NOTES ON Emails to child psychiatrist on learning of closure

1. These emails were sent to colleagues after learning of the intended closure of BAC on Friday 2 November 2012.
2. Because there is a tendency to reply to email without deleting older messages, I have selected the last post which retained all the preceding messages of the thread. This is to reduce redundancy, although it is apparent that there is still redundancy in some messages.
3. To identify recipients and the date I mock forwarded all messages and then copied and pasted into this Word document.
4. To ensure the integrity of the message was retained I copied and posted a post in its entirety and did not delete any confidentiality messages. Unfortunately this adds to the redundancy of some of the information.
5. To clearly identify email threads I have identified each thread in bold capital letters in red type.

FIRST EMAIL THREAD

From: Trevor Sadler
Sent: Friday, 2 November 2012 7:13 PM
To:
Subject: RE: [QFCAP] BAC impending closure

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

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

Dear Colleagues,
I was informed today that the Mental Health Alcohol Tobacco and other Drugs Directorate (MHATODD) has made the decision to close Barrett Adolescent Centre. I got the impression that it is to be sooner rather than later – a date of 31 December was mentioned.
The decision to do this was because of alleged occupancy rates of about 60% in the acute inpatient units, and less than 50% for our unit. I cannot speak for the acute inpatient units, of course, but I know that currently we are managing whom I may need to readmit soon). We have 15 inpatient beds. (MHATODD has never recognised we have day patients for the last 30 years.) Adolescents who go on leave for the weekend or for school holidays or adolescents who are partial inpatients while in transition back to the community are not counted as occupied beds when they do not spend the night with us. We have trialled other adolescents as day patients for several weeks, but then needed to readmit them. During their absence, they are a vacancy. All of this adds up, of course over the period of a year, and MHATODD averages out our occupancy, hence the figure of less than 50%.
They believe our adolescents can be redistributed among the other inpatient units and seek out some NGO services.

The decision has just about been made. However, they will first talk to senior staff in the other inpatient units to determine their capacity to take up our adolescents.
I thought, however, that I needed to let you know ahead of the official announcement so you can carefully consider the alternatives

- For any patients you may have with us
- For any services which will provide services in lieu of our service. I must confess that because my thinking has been along the lines of how to best provide an inpatient/day patient services, I am a bit stumped to think quickly of alternatives. My narrow thinking was reinforced at the recent FCAP conference, when there was a presentation by the Walker Unit (which is our NSW counterpart opened 2 years ago) where they were able to argue the need for a longer term unit, and Bob Adler's comments at that presentation that they absolutely needed one in Victoria. I thought the alternatives probably aren't that obvious. I also visited 13 inpatient units in the UK and 2 in Switzerland. Those that had a mix of acute/medium-long term patients really struggled. Again, for the patient groups we see that require longer term treatment and intensive rehabilitation, there weren't clear alternatives.

So it will require some careful thinking as to how best we can help adolescents with severe and persistent disorders with resulting impairments. There isn't apparently much time to come up with ideas.
Sorry to trouble you. I know you are all busy. I just want to make sure the adolescents we see have a viable alternative.
Kind regards,
Trevor

SECOND EMAIL THREAD

From: Trevor Sadler
Sent: Monday, 5 November 2012 10:39 PM
To: 'Ian Williams'
Subject: RE: [QFCAP] BAC impending closure

Hello Ian,
Many thanks for your comments and your support. I had heard through being on call at the Mater that they rarely consider asking RBWH for a bed because you are always full.
Toowoomba will ease the pressure a little perhaps, although logistically I would think it won't be easy to convince ambulances to transfer patients up the range. Perhaps it will ease some demand from Ipswich patients. I agree, though, that demand is increasing. Presentations to the Mater ED have grown from 30/month when the Extended Hours Service opened about 5 or 6 years ago to 75 – 80/month. I think demand has increased even over the past four years among all the Brisbane inpatient units. I don't know how the Gold Coast is going. I suspect Townsville will become full with inpatients that they and Cairns either manage in paediatric or adult mental health beds or struggle to manage in the community – thresholds for admission will be lower because they have a local option.
I am hoping they will speak to you and not just to Brett, although I think Brett would be aware of your problems.
Kind regards,
Trevor
From: **On Behalf Of** Ian Williams
Sent: Monday, 5 November 2012 10:10 PM
To:

Cc:
Subject: Re: [QFCAP] BAC impending closure

Hello Trevor
I totally agree with the comments made by others on the forum and I am similarly stunned; although given the current Governments major focus on regaining the states Tripple A rating and the emerging impacts across QHealth it seems no services can be sure they will not be impacted adversely. Our acute unit at RBWH has never been at 50%, while I have been here, although like BAC we utilise leave beds, so I expect our data will also underestimate our clinical workload. At a recent meeting with the directorate our Data was at 89% bed occupancy average for 12 months in fact recently we have had My sense is very much that demand for acute beds is increasing, not static or decreasing, although there is a new unit in Toowoomba and one to come on line in Townsville. So the acute inpatient option in my mind is clearly unrealistic.There are state wide blocks of adolescent acute beds several times yearly due to peak demands. There are no other reasonable options currently for the group of adolescents that require medium and longer term mental health rehabilitation other than BAC. There is a paucity of day program's, none in Metro North and I cannot see how NGOs can deliver such a specialised tertiary level service. Closure of BAC is likely to result in prolonged admissions to our acute units of the group of adolescents most vulnerable in these settings, given our acute models of care. This will I expect further tie up acute beds and potentially expose other acute inpatients to the negative influences of a group of the more chronically unwell patients. I agree our Unit's model of care does not meet this groups needs well. I have not as yet been approached by anyone from MHATODD' s about this for my opinion. I agree as a group that we need to advocate strongly and I am happy to provide my support.
King regards
Ian Williams

Sent from my iPad

On 05/11/2012, at 8:32, Rebecca Wild wrote:
Trevor
Hard to know where to start when you hear news like that. For me Barrett has always been a touchstone for developmentally informed, collaborative, thoughtful care for a group of children there are no other options for. Like Ann I still use the BAC template I learnt as a registrar. THe capacity of therapeutic teams to hold children, remain optimistic and facilitate recovery is something I saw repeatedly in BAC. I'm sure I retain much more hope for the kids I trea I would if I hadn't had the opportunity to work with you and your team.
Again this forum has provided a great opportunity to share ideas and I don't think I can add much except a big hear,hear.
I assume that the most powerful voice we have is as a faculty and it sounds as though Michelle has some very cogent arguments ready. Should we be contacting the minister directly, engaging the AMA, thinking about a media strategy? Michelle can you let us know if there is anything you want support with. BAC is a bit of a canary. I think we have to advocate very strongly for well informed, clinically engaged decision making about the services delivered to children and adolescents now or we are really going to miss the boat.
Becky
Sent from my iPad

On 04/11/2012, at 12:37 PM, "Elizabeth Jacko" wrote:
Dear Trevor

BAC has been the only unit in Queensland to offer highly specialised help so many youngpeople need. Your expertise and your hard work and dedication kept it going. You and your team managed to avert many threats to the BAC existence. Young people who benefited from BAC treatment can attest to it. You have inspired many of us. We all know that no acute unit can offer the treatments that work in the BAC patient population. As far as I am aware there is no other unit or community facility that could do it either. Surely there must be some way to make the Directorate listen to reason; do more than "bean-counting". What is the best way to support you in getting through to them?

Regards

Elizabeth

Dr Elizabeth T Jacko FRANZCP
Child and Adolescent Psychiatrist
EVOLVE Townsville

>>> "Trevor Sadler" 2/11/2012 6:41 pm >>>
Dear Colleagues,
I was informed today that the Mental Health Alcohol Tobacco and other Drugs Directorate (MHATODD) has made the decision to close Barrett Adolescent Centre. I got the impression that it is to be sooner rather than later – a date of 31 December was mentioned.
The decision to do this was because of alleged occupancy rates of about 60% in the acute inpatient units, and less than 50% for our unit. I cannot speak for the acute inpatient units, of course, but I know that currently we are managing whom I may need to readmit soon). We have 15 inpatient beds. (MHATODD has never recognised we have day patients for the last 30 years.) Adolescents who go on leave for the weekend or for school holidays or adolescents who are partial inpatients while in transition back to the community are not counted as occupied beds when they do not spend the night with us. We have trialled other adolescents as day patients for several weeks, but then needed to readmit them. During their absence, they are a vacancy. All of this adds up, of course over the period of a year, and MHATODD averages out our occupancy, hence the figure of less than 50%.
They believe our adolescents can be redistributed among the other inpatient units and seek out some NGO services.
The decision has just about been made. However, they will first talk to senior staff in the other inpatient units to determine their capacity to take up our adolescents.
I thought, however, that I needed to let you know ahead of the official announcement so you can carefully consider the alternatives

- For any patients you may have with us
- For any services which will provide services in lieu of our service. I must confess that because my thinking has been along the lines of how to best provide an inpatient/day

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

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

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

Kind regards,

Trevor

THIRD EMAIL THREAD

From: Trevor Sadler
Sent: Monday, 5 November 2012 11:01 PM
To:
Subject: Closure of Barrett

Dear Colleagues,

I don't know if you have heard via any other channels, but I had a meeting on Friday with the Executive Director of the West Moreton HSS MHS and the Director of Clinical Services at The Park.

They informed me that the MHAODD Directorate deemed that BAC should close. They intimated that this could be as early as the New Year, because we are typically lower on patient numbers.

We are currently managing

The reasons given are that:

- Acute inpatient units are not running at capacity based on OBDs. (I presume this is based on yearly figures.) We are under 50% capacity based on OBD. Therefore there is little demand for our service. With so few patients, it should be easy to distribute them around the acute inpatient units.
- Since we are not being built at Redlands, we don't fit in to The Park, which is now a forensic facility. (My answer to this is to make us an outlying service of QCH (or Mater in the interim)
- There is no money for even a basic refurbishment.

They said the MHAODD Directorate was going to meet with the acute inpatient and day patient services to discuss this option. They thought it would be just a formality that the agreement of other services would be given, and that this would proceed.

I thought I'd draw your attention to this process. I know the Mater appears to be operating at 90 – 100% capacity, at least during school terms, and we don't often get a bed at Logan if the Mater is full. I don't know about the Gold Coast.

Kind regards,

Trevor

FOURTH EMAIL THREAD

From: Trevor Sadler
Sent: Monday, 5 November 2012 11:12 PM
To:
Subject: Closure of BAC

Hello Brett,

I don't know if you have heard via any other channels, but I had a meeting on Friday with the Executive Director of the West Moreton HSS MHS and the Director of Clinical Services at The Park.

They informed me that the MHAODD Directorate deemed that BAC should close. They intimated that this could be as early as the New Year, because we are typically lower on patient numbers.

We are currently managing However I ignored your advice when we last spoke and continued to allow patients to go on leave for therapeutic purposes. We are actually flat out – my reg was away today, and I left at 7.45 tonight. However, we don't have the all important OBD figures.

The reasons for our closure are that:

- Acute inpatient units are not running at capacity based on OBDs. (I presume this is based on yearly figures.) We are under 50% capacity based on OBD. Therefore there is little demand

for our service. With so few patients, it should be easy to distribute them around the acute inpatient units.
- Since we are not being built at Redlands, we don't fit in to The Park, which is now a forensic facility. (My answer to this is to make us an outlying service of QCH (or Mater in the interim)
- There is no money for even a basic refurbishment.

They said the MHAODD Directorate was going to meet with the acute inpatient and day patient services to discuss this option. They thought it would be just a formality that the agreement of other services would be given, and that this would proceed.

I thought I'd draw your attention to this process. I know the Mater appears to be operating at 90 – 100% capacity, at least during school terms, and we don't often get a bed at Logan if the Mater is full. I don't know about the Gold Coast. Wednesday night the week before last between 9 pm and 3 am I was called by Mater EHS about several young people including who required admission for the one leave bed available in Brisbane. Perhaps we could cope if we could train the long term kids to hold it together during school terms and be admitted during holidays.

Kind regards,

Trevor

FIFTH EMAIL THREAD

From: Trevor Sadler
Sent: Monday, 5 November 2012 11:03 PM
To:
Subject: Closure of BAC

Hello Bill,

I don't know if you have heard via any other channels, but I had a meeting on Friday with the Executive Director of the West Moreton HSS MHS and the Director of Clinical Services at The Park.

They informed me that the MHAODD Directorate deemed that BAC should close. They intimated that this could be as early as the New Year, because we are typically lower on patient numbers.

We are currently managing

The reasons given are that:
- Acute inpatient units are not running at capacity based on OBDs. (I presume this is based on yearly figures.) We are under 50% capacity based on OBD. Therefore there is little demand for our service. With so few patients, it should be easy to distribute them around the acute inpatient units.
- Since we are not being built at Redlands, we don't fit in to The Park, which is now a forensic facility. (My answer to this is to make us an outlying service of QCH (or Mater in the interim)
- There is no money for even a basic refurbishment.

They said the MHAODD Directorate was going to meet with the acute inpatient and day patient services to discuss this option. They thought it would be just a formality that the agreement of other services would be given, and that this would proceed.

I just thought i'd let you know because this has implications for our joint research project, and Carla and Tori's research.

Kind regards,

Trevor

SIXTH EMAIL THREAD

From: Trevor Sadler
Sent: Monday, 5 November 2012 11:56 PM
To:
Subject: Reinforcing the need for child health policy units to be based at QCH

Hello Julie,

I just wanted to provide an example of why I feel passionately that policy units should not be divorced from clinical services.

On Friday I received the news that the Mental Health Alcohol and Other Drugs of Dependency (MHAODD) Directorate had determined that the Barrett Adolescent Centre at The Park - Centre for Mental Health should close. Our adolescents would be transferred to the acute adolescent inpatient units. The Directorate has no one with specialist expertise capable of making these decision, and to date has not communicated with any of the affected services. It is possibly one of the worst examples of a central system manager being totally divorced from services. It is made doubly worse in our case by being a predominantly adult orientated Directorate with little experience in child and adolescent psychiatry. My paediatric endocrinology colleagues describe a similar lack of understanding in adult dominated diabetes networks.

I'll just describe our service and the reasons given to close it, and then contrast it with my experience before 1990. Don't bother reading it if you are too busy. I'm not asking you to take any action – just providing it as an example of why I would support child policy coming under QCH.

Briefly to describe our unit. Adolescents are only admitted here if they have a severe and persistent mental illness with severe impairment. They have had usually 12 to 18 months of treatment in either outpatient (CYMHS clinics or private child psychiatrists) facilities and/or adolescent acute inpatient units. The latter predominantly offer immediate treatment, and return to the community, but no rehabilitation. They have severe impairment in functioning, with over six months at least of social isolation and non-attendance at school. The predominant mental illnesses with which they present are severe, persistent depression (associated with self harm and suicide), severe anxiety, severe eating disorders and PTSD secondary to prolonged exposure to sexual and physical abuse.

All adolescents require intensive treatment and rehabilitation and support in returning to the community. A significant component of the treatment and rehabilitation is delivered Monday to Friday between 9 - 5. Some adolescents only require this component, and if they are able to get here, will attend as day patients. Others require 24 hour care, but may be

safe to go home some or all of the weekend. It is important to keep adolescents in contact with their own community if it is safe to do so. Some with severe anxiety disorders will be able to go on leave during the holidays, if their family is going away, or if they come from a considerable distance. (It is a state wide unit.) Some, in transition to the community, will spend fewer nights as inpatients. In other words, not all patients are there all the time. We work with the adolescent to balance out the benefits of our therapeutic input with the benefits of being in touch with the community so they do not get institutionalised. Staffing is adjusted for weekends, and staff often take leave during the school holidays. The average length of stay is 9 months.

We are funded to take 15 inpatients. We have had up to day patients for the past 30 years, but the MHAODD Directorate (and its precursor, the Mental Health Branch) has not counted these for the last 20 years. Currently we have Staff have over twice the amount of face to face contact with patients as do their community CYMHS counterparts.

The MHAODD Directorate only measures our level of activity by Occupied Bed Days. Because of the various components of leave (including if an adolescent is in another hospital for medical treatment) our OBDs are low, because they average it out over the year. They assume there is not much demand for our service. OBDs are not a reliable measure of activity of a long term rehabilitation unit which will spend some time transitioning patients to the community, while they may be only partial inpatients.

Low OBDs are the prime reason for the closure. The acute inpatient units in Brisbane run at 90%+ capacity during school terms, but maybe 20% - 50% during school holidays. This seasonal pattern is well established. However, their OBDs are averaged out over the year, and they are seen to have excess capacity. The rationale is that our inpatients can be distributed among the acute inpatient units, and the day program at the Mater. The different modes of treatment between acute inpatient units and ours and the lack of an intensive rehabilitation treatment in the acute units is completely overlooked.

I believe this move will be disastrous for many adolescents. The poorer outcomes will range from continued poor mental health, poor functioning into adult life to some taking their life.

Compare this total divorce from the real world with the situation before 1990. As you may be aware, governments tended to fund hospital based services according to historical models. Policy was poorly articulated policy from my recollection. Specialist psychiatric services (including child guidance and the old psych hospitals) and community health based services were operated from centralised Divisions. My experience as a junior medical officer in the late 1970's was working under a consultant who was either one down from the Director or the Director, who then reported directly to the D-G and the Minister. It was very streamlined administration. Divisional Directors regularly visited services, saw patients and knew many staff. Interestingly, from recent papers published by the Queensland Centre for Mental Health Research, most of the significant reforms in psychiatric services in the last 50 years occurred under this system – before the existence of centralised policy units separate from service delivery.

I get the correspondence from the CDWG (because of the overlap between them and us). Developmental paediatrics was in its infancy in the 1980's. Nevertheless the supposedly archaic Division of School Health and the Royal Children's and Mater Children's Hospitals, with little policy but plenty of contact with services systematically developed child development services. It appears that after regionalisation, these services largely stagnated outside the specialist children's health districts until the SCYCN gave clinicians the structure and momentum to drive reform.

From my perspective, I cannot see any evidence that centralised policy and planning bodies which are separated from services can possibly deliver as they claim they do.

Many thanks for your time,

Kind regards,

Trevor (Sadler)

SEVENTH EMAIL THREAD

From: Trevor Sadler
Sent: Thursday, 8 November 2012 3:23 PM
To:
Subject: BAC media reports

Hello Terry,

As agreed on Friday, I have not told any BAC staff.

However, I did contact Brett McDermott

- To see what he had heard (he knew nothing).
- To let him know he would be contacted by the Directorate to assess his capacity to absorb our patients
- To consider how he may develop services
- To not tell anyone until he had the meeting with the Directorate. I emphasised that staff did not know

He was called today to give evidence to the Carmody Commission of Inquiry. He specifically raised the issue with them.

This was picked up by the media. They contacted the school, who have rung me in shock. Now staff know in the most unfortunate to circumstances.

This was not the outcome I expected. I did wrong in contacting Brett, but did so on the understanding that he was being contacted by the Directorate. I did not anticipate he would take this action.

My apologies,

Kind regards,

Trevor

From: Trevor Sadler
Sent: Thursday, 8 November 2012 10:07 PM
To: 'C&J Breakey'
Subject: RE: BAC update

Hello Cary,

They told me last week they had to consult with the acute inpatient directors before they made the decision, but then just kept talking about closing. They didn't think there was any doubt.

I didn't see Lesley Dwyer, but Jill did. She is clueless.

They're opening up an Extended Forensic Treatment and Rehabilitation Unit at The Park in January – a step down unit for high and medium secure. I noticed between the August and September budgets, they had slashed $3,000,000 in labour and $4,000,000 in non-labour. There was no provision for the EFTRU in the budget, and I suspect they haven't got any. I suspect Bill Kingswell's thinking was "Let's rationalise adolescent beds in the south east and use the money from closing BAC to fund EFTRU. No proof, though.

I spoke today with Peter Blatch, the Assistant Regional Director in Education. He had no idea, so i suspect Bill has forgotten to include DETE in his deliberations. Unfortunately their D-G suddenly resigned – no reason, so there would be an acting person there.

Thanks for following through. Sounds like Brett was over the top, but at least he got the media attention. I think I'll cop a bit of heat for a while.

Kind regards,

Trevor

From: C&J Breakey
Sent: Thursday, 8 November 2012 8:32 PM
To: Trevor Sadler
Subject: Re: BAC update

Hi Trevor

Not unusual for Brett, but useful this time to have it out there - tough on the staff though.

West Moreton's spokeslady was backpedalling - "being looked at", "not definite yet" etc, but demonstrated her total lack of knowledge of the unit saying the "modern" approach was community based. As if these kids hadn't had all possible inputs before getting to BAC!! Does demonstrate the inadequacy of their decision-making tho' which helps your case. Also, unless it's changed shutting BAC wouldn't alter WMs budget as BAC's funding is as a statewide service and they'd just lose the money enbloc????? So

I had an email letter ready for the Minister and Mike Horan, which I'll alter a bit now and send off tomorrow - given the media report and West Moreton's prevarication, the minister can easily plead ignorance (which I think could be genuine - he may not have known). He will by tomorrow!!!

Kev obviously had nothing from the Ed dept so either the Directorate is unaware or just inept at not recognising the interdept protocols - which with luck will really upset the DG. Hope Bill enjoys the "please explain"

It looks like we'll all be able easily to demonstrate the dismal thought (if any) processes behind all this and just get on with the clinical care!

Cheers, Cary

----- Original Message -----
From: Trevor Sadler
To: 'C&J Breakey'
Sent: Thursday, November 08, 2012 4:06 PM
Subject: RE: BAC impending closure

Hello Cary,

A total surprise has happened. I contacted Brett McDermott to see what he had heard (he knew nothing). I told him he would be contacted by the Directorate to assess his capacity to absorb our patients and to consider how he may develop services. I told him to not tell anyone until he had the meeting with the Directorate. I emphasised that staff did not know

He was called today to give evidence to the Child Protection Inquiry. He specifically raised the issue with them.

This was picked up by the media. They contacted the school, who have rung me in shock. Now staff know in the most unfortunate to circumstances. Angela Clarke just texted me to say she heard it on the ABC news.

So it's out there. Go for it.

We had our quadrennial school review day today. It really helped focus the unit, but more importantly, I am sure enthused the teenagers about the unit. I am emphasising that we write to the Minister and Premier, not the media. The media damage is done, but I don't want anyone to take it further before Lawrence has the chance to do the right thing. Perhaps Mike Horan can help him.

Kind regards,

Trevor

From: C&J Breakey
Sent: Thursday, 8 November 2012 6:24 AM
To: Trevor Sadler
Subject: Re: BAC impending closure

Hi Trevor,

Saw Graham Martin's letter last night, so am now wondering if we are now no longer confidential and I can write to the minister and Mike Horan as first steps. And besides we would have needed to discuss the imminent closure by now as routine handover for my locum cover.

Just a quick question - I presume Kev is in the loop - what info has he had from Ed Dept - has QH coordinated with ED re this. Barrett Special School is ?still a standalone functional entity subject to an original MoU equivalent.

My paranoid nature suggests this all has a political bonus to embarass the govt, consistent with a few other "leaks" from a hostile public service.

Can I come off the leash please, cheers, Cary

----- Original Message -----
From: Trevor Sadler
To: 'Cary Breakey'
Sent: Saturday, November 03, 2012 5:25 PM
Subject: RE: BAC impending closure

Hello Cary,

It is sudden and irrational. There is no consultation with the CYMHS community which has given strong support in the past.

I made a mistake – it is the Mental Health Alcohol and Other Drugs of Dependency (MHAODD) Directorate - http://www.health.qld.gov.au/mentalhealth/abt_us/role.asp which was the old Mental Health Branch which Harvey ran.

I'm sure Bill Kingswell is the driving force behind this move. He has been on about low occupancy rates in CYMHS inpatient units for since he was the Chair of the Southern Cluster Clinical Network. Brett McDermott warned me about two months ago that Bill was on about our "low" occupancy rates. He doesn't like child and adolescent psychiatry, he never consults or asks questions, has just lived a life isolated from services for the last five years or so. I presume it's just ignorance on his part, although I could be paranoid and say it is payback for writing to the Minister asking for Redlands to be scrapped (it was an unworkable option and a waste of money) after I wrote to him some months before and he said it was the only option. Don't know if he thinks I have LNP connections (he is a strong Labor supporter, if not a member of the ALP).

I imagine the other adolescent units will give a very clear answer – that is if he talks to child psychiatrists instead of their adult bosses at RBWG or Logan., and that's the danger.

Many thanks for offering to progress this. I thought this would be up your ally. I actually like the Borg, and don't want to see him get a lot of flack – I want to make sure it is directed to the MHAODD Directorate. That's why I thought Mike Horan might have a quiet word in Lawrence's ear about visiting the unit and listening to adolescents and parents. My niece met Peggy Brown in Canberra several years ago. After Peggy got to know she was related to me, she said she admired my fight for the unit and said she agreed with me, but she couldn't go against the Minister (Mike Horan) because he signed off on the CYMHS policy which had no place for BAC. That was pretty cute reasoning, because it was the MHB that wrote the policy for the previous Labor government, and the pesky Coalition went and won it.

There are a number of strategies which could obtain media saturation for a week or two if well planned and coordinated

Kind regards and all the best to both of you,

Trevor

From: Cary Breakey
Sent: Saturday, 3 November 2012 10:49 AM
To: Trevor Sadler
Subject: Re: BAC impending closure

Hi Trevor,

WQW, this is all very sudden – which suggests not well-considered – and therefore arguable.

Do you know who is the MHATODD – it doesn't feature in QH online anywhere so is it an unidentified hit-squad, ironically reminiscent of the Rudd days?

They are obviously confusing adol MH with an orthopaedics or coronary-care bed-day model and I think should be challenged on their basic assumptions and I agree, their averaging of data. With the stress on normalising of life and development for our patient group, BAC (and the other adol units) need to challenge the averaging process – maybe presenting graphical data to clearly demonstrate the variation patterns. And as you note, while patients are on leave, BAC has 24/7 care responsibility and should be recognised for this – not just butts in beds!! I think Springbourg and Horan may well understand this better than medical bureaucrats!

You should be able to get support from the other services, if only to protect themselves.

If this remains confidential till you go on leave, I, of course, as A/D then need to be aware of the issue and can then act on it formally as well, and certainly will contact Mike Horan, and whatever else I think of,

No need to apologise for this continuing while your away, I'm always up for a challenge and it just adds in some more energy.

Good luck with it all, keep me in the loop so I know where to push, cheers, Cary

EIGTH EMAIL THREAD

From: Anja Kriegeskotten
Sent: Wednesday, 7 November 2012 2:51 PM
To: Trevor Sadler; Bor, William; Graham Martin
Cc: Megan Archer; Michael Daubney; Wendy Jackson; Tod Wakefield; Marion Sullivan; AnneBrennan; Brenda Heyworth; John Wainwright; Michael Beech; Ekis; Sue Wilson; Alex Radojevic; Alfred Chung; Ross, Brian; Christopher Lilley; David Furrows; David Hartman; Donna Dowling; Elisabeth Hoehn; Jacko, Elizabeth; Elliot Wilson; Ernest Hunter; Geoff Beames; Ian Munt; Ian Williams; James Scott; Lydia Rusch; Lyndall Kleinschmidt; Maria Hanger; Martin Beckmann; Maxwell West; Michael Daubney; Michelle Fryer; Michelle Phillips; Naysun Saeedi; Nigel Collings; Penny Brassey; Ray Cash; Rebecca Wild; Stephen Murphy; Stephen Stathis; Suren Putter-Lareman; Tony Cook; Veronica Stanganelli; Vinay Garbharran; Anthony Cook; Ian Wilson; Sargeant; Michelle Fryer; StephenMoore; David Eyears; McDermott, Brett; Ross; Justice; J Chittenden; Jackie Andrews; Sadler; Janis Carter; Elizabeth Jacko; Scott and Maarit Harden; J Rhind; Chris Weaver; Cash; Jessop; Barry Nurcombe; Maree Ploetz
Subject: RE: Impending closure of Barret Adolescent Centre

Hi All,

I'm glad to see that you all feel as outraged as me. Thanks Graham for speaking out so loud and clear.
I agree with Bill to explore what consumer and carers' can do first, but be prepared to step out there if needed.

I agree that public awareness needs to be raised to the demise of the mental health system, which will affect service provision, hence clients and their families will have to suffer in the end.

Anja

Dr Anja Kriegeskotten
Psychiatrist

>>> "Bor, William" 11/7/2012 2:07 pm >>>
Hi

We need to see if parents will be prepared to speak out as I feel consumers could have more effect on politicians and media than doctors

Perhaps a coalition of interest parties could be formed ?

-----Original Message-----
From: Graham Martin
Sent: Wednesday, 7 November 2012 1:07 PM
To: Trevor Sadler
Cc: Stephen Stathis; Megan Archer; Michael Daubney; Wendy Jackson; Tod Wakefield; Marion Sullivan; Anne Brennan; Brenda Heyworth; John Wainwright; Michael Beech; Ekis; Sue Wilson; Alex Radojevic; Alfred Chung; Anja Kriegeskotten; Ross, Brian; Christopher Lilley; David Furrows; David Hartman; Donna Dowling; Elisabeth Hoehn; Jacko, Elizabeth; Eliot Wilson; Ernest Hunter; Geoff Beames; Ian Munt; Ian Williams; James Scott; Lydia Rusch; Lyndall Kleinschmidt; Maria Hanger; Martin Beckmann; Maxwell West; Michael Daubney; Michelle Fryer; Michelle Phillips; Naysun Saeedi; Nigel Collings; Penny Brassey; Ray Cash; Rebecca Wild; Stephen Murphy; Suren Putter-Lareman; Cook; Veronica Stanganelli; Vinay Garbharran; Anthony Cook; Ian Wilson; Sargeant; Michelle Fryer; Stephen Moore; David Eyears; McDermott, Brett; McDermott, Brett; Bor, William; Ross; Justice; J Chittenden; Jackie Andrews; Sadler; Janis Carter; Elizabeth Jacko; Scott and Maarit Harden; J Rhind; Chris Weaver; Cash; Jessop; Barry Nurcombe; Maree Ploetz
Subject: Impending closure of Barret Adolescent Centre

Trevor,
I have sent this response to your message several ways to ensure all our colleagues are alerted.
I apologise for not responding prior to this, but professional life has been frenetic. I have not yet had time to review what our other colleagues have said in response, but what you report is outrageous. This is similar to other measures being taken to get Queensland back to a Triple A rating, and to rectify the stupidy of the losses through the Queensland Health payroll scandal - without consultation, and without care for human life.
The rhetoric is that no front line workers will be sacked, but our own service has been 'asked' (behind closed doors) to reduce our budget by 5% 'across the board'. Given that mental health is predominantly an endeavour dependent on staff and their training and skills, most services run very lean regarding ancillary staff, and we do not employ extremely expensive tests or huge costs attached to equipment, a reduction will mean loss of front line workers. Given the kind of clientele we have, and the ever-increasing severity and complexity, these measures will cost lives. Your own unit is well known to have saved the lives of many young people who were at extreme risk. Loss of the unit will cost lives.
I cannot think what government is trying to do in targeting mental health services, except that we are an 'easy target'. We do not have strong media coverage, and our clients do not have a voice.
I cannot think where they are getting their information from, or with whom they have consulted. It is

certainly NOT with me.
We must find out who is seeing themselves as close to power at this time (and find out what they think they have to gain).
There are 75 or so Child Psychiatrists in Queensland. I believe we do have a voice, and should use it - either in collaboration with the College, or the AMA, or failing them then on our own.
I believe that the kind of secrecy in which all of this kind of stuff occurs is dangerous to the future of our services. I think we should go to the press (and I do not care what any bureaucrats or others think of that move). It is time we stood up for what we believe.
I believe we could use strike action. I am serious. We will not get the attention of these bean counters unless we do something radical. We should raise the issue, warn whoever, involve the press, and ALL child psychiatrists across the state should be involved in a 24 hour strike. I am sure our paediatric colleagues and our multidisciplinary staff will take up the slack for 24 hours.

regards

Graham Martin OAM, MD, FRANZCP, DPM
Professor, Child and Adolescent Psychiatry, The University of Queensland Clinical Director, RCH & Brisbane North CYMHS Centre for Psychiatry & Clinical Neuroscience Research (Suicide Prevention Studies) K Floor, Mental Health Centre, RBWH, HERSTON, Queensland, 4006, Australia (http://www.suicidepreventionstudies.org)
Editor in Chief, Advances in Mental Health (http://amh.e-contentmanagement.com/)

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NINTH EMAIL THREAD

From: Trevor Sadler
Sent: Sunday, 11 November 2012 2:27 PM
To:
Subject: RE: [QFCAP] Impending closure of Barrett Adolescent Centre

-----Original Message-----
From: Trevor Sadler
To: Brett.McDermott
Sent: Fri, Nov 9, 2012 12:09 am
Subject: Re: Barrett Adolescent Centre and Carmody Inquiry

Hello Brett,

I'd like to meet. I am going away 20/11 (to USA and Canada for 4 weeks). (I'm really glad this is out in the open before I go away.

I was thinking of a strategy for QCH. I was wondering if it would be best for you and Graham to first meet with Peter Steer to convince him that we are a lost orphan in the wilds. This is pretty unprecedented. Staff here are enthusiastic about the idea, even though it will mean a different award. I imagine we would have to get Peter and yourselves to progress it further with either Bill and/or our Board.

I watched a Lateline with Det Chief Inspector Peter Fox from the NSW police. He has been investigating sexual abuse. It struck me how he valued the importance of relationships with victims and his sensitivity to their very ongoing distress. Contrast that with the total ignorance of our HSS CEO on the ABC tonight.

Thanks again.

Kind regards,

Trevor

-----Original Message-----
From: McDermott, Brett
To: Trevor Sadler
Sent: Thu, Nov 8, 2012 4:48 pm
Subject: Re: Barret Adolescent Centre and Carmody Inquiry

Yes at one level sorry to out it but Carmody was too great an opportunity for exposure. Also QHealth would not want it out, so clearly out was the thing to do. Let's meet and galvanize a QCH plan Cheers.

Sent from my iPhone

On 08/11/2012, at 4:36 PM, "Trevor Sadler" wrote:

Hello Brett,

Thanks so much for doing this. Has it ever hit the media! I've had staff contacting me to ask if it true, because reporters tried to contact the school.

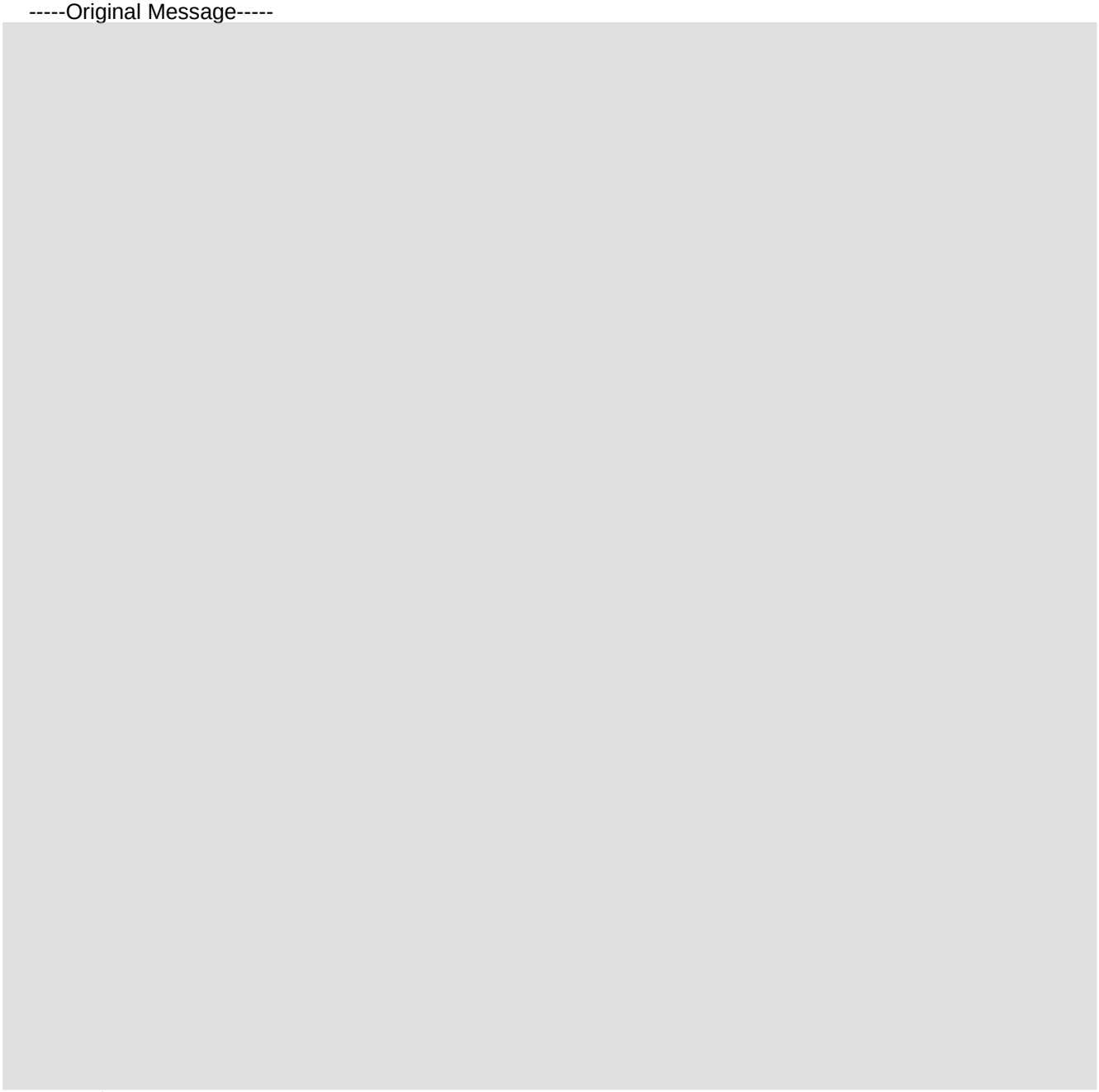
Your comments were very frank, and designed for maximum impact. I am sure colleagues will now feel free to write to the Health Minister and the Premier.

We had a very postitive day today with Ed Qld staff, the adolescents and us about forward planning for the next 4 years. I had to let this go ahead. However, it will galvanise the adolescents to write, and their parents will also.

Kind regards,

Trevor

-----Original Message-----



Sent: Thu, Nov 8, 2012 2:10 pm
Subject: Barret Adolescent Centre and Carmody Inquiry

Hi Trevor and colleagues,
I was subpoenaed to the Child Protection Inquiry today – essentially to talk about neurobiology – but took the opportunity to note that 30-50% of BAC patients have abuse/neglect histories, and about 80% have been subject to prejudicial parenting. Given the BAC is therefore a resource that provides

intensive and long term therapy for abused adolescents with complex needs it is unfortunate and ironic that the duration of the Carmody Inquiry will be a time of diminishing mental health services to this population.
Out of court – and being a Mater not QHealth employee - I felt unconstrained in given 1 x newspaper, 2 x radio and 1 x TV interviews on the matter. Let's plan to overturn this decision quickly. I think college and consumer follow-ups are appropriate.
Cheers,
Brett.

Hello David,

Thanks for taking the time to write so thoughtfully. I agree entirely with your comments about needing to take action higher within our services, not just for BAC but for problems with CYMHS wherever it arises.

There is a huge systemic problem from what I see. The MHAODD Directorate has no expertise in CYMHS, and does not discipline itself to obtain evidence or knowledge in the area. The NSW equivalent appears to have a section called MHKids which drives policy etc. I believe one of the things we can do is gather evidence over time to document adverse statements or decisions emanating from the Directorate, or difficulties our services face which the Directorate does not address. We would have the option of taking them as a Faculty to the Minister, or to the Mental Health Commission when it is established next year.

The issues I have faced are:

- The Directorate has only two people to my knowledge who have actually been practitioners in the area. It is not clear what influence they have. I believe that our collective clinical experience gives a tremendous knowledge base which is much broader than what is found in the literature. Indeed, the modification of research findings as we try to apply it to our practice provides a clinical knowledge which is invaluable, but hard to quantify in standard research paradigms.
- They are influenced by certain lines of thought emanating from prominent youth services, without actually knowing much about the evidence for those services.
- I have never found they are familiar with the literature
- They give weight to the opinions of some people who may have actually little knowledge of the area.

This might be a longer term issue which we can work towards. Michelle and I have already corresponded on this.

Kind regards,

Trevor

-----Original Message-----
From: On Behalf Of David Furrows
Sent: Saturday, 10 November 2012 7:56 PM
To:
Subject: [QFCAP] Impending closure of Barrett Adolescent Centre

Dear Colleagues,

I realise that time is short and that the stakes are high. But I don't think that the suggestions either cover all the bases of our own roles or the other political aspects of this move.

Most of us have a number of different roles. Professionally we are Fellows of the RANCZP. Clinically we are psychiatrists. But operationally we are mostly employees of Queensland Health, and before we proceed to anything like strike action we have a number of processes we need to quickly complete.

Entirely separately, we are all constituents of state MPs, most of whom are government members. And I suspect that they and the Health Minister and the Premier almost certainly have no understanding that BAC is different to other inpatient units or that terminating long-term admissions of the youths with the most disturbed attachment ultimately means more politically embarrassing suicides, homicides and abuse and neglect for decades to come. And in the short-term, it means more angry parents of youngsters on acute short-stay units whose own self-harm will escalate after exposure to former BAC patients.

There should be a role for concerned LNP loyalists to informally advise the senior members of their party about the political risks this decision will expose them to over the next few election cycles. This should not come as anything that can be perceived as a threat but rather a word of friendly warning from some loyal supporter.

That brings me back to our operational, professional and clinical roles.

I think that all of us need to follow appropriate operational and clinical governance structures, immediately. Each Queensland Health community CYMHS or Evolve child psychiatrist who believes that patient care and outcomes will be threatened by the closure of BAC needs to inform their Clinical Director and Executive Director in writing of these concerns. More importantly, each inpatient psychiatrist who shares the same clinical opinions needs to advise their CD and ED in writing that:

1) their unit does not have the capacity to provide similarly extended inpatient treatment for these individuals,
2) that to do so anyway would be clinically detrimental to other inpatients, and in particular there are risks in terms of mixing of patients with chronic serious self-harm with other young and vulnerable people, and
3) no consultation appears to have taken place prior to a decision to distribute these inpatients to acute, short-stay units.

Those Clinical Directors and Executive Directors then need to follow the appropriate pathways, before responses like industrial action are countenanced.

These processes can be quick. But they need to have occurred, and there needs to be a paper trail which supports our claims that those processes are complete and were appropriately undertaken in line with Queensland Health operational processes.

My operational role is across the border in NSW, but I can honestly say that based on past experience there if we had every community CYMHS and inpatient child psychiatrist on record as having appropriately informed their operational managers of the clear dangers of such a process the process would become paralysed because completion of the process within the intended

timeframe against universal contradictory advice would automatically become a Crime and Misconduct Commission matter.

TENTH EMAIL THREAD

-----Original Message-----
From: Trevor Sadler
To: rebecca.wild
Sent: Sun, Nov 11, 2012 11:22 pm
Subject: Re: BAC

Hello Becky,

Many thanks for taking the time to write this. I really appreciate it.

Kind regards,

Trevor

-----Original Message-----
From: Becky Wild
To: Lesley_Dwyer
Cc: Trevor Sadler Becky Wild
Sent: Sun, Nov 11, 2012 11:08 pm
Subject: BAC

Dear Ms Dwyer
Dr Trevor Sadler forwarded your request that feedback to the minister re. BAC
closure be cced to you.
Unfortunately I couldn't find a mechanism for doing this on the ministerial website but have pasted the content of my message below.
I have also contacted my MP and will advise both the Executive and Clinical Directors of Mental Health in my District of the clinical implications of BAC
closure.

I hope this feedback is useful. Like many Queensland Child Psychiatrists Barrett
was an important training rotation for me as a registrar. I came away from it
with a strong sense that adolescents have a great capacity for positive change
if we can only hang in with them long enough, and that if we don't support them
during this period great opportunities are lost. It is very reassuring to overlay this clinical impression with the ever emerging data on neuroplasticity
in this age group.

It is worth remembering that the cohort of patients who reach Barrett are very
much a subgroup with a severity and chronicity of symptomatology not typically
seen in other populations treated in our other units. The debilitating impact of
their severe and chronic illnesses on their families and communities can't be
underestimated and this often means that community management is contraindicated

initially. They are a very circumscribed group and it is difficult to match them
to an appropriate evidence base. For this reason the clinical experience held by
Dr Sadler and other members of the Child and Adolescent Faculty is particularly
important in planning services for them.

For your information:

The Minister for Health
Dear Mr Springborg

I am a child psychiatrist working and living on the Sunshine Coast. You are probably aware that there has been a lot of concern amongst child psychiatrists
and other people interested in the welfare of children and young people, about plans to close Barrett Adolescent Centre. The Barrett Adolescent Centre is
planned to close within the next few months without alternative care for the
children and adolescents who use this service being offered.
This group of children represent some of the most vulnerable we as child psychiatrists will ever treat.

We work very hard to keep children at home and in their communities. In regional
Queensland providing appropriate care for children with serious psychiatric illness can be difficult as we may have to balance access to intensive specialist care with a child's need to remain close to their families. We do our
best to keep them at home when we can, rarely sending them to Brisbane. However
some children need hospitalisation to keep them safe and get them well. Usually
this is brief and further treatment is offered on an outpatient basis as soon as
possible. However, there is a small group of children who need longer term intensive psychiatric care. This group includes but is not limited to ; children
with severe, chronic eating disorders, chronic suicidality, crippling anxiety
that excludes them from school and peer interactions, children with psychosis
who remain unwell despite usual treatment, children who have been very badly
traumatised or whose parents and communities are overwhelmed by the extent of
their need and require wrap around support.

Barrett provides this support in a multi faceted therapeutic environment that
includes flexible schooling. Children are provided with inpatient treatment for
as long as they need it and if they live close enough can step down to a day
program. Barrett has an excellent reputation amongst child and adolescent psychiatrists and many of us have been lucky enough to see patients we could not
see any alternatives for gradually get better in this very

special program and go home. Without Barrett it is likely there would have been
more deaths as a consequence of eating disorders, suicide, risk taking behaviours or children who would have gone on to live chronically compromised
lives unable to engage in education or socialise with peers,a significant proportion moving on into adulthood with ongoing severe mental illness.

As child psychiatrists we are very aware of the risks and cost of longer term
hospitalisation. If there were cheaper or more local alternatives we would not
be referring to a unit like Barrett. There are no other alternatives for some
children and as long as I have been working in child psychiatry there has been
more need for places at Barrett than capacity. Even in centres with acute inpatient units (unlike the Sunshine Coast) some children need referral to
Barrett because the longer term specialised care it offers can't be reproduced
in an acute setting. These children and adolescents often can't be treated successfully in acute units. There will remain, even if services on the Sunshine
Coast expand and we have access to a local day program and or psychiatric inpatient beds for adolescents, the need for some Sunshine Coast patients to be
treated at a place that offers the highly specialised, collaborative long term
care of Barrett Adolescent Centre.

I'm afraid Queenslanders are about to lose a life saving, unique service and
that will be extremely difficult to reproduce should it be allowed to close. I
hope you are able to review this decision and would be very grateful for your involvement. I know many of my colleagues in the faculty for child and adolescent psychiatry would be keen to provide further feedback and that our
president Dr Michelle Fryer is writing on our behalf.

Thankyou

Yours Sincerely

Dr Rebecca Wild
FRANZCP
Advanced Cert. Child and Adolescent Psychiatry

ELEVENTH EMAIL THREAD

-----Original Message-----
From: Trevor Sadler
To: Penny_Brassey
Sent: Tue, Nov 13, 2012 11:48 pm
Subject: Re: Barret Adolescent Centre and Carmody Inquiry

Many thanks, Penny. You did an incredible work with those in the community prior to referring them. They were ready for an environment which utilises relationships as a key therapeutic intervention because of the relationship they built with you. I learnt that as a key factor predicting success from

those young people you referred.

kind regards,

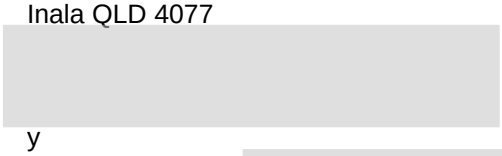
Trevor

-----Original Message-----

Sent: Tue, Nov 13, 2012 10:53 am
Subject: Re: Barret Adolescent Centre and Carmody Inquiry

Dear Everyone
I just wanted to say, in support of Ian Munt's previous email, how incredibly valuable Barrett was to us in Townsville. It helped patients who could not be helped by any other service and turned around the life of a number of profoundly ill young people.
Thank you very much to Michele and Brett for the sterling work you are doing in keeping this on the bureaucratic and public agenda.
Regards
Penn

Dr Penny Brassey
Consultant Psychiatrist
Child and Youth Mental Health
7 Kittyhawk Ave
Inala QLD 4077



y
>>> Trevor Sadler 11/10/2012 3:00 pm >>>
Dear Colleagues,

First, Michelle, thank you so much for that letter on behalf of the Faculty.. I really appreciate it. I know Cary Breakey has also written to the Minister.

Before I update everyone on my news, Graham mentioned that they had been quietly told of the need to cut by 5%. Did this apply to everyone at RCH? Have CYMHS in other HSS been asked to make cuts? There was actually a small increase in the budget - where did the money go that we need to make cuts?

Thanks to Brett's media contacts, the CEO of the West Moreton HSS (who was interviewed on ABC TV), the ED of the West Moreton MHS and a person from the Directorate came to visit the unit to talk to staff.

They reiterated the main issues

- the building is old, beyond refurbishment, condemned by the ACHS surveyors
- The Park is designated under the Mental Health Plan as a forensic facility
- Our occupancy is low (based on OBDs), and there are unused beds at Logan, Mater, RBH
- Modern thinking under the National Mental Health Strategy is to manage adolescents in the community in services closer to home.

The CEO did most of the talking. She did say she was a great believer in making decisions based only on evidence. I will be writing to her this afternoon to challenge her to produce evidence for some of the above statements. She was unaware of previous discussions in 2002 and 2006 about the need for Barrett.

Brett's comments have forced the issue much more into the open. There is supposed to be a meeting next week with leading clinicians. I don't know if any of you have been invited. I emphasised the Directorate's strong statements on consumer and carer (pardon the expression) participation, and they finally agreed to have them in on discussions. I don't think they would have. What would have happened is that they would have had a behind the doors meeting with some people, and come up with the conclusion they want.

She said she would appreciate that if parents or adolescents wrote to the Minister, if they would send her a copy. I'll let her know that concerned colleagues have contacted me over the weekend. If any of you do write (and many thanks in anticipation to those who do), could you kindly CC

I suggested to her that they should explore if a rebuild at the site of the proposed Springfield Hospital (due to open in 2015) is feasible. This has a number of advantages. I didn't raise the issue of bringing us under the QCH. This would be another option for the current site - we are not part of The Park, but part of QCH which is adjacent to The Park. I just float these ideas as some ways around the second issue.

We told the adolescents yesterday afternoon. They were distressed, but are now in fighting mode. Three have commenced on line petitions which have gathered literally hundreds of "signatures". Some independent person in the community started another on line petition when they heard the story. I don't know what effect these things have, but it is all support. online poll, and contacted friends to sign. Other parents are developing other strategies. We are encouraging parents and adolescents to reiterate the need for "consumer and carer involvement".

Currently the most important strategy to to keep it out in the open, and write to the Minister (and perhaps Premier) and cc in Lesley Dyer. Letters to the Minister are obviously noted in his office and forwarded to the Directorate, which seems to be behind this. Parents and teenagers will go to the media if this appears to be not working.

Finally let me say how much I appreciate the support of all of you in this matter, whether you have written a letter, posted on either of our forums, or even just taken the time to read a post. It has been tremendously encouraging. Staff were shocked at first, and dismayed, but are very encouraged to hear of the support of my colleagues and are themselves in "fighting mode" with advice and support to the adolescents and parents.

Kind regards,

Trevor

Subject: Re: Barret Adolescent Centre and Carmody Inquiry

Thanks Lydia,

Especially as I find it really hard to find anything on the ABC Radio website. If you find links to any of the other news please let me know.

I sent the attached letter to the Minister (via website). Personal letters and comments are probably also useful, from ourselves and especially our patients and their families. Go here:
http://www.cabinet.qld.gov.au/ministers.aspx

and you can email him.

Regards,
Michelle