

## Re: FINAL Proposed service model elements for Adolescent Extended and Rehabilitation Services

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**From:**

**To:**

**Cc:**

**Date:** Mon, 22 Apr 2013 17:09:15 +1000

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Dear Reference Group Members,

I firstly would like to thank the members of the ECRG for the opportunity to participate in the Group's deliberations. Irrespective of outcome, the intensity of effort and commitment to a better future for mental health challenged adolescents in Queensland by all ECRG members is inspiring.

I would like to make comment on the following two areas.

Firstly, with regard to time limitations - many adolescents have only started to settle into a facility such as BAC in the first six months. Only after that time and when the inpatient's condition is stabilised sufficiently can educational and social initiatives be introduced. These sometimes work on a two steps forward and one step back approach as well.

Any mandated time limit on admission risks failure for many patients.

Secondly, with regard to staff - commitment is the stand-out feature of the permanent staff at BAC.

Patients develop positive relationships with staff and anecdotally they will not interact with casuals to the same extent as permanent staff with whom they have a close rapport.

Any private service delivery organisation is under no requirement for consistency of staff. They will supply whom they presently have to hand. Their backgrounds may not necessarily be attuned to adolescents and their needs.

Kind regards,

**From:** [Josie Sorban](#)

**Sent:** Monday, April 22, 2013 4:18 PM

**To:** [Kelly Bucknall](#) ; [Kevin Rodgers](#) ; [Amelia Callaghan](#) ; [David Hartman](#) ; [Emma Hart](#) ; [James Scott](#) ; [Leanne Geppert](#) ; [Michelle Fryer](#) ; [Trevor Sadler](#) ; [Vaoita Turituri](#) ; [Amanda Tilse](#) ; [Philip Hazell](#) ; [REDACTED]

**Cc:** [Emma Foreman](#) ; [REDACTED]

**Subject:** Re: FINAL Proposed service model elements for Adolescent Extended and Rehabilitation Services

Hi Ref Grp members

I think I got as much out of the comments by other members as the document itself.

Extra thoughts I had was that defining the length of stay in Tiers 2 a&b makes the foci about school curriculum instead of the clinical and therapeutic milieu; also potentially disadvantage those commencing part-way through school term. Should be stated simply as months/weeks.

Note also the limitations of referral sources for Tier 2a - only CYMHS is listed, yet power-point and principles talk about collaboration with external services.

I remain concerned about the quality and capacity of the non-govt accommodation where minders are minimally trained - a far cry from the health-trained service in acute settings and BAC. The 4-bed week-end component of Tier 2b is far short of what currently available so wouldn't there be extra \$s until the Tier 3 can be achieved? Should we make a point for quarantining this money to contribute to a Tier 3 facility?

I agree with the corrections made by Michelle to the preamble, particularly the 3rd last paragraph which was confusing.

Agree with David re making a statement about the under-estimate using BAC wait-list as there are so many who don't get put on the wait list (once you hear how long it is) but would be ideal candidates for BAC treatment.

As Kev points out the objective was to replace existing BAC services, but in the Outcomes section of the document from Chris Thorburn, it appears to go broader, saying the endorsed model was to articulate a contemporary model(s) of care for extended treatment and rehabilitation for adolescents in Queensland and that the final endorsed model(s) of care will replace the existing services provided by BAC. We could make it clear that only Tiers 2b and 3 are the alternatives for current BAC funding?

Kev also mentions the threat to the teaching allocation of 10 bed proposal for Tier 3. I'm thinking this would be co-located with either an acute care unit or the day programme so would still qualify for a f/t teacher? however the document does not address staffing numbers so this point can't be covered here.

Re Trevor's point about proximity to local community. Perhaps what we need to acknowledge that with the constraints of geographical distances ease of access is the next consideration. We have not made mention of a consideration for accommodating family to mitigate the family and community isolation for the adolescent. This would use up quite a bit of funds.

I look forward to further discussions on Wednesday.

Regards  
Josie

Josie Sorban  
Director of Psychology  
(Child and Youth Mental Health Service)  
Children's Health Services  
Spring Hill  
[REDACTED]

>>> Vaoita Turituri 17/04/2013 10:01 am >>>

Dear Reference Group Members,

Please find attached the following:

- FINAL preamble
- FINAL Proposed service model elements for Adolescent Extended and Rehabilitation Services
- DRAFT power point

AS previously advised, your final comments are due by **COB Monday 22nd April** and our final meeting is scheduled for 24 April 2013.

Kind regards  
Vaoita

*Vaoita Turituri*  
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