

Queensland Branch

9th November 2012

Lawrence Springborg

Minister for Health Queensland Government

Dear Minister Springborg,

Re: Proposed closure of Barrett Adolescent Centre

As Chair of the Queensland Branch of the Faculty of Child and Adolescent Psychiatry, I have been contacted by, and share the concerns of, many Child and Adolescent Psychiatrists in our State in regard to the proposed closure of Barrett Adolescent Centre.

Barrett Adolescent Centre is the only medium to long-term facility for adolescents with serious mental illness in Queensland, providing vital developmentally attuned rehabilitation and recovery and family support. It provides a much needed level of care and intervention for young people who have not responded to intensive community treatment and acute admissions. Community treatment is not able to meet their needs due to the severity of psychiatric disturbance and impairment, and their level of risk (usually to self, sometimes to others). The needs of these young people are also not able to be met in acute adolescent inpatient units where the focus is on establishing the correct diagnosis, initiation of treatment, and return to community care rather than on longer term treatment and rehabilitation. I have personally worked with parents who were exhausted and terrified from trying to protect and monitor their chronically suicidal child and seen their relief when an admission to Barrett Adolescent Centre is gained and the young person stabilises and slowly improves.

In addition, Barrett Adolescent Centre provides an important service to young people from rural Queensland, where specialist services are very limited. Also, a significant proportion of young people attending the centre have histories of abuse and neglect underlying and contributing to their complex needs and, with the Child Protection Inquiry ongoing, the loss of Barrett Adolescent Centre would also be significant for this group of young people, further stretching the limited resources available for their recovery.

Whilst a tertiary service, Barrett Adolescent Centre can also be considered early intervention in that it potentially reduces the likelihood of significant impairment persisting into adulthood with the associated health and social costs. Prevention and early intervention for mental health in childhood, adolescence and young adulthood has documented benefits in health and social outcomes (including financial costs to the community) and thus we recommend it be considered a priority for health investment.

Kind regards

Dr. Michelle Fryer MB ChB FRANZCP Cert. Child Adol. Psych. Chair, Queensland Branch of the Faculty of Child and Adolescent Psychiatry.

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