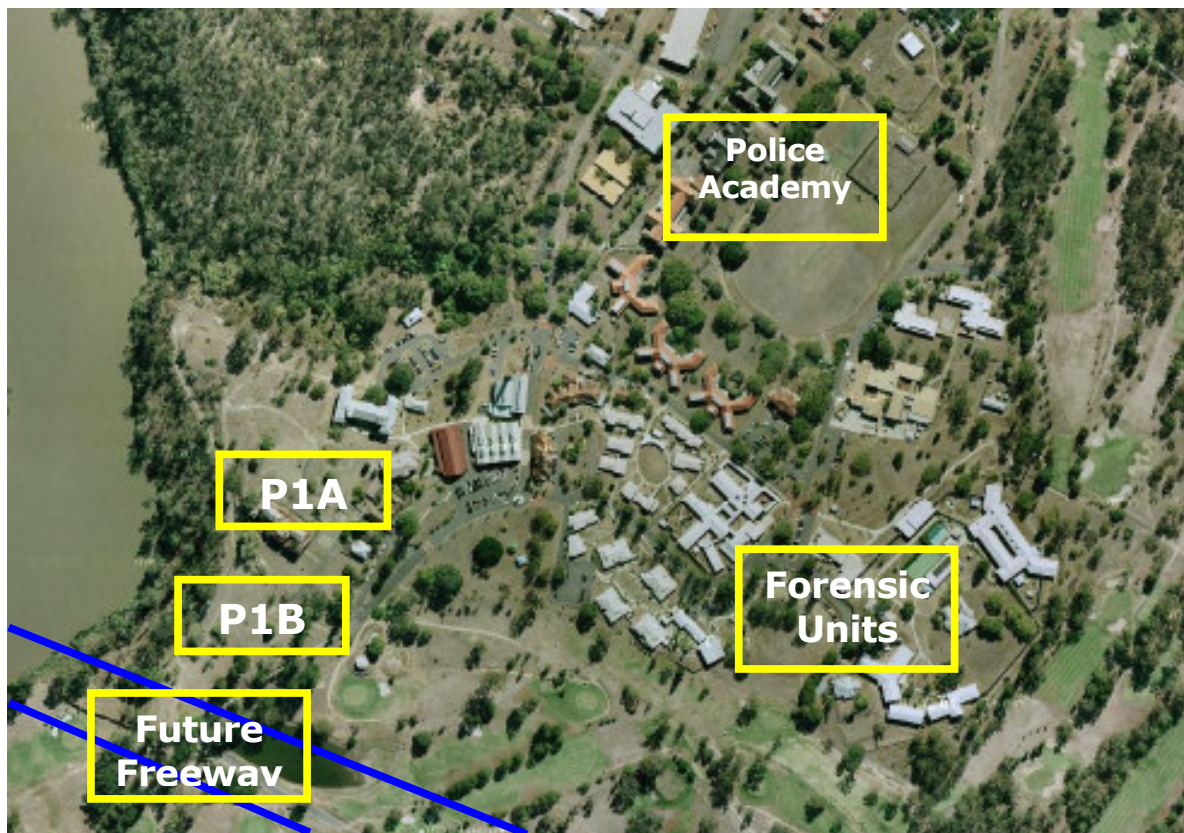


Fig 2. Site P1A (On Upper Side of Anderson House) (Scenic View)



Specific Site Considerations for P1A

- Old asylum buildings create an institutional ambience
- Proposed 110 km/hr freeway nearby with bridge over river.
- Close to forensic units affects “Undesirable Persons” & “Public perception & politics” aspects
- There is only about 5,000m² of reasonably level site available, and this is only 33% of the 15,000m² minimum
- Residents need to walk through forensic areas and across a golf course to reach the train station.

Conclusion

The size, topography and environment of the site make it unsuitable for the proposed Adolescent Unit.

Fig 3. Site P1B (On Lower Side of Anderson House) (Scenic View)**Specific Site Considerations for P1B**

- Old asylum buildings create an institutional ambience.
- Proposed 110 km/hr 6 lane freeway adjacent with freeway bridge over river. Refer to Figure 1.
- Undesirable persons - Close to forensic units
- Level site area of only about 0.4 Ha (2 Ha preferred area / 1.5 Ha minimum)
- Residents need to walk through forensic areas and across a golf course to reach the train station.
- The proximity to forensic unit may influence Public Perception, Politics.
- High pressure water main across middle of site is likely to prevent development economically

Conclusion

The size, topography and environment of the site, plus the existing high pressure water main and possible future freeway make it unsuitable for the proposed Adolescent Unit.

Specific Site Considerations for Rogers St, Spring Hill

- Main roads and high rise buildings adjacent. Generally a busy inner-city location not compatible with the model of care.
- Too far from RBH
- Multiple physical hazards in the immediate vicinity.
- Numerous potential opportunities for contact with undesirable persons and activities in the Spring Hill and Fortitude Valley areas.
- No buffer space.
- Multiple escape routes and hiding places.
- Site is only 6684 square metres which is less than 50% of the 15,000 minimum.
- The existing buildings on site are unlikely to be suitable for the proposed new adolescent centre.
- Demolition of the buildings would be difficult to justify, given the quality and character of the buildings, and there may be heritage issues.
- There may also be heritage trees.

Conclusion

The size and environment of this site make it unsuitable for the Adolescent Unit as currently envisaged.

Specific Site Considerations for CAFTU

- Very steeply sloping site with existing buildings on three levels would not allow the kind of development required by the model of care.
- Site is adjacent to major hospital with high rise buildings.
- Site is near to main roads, a railway line, and high buildings, including multi-storey car parks.
- Limited buffer space, and multiple escape routes and hiding places
- Site area of under 5,000m² is only about 30% of the minimum required.

Conclusion

The size, topography and environment of this site make it unsuitable for the Adolescent Unit as currently envisaged.

Appendix 2 – Site Tour Notes

THERAPEUTIC FACTORS				
External Views: Importance: 2 Desirable				
Desirable views: sky, trees, distant objects, grass, landscape, sports ovals. Sense of distance, calmness more important than people, but distant views of people engaged in gentle activities is desirable. Water is a bonus				
Undesirable views: anything that is too busy or intrusive; buildings				
REDLAND	THE PARK	CAFTU	ROGERS ST	MEAKIN PARK
Green field sight currently surrounded by bushland Located next to Redland hospital Commercial warehouse precinct adjacent separated from site by a road Future use of other vacant land unknown Some nearby reserve areas	Both sites afford greenery/sense of distance Views of the river possible in one site Sense of calmness might be inhibited by police training exercises including use of firearms and sniffer dogs Derelict ward may also compromise views from some angles	Relatively secluded location Some established trees and greenery Located on busy hospital campus No views of green spaces or water	Relatively quiet, leafy site Some established trees at the periphery Limited sense of distance eg views of horizon No immediate water features	Offers some nearby bush land and park areas. These are somewhat compromised by industrial area close by.

ACCESS TO NATURAL ENVIRONMENT				
Importance: 2 Desirable				
Desirable: Grass, trees, animals, water (as long as it is safe), gardens, getting back to nature				
REDLAND	THE PARK	CAFTU	ROGERS ST	MEAKIN PARK
Nature reserve readily accessible from site Bay is close by for arrange of other supervised activities Parks also in close proximity	Both sites afford some greenery/sense of distance Views of the river possible in one site Access without supervision may be compromised by safety issues eg accessing water alone and use of the campus in conjunction with other users of the grounds	Some established trees and greenery Victoria Park may be accessed under staff supervision	Some established trees at the periphery. Capacity to access Victoria Park precinct under staff supervision	Some potential amid existing green space.

ACCESS TO OUTDOOR ACTIVITIES				
Importance: 2 Desirable				
Desirable: Grass, trees, animals, water (as long as it is safe), gardens, getting back to nature				
REDLAND	THE PARK	CAFTU	ROGERS ST	MEAKIN PARK
Affords nearby nature reserves, readily accessible from site Bay is close by for other supervised activities Greenfield site may enable development of space for courtyards, games etc depending on exact land size	Some established trees and greenery Access to Victoria Park precinct under staff supervision Few other opportunities.	Some established trees and greenery Access to Victoria Park precinct under staff supervision Few other opportunities	Access Victoria Park precinct under staff supervision. Existing courtyard may be used for onsite for games etc	Site offers some potential for these spaces

EXTERNAL BUFFER SPACE & BOUNDARIES ESPECIALLY FOR NOISE MANAGEMENT				
Importance: Essential				
At least 50m away from houses is a minimum to reduce bad interactions with neighbours (both ways). There needs to be clearly defined boundaries but boundaries should be as invisible and unoppressive as possible. Good buffer spaces can reduce the need for fences				
REDLAND	THE PARK	CAFTU	ROGERS ST	MEAKIN PARK
Considerable buffer space with existing nature reserves Neighbouring hospital campus and adjacent commercial area may compromise aspects of this buffer Suitability of future use of land for this purpose is also unknown-unlikely to be factored into planning	Hospital campus and golf courses provide buffer. Compromised on some areas by steep slope of river bank, derelict ward and neighbouring services eg DSQ and Juvenile Justice Centre	Limited external buffer space apart from hospital	Some capacity to provide external buffer	Limited external buffer space apart from schools

TOPOGRAPHY				
Importance: Nice to Have				
An elevated site with long views and vistas into the distance is preferable, but the site of the facility must be reasonably level.				
REDLAND	THE PARK	CAFTU	ROGERS ST	MEAKIN PARK
Site is undeveloped but natural topography is unlikely to afford long views to the distance	Site affords long views to the distance from some areas	Site does not offer long views into the distance.	Site does not offer long views into the distance	Site not elevated limited views

CLIMATE / ASPECT				
Importance: Nice to Have				
Good cooling breezes are desirable for personal comfort and to reduce the need for air-conditioning. Site must allow buildings to predominantly face north and south to maximise opportunities for natural cooling and light				
REDLAND	THE PARK	CAFTU	ROGERS ST	MEAKIN PARK
Extent of breezes uncertain but proximity to the bay likely to be favourable in this regard	Significant breezes likely at sites overlooking the river Open spaces may contribute to breezes in other sites	Extent of cooling breezes difficult to determine Unlikely given buildings closely neighbouring the site	Unsure as to the extent of cooling breezes Established trees likely to offer shade	Level of cooling breezes difficult to gauge

SURROUNDING BUILT ENVIRONMENT				
Importance: Essential				
Avoid:- High rise and high density buildings. Overlooked sites. Main roads, railways, and other noisy busy areas. Intimidating, institutional or non-domestic general environment.				
REDLAND	THE PARK	CAFTU	ROGERS ST	MEAKIN PARK
Site relatively free of high rise buildings Road in front of site does not currently have through access and therefore not a major thoroughfare Aspects of the neighbouring hospital site likely to be non-domestic Unsure about future uses of other neighbouring parcels of land	Natural environment is a real asset, but located in institutional (potentially intimidating) precinct-juvenile justice, high security unit, extended treatment forensic unit, medium secure unit, police academy etc	Nearby high rise buildings and close proximity of residential areas likely to be challenging aspect of this site Hospital campus location largely overcomes issues of busy roads, but campus itself might present intimidating non domestic feel.	Neighbouring school buildings may constitute a challenge Large Salvation Army facility overlooks site, but its windows are not oriented to where the service may be developed While the site is in an inner city location it appears reasonably protected from busy roads and thoroughfares	Some benefits in vacant land. Some semi industrial use nearby

PRIVACY				
Importance: Essential				
Privacy for the adolescent consumers is important, but the facility should not be too isolated. It is desirable for consumers to have opportunities to see people outside, but adolescents should not be "on display". Contact with the public and families needs to be controlled. It is important that public thoroughfares do not happen through the facility site.				
REDLAND	THE PARK	CAFTU	ROGERS ST	MEAKIN PARK
Undeveloped site and neighbouring reserves afford good potential to develop site in a manner that maintains privacy Impact of future use of vacant land unknown	Open spaces offer potential to maintain privacy but other users of the site and surrounds may create some challenges Not likely to be a thoroughfare although may be isolated	Neighbouring buildings on hospital campus and neighbouring residential buildings may create a challenge for maintaining privacy on the site Unlikely to be a public thoroughfare	Neighbouring schools and homeless shelter may create some challenges for maintaining privacy in this area. Location is not isolated	Private site

SAFETY – EMERGENCY BACKUP				
Importance: Essential				
Access to help for 'code blacks' is critical. These incidents require back up from psych nurses specifically trained in aggressive behaviour management. A response is needed within 5 minutes; therefore the adolescent facility needs to be located where appropriate help is available.				
REDLAND	THE PARK	CAFTU	ROGERS ST	MEAKIN PARK
Proximity to the adult acute unit and hospital campus is favourable in this regard	Service currently receives code black support from ETR and Medium Secure staff High security service does not provide code black response Code black response might be compromised at Orford drive site As ETR is replaced by community care units and in time medium secure is downsized the maintenance code black response may not be assured	Code black response may be offered from hospital security Size of the campus makes fast code black response from adult mental health staff unlikely	After hours code black access to this site is an outstanding issue	Major weakness. Not near enough to mental health unit

PHYSICAL HAZARDS				
Importance: Nice to Have				
Avoid: bridges, high buildings, cliffs, multi-storey car parks, bridges, main roads, train lines				
REDLAND	THE PARK	CAFTU	ROGERS ST	MEAKIN PARK
Some main roads located in vicinity	Train line and abandoned buildings located in vicinity	Multistorey car park located on hospital campus Other physical hazards in the vicinity	Some high buildings and other physical hazards located in the vicinity	Some distance from these things

UNDESIRABLE PERSONS				
Importance: Essential				
Avoid opportunities for contact with 'undesirable persons'.				
REDLAND	THE PARK	CAFTU	ROGERS ST	MEAKIN PARK
Site is not located near 'undesirable groups'	Growth in forensic programs particularly Extended Treatment Forensic programs makes this area problematic	May be some concern in the event consumer absconded to Fortitude Valley	May be somewhat of a challenge in Spring Hill and close proximity to homeless shelters	Site is not located near 'undesirable groups'

ABSCONDING				
Importance: Desirable				
A buffer of space around the facility is important – a buffer of 5 minutes walk (300m) to public transport to deter rapid absconding. Avoid potential hiding places. Multi-purpose games court (tennis, basket ball, volleyball).				
REDLAND	THE PARK	CAFTU	ROGERS ST	MEAKIN PARK
Site likely to offer reasonable buffer for accessing public transport. Neighbouring nature reserve may be a challenge in the event of an absconding attempt	Site has about a 300m buffer between it and public transport.	Hospital campus may act as a buffer to accessing public transport but may not deter rapid absconding.	Closest bus stop about 450 metres May not deter absconding due to building density	

SITE PLANNING FACTORS				
On Site Activities				
Multi-purpose games court (tennis, basket ball, volleyball).				
REDLAND	THE PARK	CAFTU	ROGERS ST	MEAKIN PARK
Potential for on campus sporting options	Site has about a 300m buffer between it and public transport.	Limited on campus sports and activity options	Some opportunity to have some onsite sporting and other activities	
Vehicle Access & Parking				
Importance: Nice to Have				
Need space for car and mini-bus access to front of building and truck / ambulance / police access to rear.				
Must adhere to QHealth and building code requirements.				
REDLAND	THE PARK	CAFTU	ROGERS ST	MEAKIN PARK
Not likely to be problematic on site	Not likely to be a problem on site	Might be a challenge on site	Not likely to be problematic on site	
Access to Facilities				
Importance: Desirable				
Access to Gymnasium				
REDLAND	THE PARK	CAFTU	ROGERS ST	MEAKIN PARK
Land size may permit larger design	Land size may permit larger design Access to large open grassed area	Land may not permit entire gymnasium, but exercise room may be	Land may not permit entire gymnasium, but exercise room may be possible.	Land size may permit larger design
Importance: Essential				
Access to Large Open Grassed Area				
REDLAND	THE PARK	CAFTU	ROGERS ST	MEAKIN PARK
Footprint may be larger on this site	Footprint may be larger on this site	Large open grassed area unlikely on site	Large open grassed area unlikely on site	Footprint may be larger on this site
Importance: Nice to Have				
Access to a small swimming pool with spa and swim jets				
REDLAND	THE PARK	CAFTU	ROGERS ST	MEAKIN PARK
Site unlikely to prohibit this feature	Site unlikely to prohibit this feature	Site unlikely to prohibit this feature	Site unlikely to prohibit this feature	Site unlikely to prohibit this feature
Importance: Desirable				
Access to a full size swimming pool				
REDLAND	THE PARK	CAFTU	ROGERS ST	MEAKIN PARK
Site within 5 minutes drive of local aquatic centre	Site within 5 minutes drive of Goodna Pool	Site within 5 minutes drive of centenary pool	Site within 5 minutes drive of centenary pool	?
Importance: Desirable				
Access to a Sports Oval or park				
REDLAND	THE PARK	CAFTU	ROGERS ST	MEAKIN PARK
Site within reasonable distance of sporting facilities	Site located close to cricket oval	Site within reasonable distance of Victoria Park precinct	Site within reasonable distance of Victoria Park precinct	Close proximity to sporting facilities
Importance: Desirable				
Access to adventure training and water sports				
REDLAND	THE PARK	CAFTU	ROGERS ST	MEAKIN PARK
Bay is accessible to site	Brisbane river accessible to site	Accessible to 'Riverlife' at Kangaroo point and Rock Climbing at Fortitude Valley	Accessible to 'Riverlife' at Kangaroo point and Rock Climbing at Fortitude Valley	Reasonable proximity to activities

Public Transport				
Importance: Essential				
Need access to good public transport. Trains are preferred as being more reliable in timetable and less intimidating. (See attached summary)				
REDLAND	THE PARK	CAFTU	ROGERS ST	MEAKIN PARK
Not likely to be problematic on site	Not likely to be problematic on site	Might be a challenge on site	Not likely to be problematic on site	

Shops				
Importance: Desirable				
Need access to a variety of shops via public transport. There is graded use of shops in rehabilitation starting with smaller, less dense and closer shops and progressing on to large shopping malls. Ideally there should be a corner store within walking distance, and a major shopping centre a train ride away.				
REDLAND	THE PARK	CAFTU	ROGERS ST	MEAKIN PARK
Some shopping available at Cleveland	Variety of shops accessible from Ipswich line	Variety of shops available in Brisbane City/Fortitude Valley/New Farm	Variety of shops available in Brisbane City	Some shopping available at Logan

Other Facilities				
Importance: Desirable				
It is desirable to have other types of social activities available in the community such as:- churches, youth groups, sporting groups, dancing classes etc. (these are examples only – it is not important to have a particular type of community activity, group, club available).				
REDLAND	THE PARK	CAFTU	ROGERS ST	MEAKIN PARK
May be able to access these activities and opportunities in the Cleveland area	May be able to access some activities in the Goodna/ Gailles area	Lack of isolation increases likelihood of accessing community activities in local area	Lack of isolation increases likelihood of accessing community activities in local area	Access to some activities likely

On-site independent accommodation units				
Importance: Essential				
Future proof for on-site independent accommodation units (for family visits and for consumers preparing to leave). Note: This is not in current scope of works but should be considered in future construction.				
REDLAND	THE PARK	CAFTU	ROGERS ST	MEAKIN PARK
Site size unlikely to prohibit provision of this space	Site size unlikely to prohibit provision of this space	Size of site may make future proofing a challenge	Size of site may make future proofing a challenge	Site size unlikely to prohibit provision of this space

Hospitals & Doctors				
Importance: Essential				
Hospital emergency department within a 20 minute drive of the facility. A good working relationship with a local hospital is important.				
REDLAND	THE PARK	CAFTU	ROGERS ST	MEAKIN PARK
Located at Redland Hospital	Ipswich Hospital closest available emergency facility	Located at RBH	Within 20 minutes of RBH	Within 20 minutes of Logan
Importance: Essential				
Proximity to the Qld Children's hospital is desirable				
REDLAND	THE PARK	CAFTU	ROGERS ST	MEAKIN PARK
Considerable distance from Qld Childrens Hospital close proximity to other mental health services	Some distance from Qld children's hospital, some distance from other child and youth services. Close proximity to forensic mental health services and medium secure staff.	Reasonable proximity to Qld Childrens Hospital close proximity to other C&Y mental Health Services	Reasonable proximity to Qld Childrens Hospital close proximity to other C&Y mental Health Services	Considerable distance from Qld Childrens Hospital close proximity to other mental health services

Importance: Desirable Proximity to an 'after hours' GP clinic is desirable.				
REDLAND	THE PARK	CAFTU	ROGERS ST	MEAKIN PARK
Significant number of General Practitioners in Cleveland area with opening hours to 7pm.	Access to General Health Service- The Park	Some options in reasonable proximity	Some options in reasonable proximity	Access to Logan Clinics

Public Transport Importance: Essential Hospital emergency department within a 20 minute drive of the facility. A good working relationship with a local hospital is important.				
REDLAND	THE PARK	CAFTU	ROGERS ST	MEAKIN PARK
Located at Redland Hospital	Ipswich Hospital closest available emergency facility	Located at RBH	Within 20 minutes of RBH	Within 20 minutes of Logan

Access for Families & Visitors Importance: Nice to Have Local external accommodation for families such as motels and hotels with good public transport access to the facility.				
REDLAND	THE PARK	CAFTU	ROGERS ST	MEAKIN PARK
'Holiday style' accommodation available in close proximity	Limited accommodation options at Darra.	May be some local options with existing partnerships eg Ronald McDonald House.	Variety of temporary accommodation options in Spring Hill.	Some options available

Police Importance: Desirable Police do not need to be close, but a relationship with a small local police station is good, more for consumer education and contact than to handle emergency situations.				
REDLAND	THE PARK	CAFTU	ROGERS ST	MEAKIN PARK
Close proximity to local police station	Reasonable proximity to Mt Ommaney police station	Reasonably close to Valley Police Station	Reasonably close to Valley Police Station	Reasonable proximity to police station

Staff Access Importance: Nice to Have Staff recruitment and retention are important factors. Consider metropolitan location.				
REDLAND	THE PARK	CAFTU	ROGERS ST	MEAKIN PARK
45 minute drive from CBD may be a challenge for some staff. May also be a challenge for existing staff. May be some benefit from co-location with other services.	Advantages associated with retaining existing location and staffing group- some concern in the future about the isolation of the service from other child and youth services.	Centrally located. May be some advantages in being located with other mental health services.	Centrally located. May be some advantages in being located with other C&Y services	Some distance from existing service. Serviced by Logan and Pacific Motorways

Site Acquisition & Development				
Importance: Essential				
What are the cost and time implications of site acquisition?				
REDLAND	THE PARK	CAFTU	ROGERS ST	MEAKIN PARK
	Applicable to all sites Sites on The Park Campus QHealth Land. Orford Drive site may not be Q Health land.	Applicable to all sites- Q Health Land	Applicable to all sites- Q Health Land	Applicable to all sites

Site Development				
Importance: Essential				
Includes:-				
Obtaining development approvals.				
Providing site infrastructure (power, water, roads, sewers, drains, phones).				
Site preparation costs (earthmoving, site drainage).				
Foundation costs (does the site have problem ground?).				
Are there any existing facilities/services which need to be decanted (budget, timelines and other impacts)?				
Is the site large enough, now and in the future?				
Any heritage or indigenous issues?				
What are the time and cost implications of the above?				
Will any of these factors affect the use of the facility now and in the future?				
REDLAND	THE PARK	CAFTU	ROGERS ST	MEAKIN PARK
Applicable to all sites	Applicable to all sites	Applicable to all sites	Applicable to all sites	Applicable to all sites



Mental Health Plan Implementation Team
Mental Health Branch
Division of the Chief Health Officer

Report of the site evaluation subgroup

Site Options Paper for the redevelopment of the Barrett Adolescent Centre

October 2008

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Executive Summary

The Queensland Plan for Mental Health 2007-2017 provides significant funding to support mental health service improvement and reform. The plan includes investment in new and upgraded inpatient services.

This report of the Site Evaluation Subgroup includes an appraisal of the options explored for the redevelopment of the Barrett Adolescent Centre (BAC).

At the request of the Area General Managers of the former Southern and Central Area Health Services, the following sites were considered as options for the redevelopment of the BAC:

- Rogers Street Spring Hill;
- CAFTU- RBH;
- Land adjacent to Redland Hospital;
- Meakin Park – 3 km from Logan Hospital Site (precise land parcel unknown- assume bushland between Queens Rd and Beal St); and
- The Park Centre for Mental Health (3 site options on campus considered).

The report finds Redland and The Park as the only architecturally viable options if the service is to be redeveloped as currently envisaged.

It identifies redevelopment at Redland as the preferred option.

The report identifies the need for further consultation on this option with the current Barrett service providers, consumers, carers and the broader Child and Youth Mental Health Sector to inform a final decision.

The Barrett School is a critical component of the service and must be included in the redevelopment of the service at any site. Therefore, negotiation with the Department of Education, Training and the Arts is required in the process of deciding the preferred option.

A final decision for the service location will be made by the District CEOs of Metro South and Darling Downs West Moreton Health Service Districts. It is recommended that the District CEOs provide the Site Evaluation subgroup with the authority to consult these relevant stakeholders on the preferred option. Subject to approval consultation could consider the following identified issues:

- Review of transport options, including duration and cost of journeys. A comparison of the accessibility of the sites particularly for consumers accessing the day program and for consumers and carers travelling from rural, regional and remote areas who require the service.
- Consideration of the impact of the surrounding built environment at Redland. This should take account of the surrounding bushland and include some consideration of risk management strategies associated with bushfires, wildlife and proximity to other infrastructure including the sewage treatment plant.
- Further analysis of the impact of the built environment at The Park and associated risk management strategies. This may include consideration of the implications of having vacant buildings on the site. It could further identify the challenges and opportunities associated with the proximity of the service to the new Police Academy site.
- Further consideration of the cost and time implications should a staged redevelopment at the existing site be pursued.
- Consultation with police to establish whether Redland site may subject the unit to risk from 'undesirable persons' and consideration about how such a risk might be managed.
- Consideration of the implications of the implementation of the Clinical Services Capability Framework (CSCF) and the assignment of a level to the service. In particular, this may further clarify the specialised requirements of the unit including the need for specialist human resources and the advantages of being co-located with 24 hour medical care.

- Further clarification of plans for service expansion in the second half of the plan to provide 5 additional beds for the adolescent unit in the development of step down units and further consideration of accommodation options for family and carers.
- Clarifying the governance arrangements should the unit be located at Redland. In particular the service's reporting relationships to Metro South and/or the Queensland Children's Hospital.
- Further examination of the potential advantages of co-locating the service near the Brisbane Youth Detention Centre at Wacol, Child and Youth Forensic Outreach Service (CYFOS), Mental Health Alcohol Tobacco and Other Drugs Service (MHATODS) given the overlap of demographics and some characteristics of clients seen by each of these services. This requires some consultation with MHATODS and CYFOS to determine whether co-location of this kind is consistent with the service development intentions of these services.

It is proposed that the Site Evaluation Subgroup report on the outcome of this consultation to the District CEOs to support a final decision concerning the site for redevelopment of the Centre.

Dr Aaron Groves
Senior Director, Mental Health Branch
28/10/2008

Introduction

The purpose of this paper is to support decision making associated with the selection of a site for the replacement of the Barrett Adolescent Centre (BAC).

It considers the sites below, which were identified by Area Health Services as potentially suitable for replacement of the centre:

- Rogers Street Spring Hill
- CAFTU- RBH
- Redland Hospital
- Meakin Park – 3 km from Logan Hospital Site (precise land parcel unknown- assume bushland between Queens Rd and Beal St)
- The Park Centre for Mental Health (3 site options on campus considered)

The report includes:

- a brief description of the project;
- a summary of the model of service for BAC;
- a description of site requirements and;
- a site appraisal of the two architecturally viable sites- prepared by Project Services.

Appendix One includes the rationale for finding two of the three site options at The Park, CAFTU and Rogers Street to be architecturally unviable. Advice from Southside Health Service District subsequent to the site options tour indicated the option at Logan was no longer available or viable; therefore an appraisal of this site has not been undertaken.

Appendix Two is a collection of 'Site Tour Notes' providing a summary of some of the key issues considered by Site Evaluation subgroup during site visits by the subgroup on 5 August 2008.

The report identifies the need for further elaboration of some of the challenges and opportunities of the two architecturally viable sites to support a final decision concerning the redevelopment of the unit.

The report concludes that Redland appears to be the preferred option for the redevelopment of the service subject to further consultation with the sector.

1. Project Description

Replace Barrett Adolescent Centre with a new 15 bed adolescent extended treatment unit.

Background:

- Decision concerning the location for the redevelopment of the Adolescent unit is contentious
- Redevelopment at The Park is problematic because of the expansion of forensic services being undertaken on the site
- This expansion includes the development of a further 40 extended treatment forensic beds over the next 10 years
- Advantage of the current site is the existing service with highly skilled staff.
- No optimal location for the unit identified by Child and Youth clinicians
- "Site Evaluation Sub Group" established to assist in determining an appropriate site for the unit at the direction of the Area General Managers (participants identified below)
- Subgroup reviewed the site selection criteria and accommodation schedule produced by Project Services in collaboration with BAC staff
- Ranking of site selection criteria reviewed
- Scope for reducing footprint identified in accommodation schedule
- Alternate sites identified in discussion with Area Health Services
- Sub Group visited the following sites on 5 August 2008:

Rogers Street Spring Hill

CAFTU- RBH

Redland Hospital

Meakin Park – 3 km from Logan Hospital Site (precise land parcel unknown- assume bushland between Queens Rd and Beal St)

The Park Centre for Mental Health (3 site options on campus considered)

- Sub Group agreed to consider the site options on the basis that they may:
 - serve the clinical objectives of the service
 - satisfy the criteria nominated in the 'Site Selection Criteria'
 - meet the design requirements identified in the accommodation schedule

Participants:

Ms Denisse Best	Executive Director	Child & Youth Mental Health Service, Royal Children's Hospital & Health Services Districts, Chair Child & Youth Sub Group
Mr Kevin Fjeldsoe	Director	Mental Health Plan Implementation Team
Dr Trevor Sadler	Clinical Director	Barrett Adolescent Centre
Dr Brett McDermott	Director	Mater Child & Youth Mental Health Service
Ms Linda Ryan	Principal Project Officer	Southern Area Health Service
Ms Karen Ryan	Manager	Rural Service Planning Unit, Southern Area
Ms Erica Lee	Manager	Child and Youth Mental Health Service
Mr Paul Clare	Principal Project Officer	Mental Health Plan Implementation Team
Mr John Quinn	Manager	Mental Health Plan Implementation Team
Ms Jenny Stone	Assistant Director	(Southern) Program Coordination Unit LWAMB
Mr Chris Hollis	Network Coordinator	Mental Health - Central Area
Mr Mark Wheelehan	Area Team Leader	Central Area
Ms Elisabeth Roberts	Principal Project Officer	Southern Area

Additional invitees to site options tour:

Dr Terry Carter	Project Manager,	Mental Health Capital Works Program
Mr David Pagendam	Senior Architect	Project Services
Ms Karen Reidy	Architect	Project Services

Apologies for the site tour:

Dr Bill Kingswell	Director	Mental Health Services - Logan
Ms Karen Ryan	Manager	Rural Service Planning Unit, Southern Area
Mr Chris Hollis	Network Coordinator	Mental Health - Central Area
Mr Mark Wheelehan	Area Team Leader	Central Area
Ms Elisabeth Roberts	Principal Project Officer	Southern Area
Mr David Pagendam	Senior Architect	Project Services

2. Brief Summary of the Adolescent Extended Treatment Model of Service

Service integration

The Adolescent Extended Treatment and Rehabilitation Service is an integral part of Child and Youth Mental Health network of services in Queensland. Child and Youth Mental Health Services (CYMHS) include:

- community clinics throughout Queensland
- specialised therapeutic services to children and adolescents in the care of the Department of Child Safety (Evolve teams)
- acute inpatient services in Metro South, Metro North, Mater and Gold Coast Health Districts
- a day program at the Mater Children's Hospital, with proposals to develop further day programs at Townsville and the Sunshine Coast.
- a Child and Youth Forensic Outreach Service (CYFOS)
- a visiting service to the Brisbane Youth Detention Centre

An adolescent of high school age is referred to the Adolescent Extended Treatment and Rehabilitation Service if severe mental illness and impairment persist after extended treatments in one or more of these other settings. It is both a tertiary and quaternary referral service, depending on the severity and complexity of illness and range of settings for intervention prior to referral. Referrals are accepted from throughout Queensland. On occasions it is appropriate to accept referrals from northern New South Wales and the Northern Territory. Referrals may also be made by private child and adolescent psychiatrists or psychologists.

Adolescents usually will be placed on the waiting list, and managed by the referring service until admission is possible. Throughout the admission, ongoing linkages with the referrer will occur via videoconference and case management.

It is proposed that the Adolescent Extended Treatment and Rehabilitation Service be a Level 6 service in the Clinical Services Capability Framework being developed by the Mental Health Branch.

Target population:

Adolescents accepted for referral have severe, persistent, co-morbid mental illnesses associated with a range of impairments. Mental illnesses most commonly diagnosed include:

- depression
- eating disorders
- social and other anxiety disorders
- obsessive compulsive disorder
- dissociative disorders

- post traumatic stress disorder
- psychotic disorders
- organic disorders
- co-morbid disorders of development

The Health of the Nations Outcome Scale for Children and Adolescents (HoNOSCA) is an assessment tool used by mental health services across Australia to assess levels of symptom severity, impairment and family function. Compared with the national average of those admitted to acute adolescent inpatient units, those admitted to the Adolescent Extended Treatment and Rehabilitation Service show similarly high levels of symptoms and acuity (e.g. emotional distress, self harm, perceptual disturbances), but significantly higher levels of impairment (e.g. schooling, self care, peer relationships, impaired concentration) and family dysfunction.

Treatment of many disorders requires the active participation of the adolescent. Frequently they are not contemplating change, but continue with an illness seriously affecting health and their functioning. Both symptom severity and impairment are likely to persist for decades into adult life without adequate intervention.

Service description:

The core of the service is the provision of a wide range of intensive interventions for integrated treatment and rehabilitation. (Unlike many areas of physical medicine in which there is a definitive treatment followed by rehabilitation, effective outcomes in adolescent mental health require an integrated approach to treatment and rehabilitation over months.)

Core approaches to treatment and rehabilitation include:

- utilising standard biological mental health treatments (medication, ECT), although the effectiveness of these is limited
- utilising a wide range of psychological interventions for adolescents with often limited verbal skills and limited understanding of psychological issues
- utilising a wide range of life skill and activity based interventions to address developmental tasks in both treatment and rehabilitation
- providing of a range of comprehensive education and pre-vocational activities through the Department of Education, Training and the Arts
- continuing support of, liaison with and therapy for the family
- maintaining strong community linkages
- safely managing a range of life threatening behaviours
- effectively managing a range of dysfunctional behaviours
- maintaining a ward environment which promotes therapeutic interactions

Depending on levels of acuity and impairment, adolescents access this program at a number of levels:

- as inpatients (full or partial hospitalisation) for those with high to extreme levels of acuity and severe impairment. Up to 15 beds are available for this purpose.
- as day patients for those with severe impairment but lower acuity for those who can access the service.

A comprehensive extended treatment and rehabilitation program for a Statewide service would also include:

- a therapeutic residential unit for those who have severe levels of impairment, low to medium levels of acuity and cannot access the service as a day patient
- a transitional residential facility (step-down) service for those who have moved from high to lower levels of acuity, continue to have moderate to severe impairment, and cannot return to their family home.

- a family stay residential facility to provide intensive family interventions or family interventions with adolescents with extreme acuity.

Legislative framework and Policy Directions:

In common with other Mental Health Services in Queensland,

- adolescents are admitted either as voluntary patients or under the Mental Health Act.
- consumer, and where possible, carer participation is essential to providing service.
- a Recovery framework is clearly articulated, although it differs in concept to adult mental health services.
- adolescents are managed in the least restrictive manner appropriate to safety. (This creates challenges on an open unit.)
- minimising seclusion and restraint is associated with better outcomes, but requires more intensive staffing.
- outcomes are routinely measured utilising a nationally standard suite of scales - the HoNOSCA, Children's Global Assessment Scale (CGAS) and Factors Influencing Health Scale (FIHS).

Pathways of service delivery once admitted

Transfer

- acute medical management at local general hospital occurs at regular intervals.
- rarely acute psychiatric care at referring acute unit may be required.

Discharge

- intensive discharge planning requires considerable integration with the local community of origin (including local schools)
- the adolescent often transitions from full inpatient admission to periods of partial hospitalisation prior to discharge.
- the lack of appropriately supervised accommodation in the NGO sector is a problem for adolescents who cannot return to their family of origin.
- remoteness of referring services makes follow up referral linkage sometimes difficult to sustain
- occasionally it is difficult to access support in adult mental health services if the adolescent requires further long term treatment.

Managing risk

Managing self harm, suicide attempts, absconding and aggression are major risk issues in patient safety in both adolescent and adult sectors. However, there are particular issues in the genesis and management of these risks in adolescents.

- adolescents do not often possess good verbal skills and their distress is manifest instead in a range of behaviours
- adolescents generally are fitter and have fewer problems with mobility (whether secondary to the type of illness or medications). This enables them to abscond.
- adolescents are more likely to encourage a peer to join them in absconding or to copy another with self harm – the so called “contagion effect”.
- adolescents are more sensitive to adverse changes in the family environment. Although distant, this may be a potent effect on behaviours within the unit.
- adolescents are often more impulsive, especially in relation to negative life events to which they are more sensitive.
- adolescents have less experience at assessing safety in the community

- adolescents are more likely to react negatively to a perceived closed environment than an open one. There is a complex interaction between built environment and safety which will be described in the next section

Staffing structure and composition:

- Intensive levels of staffing required for intensive interventions and high levels of acuity
- Staff must have training and/or substantial experience in child and adolescent mental health
- Specialist skill sets in a range of psychological, activity based and life skills interventions required
- Clinical and educational multidisciplinary bio psycho social approach
- Maintenance of ongoing professional development and supervision of staff required
- Range of resources to support the necessary range of interventions

Performance, quality and safety:

- consumer and carer satisfaction
- ongoing workplace health and safety monitoring due to nature of service
- outcomes monitoring

3. Site Requirements

THE IMPACT OF BUILT ENVIRONMENT AND EXTENDED ADOLESCENT TREATMENT

1. The Rationale to Develop Guiding Principles for the Built Environment

Adolescents admitted to the Extended Treatment and Rehabilitation unit are likely to spend up to twelve months or more in hospital. (Hospital is acknowledged to be the most restrictive setting in mental health.) About half will at some stage be on an Involuntary Treatment Order. Initially most adolescents do not contemplate the need for change. Many adolescents believe they should be independent and exercising freedoms they see in their peers. These factors have the potential to actively work against the fact that most treatments require the active participation of the adolescent. There is considerable potential for adolescents to react strongly against treatment, the staff and hospitalisation. This is manifest in two of the risk factors associated with the unit – absconding and aggression.

Clearly identifiable factors can minimise these tensions and their attendant risk factors. Broadly they can be divided into staff attitudes/skills and the impact of built environment. Guiding Principles 1 – 3 below have been extracted from surveys of adolescents who have been asked about the impact of the change of environment from the constricted environment of an acute inpatient setting to the more open environment of the extended treatment unit has had on their attitudes to being in treatment.

Built environment also has numerous other impacts:

- Adolescents on admission range widely in their fitness levels, co-ordination abilities and participation in physical activity. Providing for a range of physical activity addresses a number of impaired tasks of adolescent development. (Principles 2 and 3).
- Adolescents interact intensively with a limited range of peers over a long period. Adequate external and internal spaces achieve a balance between privacy and a range of peer interactions. (Principles 2,3 and 6)
- Adolescents can utilise external spaces to help them regulate emotional distress and aggressive impulses. (Principles 1 and 2)
- Many adolescents have had very limited interactions with peers or areas outside their home prior to admission. Time in acute inpatient units is in enclosed environments. It is initially helpful to spend time outside without the feeling of being on view to the public. (Principles 2 and 3)
- A number of adolescents often talk in therapy in an activity in the grounds. They are uncomfortable in a room with the expectation they should talk. (Principle 2)

The built environment must also be considered within the broader context of the neighbourhood in which it is located.

- An open unit offers more chances to abscond. Adolescents are at risk then of mishap from nefarious persons, or from themselves by accessing of heights or other means to attempt suicide. (Principles 4,5)
- It is essential for rehabilitation that community public transport, sporting, community and recreational facilities are available within reasonable distance to prepare an adolescent for integration into their own communities. (Principle 6)
- Either sufficient recreational space and facilities are located within the grounds of the unit, or within close proximity (less than 1 minute) to afford opportunities for acutely unwell adolescents to access these in safety, or for staff return to attend to crises on the unit. (Principle 1, 2 and 6)

2. Guiding Principles

Six Principles can be derived from the above observations to guide the location and design of the Centre.

Principle 1.

Minimising visual restrictions in the environment enable adolescents to cope better with legislative and behavioural restrictions and the restrictions their illness imposes on them.

Principle 2.

The grounds surrounding the building must have sufficient room for multiple purpose activities – recreation, fitness, socialisation, private areas, areas for emotional regulation and areas to enhance therapies to be undertaken safely.

Principle 3.

Adolescents should not feel they are on display to the public, nor should the public have cause to stigmatise the unit.

Principle 4.

The chances of absconding successfully can be reduced by consideration of factors in the immediate neighbourhood of the Unit.

Principle 5.

The chances of an adverse event following an absconding can be reduced by attention to the immediate neighbourhood of the Unit.

Principle 6.

The neighbourhood in which the unit is located should afford opportunities to practice skills for rehabilitation and community integration which can be generalised to the community in which the adolescent lives.

3. Application of the Principals to Design

3.a Characteristics of the Site

3.a.i external views – desirable:

- Sky, trees, distant objects, grass, landscape, sports ovals. (Principles 1,2)
- Sense of distance, calmness more important than people, but distant views of people engaged in gentle activities is desirable. (Principle 1,2)
- Water views a bonus. (Principle 2)

3.a.ii External views – undesirable

- Anything that is too busy or intrusive; buildings. (Principles 1,2 and 5)

3.a.iii Access to natural environment

- Grass, trees, animals, water (as long as it is safe), gardens, getting back to nature. (Principles 1,2)

3.a.iv Access to outdoor activities

- Safe place for walking and riding (not on main roads), playing outdoor games and sports, and just “getting away”. (Principles 2, 6)

3.a.v External buffer space and boundaries

- At least 50m away from houses is a minimum to reduce bad interactions with neighbours (both ways). (Principle 3)
- There needs to be clearly defined boundaries but boundaries should be as invisible and unoppressive as possible. (Principles 1,4)
- Good buffer spaces can reduce the need for fences. (Principles 1,4)

3.a.vi Topography

- An elevated site with long views and vistas into the distance is preferable, but the site of the facility must be reasonable level. (Principles 1,2)
- Slopes can be used to hide fences. (Principles 1,4)

3.a.vii Schools

- The facility will have an on-site school which contributes 60% of rehabilitation.

3.a.viii Privacy

- Privacy for the adolescent consumers is important, but the facility should not be too isolated. (Principles 3,6)
- It is desirable for consumers to have opportunities to see people outside, but adolescents should not be “on display”. (Principle 3)
- Contact with the public and families needs to be controlled. (Principles 2,3,4 and 5)
- It is important that public thoroughfares do not happen through the facility site. (Principle 3)

3.a.ix Total site area

- 2 Ha preferred area. (Principles 1,2 and 3)
- 1.5 Ha minimum.

3.b. Characteristics of the Immediate Neighbourhood

3.b.i Surrounding built environment

Avoid:-

- High rise and high density buildings. (Principles 1,2 and 5)
- Sites that other buildings look down on. (Principle 3)
- Main roads, railways, and other noisy busy areas. (Principles 3,4 and 5)
- Intimidating or industrial general environment (Principles 2, 3)

3.b.ii Physical hazards

- Avoid bridges, high buildings, cliffs, multi-storey car parks, bridges, main roads, train lines. (Principles 4,5)

3.b.iii Absconding

- A buffer of open space around the facility is important to keep sight of an absconder (Principles 4,5)
- A buffer of 500m to public transport to deter rapid absconding. (Principles 4,5)
- Avoid potential hiding places. (Principle 4)

3.b.iv Schools

- The facility will have an on-site school which contributes 60% of rehabilitation.
- It is a Band-7 school (special education) but not all consumers attend this school, therefore access to other schools (particularly high schools) is necessary. (Principle 6)

- Need plenty of good schools within short driving distance including good ones with varying socio-economic levels. (Principles 3,6)
- Avoid areas where there are “tough” schools where there might be bullying. (Principle 3, 6)

3.b.v Recreational facilities in close proximity

- Recreational-size swimming pool. (Principles 1,2)
- Sports oval or park. (Principles 1,2)
- Adventure therapy components (Principles 1,2)

3.b.vi Undesirable persons

- Avoid opportunities for contact with undesirable persons. (Principle 2)
- Avoid close proximity to forensic units (Principle 2)

3.c. Characteristics of the Broader neighbourhood

3.c.i Sports locally off site

- Full-size swimming pool. (Principle 6)
- Sports oval or park. (Principle 6)
- Bike riding and recreational walking
- Water sports. (Principle 6)

3.c.ii Activities off site (remote)

- Reasonable access to adventure therapy activities. (Principle 6)

3.c.iii Public Transport

- Need access to good public transport. Trains are preferred as being more reliable in timetable and less intimidating. (Principle 6)

3.c.iv Shops

- Need access to a variety of shops via public transport. (Principle 6)
- There is graded use of shops in rehabilitation starting with smaller, less dense and closer shops and progressing on to large shopping malls. (Principle 6)
- Ideally there should be a corner store within walking distance, and a major shopping centre a train ride away. (Principle 6)

3.c.v Other facilities

- It is desirable to have other types of social activities available in the community such as:-
 - churches, (Principle 6)
 - youth groups, (Principle 6)
 - sporting groups, (Principle 6)
 - dancing classes etc. (Principle 6)
- (These are examples only – it is not important to have a particular type of community activity, group, club available).

4. Other General Considerations

4.i Staff access

- Staff recruitment and retention are important factors.
- Existing staff have a highly specialised background, and mostly live within easy reach of the Barrett Adolescent Centre.
- A location which is convenient to existing staff is important.
- Numbers and staff on the unit will be insufficient to meet every psychiatric and medical emergency which may arise.

4.ii Emergency Backup

- Access to help for 'code blacks' is critical. These incidents require back up from mental health trained nurses who have completed aggressive behaviour management training.
- A response is needed within 5 minutes; therefore the adolescent facility needs to be located within 500m of a hospital or other mental health facility where appropriate help is available.

4.iii Hospitals and Doctors

- Hospital emergency department within a 20 minute drive of the facility. (Principle 8)
- The existing Barrett Adolescent Centre has enjoyed good relationships with the Mater / Qld Children's Hospital to date, so proximity to there is desirable. (Principle 8)
- Proximity to an 'after hours' GP clinic is desirable. (Principle 8)

4.iv Access for families and visitors.

- Local external accommodation for families are desirable such as motels and hotels with good public transport access to the facility.
- On-site independent accommodation units (for family visits and for consumers preparing to leave).

4.v Police

- Police do not need to be close, but a relationship with a small local police station is good, more for consumer education and contact **than to handle emergency situations.**

4.vi. Climate / Aspect

- Good cooling breezes are desirable for personal comfort and to reduce the need for air-conditioning.
- Site must allow buildings to predominantly face north and south to maximise opportunities for natural cooling and light.

4.vii Public Perception, Politics

- Avoid close proximity to a high security adult mental health facility or prison.
- Avoid suburban areas where 'not in my backyard' syndrome may cause problems.

4.viii Site acquisition & Development

- • Possible in reasonable cost and time
- • Are there heritage, environmental, indigenous issues affecting the site.

4. Site Options Appraisal

Fig 1. Redland Hospital Site (Aerial View)



4.1 Specific Site Considerations for Site Next to Redland Hospital

- Site features
 - Potentially excellent bushland setting satisfactory for views, access to natural environment and access to outdoor activities.
 - No houses in vicinity or likely to be. Site is large enough to allow for adequate buffers. Site is surrounded by hospital, bush and industry.
 - Level site.
 - Distant views may be possible.
 - Sea breezes.
 - Site large enough to allow optimum orientation of buildings.
 - Surrounding built environment is potentially good, if it can be separated from the hospital.
 - Privacy is potentially good, if it can be separated from the hospital.
 - Reasonably close to existing mental health inpatient unit with possibility of closer location in future.
 - There are no physical hazards as per site considerations in the vicinity.
 - If site can be suitably separated from hospital and the public the propensity for interaction with undesirable persons will be limited.
 - 5 minutes walk to nearest bus stop, and being at the end of the bus and train line might make catching of absconders easier (there is only one way to get out of Cleveland)
 - Total site area of 5 Ha - 2 Ha preferred area.

- Local entertainment and sporting facilities
 - Aquatic centre (5 pools plus a spa) in Russell St Cleveland with skate park adjacent. Approx 3 km.
 - Chandler Aquatic Centre approx 10km.
 - Beaches, boating and creeks near.
 - Redland Youth Plaza, a large skateboard facility in Capalaba.
 - Social & community activities are catered for by Redland Shire Council – their web site lists numerous and varied organisations in the area.
- Public transport
 - Buses from Redland Hospital to Cleveland train station. 25 buses in each direction every day from 6 am to 11:30 pm. Veolia bus lines routes 258 and 272. Approx 10 minute ride.
 - 45 trains per day into Brisbane city and back.
- Shopping
 - Snack bar and kiosk in main hospital.
 - Small convenience shopping centre at corner of Bay Street and Wellington Road (approx 750 metres with one road to cross)
 - Good medium size shopping centre at Cleveland (10 minutes by bus)
 - Larger shopping centre at Capalaba (approx 8km)
 - Major shopping centre at Carindale (approx 15km)
 - Brisbane CBD shops accessible by train (approx 1 hour)
- Schools
 - Carmel College (Catholic High School) approx 5km
 - Faith Lutheran College (prep to year 12) approx 7 km
 - Redland District Special School and Thornlands Primary School approx 2 km.
 - Cleveland District High School approx 2km (on bus route)
 - Cleveland Primary approx 3 km
 - Ormiston Primary approx 4km
 - Ormiston College (private non-denominational prep to year 12 school) approx 5 km.
- Supplementary accommodation
 - As a tourist centre, Cleveland has a number of accommodation options for families from \$70 per night.
 - The site is large enough to accommodate independent units.
- External services
 - Hospital emergency department is immediately adjacent.
 - Numerous medical practices in and around Cleveland, including Medeco Medical Centre which operates 24 hours out of central Cleveland and bulk bills children under 16.
 - Large police station in central Cleveland, close to train station.
- Staff
 - Existing staff can access the Redland site which is approximately 40km from the existing Barrett site.
 - The attractions of Redland area (particularly the coastal climate as compared with the Ipswich-Goodna area) might attract existing staff to move or new staff to join.
- Public perception

- Caters to Public perception and politics whereby there is no proximity to a high security adult mental health facility or prison - we are not aware of any such facility anywhere near.

Site acquisition.

- It is understood that the land is State Government owned and is available for purchase from Dept of Infrastructure.

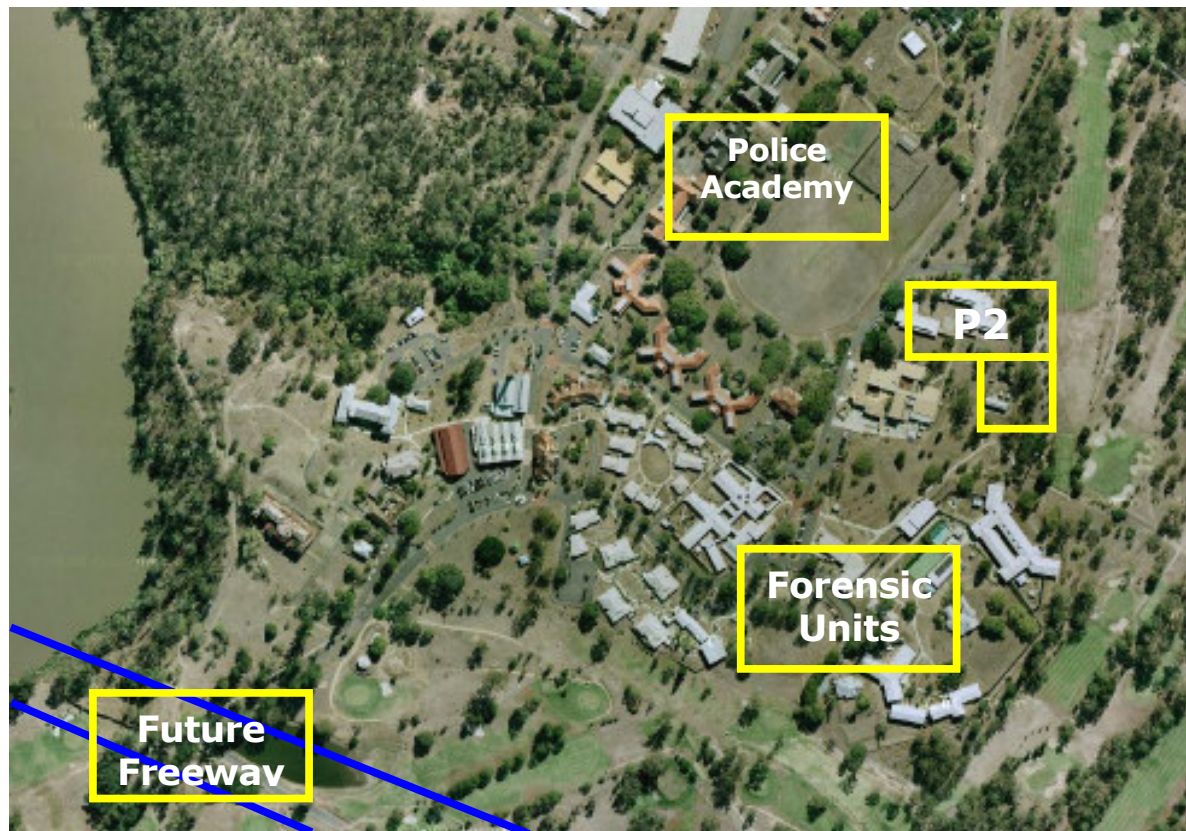
Koalas.

- The site is marked as an Urban Koala Area, which is the least onerous of the three types of Koala Habitat areas.
- It is adjacent to a large Koala Sustainability Area.
- Advice from Project Services Environmental section is that development on this site should not be a problem. It is just a matter of applying a Koala Management Plan, which will cover such items as retention and planting of suitable trees and appropriate fencing. The type of development proposed should be compatible with these requirements.
- Development on this site has not been costed, however, being a “green field” site should have some time and cost advantages.

Conclusion – Redland Site

The information currently at hand, indicates that this site would be suitable for the proposed Adolescent Unit.

Fig 2. P2- The Park Centre for Mental Health – (Aerial View)



4.2 Specific Site Considerations for P2 – The Park

The existing location has been found to be satisfactory in many respects however the following issues need to be taken into consideration

- The Wacol location tends to be hotter in summer and colder in winter than sites closer to the coast.
- The close proximity of the high secure forensic unit could be a drawback.
- Undesirable persons - Open forensic unit nearby
- 2 Ha preferred area, 1.5 Ha minimum - About 1.5 Ha available.
- Existing oval may no longer be available once it is taken over by Police Academy.
- Access for families and visitors - No space available on site.
- Site development possible in stages while maintaining existing service is possible, but there may be a time and cost penalty in a staged development. Figures 3, 4 & 5 illustrate how such a staged development might be achieved while keeping the unit functioning.

Conclusion – P2 – The Park

If the continued proximity of the forensic unit and a compact site can be accepted, the site appears to be suitable for the re-development of the adolescent unit.

Fig 3. Site P2 Stage 1 (Existing Site Redeveloped in 3 Stages) (Aerial View)



SITE OPTION 1 ON EXISTING SITE AT THE PARK - STAGE 1

Project No: 51426
Project Title: 15 Bed Adol. E.T.U., Day Centre and School

Scale 1:1000 @ A3

Note: Options diagrams are based on draft accommodation schedule and spatial relationships workshops only and are not intended to be used as sketch designs.



Fig 4. Stage 2 Site P2 (Existing Site Redeveloped in 3 Stages) (Aerial View)



SITE OPTION 1 ON EXISTING SITE AT THE PARK - STAGE 2

Project No: 51426
Project Title: 15 Bed Adol. ETU, Day Centre and School

Scale 1:1000 @ A3

Note: Options diagrams are based on draft accommodation schedule and spatial relationships workshops only and are not intended to be used as sketch designs.



Fig 5. Stage 3 Site P2 (Existing Site Redeveloped in 3 Stages) (Aerial View)



SITE OPTION 1 ON EXISTING SITE AT THE PARK - STAGE 3

Project No: 51426
Project Title: 15 Bed Adol. ETU, Day Centre and School

Scale 1:1000 @ A3

Note: Options diagrams are based on draft accommodation schedule and spatial relationships workshops only and are not intended to be used as sketch designs.



5. Site Options Conclusion

Redland

According to the analysis provided in this report Redland appears to be the most suitable location for the redevelopment of the 15 Bed adolescent extended treatment unit.

This site measures favourably against the 'Essential' and 'Desirable' characteristics nominated in the revised 'Site Selection Criteria'. The local area affords considerable opportunity to access the natural environment, rehabilitation activities and community and primary care services. The area is adequately serviced by public transport, without being too busy or likely to become a thoroughfare.

The development of a 'green field' option will also avoid some of the logistical challenges and time and cost implications of redeveloped existing buildings.

Importantly, it is not compromised by the risks associated with co-location with forensic inpatient services.

The BAC Clinical Director has identified that the greatest challenge associated with this site is its distance from the existing service at Wacol. In addition, nurses operate under different awards at the two sites. Some senior and experienced staff from both Queensland Health and the Department of Education Training and the Arts definitely would not make a transition to Redland. Managing the retention of experienced staff is critical to avoid crossing a threshold of loss of experience at which all existing staff would seek employment elsewhere. Such a loss of specialised staff would render the unit inoperable. Clearly a human resource management plan would be required to mitigate these significant challenges.

One of the potential benefits of this site is its proximity to Redland Mental Health Service. There are plans to both redevelop and add new acute inpatient beds at Redland in the second half of the Queensland Plan for Mental Health 2007-2017. Initial discussions indicated that the additional beds could well be targeted as youth beds (age 18-25). There has also been suggestion that a child and youth service hub be developed with community and the extended service located at Redland. There could also be opportunity to model improved coordination and integration between adolescent and adult services. It has been noted that co-locating the unit with other mental health services is in the strategic interest of the service.

Among the potential advantages of co-location of this kind include meeting the challenge of staff recruitment and retention.

The Redland site is the preferred option.

The Park

Although the existing and planned forensic services at The Park significantly impact on the feasibility of this option, there are understandable incentives to retain the current adolescent centre location. The service has enjoyed the development of an experienced cohort of staff and the formulation of effective local partnerships. Both are critical to the service model. The key strength of redeveloping in the same location is the inherent support this offers in sustaining the existing culture, expertise and partnerships.

Alternate options that consider relocation and redevelopment must acknowledge the challenges of service development at another site.

Of the three sites identified at The Park, the option to redevelop on the site of the existing unit (P2) is the only option that could be pursued from an architectural/ site planning perspective. The Adolescent Centre Site Appraisal identifies how the redevelopment might be staged to minimise its impact on the provision of services. It is important to acknowledge that this staging process would have time and cost implications for the project. It also indicates that the overall site footprint would need to be reduced in order to be developed on this site.

The site measures well against other 'essential' and 'desirable' characteristics. Close proximity to the natural environment, public transport and the presence of a natural buffer are among the attributes of the location. However, its relative isolation from other child and youth or other (non forensic) mental health services may pose a challenge for service development in the longer term.

As stated the close proximity of the site to the growing high security and extended treatment forensic programs compromise this option. Redeveloping the unit in close proximity to mentally ill offenders is likely to pose clinical and practical challenges and may become a matter of public interest.

Appendix 1 – Site options Appraisal

Fig 1. Sites P1 A and P1B- The Park Centre for Mental Health (Aerial View)

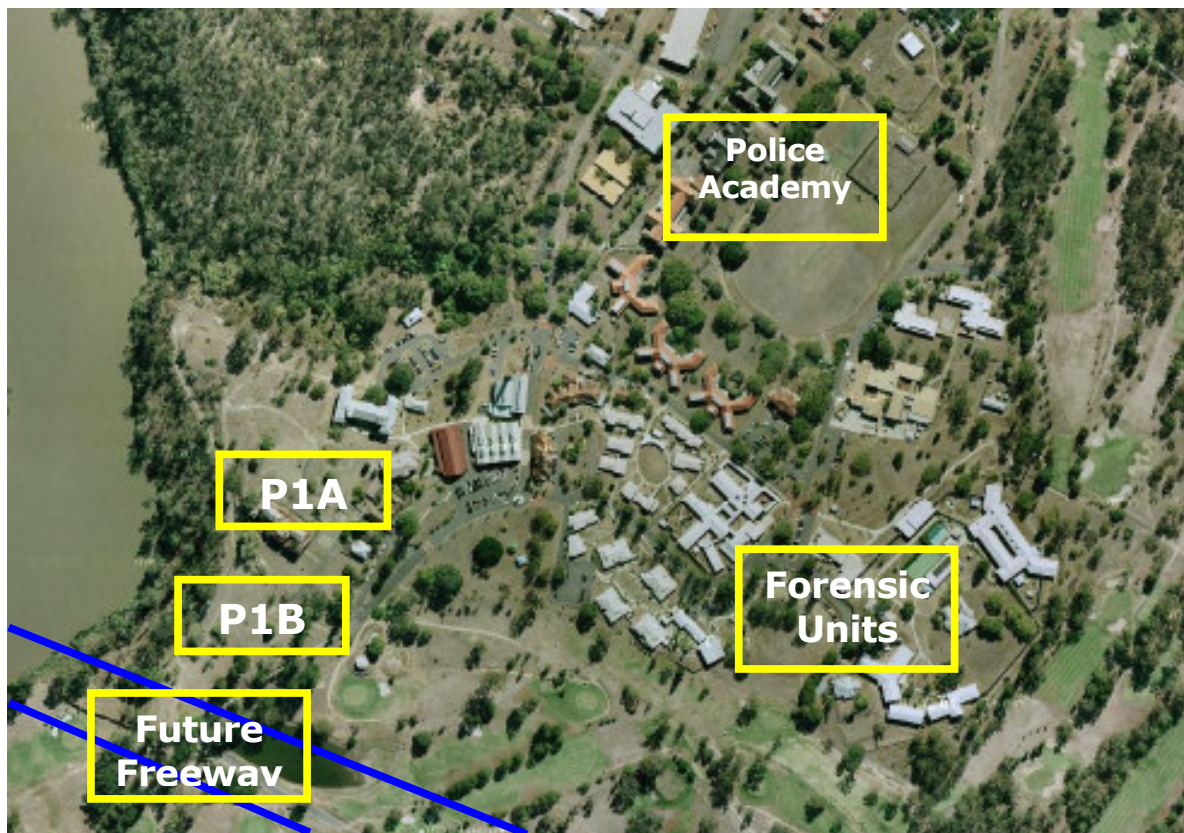


Fig 2. Site P1A (On Upper Side of Anderson House) (Scenic View)



Specific Site Considerations for P1A

- Old asylum buildings create an institutional ambience
- Proposed 110 km/hr freeway nearby with bridge over river.
- Close to forensic units affects “Undesirable Persons” & “Public perception & politics” aspects
- There is only about 5,000m² of reasonably level site available, and this is only 33% of the 15,000m² minimum
- Residents need to walk through forensic areas and across a golf course to reach the train station.

Conclusion

The size, topography and environment of the site make it unsuitable for the proposed Adolescent Unit.

Fig 3. Site P1B (On Lower Side of Anderson House) (Scenic View)**Specific Site Considerations for P1B**

- Old asylum buildings create an institutional ambience.
- Proposed 110 km/hr 6 lane freeway adjacent with freeway bridge over river. Refer to Figure 1.
- Undesirable persons - Close to forensic units
- Level site area of only about 0.4 Ha (2 Ha preferred area / 1.5 Ha minimum)
- Residents need to walk through forensic areas and across a golf course to reach the train station.
- The proximity to forensic unit may influence Public Perception, Politics.
- High pressure water main across middle of site is likely to prevent development economically

Conclusion

The size, topography and environment of the site, plus the existing high pressure water main and possible future freeway make it unsuitable for the proposed Adolescent Unit.

Specific Site Considerations for Rogers St, Spring Hill

- Main roads and high rise buildings adjacent. Generally a busy inner-city location not compatible with the model of care.
- Too far from RBH
- Multiple physical hazards in the immediate vicinity.
- Numerous potential opportunities for contact with undesirable persons and activities in the Spring Hill and Fortitude Valley areas.
- No buffer space.
- Multiple escape routes and hiding places.
- Site is only 6684 square metres which is less than 50% of the 15,000 minimum.
- The existing buildings on site are unlikely to be suitable for the proposed new adolescent centre.
- Demolition of the buildings would be difficult to justify, given the quality and character of the buildings, and there may be heritage issues.
- There may also be heritage trees.

Conclusion

The size and environment of this site make it unsuitable for the Adolescent Unit as currently envisaged.

Specific Site Considerations for CAFTU

- Very steeply sloping site with existing buildings on three levels would not allow the kind of development required by the model of care.
- Site is adjacent to major hospital with high rise buildings.
- Site is near to main roads, a railway line, and high buildings, including multi-storey car parks.
- Limited buffer space, and multiple escape routes and hiding places
- Site area of under 5,000m² is only about 30% of the minimum required.

Conclusion

The size, topography and environment of this site make it unsuitable for the Adolescent Unit as currently envisaged.

Appendix 2 – Site Tour Notes

THERAPEUTIC FACTORS				
External Views: Importance: 2 Desirable				
Desirable views: sky, trees, distant objects, grass, landscape, sports ovals. Sense of distance, calmness more important than people, but distant views of people engaged in gentle activities is desirable. Water is a bonus				
Undesirable views: anything that is too busy or intrusive; buildings				
REDLAND	THE PARK	CAFTU	ROGERS ST	MEAKIN PARK
Green field sight currently surrounded by bushland Located next to Redland hospital Commercial warehouse precinct adjacent separated from site by a road Future use of other vacant land unknown Some nearby reserve areas	Both sites afford greenery/sense of distance Views of the river possible in one site Sense of calmness might be inhibited by police training exercises including use of firearms and sniffer dogs Derelict ward may also compromise views from some angles	Relatively secluded location Some established trees and greenery Located on busy hospital campus No views of green spaces or water	Relatively quiet, leafy site Some established trees at the periphery Limited sense of distance eg views of horizon No immediate water features	Offers some nearby bush land and park areas. These are somewhat compromised by industrial area close by.

ACCESS TO NATURAL ENVIRONMENT				
Importance: 2 Desirable				
Desirable: Grass, trees, animals, water (as long as it is safe), gardens, getting back to nature				
REDLAND	THE PARK	CAFTU	ROGERS ST	MEAKIN PARK
Nature reserve readily accessible from site Bay is close by for arrange of other supervised activities Parks also in close proximity	Both sites afford some greenery/sense of distance Views of the river possible in one site Access without supervision may be compromised by safety issues eg accessing water alone and use of the campus in conjunction with other users of the grounds	Some established trees and greenery Victoria Park may be accessed under staff supervision	Some established trees at the periphery. Capacity to access Victoria Park precinct under staff supervision	Some potential amid existing green space.

ACCESS TO OUTDOOR ACTIVITIES				
Importance: 2 Desirable				
Desirable: Grass, trees, animals, water (as long as it is safe), gardens, getting back to nature				
REDLAND	THE PARK	CAFTU	ROGERS ST	MEAKIN PARK
Affords nearby nature reserves, readily accessible from site Bay is close by for other supervised activities Greenfield site may enable development of space for courtyards, games etc depending on exact land size	Some established trees and greenery Access to Victoria Park precinct under staff supervision Few other opportunities.	Some established trees and greenery Access to Victoria Park precinct under staff supervision Few other opportunities	Access Victoria Park precinct under staff supervision. Existing courtyard may be used for onsite for games etc	Site offers some potential for these spaces

EXTERNAL BUFFER SPACE & BOUNDARIES ESPECIALLY FOR NOISE MANAGEMENT				
Importance: Essential				
At least 50m away from houses is a minimum to reduce bad interactions with neighbours (both ways). There needs to be clearly defined boundaries but boundaries should be as invisible and unoppressive as possible. Good buffer spaces can reduce the need for fences				
REDLAND	THE PARK	CAFTU	ROGERS ST	MEAKIN PARK
Considerable buffer space with existing nature reserves Neighbouring hospital campus and adjacent commercial area may compromise aspects of this buffer Suitability of future use of land for this purpose is also unknown-unlikely to be factored into planning	Hospital campus and golf courses provide buffer. Compromised on some areas by steep slope of river bank, derelict ward and neighbouring services eg DSQ and Juvenile Justice Centre	Limited external buffer space apart from hospital	Some capacity to provide external buffer	Limited external buffer space apart from schools

TOPOGRAPHY				
Importance: Nice to Have				
An elevated site with long views and vistas into the distance is preferable, but the site of the facility must be reasonably level.				
REDLAND	THE PARK	CAFTU	ROGERS ST	MEAKIN PARK
Site is undeveloped but natural topography is unlikely to afford long views to the distance	Site affords long views to the distance from some areas	Site does not offer long views into the distance.	Site does not offer long views into the distance	Site not elevated limited views

CLIMATE / ASPECT				
Importance: Nice to Have				
Good cooling breezes are desirable for personal comfort and to reduce the need for air-conditioning. Site must allow buildings to predominantly face north and south to maximise opportunities for natural cooling and light				
REDLAND	THE PARK	CAFTU	ROGERS ST	MEAKIN PARK
Extent of breezes uncertain but proximity to the bay likely to be favourable in this regard	Significant breezes likely at sites overlooking the river Open spaces may contribute to breezes in other sites	Extent of cooling breezes difficult to determine Unlikely given buildings closely neighbouring the site	Unsure as to the extent of cooling breezes Established trees likely to offer shade	Level of cooling breezes difficult to gauge

SURROUNDING BUILT ENVIRONMENT				
Importance: Essential				
Avoid:- High rise and high density buildings. Overlooked sites. Main roads, railways, and other noisy busy areas. Intimidating, institutional or non-domestic general environment.				
REDLAND	THE PARK	CAFTU	ROGERS ST	MEAKIN PARK
Site relatively free of high rise buildings Road in front of site does not currently have through access and therefore not a major thoroughfare Aspects of the neighbouring hospital site likely to be non-domestic Unsure about future uses of other neighbouring parcels of land	Natural environment is a real asset, but located in institutional (potentially intimidating) precinct-juvenile justice, high security unit, extended treatment forensic unit, medium secure unit, police academy etc	Nearby high rise buildings and close proximity of residential areas likely to be challenging aspect of this site Hospital campus location largely overcomes issues of busy roads, but campus itself might present intimidating non domestic feel.	Neighbouring school buildings may constitute a challenge Large Salvation Army facility overlooks site, but its windows are not oriented to where the service may be developed While the site is in an inner city location it appears reasonably protected from busy roads and thoroughfares	Some benefits in vacant land. Some semi industrial use nearby

PRIVACY				
Importance: Essential				
Privacy for the adolescent consumers is important, but the facility should not be too isolated. It is desirable for consumers to have opportunities to see people outside, but adolescents should not be "on display". Contact with the public and families needs to be controlled. It is important that public thoroughfares do not happen through the facility site.				
REDLAND	THE PARK	CAFTU	ROGERS ST	MEAKIN PARK
Undeveloped site and neighbouring reserves afford good potential to develop site in a manner that maintains privacy Impact of future use of vacant land unknown	Open spaces offer potential to maintain privacy but other users of the site and surrounds may create some challenges Not likely to be a thoroughfare although may be isolated	Neighbouring buildings on hospital campus and neighbouring residential buildings may create a challenge for maintaining privacy on the site Unlikely to be a public thoroughfare	Neighbouring schools and homeless shelter may create some challenges for maintaining privacy in this area. Location is not isolated	Private site

SAFETY – EMERGENCY BACKUP				
Importance: Essential				
Access to help for 'code blacks' is critical. These incidents require back up from psych nurses specifically trained in aggressive behaviour management. A response is needed within 5 minutes; therefore the adolescent facility needs to be located where appropriate help is available.				
REDLAND	THE PARK	CAFTU	ROGERS ST	MEAKIN PARK
Proximity to the adult acute unit and hospital campus is favourable in this regard	Service currently receives code black support from ETR and Medium Secure staff High security service does not provide code black response Code black response might be compromised at Orford drive site As ETR is replaced by community care units and in time medium secure is downsized the maintenance code black response may not be assured	Code black response may be offered from hospital security Size of the campus makes fast code black response from adult mental health staff unlikely	After hours code black access to this site is an outstanding issue	Major weakness. Not near enough to mental health unit

PHYSICAL HAZARDS				
Importance: Nice to Have				
Avoid: bridges, high buildings, cliffs, multi-storey car parks, bridges, main roads, train lines				
REDLAND	THE PARK	CAFTU	ROGERS ST	MEAKIN PARK
Some main roads located in vicinity	Train line and abandoned buildings located in vicinity	Multistorey car park located on hospital campus Other physical hazards in the vicinity	Some high buildings and other physical hazards located in the vicinity	Some distance from these things

UNDESIRABLE PERSONS				
Importance: Essential				
Avoid opportunities for contact with 'undesirable persons'.				
REDLAND	THE PARK	CAFTU	ROGERS ST	MEAKIN PARK
Site is not located near 'undesirable groups'	Growth in forensic programs particularly Extended Treatment Forensic programs makes this area problematic	May be some concern in the event consumer absconded to Fortitude Valley	May be somewhat of a challenge in Spring Hill and close proximity to homeless shelters	Site is not located near 'undesirable groups'

ABSCONDING				
Importance: Desirable				
A buffer of space around the facility is important – a buffer of 5 minutes walk (300m) to public transport to deter rapid absconding. Avoid potential hiding places. Multi-purpose games court (tennis, basket ball, volleyball).				
REDLAND	THE PARK	CAFTU	ROGERS ST	MEAKIN PARK
Site likely to offer reasonable buffer for accessing public transport. Neighbouring nature reserve may be a challenge in the event of an absconding attempt	Site has about a 300m buffer between it and public transport.	Hospital campus may act as a buffer to accessing public transport but may not deter rapid absconding.	Closest bus stop about 450 metres May not deter absconding due to building density	

SITE PLANNING FACTORS				
On Site Activities				
Multi-purpose games court (tennis, basket ball, volleyball).				
REDLAND	THE PARK	CAFTU	ROGERS ST	MEAKIN PARK
Potential for on campus sporting options	Site has about a 300m buffer between it and public transport.	Limited on campus sports and activity options	Some opportunity to have some onsite sporting and other activities	
Vehicle Access & Parking				
Importance: Nice to Have				
Need space for car and mini-bus access to front of building and truck / ambulance / police access to rear. Must adhere to QHealth and building code requirements.				
REDLAND	THE PARK	CAFTU	ROGERS ST	MEAKIN PARK
Not likely to be problematic on site	Not likely to be a problem on site	Might be a challenge on site	Not likely to be problematic on site	
Access to Facilities				
Importance: Desirable				
Access to Gymnasium				
REDLAND	THE PARK	CAFTU	ROGERS ST	MEAKIN PARK
Land size may permit larger design	Land size may permit larger design Access to large open grassed area	Land may not permit entire gymnasium, but exercise room may be	Land may not permit entire gymnasium, but exercise room may be possible.	Land size may permit larger design
Importance: Essential				
Access to Large Open Grassed Area				
REDLAND	THE PARK	CAFTU	ROGERS ST	MEAKIN PARK
Footprint may be larger on this site	Footprint may be larger on this site	Large open grassed area unlikely on site	Large open grassed area unlikely on site	Footprint may be larger on this site
Importance: Nice to Have				
Access to a small swimming pool with spa and swim jets				
REDLAND	THE PARK	CAFTU	ROGERS ST	MEAKIN PARK
Site unlikely to prohibit this feature	Site unlikely to prohibit this feature	Site unlikely to prohibit this feature	Site unlikely to prohibit this feature	Site unlikely to prohibit this feature
Importance: Desirable				
Access to a full size swimming pool				
REDLAND	THE PARK	CAFTU	ROGERS ST	MEAKIN PARK
Site within 5 minutes drive of local aquatic centre	Site within 5 minutes drive of Goodna Pool	Site within 5 minutes drive of centenary pool	Site within 5 minutes drive of centenary pool	?
Importance: Desirable				
Access to a Sports Oval or park				
REDLAND	THE PARK	CAFTU	ROGERS ST	MEAKIN PARK
Site within reasonable distance of sporting facilities	Site located close to cricket oval	Site within reasonable distance of Victoria Park precinct	Site within reasonable distance of Victoria Park precinct	Close proximity to sporting facilities
Importance: Desirable				
Access to adventure training and water sports				
REDLAND	THE PARK	CAFTU	ROGERS ST	MEAKIN PARK
Bay is accessible to site	Brisbane river accessible to site	Accessible to 'Riverlife' at Kangaroo point and Rock Climbing at Fortitude Valley	Accessible to 'Riverlife' at Kangaroo point and Rock Climbing at Fortitude Valley	Reasonable proximity to activities

Public Transport				
Importance: Essential				
Need access to good public transport. Trains are preferred as being more reliable in timetable and less intimidating. (See attached summary)				
REDLAND	THE PARK	CAFTU	ROGERS ST	MEAKIN PARK
Not likely to be problematic on site	Not likely to be problematic on site	Might be a challenge on site	Not likely to be problematic on site	

Shops				
Importance: Desirable				
Need access to a variety of shops via public transport. There is graded use of shops in rehabilitation starting with smaller, less dense and closer shops and progressing on to large shopping malls. Ideally there should be a corner store within walking distance, and a major shopping centre a train ride away.				
REDLAND	THE PARK	CAFTU	ROGERS ST	MEAKIN PARK
Some shopping available at Cleveland	Variety of shops accessible from Ipswich line	Variety of shops available in Brisbane City/Fortitude Valley/New Farm	Variety of shops available in Brisbane City	Some shopping available at Logan

Other Facilities				
Importance: Desirable				
It is desirable to have other types of social activities available in the community such as:- churches, youth groups, sporting groups, dancing classes etc. (these are examples only – it is not important to have a particular type of community activity, group, club available).				
REDLAND	THE PARK	CAFTU	ROGERS ST	MEAKIN PARK
May be able to access these activities and opportunities in the Cleveland area	May be able to access some activities in the Goodna/ Gailles area	Lack of isolation increases likelihood of accessing community activities in local area	Lack of isolation increases likelihood of accessing community activities in local area	Access to some activities likely

On-site independent accommodation units				
Importance: Essential				
Future proof for on-site independent accommodation units (for family visits and for consumers preparing to leave). Note: This is not in current scope of works but should be considered in future construction.				
REDLAND	THE PARK	CAFTU	ROGERS ST	MEAKIN PARK
Site size unlikely to prohibit provision of this space	Site size unlikely to prohibit provision of this space	Size of site may make future proofing a challenge	Size of site may make future proofing a challenge	Site size unlikely to prohibit provision of this space

Hospitals & Doctors				
Importance: Essential				
Hospital emergency department within a 20 minute drive of the facility. A good working relationship with a local hospital is important.				
REDLAND	THE PARK	CAFTU	ROGERS ST	MEAKIN PARK
Located at Redland Hospital	Ipswich Hospital closest available emergency facility	Located at RBH	Within 20 minutes of RBH	Within 20 minutes of Logan
Importance: Essential				
Proximity to the Qld Children's hospital is desirable				
REDLAND	THE PARK	CAFTU	ROGERS ST	MEAKIN PARK
Considerable distance from Qld Childrens Hospital close proximity to other mental health services	Some distance from Qld children's hospital, some distance from other child and youth services. Close proximity to forensic mental health services and medium secure staff.	Reasonable proximity to Qld Childrens Hospital close proximity to other C&Y mental Health Services	Reasonable proximity to Qld Childrens Hospital close proximity to other C&Y mental Health Services	Considerable distance from Qld Childrens Hospital close proximity to other mental health services

Importance: Desirable Proximity to an 'after hours' GP clinic is desirable.				
REDLAND	THE PARK	CAFTU	ROGERS ST	MEAKIN PARK
Significant number of General Practitioners in Cleveland area with opening hours to 7pm.	Access to General Health Service- The Park	Some options in reasonable proximity	Some options in reasonable proximity	Access to Logan Clinics

Public Transport Importance: Essential Hospital emergency department within a 20 minute drive of the facility. A good working relationship with a local hospital is important.				
REDLAND	THE PARK	CAFTU	ROGERS ST	MEAKIN PARK
Located at Redland Hospital	Ipswich Hospital closest available emergency facility	Located at RBH	Within 20 minutes of RBH	Within 20 minutes of Logan

Access for Families & Visitors Importance: Nice to Have Local external accommodation for families such as motels and hotels with good public transport access to the facility.				
REDLAND	THE PARK	CAFTU	ROGERS ST	MEAKIN PARK
'Holiday style' accommodation available in close proximity	Limited accommodation options at Darra.	May be some local options with existing partnerships eg Ronald McDonald House.	Variety of temporary accommodation options in Spring Hill.	Some options available

Police Importance: Desirable Police do not need to be close, but a relationship with a small local police station is good, more for consumer education and contact than to handle emergency situations.				
REDLAND	THE PARK	CAFTU	ROGERS ST	MEAKIN PARK
Close proximity to local police station	Reasonable proximity to Mt Ommaney police station	Reasonably close to Valley Police Station	Reasonably close to Valley Police Station	Reasonable proximity to police station

Staff Access Importance: Nice to Have Staff recruitment and retention are important factors. Consider metropolitan location.				
REDLAND	THE PARK	CAFTU	ROGERS ST	MEAKIN PARK
45 minute drive from CBD may be a challenge for some staff. May also be a challenge for existing staff. May be some benefit from co-location with other services.	Advantages associated with retaining existing location and staffing group- some concern in the future about the isolation of the service from other child and youth services.	Centrally located. May be some advantages in being located with other mental health services.	Centrally located. May be some advantages in being located with other C&Y services	Some distance from existing service. Serviced by Logan and Pacific Motorways

Site Acquisition & Development				
Importance: Essential				
What are the cost and time implications of site acquisition?				
REDLAND	THE PARK	CAFTU	ROGERS ST	MEAKIN PARK
	Applicable to all sites Sites on The Park Campus QHealth Land. Orford Drive site may not be Q Health land.	Applicable to all sites- Q Health Land	Applicable to all sites- Q Health Land	Applicable to all sites

Site Development				
Importance: Essential				
Includes:-				
Obtaining development approvals.				
Providing site infrastructure (power, water, roads, sewers, drains, phones).				
Site preparation costs (earthmoving, site drainage).				
Foundation costs (does the site have problem ground?).				
Are there any existing facilities/services which need to be decanted (budget, timelines and other impacts)?				
Is the site large enough, now and in the future?				
Any heritage or indigenous issues?				
What are the time and cost implications of the above?				
Will any of these factors affect the use of the facility now and in the future?				
REDLAND	THE PARK	CAFTU	ROGERS ST	MEAKIN PARK
Applicable to all sites	Applicable to all sites	Applicable to all sites	Applicable to all sites	Applicable to all sites

Draft - to Shvleen 7/11/11

**Queensland
Government**
Queensland Health

MEMORANDUM

To: Dr Aaron Groves, Senior Director, Mental Health Branch

From: Ms Pam Lane
Contact No: [REDACTED]
Fax No: [REDACTED]

Copy to: Dr David Thiele, Clinical CEO, Metro South
Ms Monica O'Neill, A District Director Mental Health Services, West Moreton-South Burnett

Subject: Adolescent Extended Treatment – Site Selection

File Ref:

I write in relation to your correspondence dated 28th October 2008 about the Adolescent Extended Treatment – Site Selection and the Report from the Site Evaluation Subgroup on Site Options for the Barrett Adolescent Centre.

I have reviewed the Report and discussed this and the documented future intended actions and processes with Ms Joanne King A/DDMH and Dr Trevor Sadler Director BAU. As you are aware Dr Sadler has some reservations about the process to date and has raised some concerns and challenges about the preferred site.

I note from your memorandum that the overall challenges are identified and that these will become clearer during the course of consultation. I further note your plans for consultation including the differing groups of stakeholders. I believe it is critical to continue to include Dr Sadler and senior nursing and education staff in these consultations to address the current and emerging challenges.

Given the above, I am providing preliminary endorsement of the recommendation of the Site Evaluation Subgroup to redevelop the Barrett Adolescent Unit at the site identified adjacent to the Redland hospital. I also authorise the Site Evaluation Subgroup to consult with sector stakeholders on the preferred option.

As indicated in your memorandum I anticipate receiving further feedback on the consultation process and outcomes to inform the final decision on site selection.

Pam Lane
District Manager
(Day, month, year)

A previous attempt to close the unit was strongly resisted by staff, consumers and carers.

This redevelopment of the unit at an alternate site should not be resisted as strongly as closure, but may still attract adverse comment.

Redevelopment on the existing site is problematic for a number of reasons outlined in the site options paper, primarily its collocation with forensic services for mentally ill offenders.

The "Site Evaluation Sub Group" was convened on the advice of the Area General Managers to provide advice on site options identified by Area Health Services.

The consensus of the Site Evaluation Subgroup is that a vacant site adjacent to Redland Hospital constitutes the most appropriate option for the redevelopment of the unit.

The Executive Director of Capital Works and Asset Management Branch has provided in principle support for this proposal.

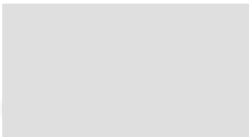
The group has identified a number of challenges associated with the implementation of this option that are likely to become clearer during the course of consultation including:

- planning for the relocation of services from a human resource perspective;
- establishing governance arrangements for the service and in particular its relationship with Metro South and or the Queensland Children's Hospital; and
- negotiation with Education Queensland regarding the operation of the school at the preferred location.

Consultation is planned to occur with the following:

- existing staff and consumers and carers of BAC;
- the Child and Youth Mental Health subgroup; and
- the Child and Youth Inpatient Design reference group.

Following further consultation and the final selection of an appropriate site by the CEOs, a local user group will be formed to manage the project.



Dr Aaron Groves
Senior Director, Mental Health Branch
28/10/2008



**Queensland
Government**
Queensland Health

MEMORANDUM

To: Dr David Theile, CEO, Metro South Health Service District
Ms Pam Lane, Clinical CEO, Darling Downs-West Moreton Health Service District

Copies to: Dr David Crompton, A/Chair Metro South Health Service District
Ms Monica O'Neil, A/ Director Mental Health Services, West Moreton- South Burnett Health Service

From: Dr Aaron Groves, Senior Director,
Mental Health Branch

Contact No:
Fax No:

Subject: Adolescent Extended Treatment- Site Selection

File Ref: Ref Number

ACTIONS:

- It is recommended that the District CEOs consider the findings of the consultation included in the attached report.
- It is further recommended that the District CEOs provide endorsement of and approval to proceed with the redevelopment of the Barrett Adolescent Centre at the site identified adjacent to Redland Hospital.

BACKGROUND:

- Replacement of the BAC is one of 17 capital works projects associated with the *Queensland Plan for Mental Health 2007-17*, and has been funded as part of the 2007-08 State Budget.
- An initial working group was formed comprising staff members involved in the existing BAC and Project Services architects to consider the redevelopment of the unit and provide advice on the service model and design specification.
- Making a determination about a preferred location for the unit is contentious and likely to be subject to public scrutiny.
- A previous attempt to close the unit in the late 1990s was strongly resisted by staff, consumers and carers.
- Redevelopment of the unit at an alternate site should not be resisted as strongly as closure, but may still attract adverse comment.
- Redevelopment on the existing site is problematic for a number of reasons outlined in the site options paper, primarily its collocation with forensic services for mentally ill offenders.

EXHIBIT 75

WMS.9000.0003.00332

- The "Site Evaluation Subgroup" was convened on the advice of the previous Area General Managers to evaluate site options identified by Area Health Services.
- The consensus of the Site Evaluation Subgroup was that a vacant site adjacent to Redland Hospital constitutes the most appropriate option for the redevelopment of the unit.
- The Director of Capital Works has provided in principal support for this proposal.
- With the approval of the District CEOs of the Metro South and Darling Downs West Moreton Health Service Districts, further consultation with the sector and key stakeholders was undertaken to support a final decision.
- The consultation confirmed considerable support for redeveloping the service at the site at Redland among members of the state wide child and youth subgroup; child and youth design reference group and some carers.
- Industrial bodies included in the consultation have sought assurance that if the service was relocated staff would be supported.
- Existing consumers and some carers expressed their opposition to the relocation of the service. However, current consumers are unlikely to be personally affected by the redevelopment due to the timeframe of the project. Nevertheless they with staff have developed a petition against its relocation.
- Existing staff involved in the consultation indicated their opposition to the relocation of the service. However, some staff, including some senior clinicians, have indicated their preparedness to re-establishing the service at Redland.
- Despite this opposition, the rationale for relocating the service is sound.
- Following endorsement of the preferred option for the redevelopment of the service, a local user group will be formed to manage the project.


Dr Aaron Groves**Senior Director, Mental Health Branch**

1/04/09

Adolescent Extended Treatment Site Selection

Summary of Consultation on Site Selection

March 2009



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Executive Summary

This report summarises consultation to replace the Barrett Adolescent Centre at The Park Centre for Mental Health at Wacol with a new purpose built facility at Redland Hospital at Cleveland.

A Site Selection Subgroup report previously identified two architecturally viable options for service redevelopment. The previous report concluded the existing site at The Park is ultimately compromised by its proximity to the expanding forensic mental health service. It recommended Redland as the preferred option to develop a replacement unit subject to further consultation with the sector and relevant stakeholders. This consultation was endorsed by the CEOs of Metro South and Darling Downs West Moreton Health Service Districts.

Consultation focussed on the following themes:

- Consumer and Carer Perspectives
- Clinical Workforce
- Transport
- Risks associated with the surrounding environment
- Advantages and disadvantages of the local area
- Provision of school services by Education Queensland
- Impact of Clinical Services Capability Framework (CSCF)
- Collocation Options
- Time and cost implications of staged development and potential for future expansion

The consultation confirmed considerable support for the preferred option among members of the State-wide Child and Youth Subgroup, Child and Youth Design Reference Group and carers. They saw a future opportunity to develop a Child and Youth Mental Health Hub at Redland which could not happen at Wacol. Presentations were provided to the Health Reform Consultative Committee and Local Consultative Forum at The Park. These industrial bodies sought assurance that if the service was relocated, existing staff would be supported. They await a final decision. Consultation with Education Queensland confirmed that the relocation of the service would not be a barrier to the continued provision of education services.

Existing consumers expressed their opposition to the relocation of the service while responses from carers were mixed. Consumers and carers who oppose service relocation are convinced of the attributes of the existing site. However, they are unlikely to be personally affected by relocation or the impact of service development planned for The Park precinct. Most existing staff involved in consultation have expressed their opposition to relocation and do not accept the rationale. Some staff are adamant they would not continue working in the service if it were relocated, a number are undecided, and another group, including some senior clinicians, have indicated their preparedness to establishing the service at Redland.

Despite this opposition, this report concludes the rationale for relocating the service is sound. It is more appropriate to locate a purpose built state-wide facility for vulnerable adolescents at a site with mainstream mental health and clinical services than one with a growing forensic mental health population. On this basis, it recommends the relocation of the adolescent extended treatment unit to Redland and endorsement to proceed.