

Lesley Dwyer (Chief Executive, West Moreton Hospital and Health Service)**Interview on Radio 4ZZZ, 8 August 2013**

Interviewer, Daniel Dixon: Lesley, why was the decision made to shift the services provided by the Barrett Adolescent Centre to Children's Health Queensland?

Lesley Dwyer: You're probably aware, Dan, that about eight months ago, the Health Service engaged an Expert Clinical Reference Group to consider statewide service provision and to consider contemporary models of care for adolescent extended treatment and rehabilitation. That was on the basis that the Barrett Adolescent Centre is housed in a facility that is now thirty years old and really is no longer fit for purpose – and, as The Park Centre for Mental Health also starts to move towards being an adult forensic site, it was felt that the Barrett was no longer a model of care that would fit well within that campus. Prior to that, there had already been plans to move the Barrett from its current site down to a new site in Redlands and for a whole range of reasons, that wasn't possible to have happen. So what we did was we asked an Expert Clinical Reference Group that also included a former consumer of the service as well as a current carer of one of the adolescents within the service as well as experts across the state – and including interstate actually – to come up with a set of recommendations. They've done that, there's been seven recommendations, we had a Planning Group supporting them so there's been some further feedback from those and those recommendations really talked about the long term governance and planning of services. Your question around why change this now to 'Children's' is that the Children's Health Queensland actually has the statewide role for the planning – and the strategic planning – of services that covers adolescent mental health. Need to be really clear – we will continue as West Moreton Hospital and Health Service to provide care at the Barrett Adolescent Service until there is an agreed statewide model for adolescent mental health services.

Interviewer, Daniel Dixon: So is this a budgetary issue at all or is it purely logistical?

Lesley Dwyer: Look, it's neither. It's actually a strategic issue. It's certainly not a budget issue. Any money that we are currently spending within Barrett will be available to continue to support adolescent mental health services. The logistics are around whether or not the facility is fit for purpose and whether The Park is a suitable environment for adolescents with mental health issues. But in fact it is a strategic issue around what is going to be the best contemporary model to provide appropriate care for these adolescents – not only in the South East corridor but also to think about, with such a broad state, how do we manage adolescents when we actually relocate them and dislocate them from their family and support networks in other parts of the state.

Interviewer, Daniel Dixon: Key services offered by the Barrett Adolescent Centre include the classes and excursions that are, you know, set up to rehabilitate and educate the students. Will alternative methods be presented that achieve similar outcomes?

Lesley Dwyer: Look, we've certainly been in discussions and Education have been part of both the Expert Panel as well the Planning Group and certainly they see this now as an opportunity to think about what those models will be. We certainly recognise that that has been a key element of the model of care within Barrett – again, that has been a model that has been in place for about thirty years and we'd like to continue to work with Education to ensure that the education needs of each of those adolescents is part of their Care Plan.

Interviewer, Daniel Dixon: So the Expert Panel suggested that a Tier 3 service should be established to provide extended treatment and rehabilitation for adolescents with severe and persistent mental illness but the Planning Group said such models involving 'statewide clinical bed-based service' – I believe is the terminology they used – are essentially outmoded and not contemporary ... what kind of alternatives to that clinical bed-based service are superseding it and why is Barrett not worthwhile in that sense?

Lesley Dwyer: Look, you know, sort of, this is now really the role of the Implementation Group which will come up under the, you know, auspice of Children's Health Queensland and, although we're not aiming to replicate exactly the existing Barrett model of care, through the recommendations from that group, we're looking at developing alternate contemporary models of care and it does include a bed-based model of extended treatment and rehabilitation. At the moment, the Barrett Centre is a 15 bed unit which offers a statewide model. We're actually looking – and I think the Minister said this the other night – at whether or not elements of that model, which may include inpatient rehabilitation, can be replicated in other parts of the state. So what has been represented to us from that particular group – the Expert Group – is that we really need a combination and not only just from Queensland Health but working with our non-government organisations as well ... around, you know, sort of early intervention, 'step up' models, being able to think about which adolescents do require that intensive, you know, sort of rehabilitation bed-based models but also then to be starting to think about what a 'step down' model would be as well. So it will be a combination of inpatient beds, community residential facilities but particularly working in partnerships with other organisations.

Interviewer, Daniel Dixon: Is there, or will there be, a timeline so that staff and the patients and parents can essentially know what's going to happen to them and know how they'll be adjusted into the new model?

Lesley Dwyer: Look, we've been talking about early in 2014 but what I will say is we will continue to operate Barrett until, at such time, there is an agreed model and those models are up and running and that the transition plans for our current adolescents have been agreed with by their treating clinicians, the adolescent themselves and their carer and families. So, you know, sort of, we don't want this to drag on. As you say, it has created uncertainty but, at the same time, we need to have the agreed model and one that we are confident will provide the level of care that these adolescents require.

Interviewer, Daniel Dixon: Lesley, thanks so much for taking the time.

Lesley Dwyer: It's a pleasure, Dan. Thank you.