Executive Support Unit MINISTERIAL CORRESPONDENCE – ACTION SHEET

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Response signatory:	Minister for Health	/	Assistant Minister	Chief of Staff	
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ACKNOWLEDGEMENT:

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Acknowledgement Letter Acknowledgement Email Acknowledgement Not Required	Policy Advisor: Andrew
Minister Assistant Minister Chief of Staff Board Chairs Refer to Department for Direct Reply (Action Direct) No Response Required (Note and File) BRIEFING NOTE REQUIRED BRIEFING NOTE NOT REQUIRED	Save the barrett Adolescent (entre
COMMENTS / REQUESTS:	as 27-11-12.
Reviewed by:	Date:

Courteney Hawkins

From:

Andrew Bibb

Sent:

Saturday, 24 November 2012 9:09 AM

To:

Health

Subject:

FW: save the Barrett Adolescent Centre

Attachments:

Letter to Mr Grimwade.doc

Andrew Bibb | Senior Policy Advisor/Electorate Liaison Office of the Minister for Health The Hon Lawrence Springborg, MP 147-163 Charlotte Street, Brisbane, Qld, 4000

Telephon E-Mail: at

From: Morayfield Electorate Office

Sent: Thursday, 22 November 2012 7:19 PM

To: Andrew Bibb **Cc:** Morayfield

Subject: FW: save the Barrett Adolescent Centre

Good Evening Andrew,

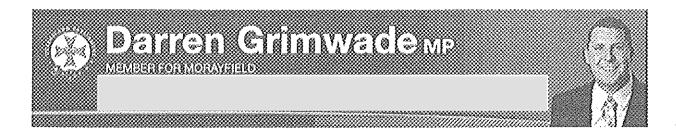
Please find below an email from Angela Clarke regarding the Barrett Adolsecent Centre.

As you will note, Angela works at the centre and has requested the State Member forward her concerns for the Minister's attention and reply.

I would be grateful if you could consider the concerns raised by Angela and copy the State Member in with the Minister reply.

Kind regards,

Lisa Armitage Electorate Officer for Darren Grimwade MP State Member for Morayfield



From: Angela Clarke

Sent: Thursday, 22 November 2012 11:52 AM

To: Morayfield Electorate Office

Subject: save the Barrett Adolescent Centre

Dear Electorate Officer,

I would appreciate your assistance in bringing the attached letter to the attention of Mr Grimwade.

Yours sincerely,

Angela Clarke

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Mr Darren Grimwade, MP Morayfield Electorate Office

22nd November, 2012

Dear Mr Grimwade,

I work at the Barrett Adolescent Centre at The Park - Centre for Mental Health, Wacol. BAC is a 15 bed inpatient unit treating adolescents with severe and complex mental illnesses. We also offer 5-10 day patient places for those able to have leave or who are transitioning back into the community but still require support. We are tertiary referral, supra-regional and our strength is the close working relationships between Qld Health and Education Queensland staff at the Centre.

I am writing to you, because, at this moment, within your Electorate and I want you to be personally aware of our threatened closure.
BAC supports the most vulnerable and deserving YP in our community. In the recent past, BAC has helped YP who have gone on to:

Staff were told on 09/11/12 that there are discussions taking place in regards to the future of Barrett Adolescent Centre (BAC). As part of this, a number of issues have been raised and I would like the opportunity, here, to put the opinions of myself and staff.

1A. The National Mental Health Service Planning Framework recommends community-based treatment, close to where adolescents/young people live.

We support this also, however, the National Mental Health Service Planning Framework is exactly that — a framework which elucidates the aspirations of our mental health service. It is not possible in a document of its scope to deal with the circumstances of all individuals who present in our mental health sector. Young People admitted to BAC have already accessed, sometimes for years, their local, community-based Child and Youth Mental Health Service (CYMHS). In many cases, the YP have also had multiple admissions to acute adolescent MH units, attended Day Program and had multiple presentations to emergency departments. Those services (although excellent) have not managed the needs of these YP who form a sub-set of the MH population.

A BAC closure would return these YP to services which cannot meet their needs, burdening the CYMHS and acute units, causing other children and families, who may have benefited, to remain on waiting lists for longer. Additionally, these YP, in the future, will place pressure on General Practitioners, the social security sector, adult mental health services and, in some cases, the criminal justice and forensic services.

1B. The National Mental Health Service Planning Framework recommends a least restrictive environment with minimum disruption to families, educational and social/community networks.

We support this also; however, the YP of BAC have typically been out of school, confined to home and completely withdrawn from social networks for many months or years, before coming to BAC. Their local CYMHS's have little hope of re-engaging these YP in educational and social settings. However,

BAC, with its unique combining of Qld Health and Education Qld can create both social and educational experiences and YP can form friendships with co-consumers, with staff support; therapeutic interventions such as social skills training groups and groups to teach daily living skills (catching public transport/budgeting) along with psychotherapy and pharmacotherapy offer the best environment to manage individuals with such severe and complex needs.

There is an important point to be made about families. Many of the parents of the YP of BAC have had to take leave from their workplaces to care for their YP; many have lived in fear that their child would harm themselves or others. The burden on parents and siblings is often immense. Having their child admitted to BAC gives parents peace of mind, allows them to resume work and to re-establish normal family routines and to support the other children of the family; this is the best environment for families to undergo family therapy, working with staff to promote the mental health and functioning of their child.

- 2. BAC sits on the grounds of The Park- Centre for Mental Health. The Park now has a role as an adult forensic service. There are some who feel that it is not appropriate to co-locate an adult secure service and an adolescent service. To this I offer two points:
 - BAC staff are willing to re-locate to a new site; however,
 - In BAC's history there has always been a forensic service at The Park and there has been not one incident, to date, which would validate the concern for the co-location.
- 3. The buildings of BAC are out-dated and run-down.

Staff agree that the buildings are sub-standard and this has been noted in the last two accreditation reviews. However, this, along with the co-location argument, have nothing to do with need for BAC to provide a service and to support our colleagues in CYMHS by being a point of referral for their most difficult cases.

As you would be aware, there was a planned move to Redlands Hospital and staff put hours of work into meetings to design a unit and to planning how it would function. This proposal has now been rejected; however, its important to note that the rejection was not based on the need for a unit such as BAC; the principle objection was based on environmental grounds and the costs of building on a koala habitat.

Lastly, BAC provides much to the MH community beyond the primary care of our Young People. We have a strong interest in research, with links to Universities; we provide placements to nursing and allied health students and form an important part of the Child and Adolescent Psychiatrist trainee program; we provide support and mentorship to Qld CYMHS. BAC is recognised nationally as a source of learning and excellence in adolescent mental health.

I hope that I have set out a cogent rationale for BAC to remain operating and have counted a number of arguments. I respectfully ask you to raise my concerns with Lawrence Springborg, Minister for Health and ask him to intervene to save the Barrett Adolescent Centre.

Yours sincerely,

Angela Clarke