

3. 16/09/10	<ul style="list-style-type: none"> Design and brief modifications following FPTM and User Group input. Presentation by architect of more detailed residential wing floor plan. Critical appraisal of residential wing floor plan. 	Core Group	Yes
4. 30/09/10	<ul style="list-style-type: none"> Review of last meeting. Presentation of modified residential wing floor plan. Presentation by architect of more detailed plan for school, therapy and day activities areas. Critical appraisal of plan for school, therapy and day activities areas. 	Core Group	
5. 14/10/10	<ul style="list-style-type: none"> Review of last meeting. Presentation of modified school, therapy and day activities areas floor plan. Presentation by architect of more detailed plan for staff accommodation. Critical appraisal of plan for staff accommodation. 	Core Group plus admin rep.	Yes
6. 28/10/10	<ul style="list-style-type: none"> Design and brief modifications following FPTM and User Group input. Review of last meeting. Presentation of modified staff accommodation plan. Presentation by architect of more detailed plan for outdoor areas. Critical appraisal of plan for outdoor areas. Review of plan as a whole in relation to "hotel services". Electronic systems (communications, IT and security) Physical security. 	Core Group plus "hotel services" rep. plus IT rep and hospital security rep.	
7 11/11/10	<ul style="list-style-type: none"> Review of last meeting. Presentation of any modifications from last meeting. Presentation by architect on external appearance. Mechanical systems (cooling, heating and ventilation) 	Core Group plus hospital engineering rep.	Also peer review soon afterwards
8 25/11/10	<ul style="list-style-type: none"> Final/ PD/SD stage overview if necessary 	FPTM	Yes

**Proposed Mental Health Extended Treatment
Unit for Adolescents at Redland Hospital**

Project no 51426



Project Services

Queensland Government

A business unit of the
Department of Public Works

MINUTES. USER GROUP MEETING No A2 (PD/SD stage)

Date / time: **3rd September 2010 1:00pm – 3:15pm**
Location: **Barrett Adolescent Centre**

Attendees

Angela Clarke (AC)	Allied Health, Barrett Adolescent Centre	
Susan Daniel (SD)	Community Liaison, Clinical Nurse, Barrett Adolescent Centre	
Francis Maher (FM)	Manager, Pre-commissioning team, QH	
Sean McCormick (SMc)	Clinical Nurse, Barrett Adolescent Centre	
Kim McManus (KM)	Clinical Nurse, Barrett Adolescent Centre	
David Pagendam (DP) - Chair	Senior Architect Project Services	
Karen Riedy (KR)	Architect Project Services	
Kev Rodgers (KRodg)	Principal, Barrett Adolescent Centre	
Trevor Sadler (TS)	Director, Barrett Adolescent Centre	
Steve Sault (SS)	RN (Registered Nurse), Barrett Adolescent Centre	

Apologies

Terry Carter (TC)	MHCWP (Mental Health Capital Works Program) Project Manager Project Services	
Steve Marriott (SM)	Teacher Barrett Adolescent Centre	
Vedran Vladusich (VV)	Acting Team Leader CYMHS (Child and Youth Mental Health Services) Redland Hospital	

Distribution: All attenders and apologies.

Item no.	Record of Discussion	Action by
2.1	APPROVAL OF PREVIOUS MINUTES	
2.1.1	The minutes of the previous meeting were approved except for the following correction: In Item 1.2.2 the QNU representative's name is Bridget Lord.	Note
2.2	COMMENTS ON INFORMATION CIRCULATED AT THE PREVIOUS MEETING	
2.2.1	There were no comments from the previous meeting on the QNU guidelines or the drawings from the last meeting.	Note
2.2.2	Feedback on the draft brief: DP read the draft brief allowed and the following comments were made: <ul style="list-style-type: none"> • There will be 13 (not 15) residential beds, expandable in the future to 18 • There will be 18 patients in total after future expansion and all spaces, except bedrooms and bathrooms are to be sufficient for the future 18 patients. • There needs to be 13 residential single bedrooms each with its own ensuite-accommodation. • The sleeping areas for the sexes are to be separated. We need to allow for a variation from 25% males and 75% females to 75% males and 25% females. • The school and day activities/therapy areas need to cater for 18 patients/students. • School areas are run by the Department of Education and Training (not Education Queensland) and the school is a Specific Purpose School (not a special school). • The school and day areas are not to be integrated with the residential areas, even though in the evenings and on weekends, adolescents may use some of the facilities in the day areas. • Therapy should include Allied Health. • The section headed School and Day Activities/Therapy needs to be expanded to include the relevant and equivalent information about allied health. • Add to the staff count 10 no. allied health members. • Teaching spaces requirements: We need 1 space large enough for 18 students, then 2 additional GLAs (General Learning Areas or Classrooms) large enough for 6 students each. • The school and day area will not be able to use the residential kitchen. A separate kitchen needs to be provided in the school. • Provide showers in the change room, enough for the 18 students. • Add spaces for physical education, gardening or horticulture and a workshop space. • The staff want a shared staff/tea room. • The reception area needs to be considered. There are 3 reception staff members, one for the school, one for health and another assistant. They spend a fair amount of time on office tasks as well as at the reception counter and they do tend to share the receiving responsibilities. They could be co-located but might need a reception separate from the administration area. • Also need a waiting room with tea/coffee etc. • Surveillance cameras if provided need to be discrete and are potentially useful in external areas, particularly in the bush, and also inside in the timeout and quiet room in the school. • The group accepted the idea of having natural cooling and 	Note

Item no.	Record of Discussion	Action by
	<p>ventilation, with air-conditioning (mixed-mode system).</p> <ul style="list-style-type: none"> • A large room is needed for family therapy with an observation room. • Where possible, rooms where staff and students interact should have a second (exit) door. 	
2.2.3	KRodg and AC will produce a list of space requirements for the school and space requirements for allied health and provide a table at the next meeting of what spaces can be shared.	KRodg and AC
2.2.4	AC will forward through some additional information about allied health requirements to DP.	AC
2.2.5	Teachers and allied health staff would visit an example school kitchen to determine whether or they can share a kitchen and report back to this user group.	KRodg Barrett teachers and allied health staff.
2.3	THE SITE	
2.3.1	DP briefly presented the site plan with the trees significant for koala survival marked. It was noted that there are a lot of koala trees and that the available space for the facility is limited to the top part of the site.	Note
2.4	THE DESIGN CONCEPT	
2.4.1	<p>DP presented a revised basic form diagram and the following feedback was given:</p> <ul style="list-style-type: none"> • Staff accommodation should be near the day areas. • Need to consider a timeout room in the school/day area, particularly to avoid needing to move distressed adolescent back into the residential area through the day. If there isn't a timeout room, access from the day areas to the HDU is an issue. • No seclusion rooms are required. • Bashir Ally, the Director of Pharmacy at the Park – Centre for Mental Health should be invited and provide input at the user group meeting that discusses the treatment room. • Circulation when there is a Code Black needs to be considered. Adolescents not involved are moved into an area where they are protected from the commotion. • The external activities area that can be supervised by the nursing staff could be larger. The hall could be moved over to make 2 more equally sized external spaces. • Generally the staff accommodation areas should have a closer relationship to the day areas and school. • It would be preferable to keep trees in the courtyards if possible. • It would be good if there could be space for a ropes course. • The HDU court and access needs to be screened from the main entry. 	Note
2.4.2	<p>DP presented a revised residential wing plan and the following feedback was given:</p> <ul style="list-style-type: none"> • Might prefer 1 bathroom between 2. Noted that the adolescents had advised that this would be preferred. • Vanessa Clayworth from the Barrett Adolescent Centre has some information about safety features in an adolescent ward that would be valuable and should be presented at a user group 	<p>Note</p> <p>Barrett Staff</p>

Item no.	Record of Discussion	Action by
	<p>meeting. It was suggested that Vanessa might give a presentation in about a month at one of the user group meetings held at the Barrett Adolescent Centre.</p> <ul style="list-style-type: none">• Generally larger doorways should be provided where possible, especially in areas where the adolescents will be.• Bedroom doors need to open outwards.• It would be good to have a timeout room and a consultation room in the residential area.• Need a variety of sensory areas. For example, it would be good to make the front parts of the courtyards in the residential area a place to sit.	
2.5	NEXT MEETING	
2.5.1	Next meeting Thursday 16th September, 1pm to 3pm, at the Redland Hospital executive meeting room.	Note

**Proposed Mental Health Extended Treatment
Unit for Adolescents at Redland Hospital**

Project no 51426



Project Services

Queensland Government

A business unit of the
Department of Public Works

MINUTES. USER GROUP MEETING No A3 (PD/SD stage)

Date / time: **16th September 2010 1:00pm – 3:00pm**
Location: **Redlands Hospital – Mental Health demountable conference room**

Attendees

Risto Ala-Outinen (RA)	Nurse Unit Manager (NUM) Barrett Adolescent Centre	
Terry Carter (TC)	MHCWP (Mental Health Capital Works Program) Project Manager Project Services	
Angela Clarke (AC)	Allied Health, Barrett Adolescent Centre	
Francis Maher (FM)	Manager, Pre-commissioning team, QH	
Sean McCormick (SMc)	Clinical Nurse, Barrett Adolescent Centre	
David Pagendam (DP) - Chair	Senior Architect Project Services	
Karen Riedy (KR)	Architect Project Services	
Kev Rodgers (KRodg)	Principal, Barrett Adolescent Centre	
Vedran Vladusich (VV)	Acting Team Leader CYMHS (Child and Youth Mental Health Services) Redland Hospital	

Apologies

Susan Daniel (SD)	Community Liaison, Clinical Nurse, Barrett Adolescent Centre	
Steve Marriott (SM)	Teacher Barrett Adolescent Centre	
Kim McManus (KM)	Clinical Nurse, Barrett Adolescent Centre	
Trevor Sadler (TS)	Director, Barrett Adolescent Centre	
Steve Sault (SS)	RN (Registered Nurse), Barrett Adolescent Centre	

Distribution: All attendees and apologies.

Item no.	Record of Discussion	Action by
3.1	APPROVAL OF PREVIOUS MINUTES	
3.1.1	The minutes of the previous meeting were approved.	Note
3.2	COMMENTS ON INFORMATION CIRCULATED AT THE PREVIOUS MEETING	
3.2.1	<p>The following comments were made on the drawings presented at the last meeting:</p> <ul style="list-style-type: none"> • KRodg – There shouldn't be visitors coming in through the same entry as the back of house entry. • Definitely need to be separation of the residential areas from the day areas so it feels like you are 'going out' to school etc. • Bathrooms – feedback from the adolescents of the Barrett was that one bathroom between two was acceptable. However after further discussion it was decided that we would stay with the current standard, which is to provide ensuite bathrooms to each bedroom. 	Note
3.3	CORRESPONDENCE SINCE LAST MEETING	
3.3.1	<ul style="list-style-type: none"> • Requests from allied health staff dated 17.8.2010 • Proposed accommodation list for school and allied health 	Note
3.4	THE DESIGN CONCEPT	
3.4.1	<p>DP presented a revised basic form diagram and the following feedback was given:</p> <ul style="list-style-type: none"> • There needs to be space for the guidance officer to work. • Allied health staff want to have the opportunity to separate themselves from the area where the university students sit. The allied health staff feel that the open plan office structure does not suit their needs generally and more investigation needs to be done into what their needs are. • More than three consultation rooms are needed for sharing between 11 allied health staff for confidential work with adolescents. • TC referred the allied health staff to the HIPD (Health Infrastructure Planning Guidelines) for further explanation of what the general expectations and requirements are for office space. • VV described that CYMHS staff operate from an open plan office and have 3 consultation rooms to share on a roster/booking system. • There was discussion about privacy in open plan offices and the use of carpets and screens to control noise. It was suggested that some site visits be organised for the allied health staff to visit existing open plan office spaces to better understand what can be achieved with them in terms of privacy and space allocation. VV referred to the 'Evolve' office as a good example. • It was explained that open plan office structure is the Queensland Health standard and that the allied health staff would need to put a case forward to justify that they have a particular need to have more individual office space than what is allowed for in the current accepted standard for Queensland Health. 	Note

Item no.	Record of Discussion	Action by
	<ul style="list-style-type: none"> • KRodg – There are up to 10 teachers. • RA – The nurses' area needs to be large enough for circulation to the records storage for other staff. At times there could be a few extra people in the nurses' area from the other parts of the facility. • TC. – The nurses' station needs to be considered in terms of how it works and what the various functional spaces are so that it can be accurately compared to the standards in the Australasian Health Facilities Guidelines. For example, there might be a reception area and a write up or handover area. • In the accommodation areas, there need to be a variety of spaces and there need to be discrete areas. There doesn't necessarily need to be very large spaces. Since the adolescents may not have the opportunity to go out into the community, the adolescent centre needs to replicate the facilities normally found in the community that the adolescents will need to get and be well and to develop the skills and confidence they will need to attend similar facilities in the community. • The plans for the Toowoomba Adolescent Inpatient Unit were looked at but it was noted that this facility will be located on a very tight site. • The large group room needs to be large enough for 18 students and 10-15 staff. This space is used for group handover sessions in the mornings. • TC offered to bring a PDP to the next user group meeting. • TC discussed the problems of having swing beds in the residential area and double corridors. It was decided that we would investigate the alternative, which is to have small pods of about 4 or 6 beds in each. A pod is a corridor with rooms on either side. The pod system would be cheaper but less flexible for gender mix and would require more decanting. This was acceptable to the group. • TC is concerned that the proposal incorporates suspended slabs rather cutting and filling the site to create a level slab of earth to build the unit on. DP explained that the challenges on the site including the need to protect the koala trees and limit the amount of cut and fill that could be practically done. • It was noted that adolescents with eating disorders may require privacy in the dining room. 	
3.5	NEXT MEETING	
3.5.1	Next meeting Thursday 30th September, 1pm to 3pm, at the Barrett Adolescent Centre.	Note

**Proposed Mental Health Extended Treatment
Unit for Adolescents at Redland Hospital**

Project no 51426



Project Services

Queensland Government

A business unit of the
Department of Public Works

MINUTES. USER GROUP MEETING No A4 (PD/SD stage)

Date / time: **30th September 2010 1:00pm – 4:00pm**
Location: **Barrett Adolescent Centre**

Attendees

Risto Ala-Outinen (RA)	Nurse Unit Manager (NUM) Barrett Adolescent Centre	
Terry Carter (TC)	MHCWP (Mental Health Capital Works Program) Project Manager Project Services	
Angela Clarke (AC)	Allied Health, Barrett Adolescent Centre	
Francis Maher (FM)	Manager, Pre- commissioning team, QH	
David Pagendam (DP) - Chair	Senior Architect Project Services	
Karen Riedy (KR)	Architect Project Services	
Kev Rodgers (KRodg)	Principal, Barrett Adolescent Centre	
Trevor Sadler (TS)	Director, Barrett Adolescent Centre	

Apologies

Katie Eckersley (KE)	Manager Bayside Mental Health Services	
Susan Daniel (SD)	Community Liaison, Clinical Nurse, Barrett Adolescent Centre	
Steve Marriott (SM)	Teacher Barrett Adolescent Centre	
Sean McCormick (SMc)	Clinical Nurse, Barrett Adolescent Centre	
Kim McManus (KM)	Clinical Nurse, Barrett Adolescent Centre	
Steve Sault (SS)	RN (Registered Nurse), Barrett Adolescent Centre	
Vedran Vladusich (VV)	Acting Team Leader CYMHS (Child and Youth Mental Health Services) Redland Hospital	

Distribution: All attendees and apologies.

Item no.	Record of Discussion	Action by
4.1	APPROVAL OF PREVIOUS MINUTES	
4.1.1	The minutes of the previous meeting were approved.	Note
4.2	THE DESIGN CONCEPT	
4.2.1	Courtyards TC and DP presented the pros and cons of courtyards in the new facility and on the Redlands hospital site. The feedback from the group was that courtyards are not necessary in the unit around the residential areas, as long as there is access to a large open space. The large open space presented on the relationships diagram is enough.	Note
4.2.2	Site Issues It was acknowledged that there are several site issues that need further investigation including the koala trees, how to best manage drainage and the hydrology of the site, how much cut and fill is practical. TC noted that there is a liability issue with climbing on roofs. This issue was discussed and it was considered that the issue could be minimised with design solutions such as wide eaves and careful consideration of downpipes.	DP
4.2.3	The HDU rooms Discussion was had about the function of the rooms currently labelled HDU rooms. It was decided that HDU is not an appropriate or accurate description of the function of these rooms. The group decided that these rooms should be referred to as a de-escalation suite. This decision was made because the rooms must be kept available for the situation where they are needed and are otherwise not occupied as bedrooms. The de-escalation suite would require two 'time out' rooms, a bathroom, a sitting area and a courtyard. As a consequence of this the number of ordinary bedrooms would revert to 15.	Note
4.2.4	DP explained the latest relationships diagram, which was generally agreed upon except for the following feedback: <ul style="list-style-type: none"> The new staff offices will be the central and main office area in the new facility. The area labelled nurses will be the after hours office and reception. Medical records will be stored on a secure trolley that is kept in the main office area during the day and moved to the after hours office at night. Phones and computer points will be needed in all the consult/multi-purpose rooms including the treatment room and the assessment rooms. Sound separation is required between the assessment rooms and the gym. 	Note
4.2.5	Workstations/hot desking requirements for the main office: The workstation requirements were split into 3 categories of workstations: 1. full sized workstations that were allocated to a person 2. full sized workstations that were available for hot desking 3. small hot desks/computer stations	Note

Item no.	Record of Discussion						Action by
	The following table describes the requirements:						
		Full size workstations		Large hot desks		Small hot desks	
	Nursing	Clinical Nurse	1			Students	5
		Intake officer	1				
	School	Admin	2	Part-time teachers	2	Teacher Aides	3
	Allied Health		5		3		
	TOTALS		9		5		8
All the above include student requirements. Lockable storage will be needed for those using hot desks.							
4.3	NEXT MEETING						
4.3.1	Next meeting Friday 15th October, 1pm to 3pm, at the Barrett Adolescent Centre.						Note

**Proposed Mental Health Extended Treatment
Unit for Adolescents at Redland Hospital**

Project no 51426



Project Services

Queensland Government

A business unit of the
Department of Public Works

MINUTES. USER GROUP MEETING No A5 (PD/SD stage)

Date / time: **28th October 2010 12noon – 2:00pm**
Location: **Redland Hospital Executive Meeting Room**

Attendees

Terry Carter (TC)	MHCWP (Mental Health Capital Works Program) Project Manager Project Services	
Angela Clarke (AC)	Allied Health, Barrett Adolescent Centre	
Francis Maher (FM)	Manager, Pre-commissioning team, QH	
David Pagendam (DP) - Chair	Senior Architect Project Services	
Karen Riedy (KR)	Architect Project Services	
Trevor Sadler (TS)	Director, Barrett Adolescent Centre	
Matt Berwick (MB)	Registered Nurse. Barrett Adolescent Centre	
Steve Marriott (SM)	Teacher Barrett Adolescent Centre	
Natalie O'Brien (NO)	Acting Team Leader CYMHS (Child and Youth Mental Health Services) Redland Hospital	

Apologies

Katie Eckersley (KE)	Manager Bayside Mental Health Services	
Susan Daniel (SD)	Community Liaison, Clinical Nurse, Barrett Adolescent Centre	
Sean McCormick (SMc)	Clinical Nurse, Barrett Adolescent Centre	
Kim McManus (KM)	Clinical Nurse, Barrett Adolescent Centre	
Steve Sault (SS)	RN (Registered Nurse), Barrett Adolescent Centre	
Risto Ala-Outinen (RA)	Nurse Unit Manager (NUM) Barrett Adolescent Centre	
Kev Rodgers (KRodg)	Principal, Barrett Adolescent Centre	

Distribution: All attendees and apologies.



5.2.4	External areas <ul style="list-style-type: none"> • Good lighting in the car park and direct observation from the staff station to the car park were desirable for night time shift changes. • The 30 car parking spaces shown were considered adequate provided they were not taken by non-adolescent centre staff. • External activity areas are to be as flat as possible, consistent with the practicalities of building on a sloping site. • Provision is to be made for bike racks for any staff who travel by that means. 	Note
5.2.5	Food service <p>Kitchen facilities will need more discussion involving hospital catering staff. Currently three kitchen areas are indicated on the plan, reflecting the separate functions of :-</p> <ul style="list-style-type: none"> • Food storage preparation and serving by hospital catering staff (RSOs). • Food storage, preparation and serving by staff and residents. • Domestic science classes and training in ADL (activities of daily living). <p>An area is to be provided within the dining area for residents to prepare breakfasts, school lunches and snacks.</p> <p>The issue of residents with eating disorders requiring privacy is to be dealt with by means of fixed and movable screens and pot plants, rather than by fixed booths.</p>	Note
5.2.6	Residential zone <ul style="list-style-type: none"> • Doors may be needed on bedroom corridors to give the option of locking them off at certain times. • Various activity / socialisation spaces considered ok. Storage cabinets were liked. • Two of the areas would have TV sets. • 2 phone booths considered adequate. • 3 computer stations ok. Two of them connected to EQ internet (which incorporates filters) • After some discussion, the location of the sick bay was considered suitable. Nursing staff would have to re-locate during the day to supervise it when in use, but this was considered workable. 	Note
5.2.7	Storage <p>For the next meeting, user group members would make a list of their storage requirements.</p> <p>Karen and David would investigate requirements for storage in special schools.</p>	All KR DP
5.2.8	Detailed room layouts <p>Room furniture and equipment layouts had been prepared and were circulated at the meeting. Copies are attached with these minutes. User</p>	All

	group members are asked to use these to check the adequacy of spaces.	
5.3	NEXT MEETING	
5.3.1	Next meeting Thursday 11th November, 1pm to 3pm, at the Barrett Adolescent Centre.	Note

"AC-09"

WMS.0025.0001.57776

From: Angela Clarke
Sent: 9 Nov 2012 12:07:37 +1000
To: Comben, Wendy
Subject: Barrett

Hi Wendy,

I left a message with Harriet this morning.

I don't know if you heard but BAC hit the news last night - reports of our closure in Dec.

Lesley Dyer has been down here today telling us: "no decision has been made"... "we are just looking at different models"... whilst still saying we cant stay here, there's no plan to rebuild and they are looking at beds in other units to put our kids (and no kids here would seem to equal no staff)

I've made a time to see Terry Stedman next Tuesday, but I just wanted to let you know that the time frame isn't 1-2 years, its now more like 1-2 months, so anything you can do in identifying another district position, and/or putting pressure on Terry/The Park re the adult position would be very much appreciated.

Thank you,

Angela

Angela Clarke
Speech Pathologist
Barrett Adolescent Centre
[REDACTED]
(Mon, Wed, Fri)

"If all my possessions were taken from me, with one exception. I would choose to keep the power of communication, for by it, I would soon regain all the rest" Daniel Webster

From: Angela Clarke
Sent: 16 Nov 2012 18:01:59 +1000

Subject: Update on Barrett Adolescent Centre
Attachments: Header

Hello Friends and Family,

Firstly thank you to everyone who emailed me to say that they had signed the petition or had written to a Member of Parliament.

The Get Up petition received thousands of signatures, there was a huge response on Facebook, our colleagues in other Mental Health services gave tremendous support by writing to the Minister for Health and the Mental Health Directorate (our "???corporate office???) and we also had a massive response from family and friends of both staff, and past and current patients.

I have a cautiously optimistic update for you all.

Our Clinic Director, Dr Trevor Sadler was informed in a meeting with our District CEO and the Executive Director of Mental Health, late yesterday, that the patients of BAC would not be moved and that in the New Year, the District would commission an independent review of BAC. We aren't out of the woods by a long shot: Executive made it clear that there are no funds to rebuild us (and our 30 year old building is literally falling down around our ears). However, it is the best we can hope for in the current climate being experienced by government departments across the board.

Lastly, I'd like to describe two stories from BAC this week: The first, was a letter-writing activity I ran with our young people helping them write letters to their MP's. As one of the most marginalised groups in society, it took a lot of hope, trust and courage for most of them to express what BAC means to them. You can imagine my delight when our Director was able to inform them that BAC had been given a reprieve, largely due to the huge reaction of the community, which had included their voices. I hope that they can all take this experience and learn that if enough people stand together (and continue to stand together) for the right reasons, then sometimes they will win.

I hope that I can continue to give you positive updates, but a readiness to quickly respond again will be crucial in our long-term aim of saving the Barrett Adolescent Centre.

Thank you all so very much,

Angela



From: Leanne Geppert
Sent: 7 Aug 2013 10:40:12 +1000
To: [REDACTED]
Cc: Giles, Michelle; Dowell, Lorraine
Subject: Barrett Adolescent Strategy Update
Attachments: WMHHS-CHQ BAC 130805.pdf, FAQ BAC.pdf, Expert Clinical Reference Group Recommendations July 2013.pdf

Dear Angela

Thank you for sending through your email contact for home. As noted in my text, I am currently acting as the Director of Allied Health and Community Mental Health while Michelle Giles is on leave.

A meeting was called yesterday with the staff of the Barrett Adolescent Centre. I understand you are on long service leave, but I did want to ensure you were able to access the information discussed at yesterday's meeting.

Please find attached three documents regarding the Barrett Adolescent Strategy for your information.

You are also very welcome to call me (contact details below) at any time throughout the week to discuss this information and any questions you may have. Alternatively, you are also welcome to contact Lorraine Dowell, who was present at the meeting today.

Regards
Leanne

Dr Leanne Geppert
A/Director of Strategy
Mental Health & Specialised Services

West Moreton Hospital and Health Service

[REDACTED]

The Park - Centre for Mental Health
Administration Building, Cnr Ellerton Drive and Wolston Park Rd, Wacol, QLD 4076
Locked Bag 500, Sumner Park BC, QLD 4074

www.health.qld.gov.au

West Moreton Hospital and Health Service

Expert Clinical Reference Group Recommendations Barrett Adolescent Strategy July 2013

Adolescent Extended Treatment and Rehabilitation Services (AETRS) Recommendations Submitted to the West Moreton Hospital and Health Board

1. Broader consultation and formal planning processes are essential in guiding the next steps required for service development, acknowledging that services need to align with the National Mental Health Service Planning Framework

ECRG Recommendations	Planning Group Recommendations
a) Further work will be required at a statewide level to translate these concepts into a model of service and to develop implementation and funding plans.	Accept with the following considerations. The responsibility for this task at a statewide level sits with the Mental Health Alcohol and Other Drugs Branch and the Children's Health Services. A collaborative partnership is proposed.
b) Formal planning including consultation with stakeholder groups will be required.	Accept with the following considerations. This body of work should be incorporated into the statewide planning and implementation process (as above).

2. Inpatient extended treatment and rehabilitation care (Tier 3) is an essential service component

ECRG Recommendation	Planning Group Recommendation
a) A Tier 3 service should be prioritised to provide extended treatment and rehabilitation for adolescents with severe and persistent mental illness.	Accept with the following considerations. Further work is needed to detail the service model for a Tier 3. Models involving a statewide, clinical bed-based service (such as the Barrett Adolescent Centre) are not considered contemporary within the National Mental Health Service Planning Framework (<i>in draft</i>). However, there are alternative bed-based models involving clinical and non-clinical service components (e.g., Y-PARC in Victoria) that can be developed in

ECRG Recommendation	Planning Group Recommendation
	<p>Queensland to meet the requirement of this recommendation.</p> <p>Contestability reforms in Queensland may allow for this service component to be provider agnostic.</p>

3. Interim service provision if BAC closes and Tier 3 is not available is associated with risk

ECRG Recommendations	Planning Group Recommendations
a) Safe, high quality service provision for adolescents requiring extended treatment and rehabilitation requires a Tier 3 service alternative to be available in a timely manner if BAC is closed.	Accept.
b) Interim service provision for current and 'wait list' consumers of BAC while Tier 3 service options are established must prioritise the needs of each of these individuals and their families/carers. 'Wrap-around care' for each individual will be essential.	<p>Accept with the following considerations.</p> <p>While this may be a complex process for some consumers and their individual needs, it was noted that this course of action could start immediately, and that it was feasible. The potential to utilise current BAC operational funds (temporarily) to 'wrap-around' each consumer's return to their local community was noted as a significant benefit.</p> <p>The relevant local community should play a lead role in the discharge of the consumer from BAC and their return to home. The local services need to be consulted around their ability to provide 'wrap-around' care.</p>
c) BAC staff (clinical and educational) must receive individual care and case management if BAC closes, and their specialist skill and knowledge must be recognised and maintained.	<p>Accept.</p> <p>The ECRG and the Planning Group strongly supported this recommendation.</p>

4. Duration of treatment

ECRG Recommendation	Planning Group Recommendation
<p>a) 'Up to 12 months' has been identified by the ECRG as a reasonable duration of treatment, but it was noted that this depends on the availability of effective step-down services and a suitable community residence for the young person. It is important to note that like all mental health service provision, there will be a range in the duration of admission.</p>	<p>Accept with the following considerations.</p> <p>This issue requires further deliberation within the statewide planning process.</p> <p>The duration of treatment needs some parameters to be set, however, this is primarily a clinical issue that is considered on a case-by-case basis by the treating team and the consumer.</p>

5. Education resource essential: on-site school for Tiers 2 and 3

ECRG Recommendations	Planning Group Recommendations
<p>a) Access to on-site schooling (including suitably qualified educators), is considered essential for Tiers 2 (day programs) and 3. It is the position of the ECRG that a Band 7 Specific Purpose School (provided by Department of Education, Training and Employment) is required for a Tier 3 service.</p>	<p>Accept with the following considerations.</p> <p>The Planning Group recommends removing "Band 7" from the ECRG recommendation. All educational services need to be evaluated by Department of Education, Training and Employment (DETE) on a case-by-case basis, taking into consideration service model, location, student numbers and complexity.</p> <p>The Planning Group supports the statement that educational resources are essential to adolescent extended treatment and rehabilitation services.</p> <p>The Planning Group recommends consultation with DETE once a statewide model is finalised.</p>

ECRG Recommendations	Planning Group Recommendations
b) As an aside, consideration should also be given to the establishment of a multi-site, statewide education service for children/adolescents in acute units (hub and spoke model).	<p>Accept with the following consideration.</p> <p>The Planning Group recommends this statement should be changed to read as:</p> <p>Strong consideration should be given to the establishment of a multi-site, statewide education service for children/adolescents in acute units (hub and spoke model).</p>

6. Residential Service: Important for governance to be with CYMHS; capacity and capability requires further consideration

ECRG Recommendations	Planning Group Recommendations
a) It is considered vital that further consultation and planning is conducted on the best service model for adolescent non-government/private residential and therapeutic services in community mental health. A pilot site is essential.	<p>Accept with the following consideration.</p> <p>Note that this service could be provider agnostic.</p>
b) Governance should remain with the local CYMHS or treating mental health team.	Accept.
c) It is essential that residential services are staffed adequately and that they have clear service and consumer outcome targets.	Accept.

7. Equitable access to AETRS for all adolescents and families is high priority; need to enhance service provision in North Queensland (and regional areas)

ECRG Recommendations	Planning Group Recommendations
a) Local service provision to North Queensland should be addressed immediately by ensuring a full range of CYMHS services are available in Townsville, including a residential community-based service.	Accept.
b) If a decision is made to close BAC, this should not be finalised before the range of service options in Townsville are opened and available to consumers and their families/carers.	Accept.

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West Moreton Hospital and Health Service
Children's Health Queensland Hospital and Health
Service



**Queensland
Government**

What is the Barrett Adolescent Centre (BAC)?

Barrett Adolescent Centre is a 15-bed inpatient service for adolescents requiring longer term mental health treatment. It is currently located within The Park – Centre for Mental Health campus. The Park will be a secure forensic adult mental health facility that provides acute and rehabilitation services by December 2013.

This ongoing redevelopment at The Park means this is no longer a suitable place for adolescents with complex mental health needs.

What is happening to BAC?

Barrett Adolescent Centre will continue to provide care to young people until suitable service options have been determined. We anticipate adolescents requiring extended mental health treatment and rehabilitation will receive services through a new range of contemporary service options from early 2014.

An expert clinical reference group has determined that adolescents require specialised and appropriate care options where they can be as close as possible to their community, families and support systems. West Moreton Hospital and Health Service will work closely with hospital and health services across the state, as well as other mental health care providers to ensure appropriate care plans are in place for all adolescents who require care.

We will also work together with the community and mental health consumers to ensure their needs are met.

Who was in the expert clinical reference group?

Members of the expert clinical reference group comprised adolescent mental health experts from Queensland and interstate, a former BAC consumer and the parent of a current BAC consumer.

What will happen to the consumers currently being treated at BAC?

West Moreton Hospital and Health Service is committed to ensuring no adolescent goes without the expert mental health care they require. The goal is to ensure our youth are cared for in an environment that is best suited for them. It is in the best interests of young people that they are not cared for in the same environment as adult mental health consumers who require high secure care.

Care coordinators and clinicians will work closely with the consumers, families and services to ensure that the appropriate care and support is provided for them.

What happens if there are not enough spaces for young people in other services?

The implementation group will consider all the available services and any extra services that might be required to support this particular group of adolescents.

What will happen to the young people currently waiting for a place in BAC?

Each individual adolescent that has been referred to the BAC and is currently on the waiting list for care will be considered on an individual basis. Clinicians will work with local and statewide services to determine how their needs can be best met in a timely manner.

How can the Queensland Government know this is the best option for the young people of the state?

This decision has been carefully considered and the recommendations made by an expert clinical reference group. The expert clinical reference group considered a range of options and recommended a number of strategies to better support the adolescent needs. These strategies will include both inpatient and community based services.

What is the process, and how long will it take, to transfer the existing consumers to other services or facilities?

The governance of the adolescent mental health service has been handed to the Children's Health Queensland Hospital and Health Service and an implementation group will progress the next step. This group will use the expert clinical reference group recommendations, and broader consultation, to identify and develop the service options.

We anticipate that some of those options will be available by early 2014.

Is this a cost cutting exercise?

No, this is about the safety and wellbeing of young Queenslanders in need of mental health support services and treatment. The Queensland Government has committed a further \$2 million dollars to support the new models of care and services.

What happens to the funding previously allocated to BAC?

Funding that would have been allocated to BAC will be dispersed appropriately to the organisations providing the new services or treatment as part of the implementation group decision making.

Will jobs be lost?

West Moreton Hospital and Health Service will work closely with each individual staff member who is affected to identify options available to them. The hospital and health service is committed to following appropriate human resource processes.

What about the education services?

The Department of Education, Training and Employment is committed to continuing education plans for all BAC consumers.

How can I contribute to the implementation process?

The implementation group will include on their membership a range of stakeholders inclusive of families, carers and consumers. As the strategies are developed ongoing consultation will occur to ensure the best possible care for our adolescents in the most appropriate setting.

West Moreton Hospital and Health Service
Children's Health Queensland Hospital and Health Service



**Queensland
Government**

Media Statement

6 August 2013

Statewide focus on adolescent mental health

Statewide governance around mental health extended treatment and rehabilitation for adolescents will be moving to Children's Health Queensland.

West Moreton Hospital and Health Service Chief Executive Lesley Dwyer and Children's Health Queensland Chief Executive Dr Peter Steer today said adolescents requiring extended mental health treatment and rehabilitation will receive services through a new range of contemporary service options from early 2014.

Ms Dwyer said the young people who were receiving care from Barrett Adolescent Centre at that time, would be supported to transition to other contemporary care options that best meet their individual needs.

She said West Moreton Hospital and Health Service had heard the voices of staff, consumers and their families, and engaged an expert clinical reference group over the past eight months.

"After taking into consideration the recommendations of the expert clinical reference group and a range of other key issues in national and state mental health service delivery, the West Moreton Hospital and Health Board determined that the Barrett Adolescent Centre is no longer an appropriate model of care for these young people," Ms Dwyer said.

"The board also determined that a number of alternative models will be explored over the coming months under the leadership of Children's Health Queensland.

"It is important to put the safety and individual mental health needs of these adolescents first by providing the most contemporary care options available to us in the most suitable environment.

"It is time for a new statewide model of care. We are also striving to provide services closer to home for these young people, so they can be nearer to their families and social networks," Ms Dwyer said.

Dr Steer said as part of its statewide role to provide healthcare for Queensland's children, Children's Health Queensland would provide the governance for any new model of care.

"This means that we will work closely with West Moreton HHS as well as other hospital and health services and non-government agencies to ensure there are new service options in place by early 2014," Dr Steer said.

"This model of care may include both inpatient and community care components.

"Understanding what options are needed has already begun with the work of the expert clinical reference group, and now we can progress this further and implement the best options for these young people," he said.

"This is a positive step forward for adolescent mental health care in this state," Dr Steer said.

To view the expert clinical reference group recommendations visit
<http://www.health.qld.gov.au/westmoreton/html/bac/>

ENDS

Media contact:

**West Moreton Hospital and Health Service – [REDACTED]
Children's Health Queensland - [REDACTED]**

From: Vanessa Clayworth
Sent: 21 Nov 2013 10:36:33 +1000
To: Angela Clarke;Ashleigh Trinder;Carol Hughes;Danielle Corbett;Megan Hayes;Thomas Pettet
Subject: BAC Fact Sheet 10
Attachments: Microsoft Word - BAC fact sheet 10 20 Nov 2013.pdf

BAC Staff,

Please find attached Fast Fact Sheet 10 for BAC.

Thanks,

Vanessa.

West Moreton Hospital and Health Service FAST FACTS 10

Barrett Adolescent Centre

Welcome to our next update on the Barrett Adolescent Centre for 2013. We hope this newsletter helps keep you informed about Barrett Adolescent Centre.

To have your say or if you would like more information, please email [redacted] or go to <http://www.health.qld.gov.au/westmoreton/html/bac/default.asp>

Kind regards
Sharon Kelly
Executive Director Mental Health & Specialised Services
West Moreton Hospital and Health Service

Visit by a Leading Child and Youth Mental Health Expert

We will be hosting a visit from a leading inter-state Child and Youth Mental Health expert on the 10 and 11 of December 2013. West Moreton HHS will be holding an information session for the parents and carers of current patients of Barrett Adolescent Centre (BAC), providing them with an opportunity to hear about mental health services for adolescents in Victoria. Further details of the session will be sent to parents and carers shortly. As part of the session, Children's Health Queensland (CHQ) HHS will also be presenting on elements of the future model of care.

Contact from Executive Director, Mental Health and Specialised Services (MH&SS)

Over the last week Sharon Kelly, Executive Director, MH&SS attempted to personally call each of the parents and carers of current consumers at BAC. This was an important process for directly updating everyone with recent information, and it was another valuable opportunity to hear about the experiences and needs of the current families of BAC so that we can incorporate feedback into our change process. These phone calls have been followed up with personal letters to the parents and carers to provide a reflection on the discussions held.

Transitional Service Options for 2014

Following through with our commitment to ensure there is no gap to service delivery, West Moreton HHS will work with other service partners to provide transitional services for current BAC consumers and other eligible adolescents while the future services are being finalised. We are planning day program and supported accommodation options, with enhanced community mental health service provision for adolescents with extended care needs. We will implement the programs in February 2014, which will also serve as a pilot for the future service options being developed by CHQ HHS. We will keep you informed of the progress of this work.

BAC Holiday Program

In order to provide additional support for the adolescents of BAC over the coming school holidays, an activity-based program focussing on the health needs of the consumers will be delivered across the December/January school break. West Moreton HHS will partner with a non-government service provider to develop and establish a targeted program for current BAC adolescents. More detail will be provided directly to families and consumers over the next couple of weeks.

Date: Wednesday, 20 November 2013

From: Lorraine Dowell
Sent: 6 Jan 2014 14:40:52 +1000
To: Angela Clarke;Danielle Corbett;Megan Hayes
Cc:

Subject: Fwd: BAC Fast Facts No 11
Attachments: Microsoft Word - BAC Fast Facts No 11.pdf

For your information.

Kind regards,

Lorraine

>>> Sharon Kelly 20/12/2013 3:23 pm >>>

Dear all

Please find attached the next Barrett Adolescent Centre Fast Facts No 11.

Wishing you all a safe and relaxing Christmas break.

Regards

Leanne

Dr Leanne Geppert
Acting Executive Director
Mental Health & Specialised Services

West Moreton Hospital and Health Service

The Park - Centre for Mental Health
Administration Building, Cnr Ellerton Drive and Wolston Park Rd, Wacol, QLD 4076
Locked Bag 500, Sumner Park BC, QLD 4074

www.health.qld.gov.au

West Moreton Hospital and Health Service FAST FACTS 11

Barrett Adolescent Centre

Welcome to our next update on the Barrett Adolescent Centre for 2013. We hope this newsletter helps keep you informed about Barrett Adolescent Centre. To have your say or if you would like more information, please email [redacted]

Kind regards
Dr Leanne Geppert
A/Executive Director, Mental Health & Specialised Services
West Moreton Hospital and Health Service

Visit by Dr Sandra Radovini, Leading Child and Youth Mental Health Expert

On 10 and 11 December 2013 the West Moreton Hospital and Health Service (HHS) hosted a visit from Dr Sandra Radovini a leading child and youth mental health expert from Victoria. Parents and carers of current Barrett Adolescent Centre (BAC) consumers were invited to meet with Dr Radovini to discuss how Victoria delivers services for adolescents with complex and multiple mental health needs. At this session, an update on the interim plan for transitional service options was presented by West Moreton HHS (see more details below). Additionally, Children's Health Queensland (CHQ) HHS presented an interactive session on elements of the proposed future model of care (this can be viewed on the new CHQ website below). During her visit, Dr Radovini also provided West Moreton HHS staff with a professional development session, and she presented at a child and youth mental health leaders professional networking dinner on the evening of 10 December 2013. Dr Radovini shared invaluable details about her experience of working in child and youth mental health services in Victoria, and it was a wonderful opportunity to learn how Victoria has established new adolescent mental health services.

New website for CHQ HHS

A new website for Extended Treatment and Rehabilitation Services for Young People has been launched and can be accessed via: <http://www.health.qld.gov.au/rch/families/cymhs-extendedtreat.asp>

Transitional Service Options for 2014

West Moreton HHS has received approval for Aftercare to be the non-government service provider for the transitional services planned to commence in February 2014. Aftercare has extensive experience in providing similar youth supported accommodation services in Cairns and Sydney, and we will work together to develop a service model around supported residential care as a pilot for the new services being developed at a statewide level. As previously advised, the transitional services will be delivered in partnership between West Moreton, CHQ, Aftercare and the Department of Health. The focus will be on recovery oriented treatment for young people with severe and persistent mental health problems. More information on the transitional services will be provided in early 2014.

BAC Holiday Program

The BAC Holiday Program is delivered as a partnership between Aftercare and the BAC team, and officially commenced this week. We have received wonderful feedback about the activities of rock climbing, arts and crafts and drum beat, and have welcomed working in partnership with the Aftercare team to provide some additional opportunities for the young people of BAC. This program has been offered to current BAC consumers Mondays through to Thursdays for the December 2013/January 2014 holiday period. For more information about the holiday program please contact Laura Johnson via [redacted] or on [redacted]

Date: Friday, 20 December 2013

WEST MORETON HOSPITAL AND HEALTH SERVICE*The Park – Centre for Mental Health, Treatment, Research and Education***BARRETT ADOLESCENT CENTRE**

Enquiries: Angela Clarke

Telephone: [REDACTED]

CONFIDENTIALITY CLAUSE

This report has been completed for clinical purposes and was not intended for medico-legal use. The information contained in this report should not be discussed with any other persons or with any other agency without first seeking the approval of the client/family, the author(s), or the Barrett Adolescent Centre.

COMMUNICATION ASSESSMENT REPORT

UR Number: [REDACTED]

Date of Birth: [REDACTED]

Age: [REDACTED]

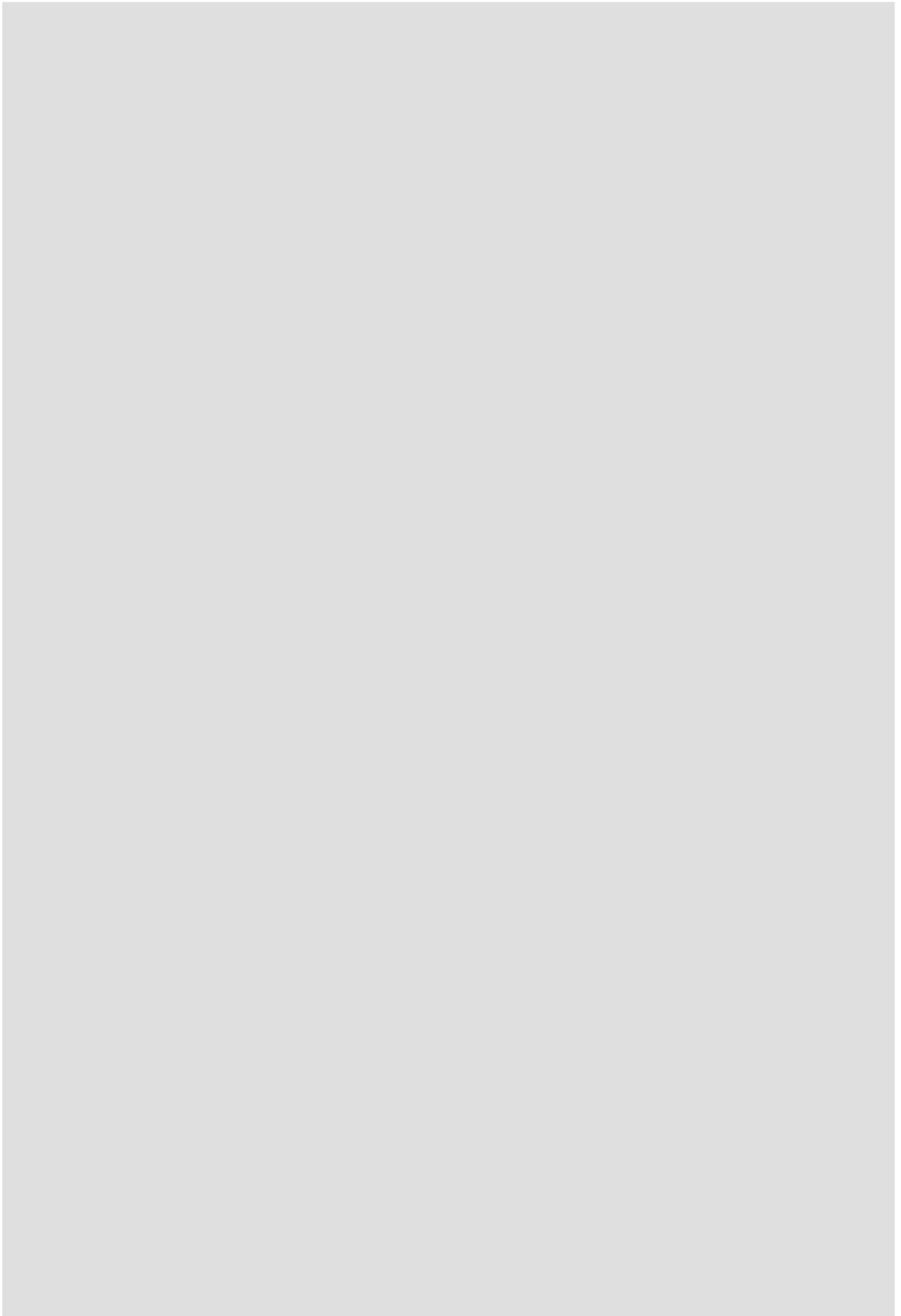
Dates of Assessment: [REDACTED]

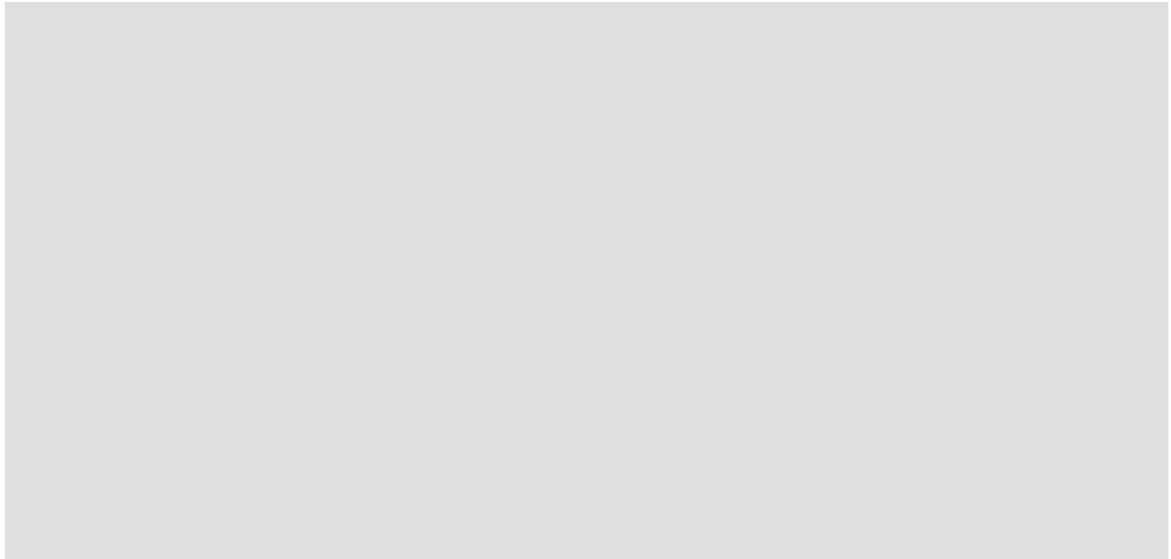
Assessment used: Test of Adolescent and Adult Language - 3
Test of Problem-Solving – Adolescent -2Assessed by: Angela Clarke, Speech Pathologist
Kristen Hawck, Speech Pathologist

Report Abstract

BACKGROUND

PRESENTATION



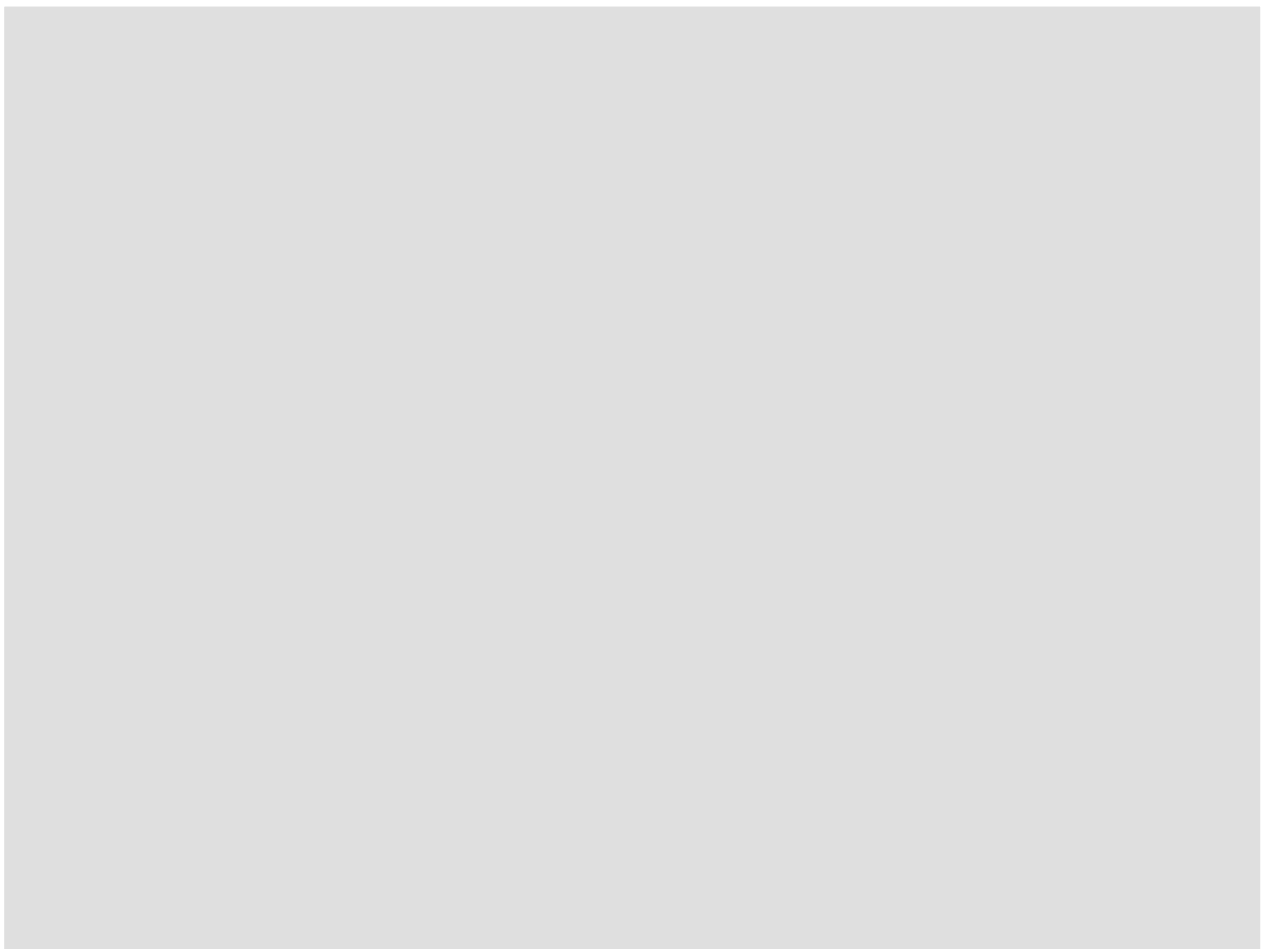


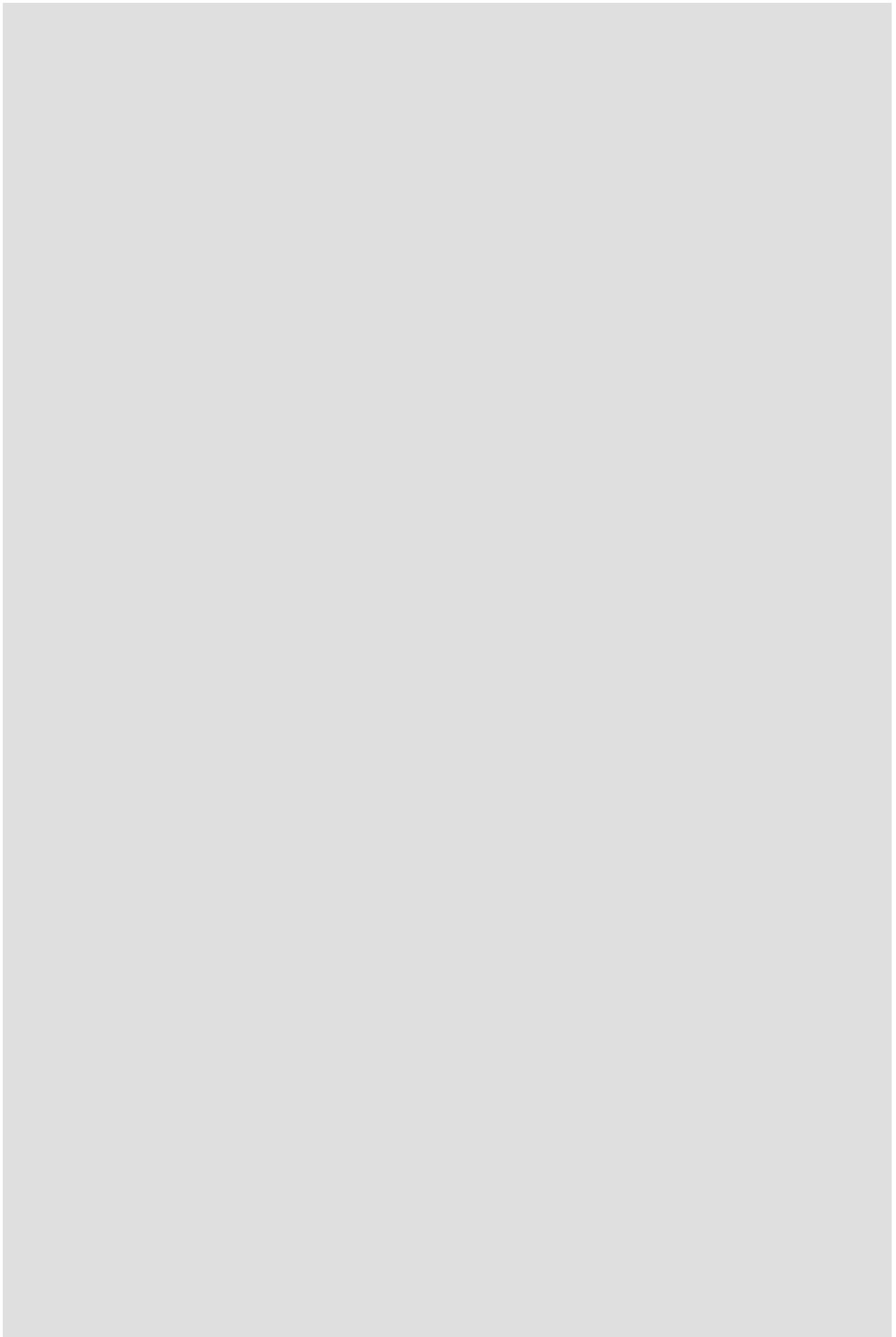
Overall Score



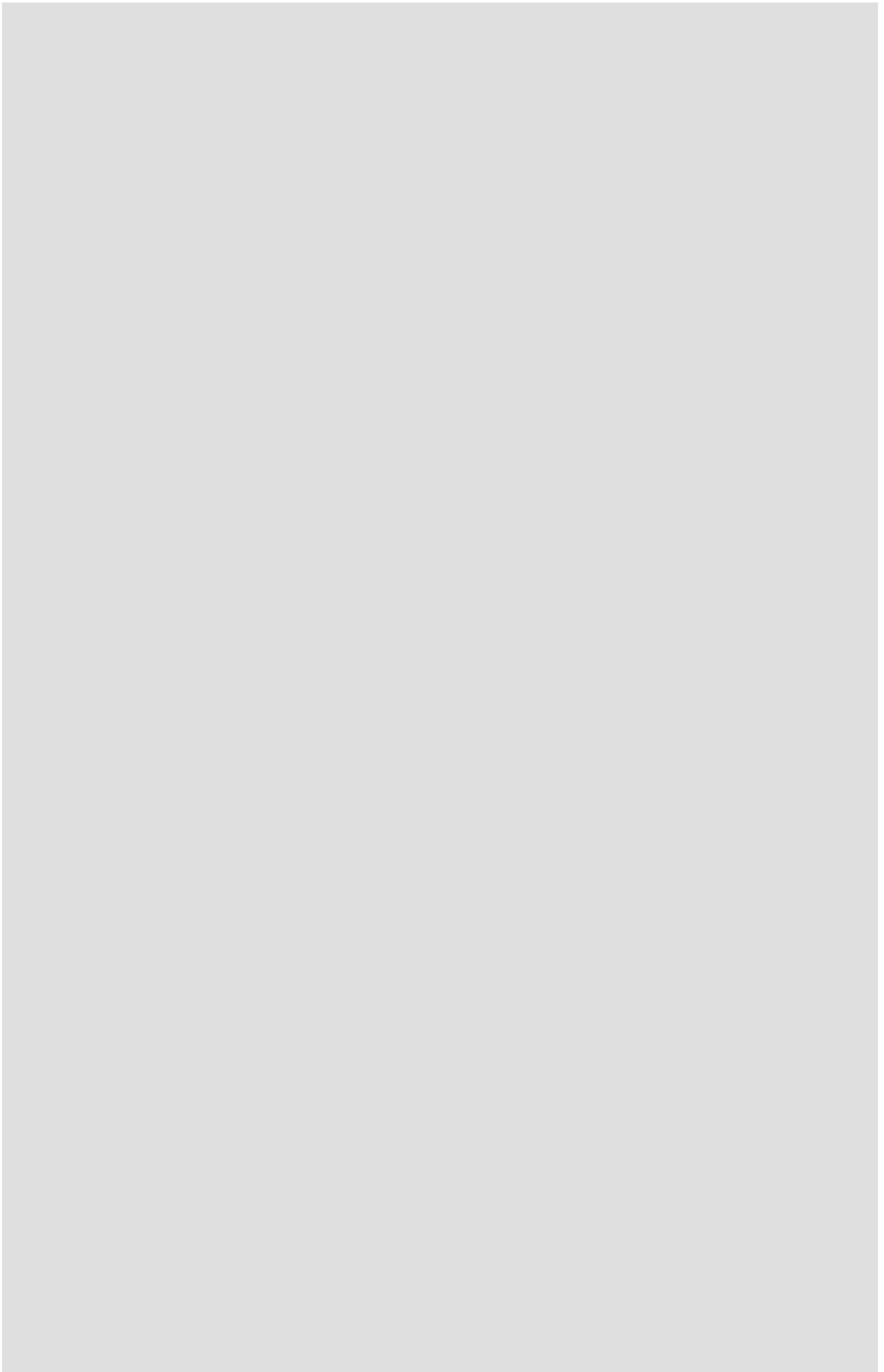
Composite Scores

The eight subtests contribute to the composite scores, described below:







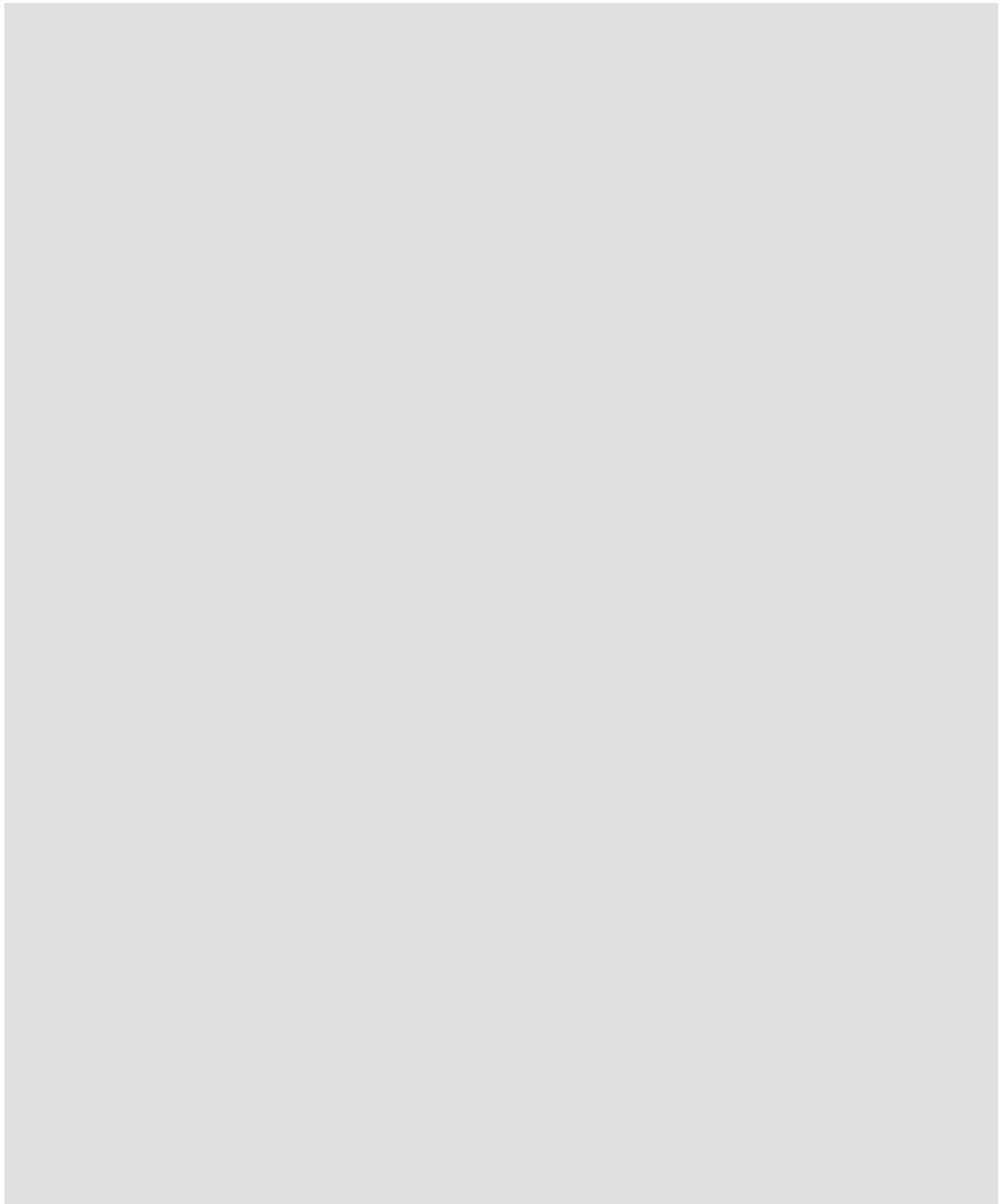


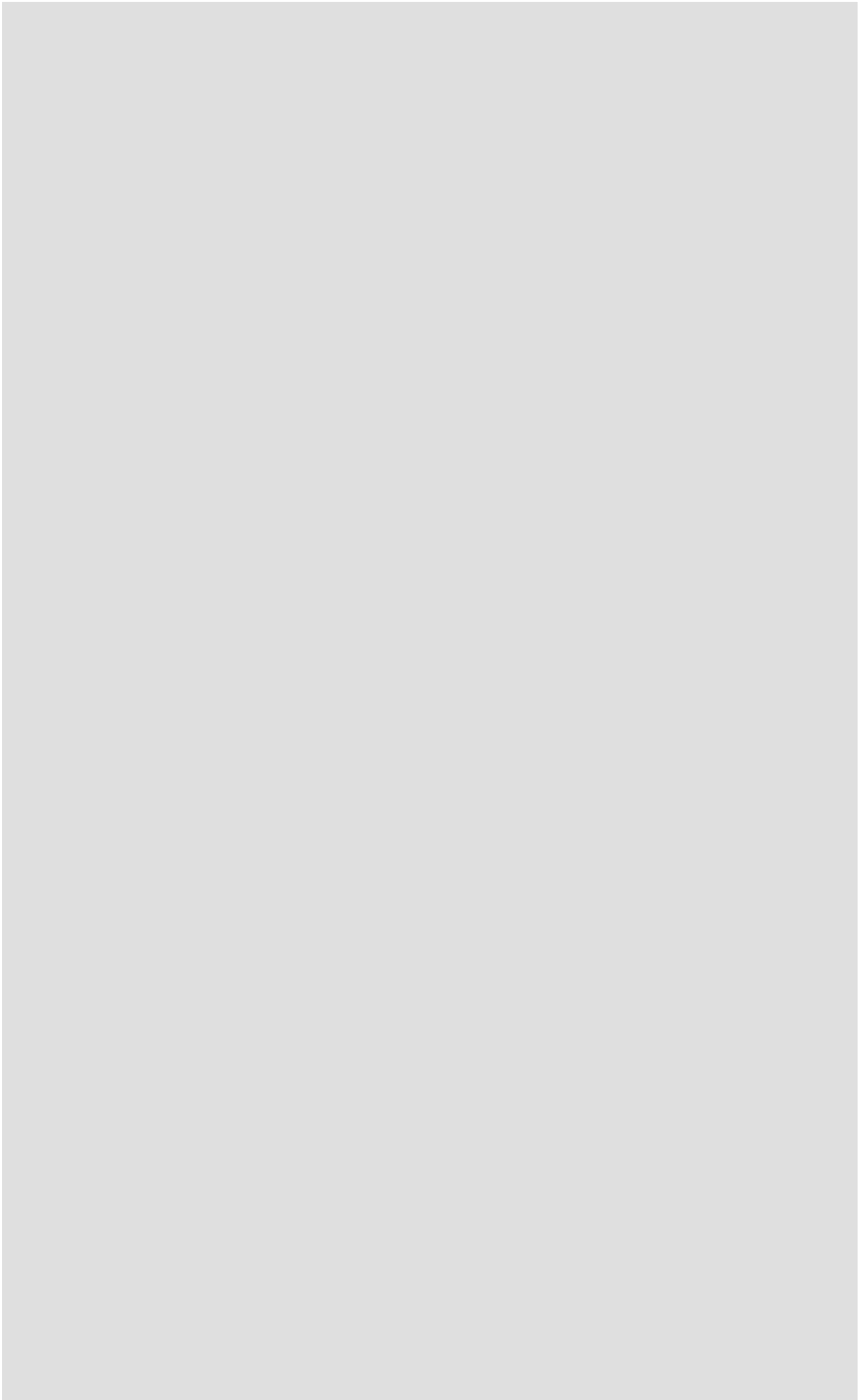
WEST MORETON HEALTH SERVICE DISTRICT

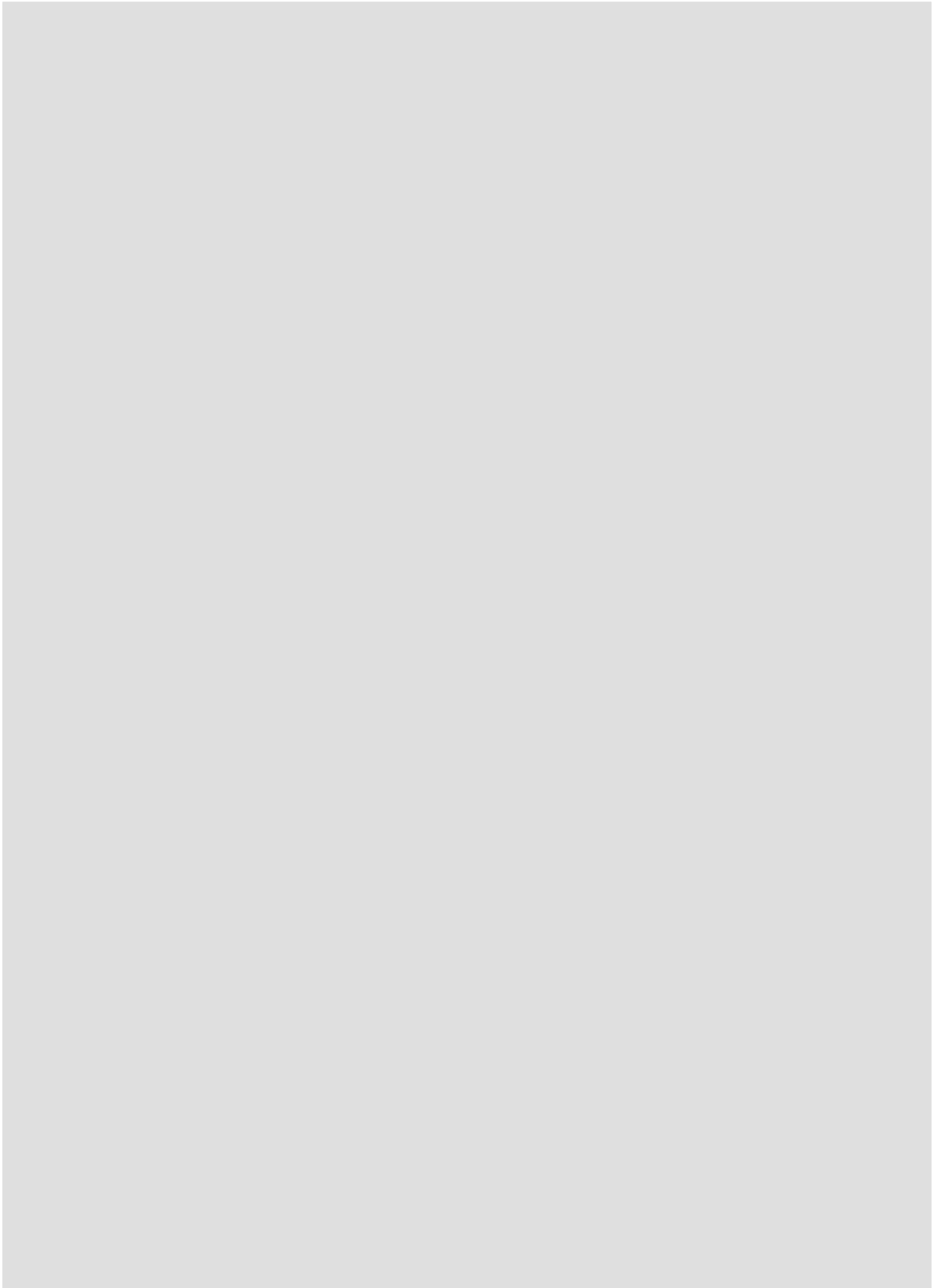
The Park – Centre for Mental Health

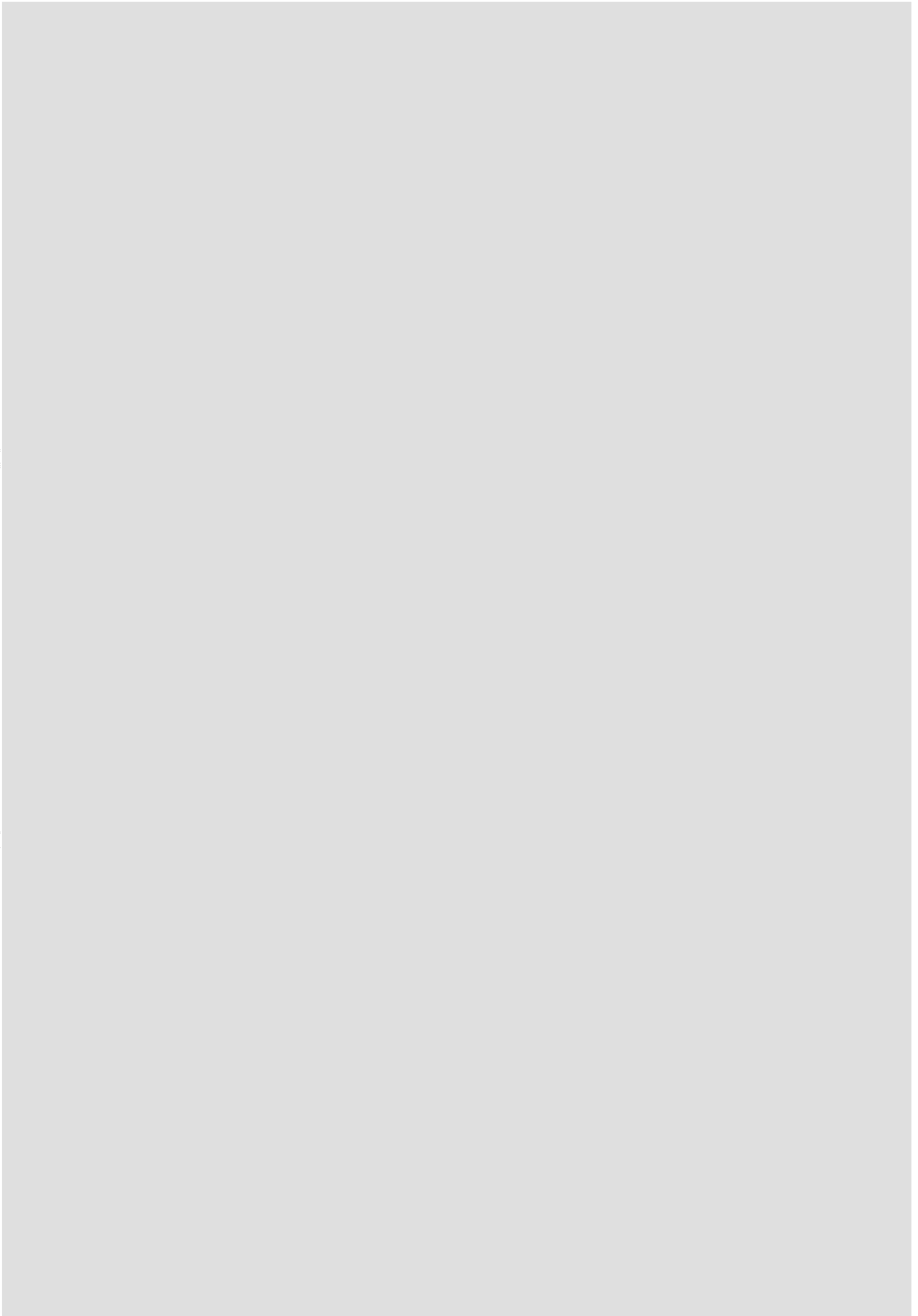
Treatment, Research and Education

BARRETT ADOLESCENT CENTRE









From: Angela Clarke
Sent: [REDACTED]
To: [REDACTED]
Cc: Hughes, Carol
Subject: [REDACTED]
Attachments: BAC Speech Pathology Discharge Summary [REDACTED].pdf

Hi [REDACTED],

I was given your details by Carol Hughes, social worker at Barrett Adolescent Centre.

I am the speech pathologist here at BAC.

I have attached, here, a discharge summary, which I thought may be helpful to [REDACTED] staff who work with [REDACTED] in the future.

Please feel welcome to give me a call at BAC or send an email to this address.

Thank you
Angela

Angela Clarke
Speech Pathologist
Barrett Adolescent Centre
[REDACTED]

(Mon, Tues, Thurs)

[REDACTED]
Yeronga Child and Youth Mental Health Service
[REDACTED]

(Fri)

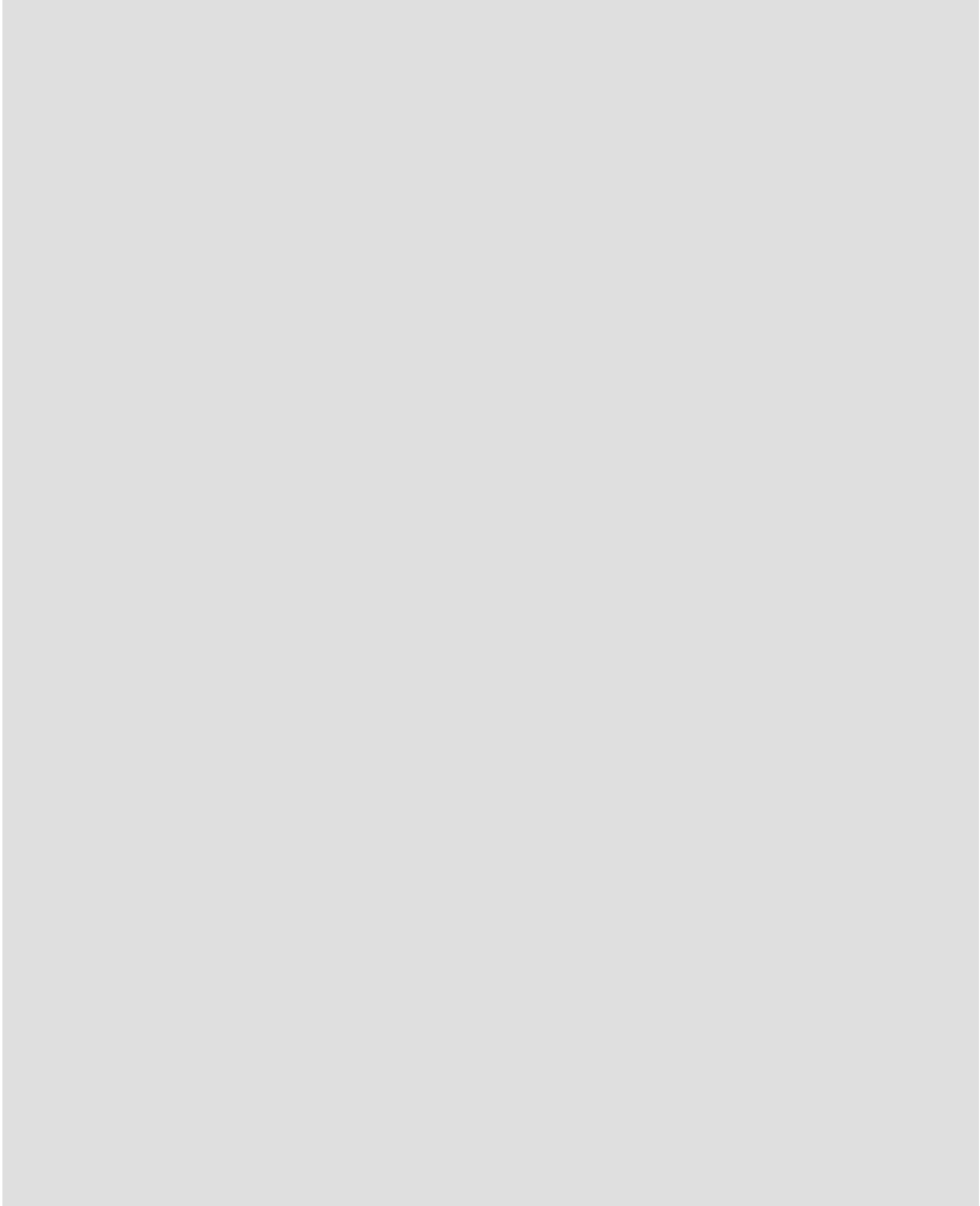
"If all my possessions were taken from me, with one exception. I would choose to keep the power of communication, for by it, I would soon regain all the rest" Daniel Webster

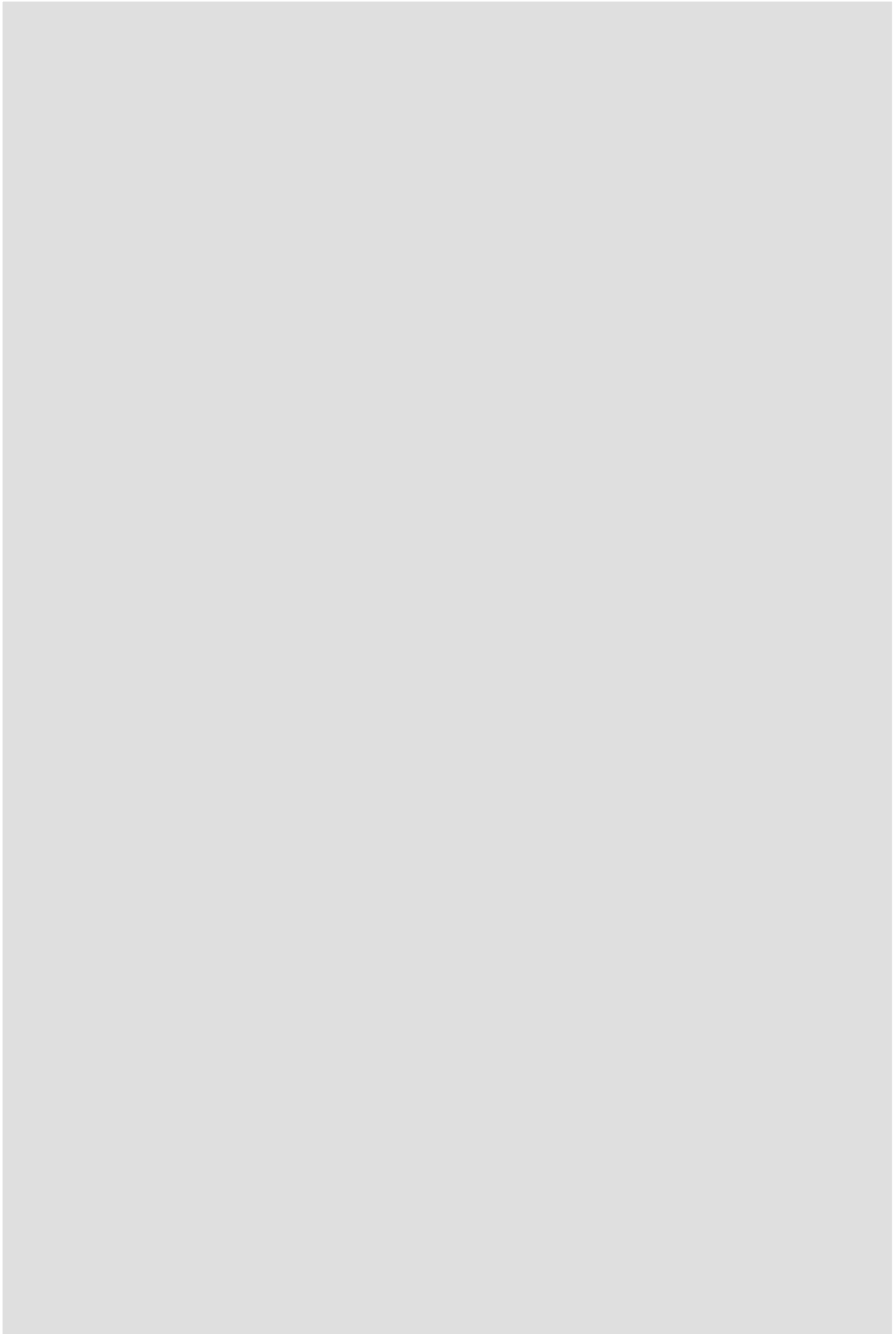
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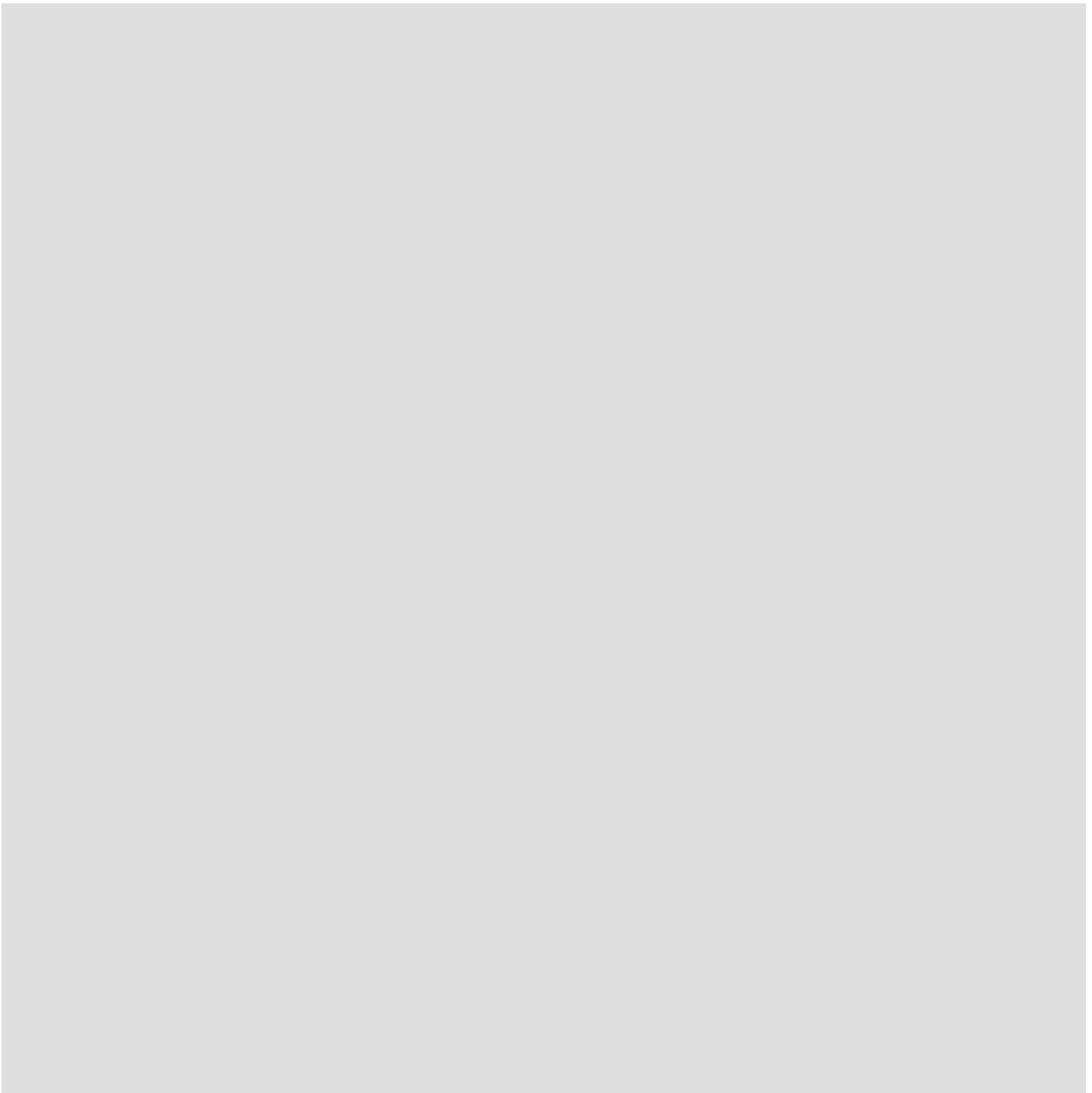
The Park – Centre for Mental Health

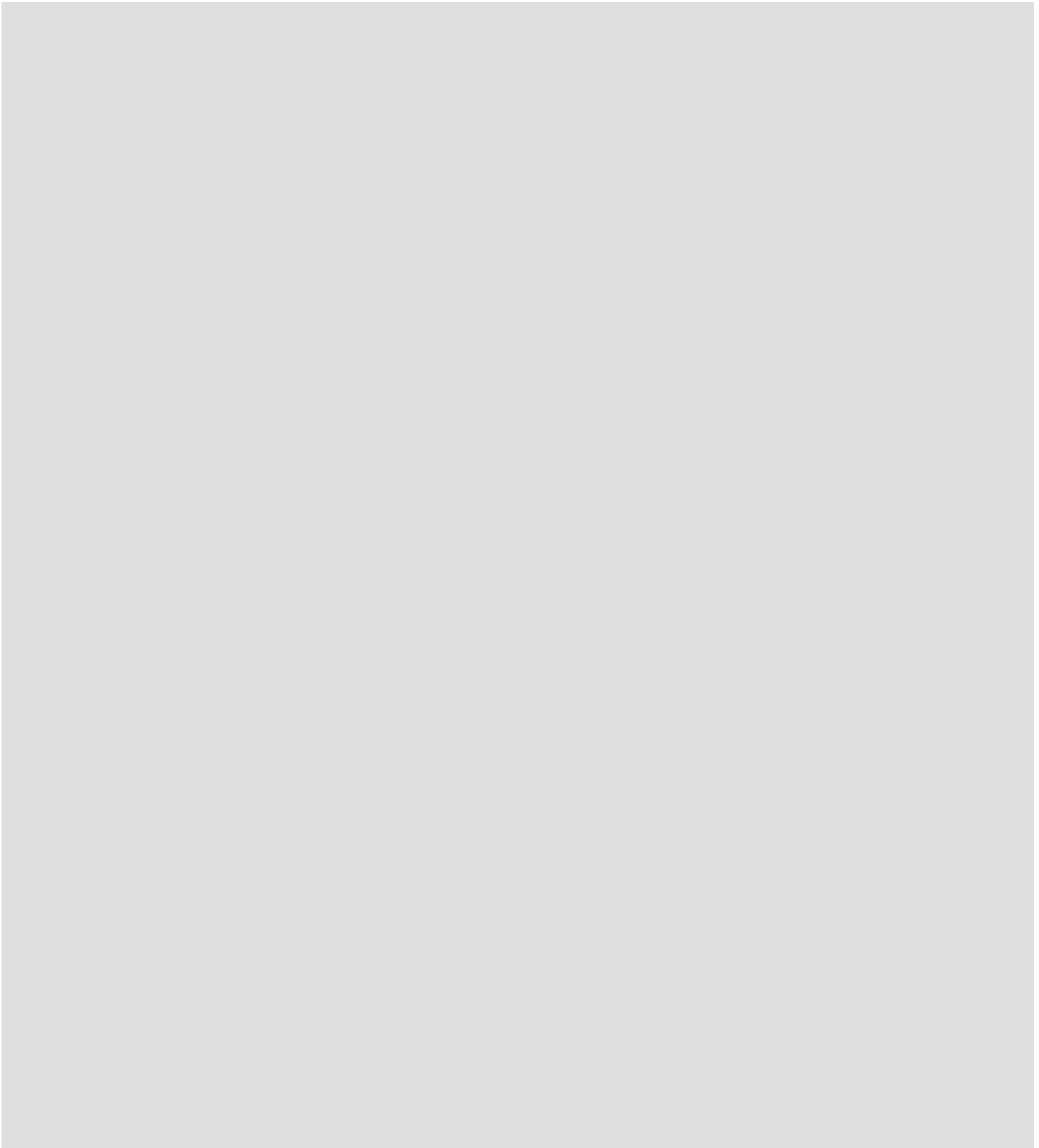
Treatment, Research and Education

BARRETT ADOLESCENT CENTRE





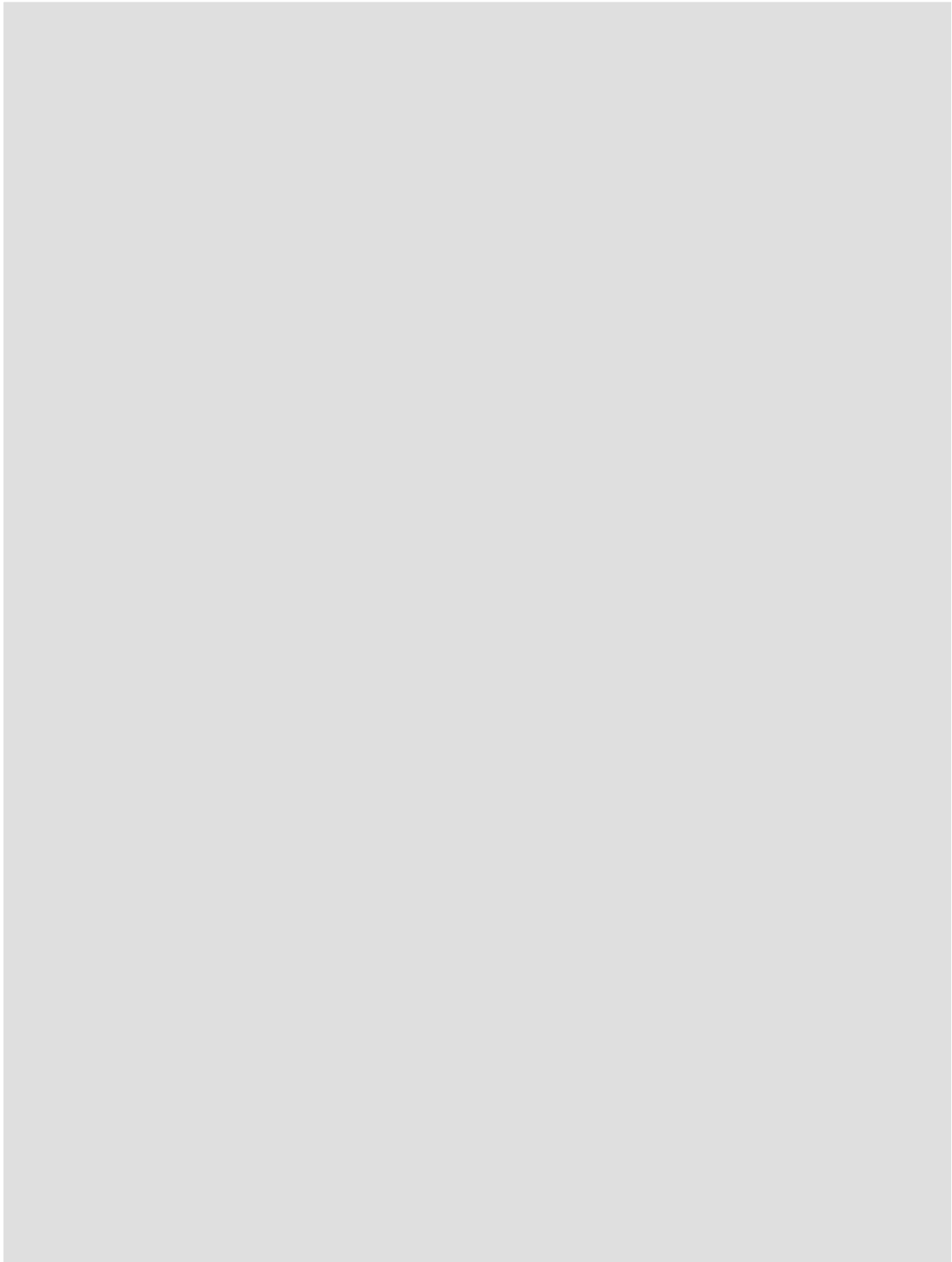


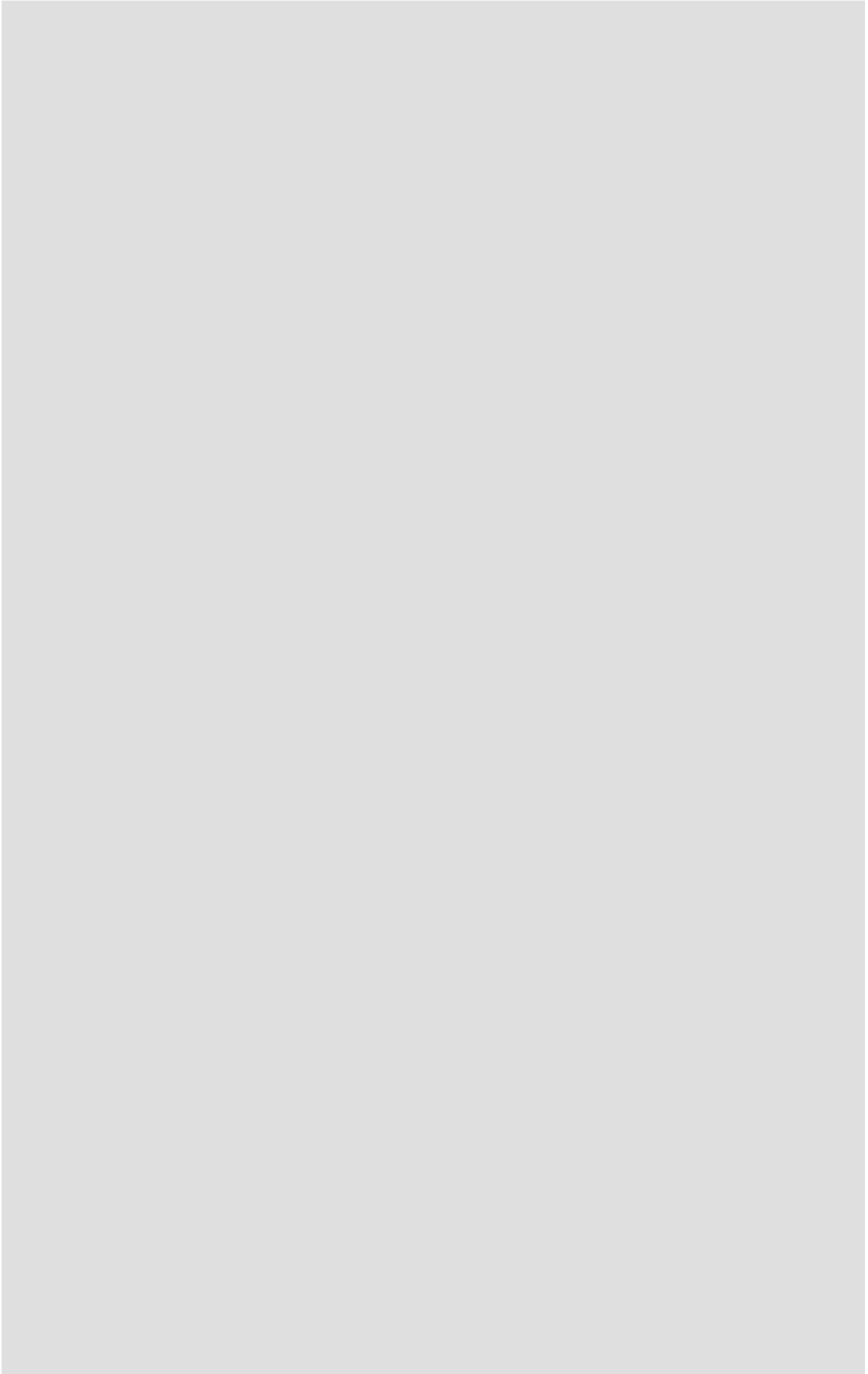


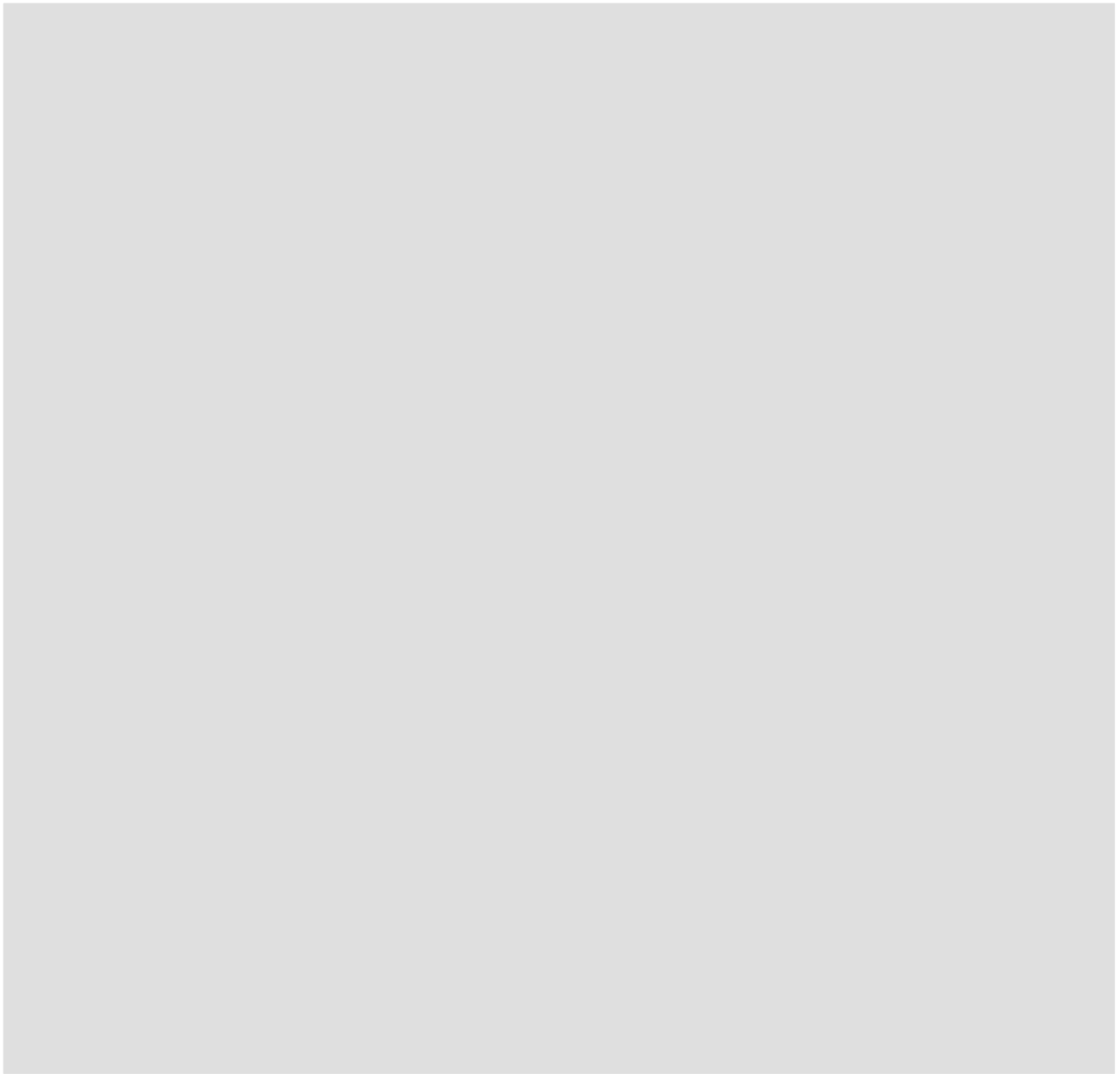
“AC-18”**WEST MORETON HEALTH SERVICE DISTRICT**

The Park – Centre for Mental Health

Treatment, Research and Education

BARRETT ADOLESCENT CENTRE



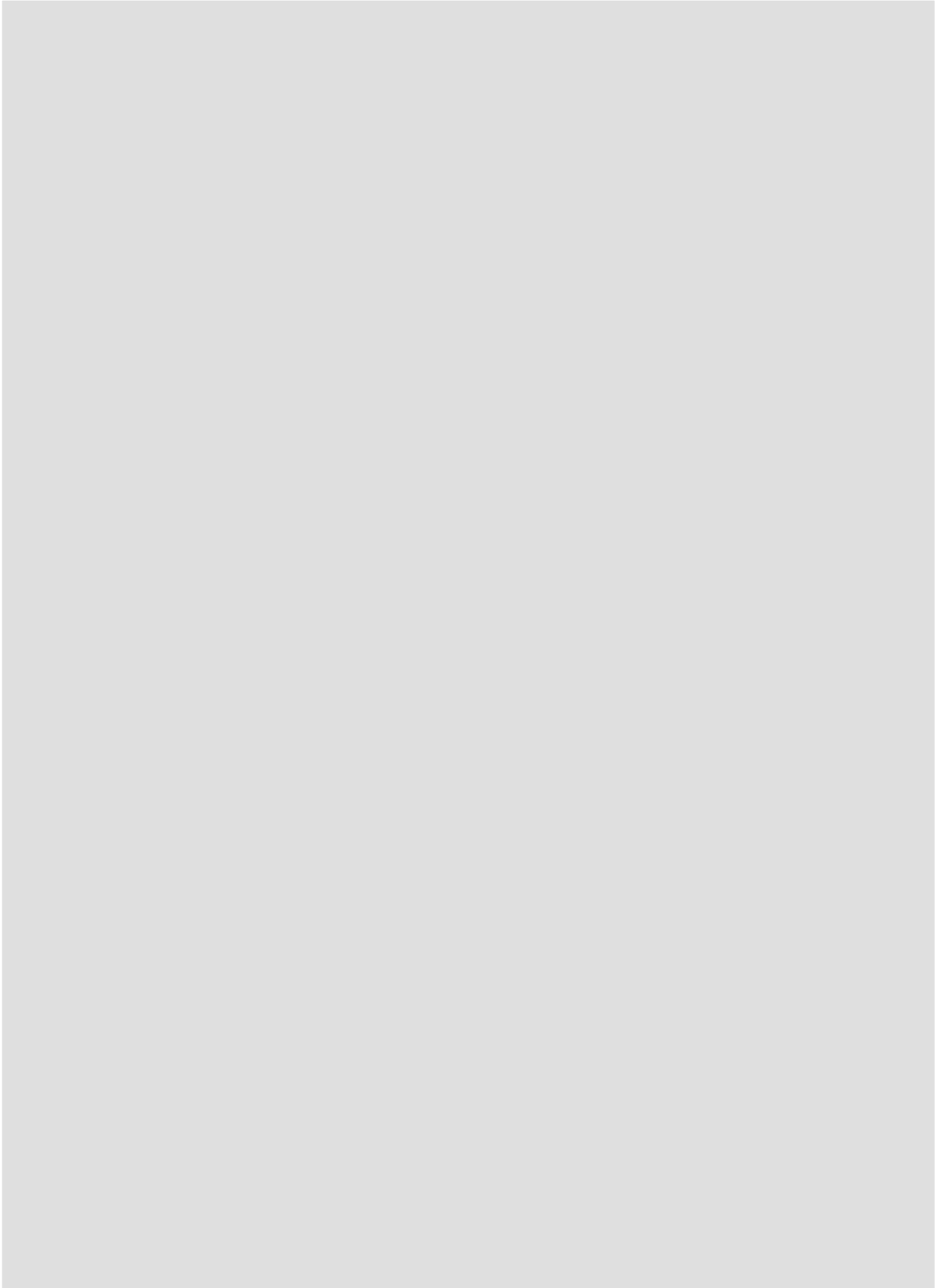


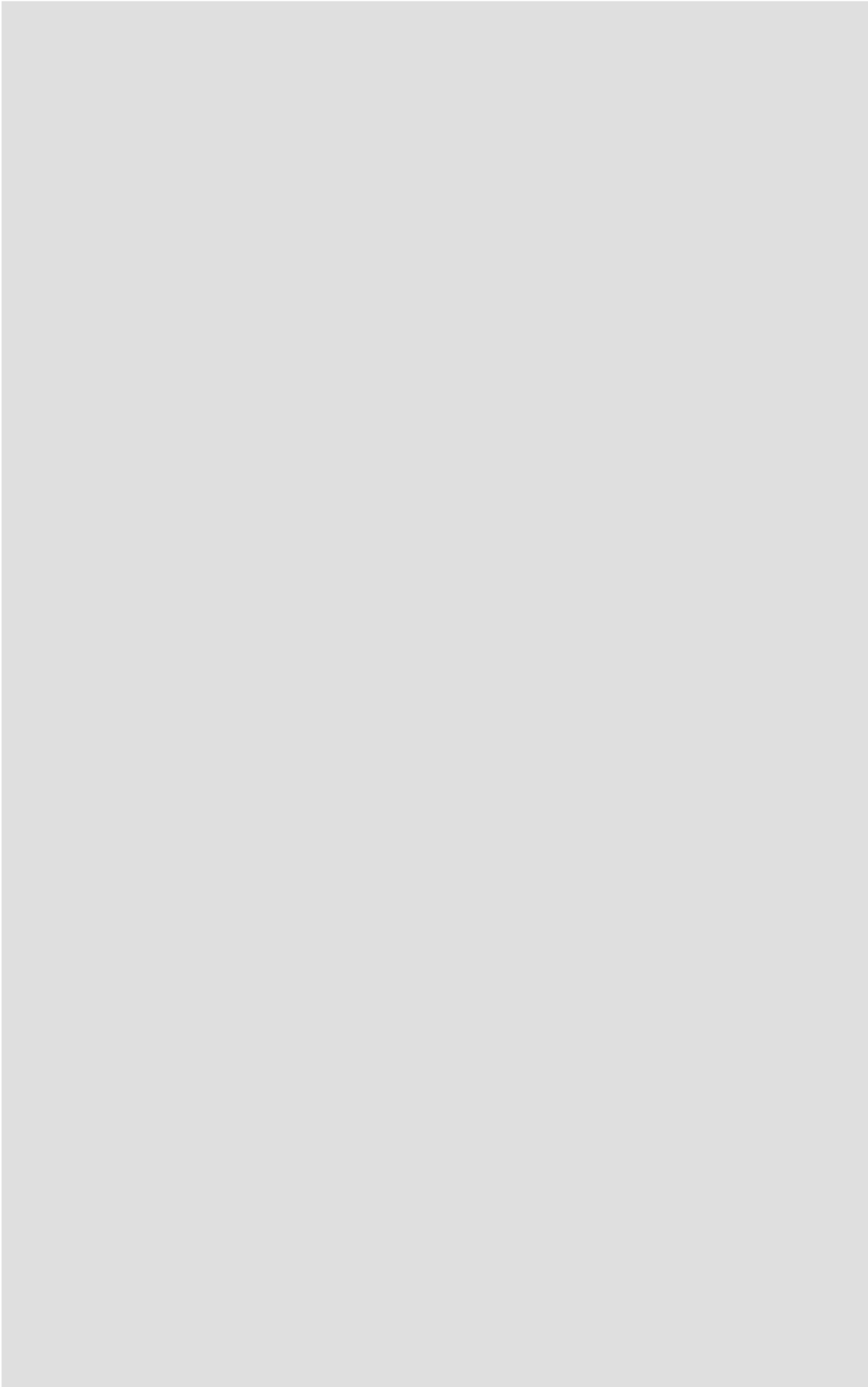
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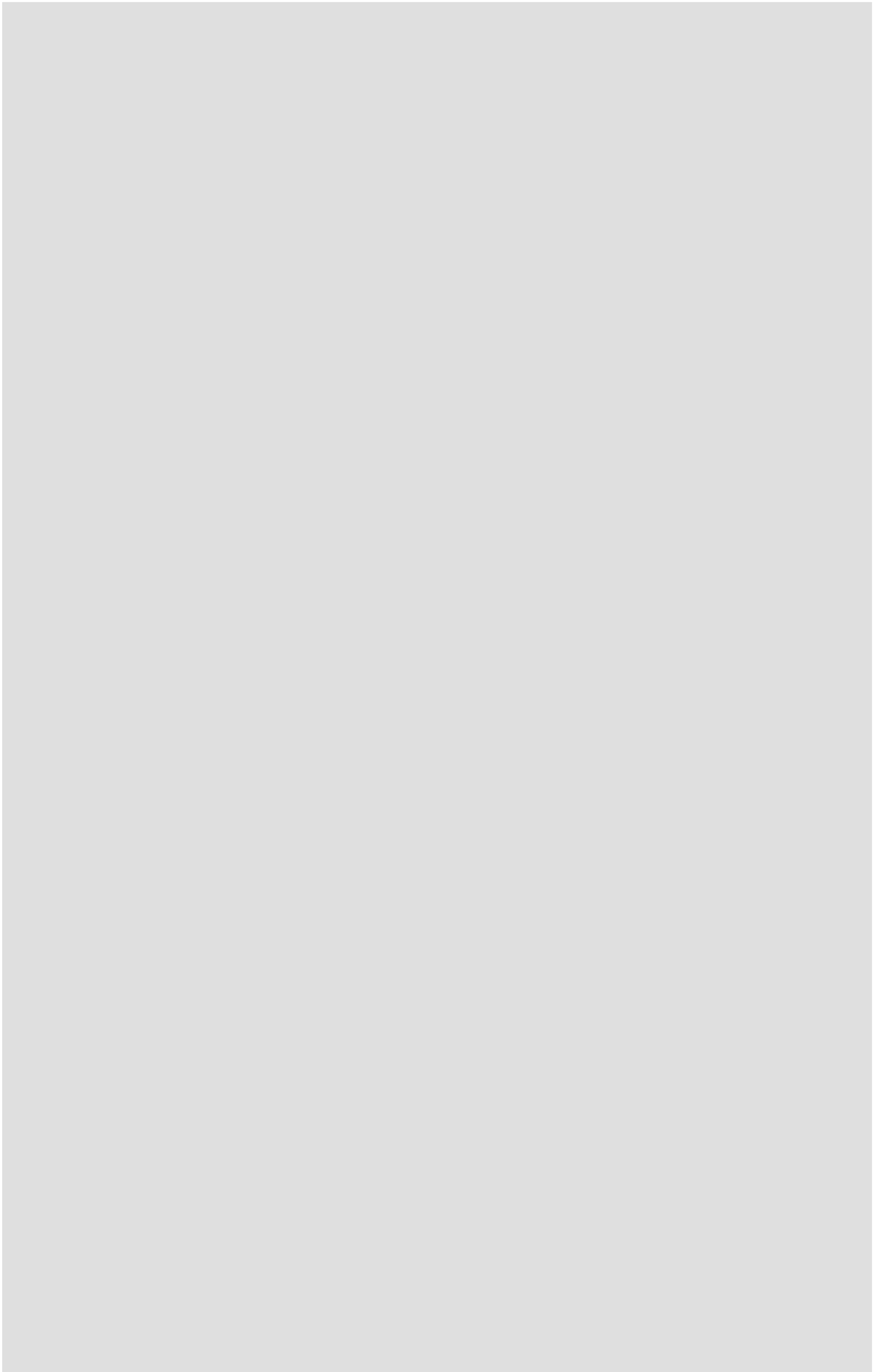
The Park – Centre for Mental Health

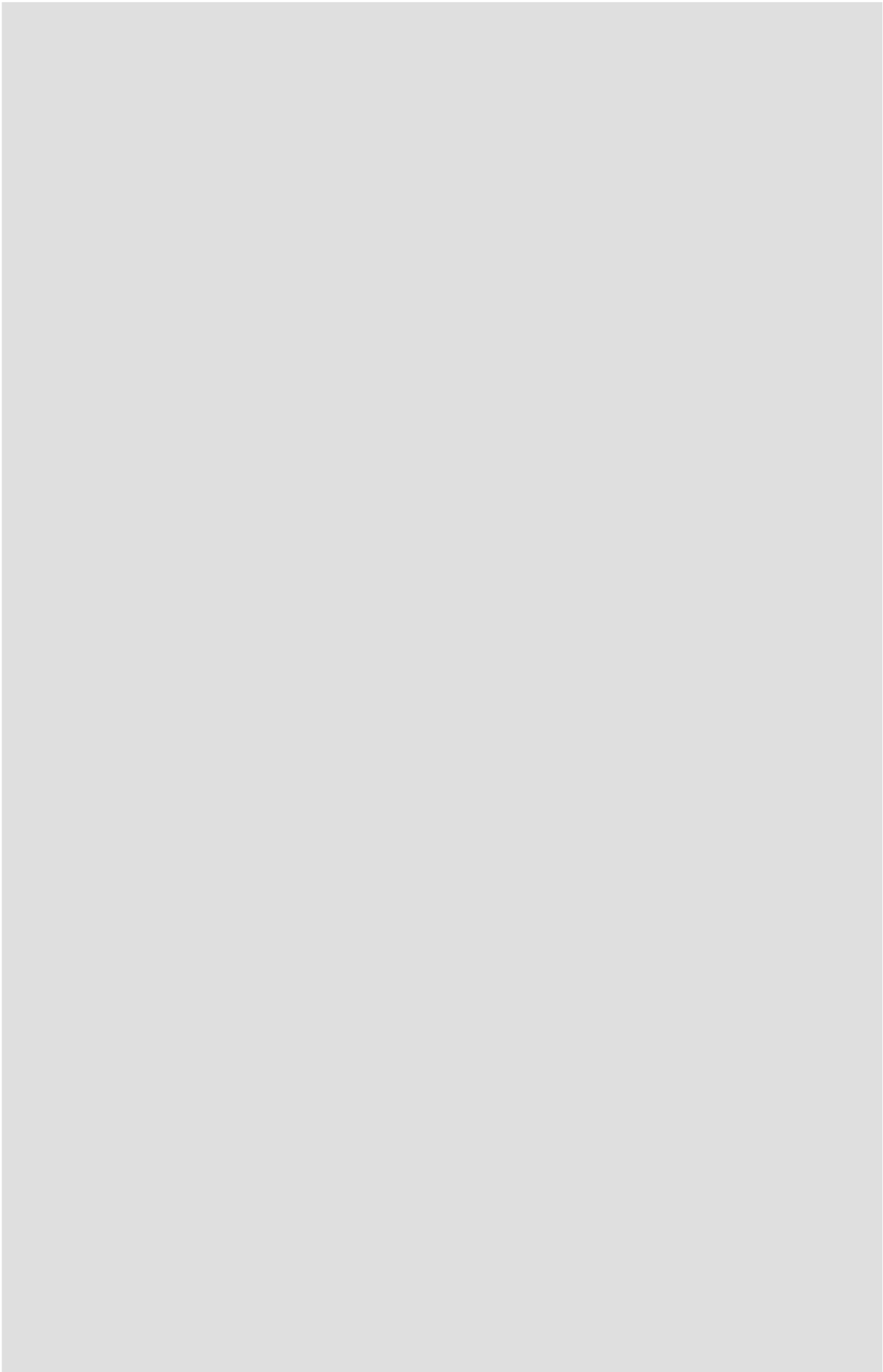
Treatment, Research and Education

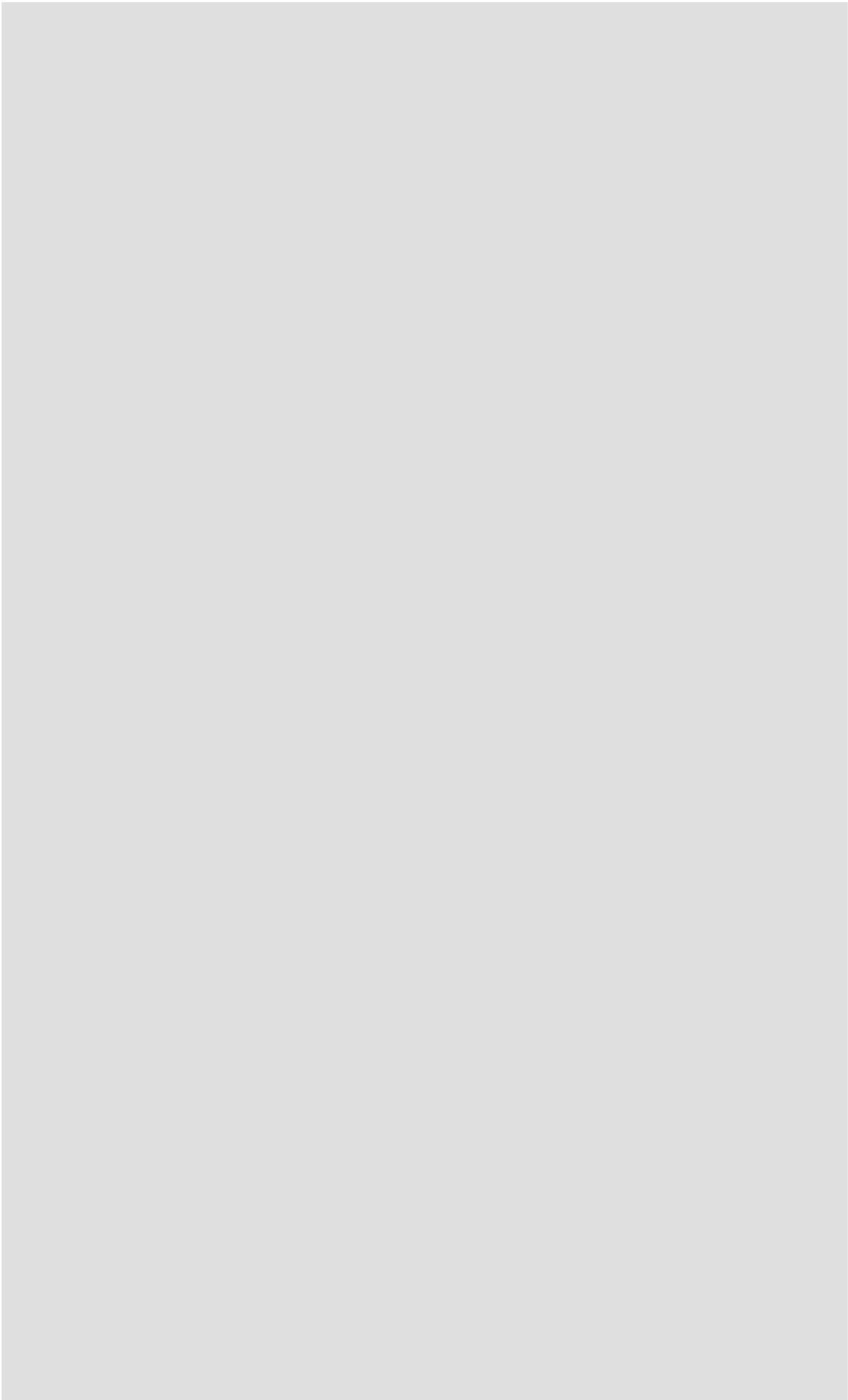
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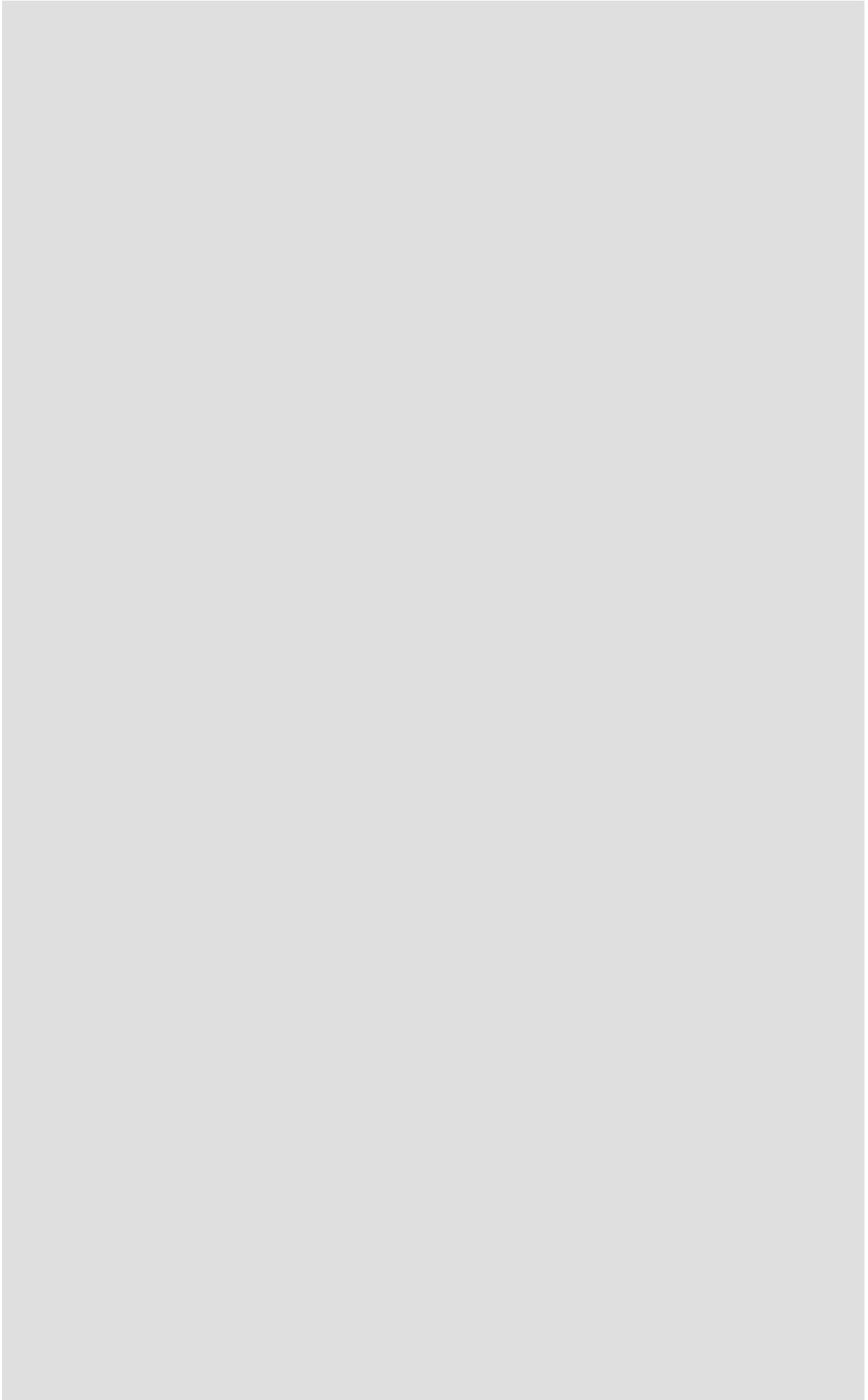


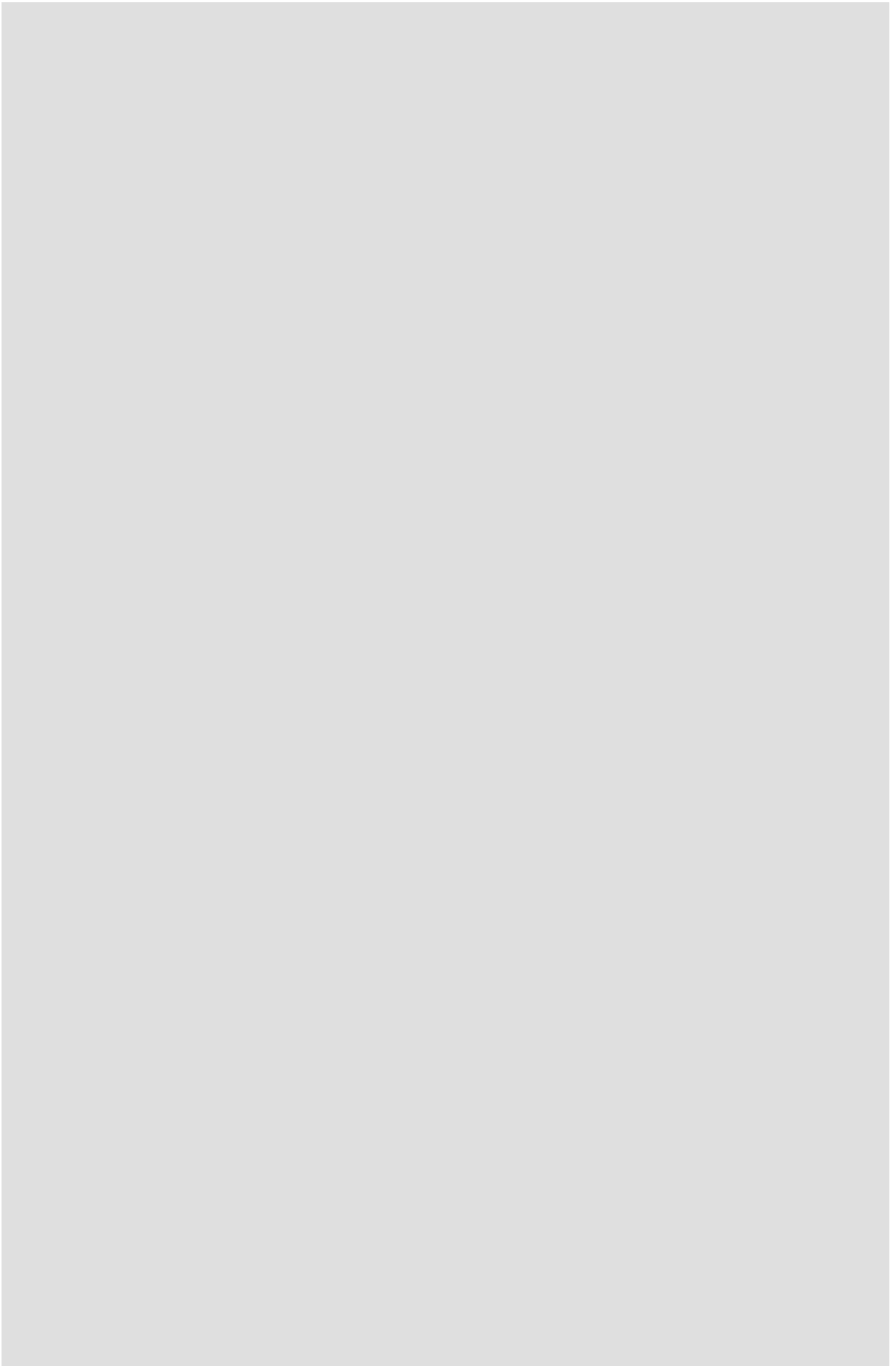


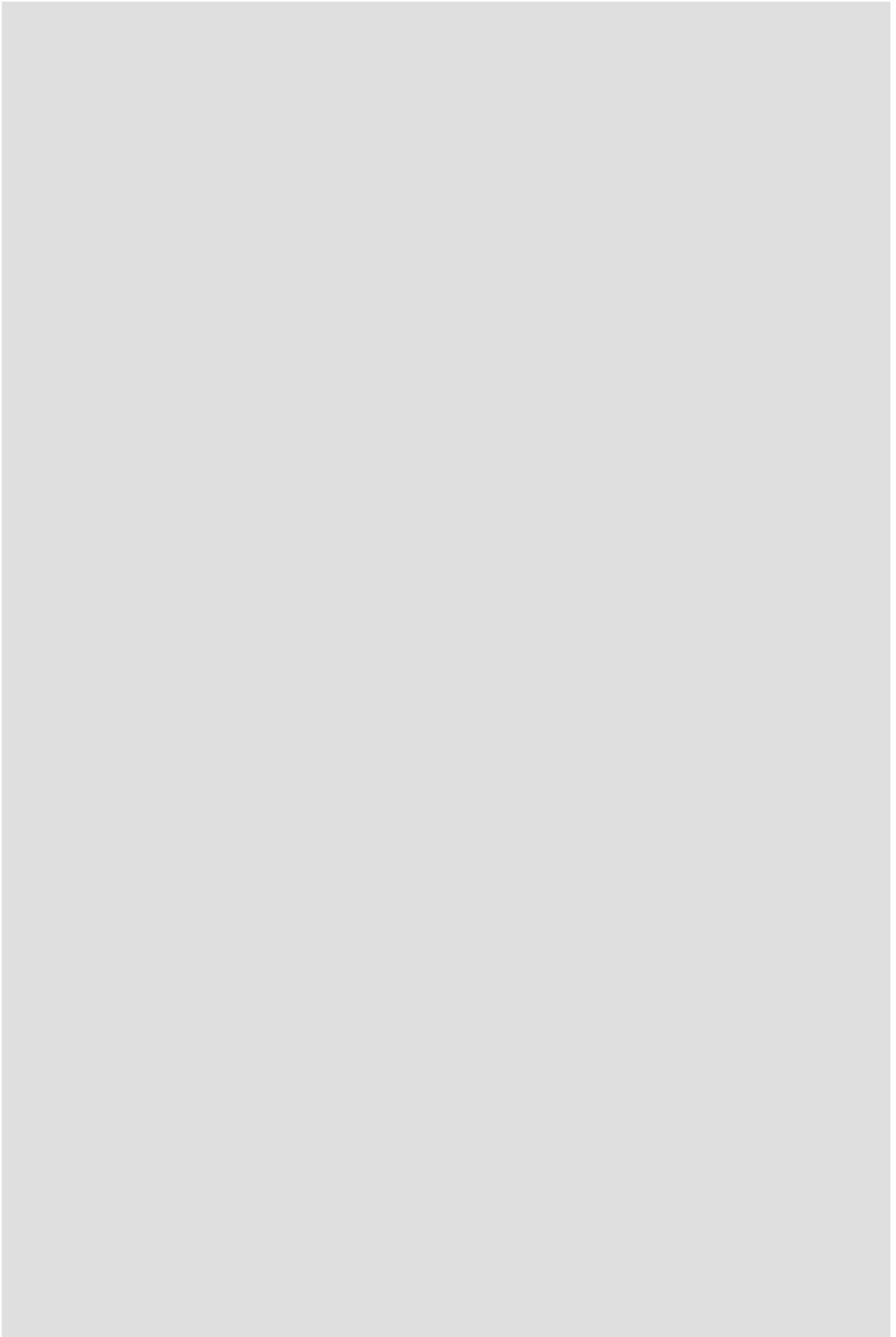


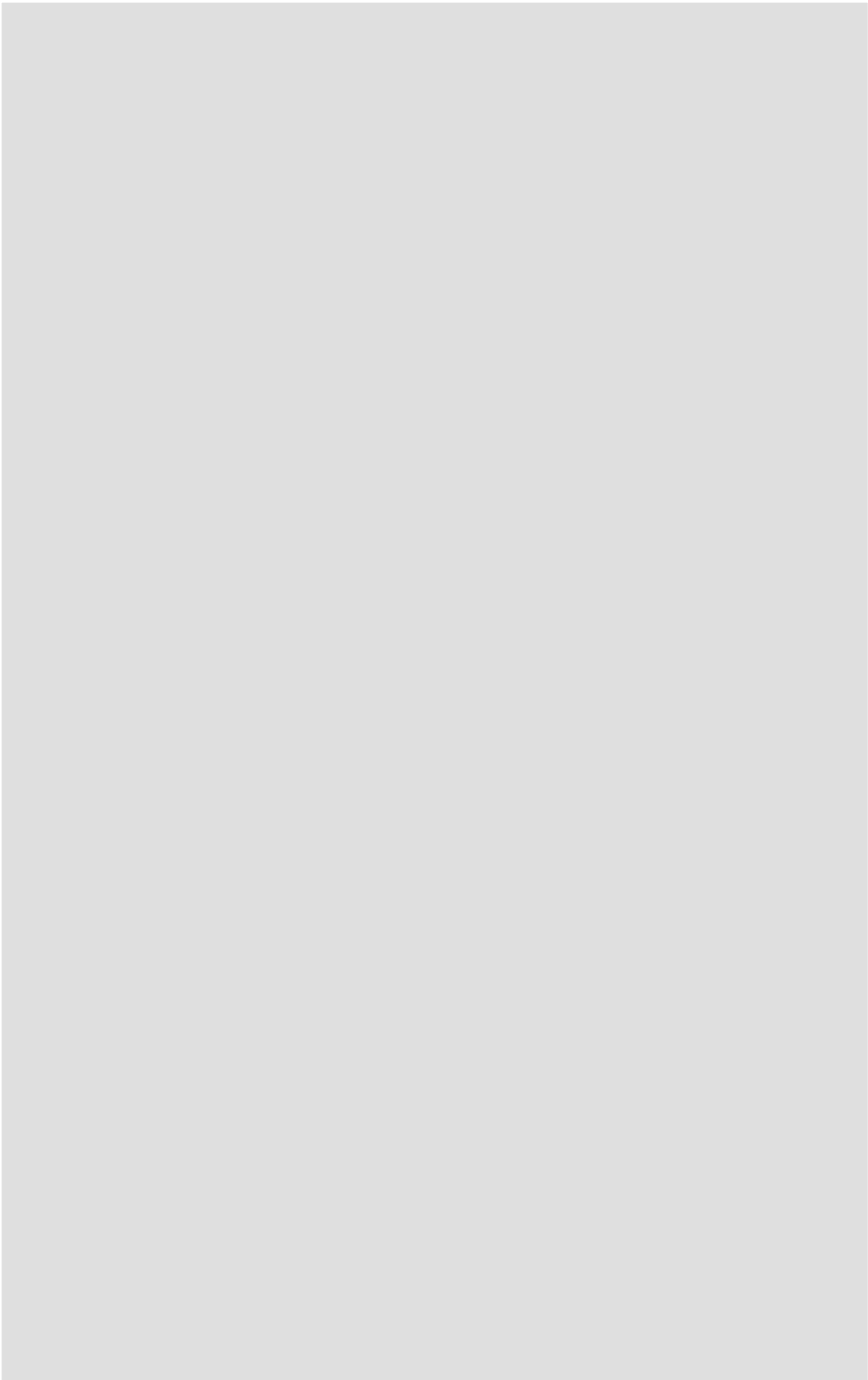


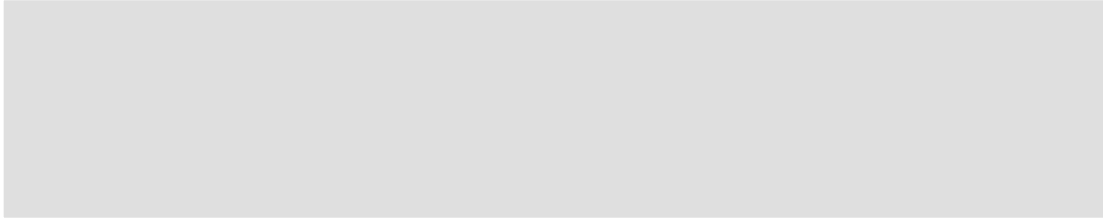


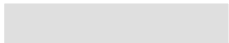
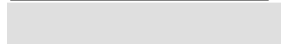


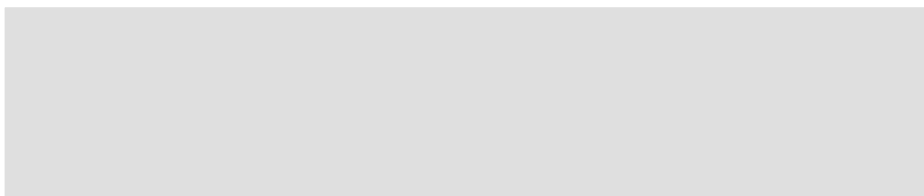









Speech Pathologist




From: Justine OXENHAM

Sent:

To:

Subject:

Hello Everybody,

We would like to organise a meeting at [REDACTED]
[REDACTED] between people who have supported [REDACTED] in the recent past and those who will be responsible for elements of [REDACTED] care on discharge from the Barrett Adolescent Centre and into the near future. The following from Barrett Adolescent Centre, [REDACTED] and from [REDACTED] are invited to attend -

From Barrett Adolescent Centre: Kev Rodgers - Principal, Justine Oxenham - Teacher, Angela Clarke - Speech Pathologist, Rosangela Richardson - Care Coordinator.

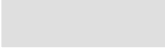
The purpose of this meeting is twofold:

1. To ease, as much as possible, the angst caused by the transition process for [REDACTED] and [REDACTED] by introducing them within a comfortable environment and with the support of people they know already, to the future stakeholders of their care.
2. To introduce those responsible for [REDACTED] future care to each other and to ensure that these people are familiar with both [REDACTED] history and the requirements of [REDACTED] future care.

The meeting is proposed for [REDACTED]
at [REDACTED]

Please RSVP by return email, your intention to attend.

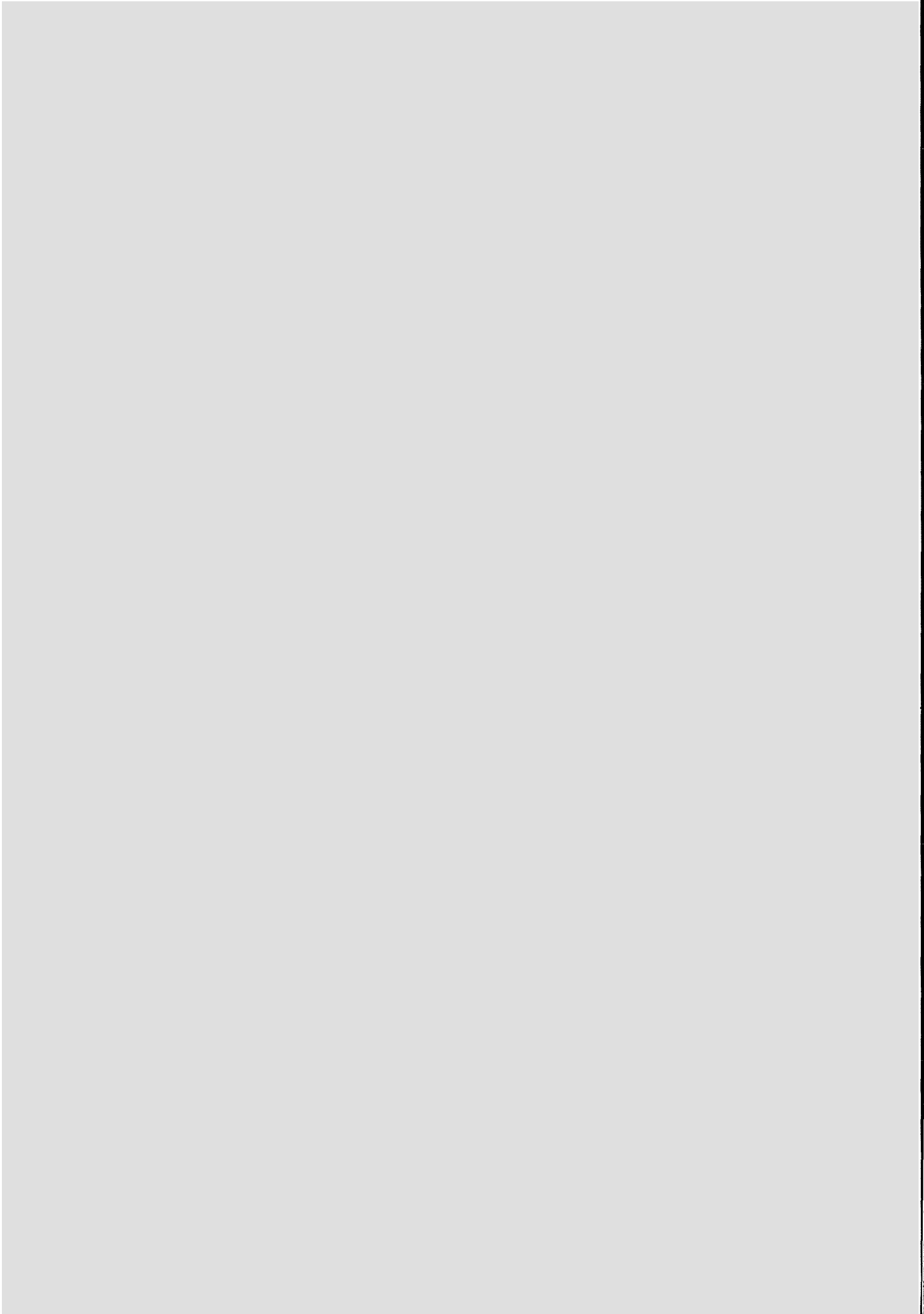
Thanking you.

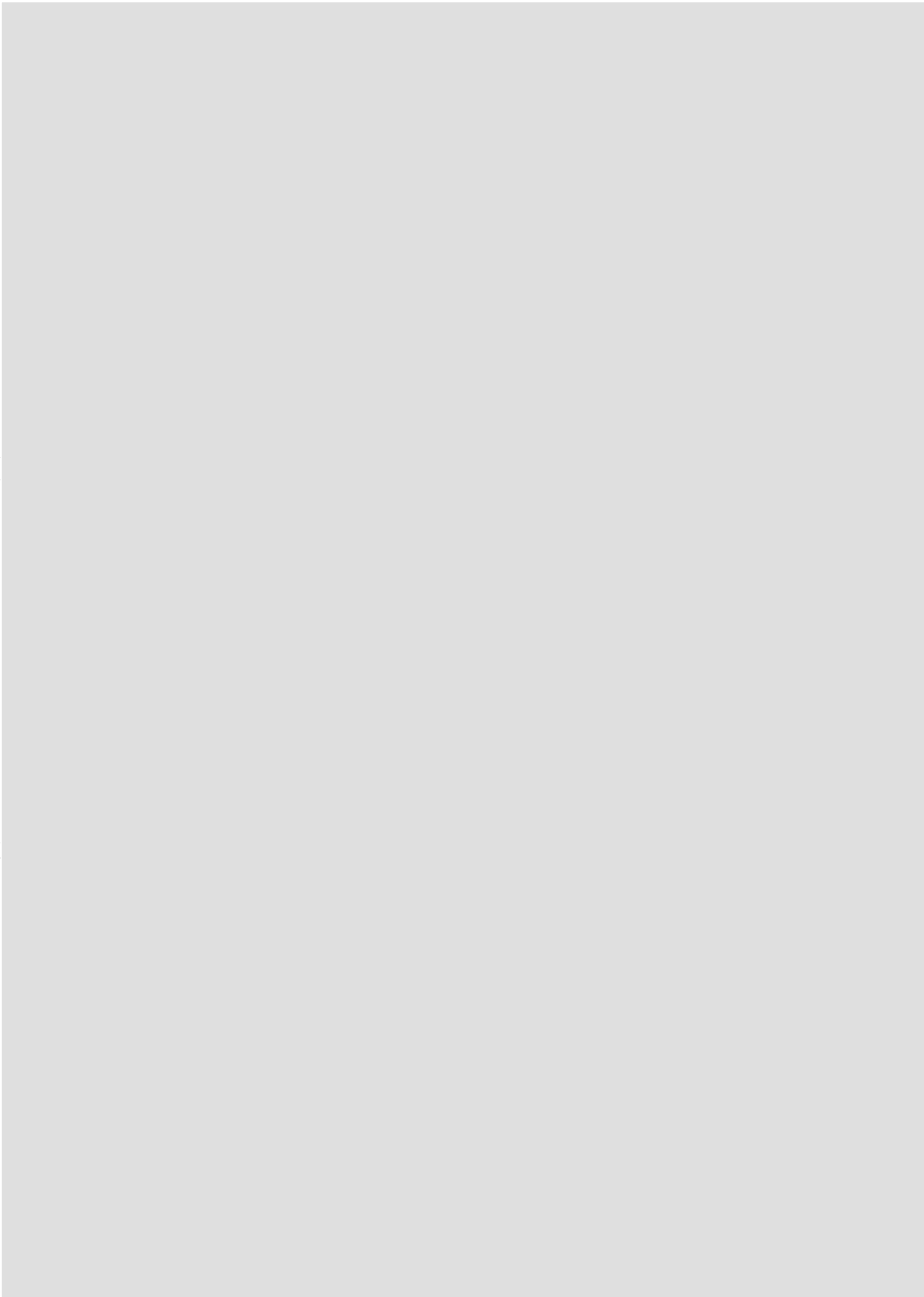
Yours Sincerely,
Justine Oxenham
Barrett Adolescent Centre


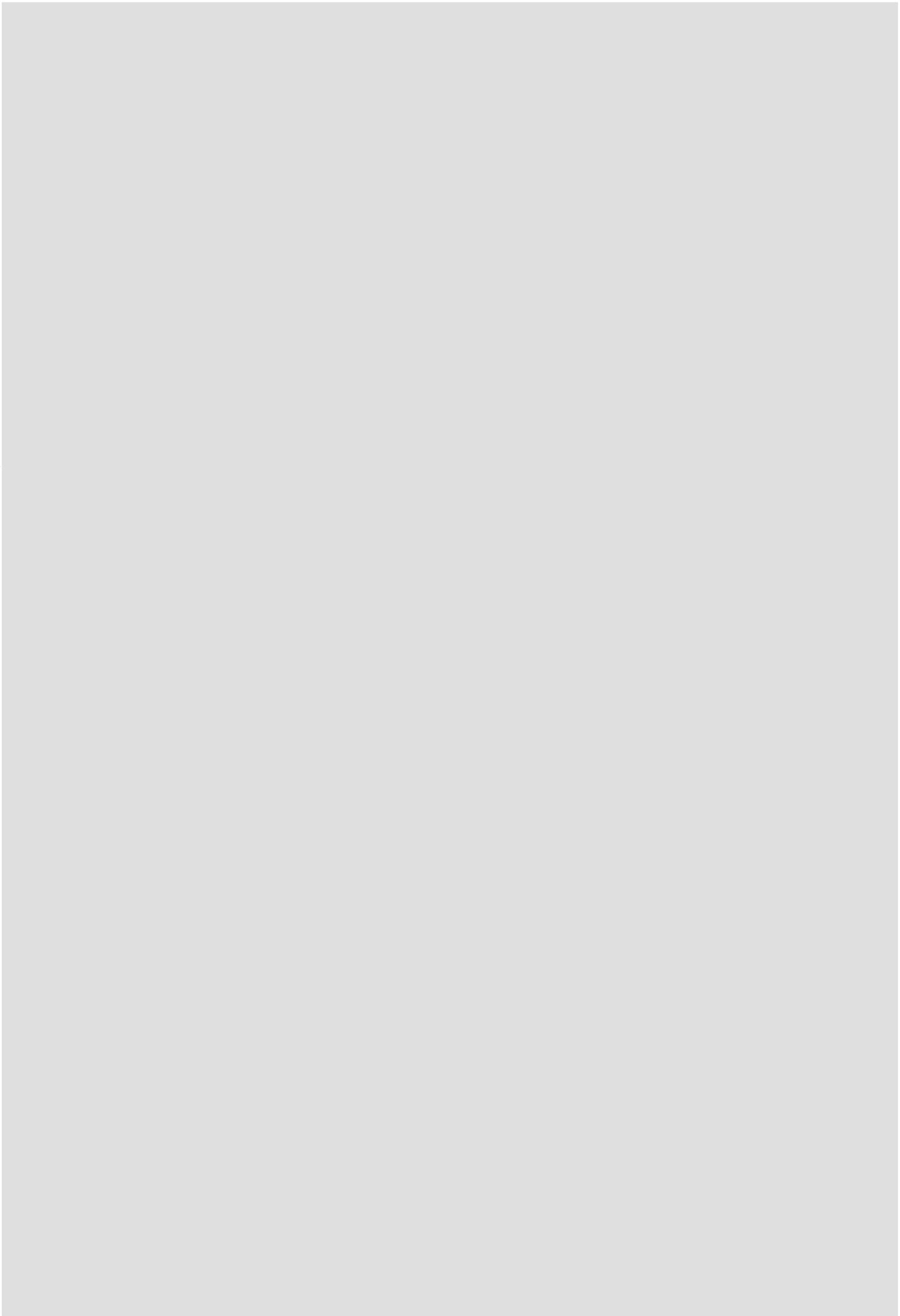


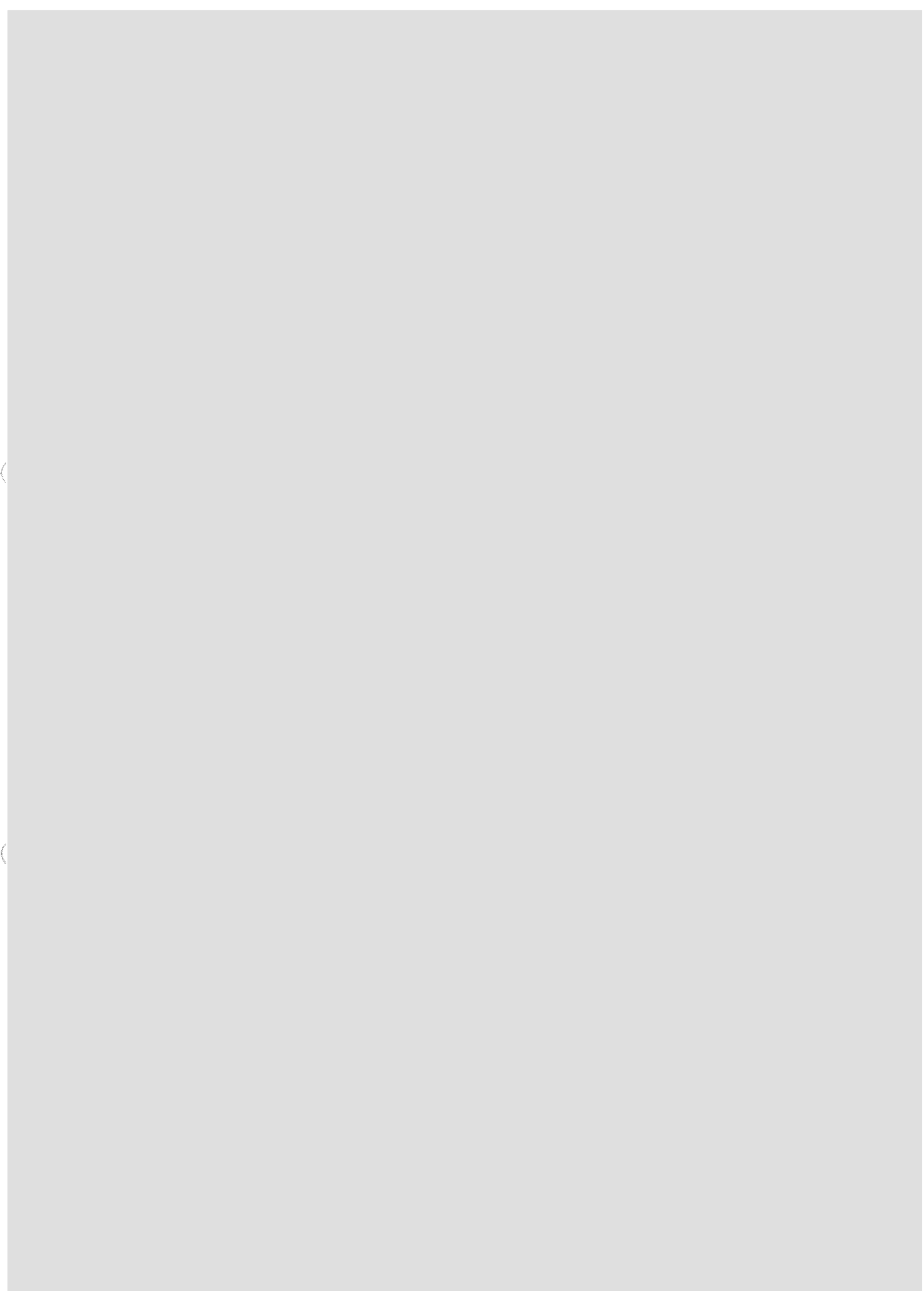
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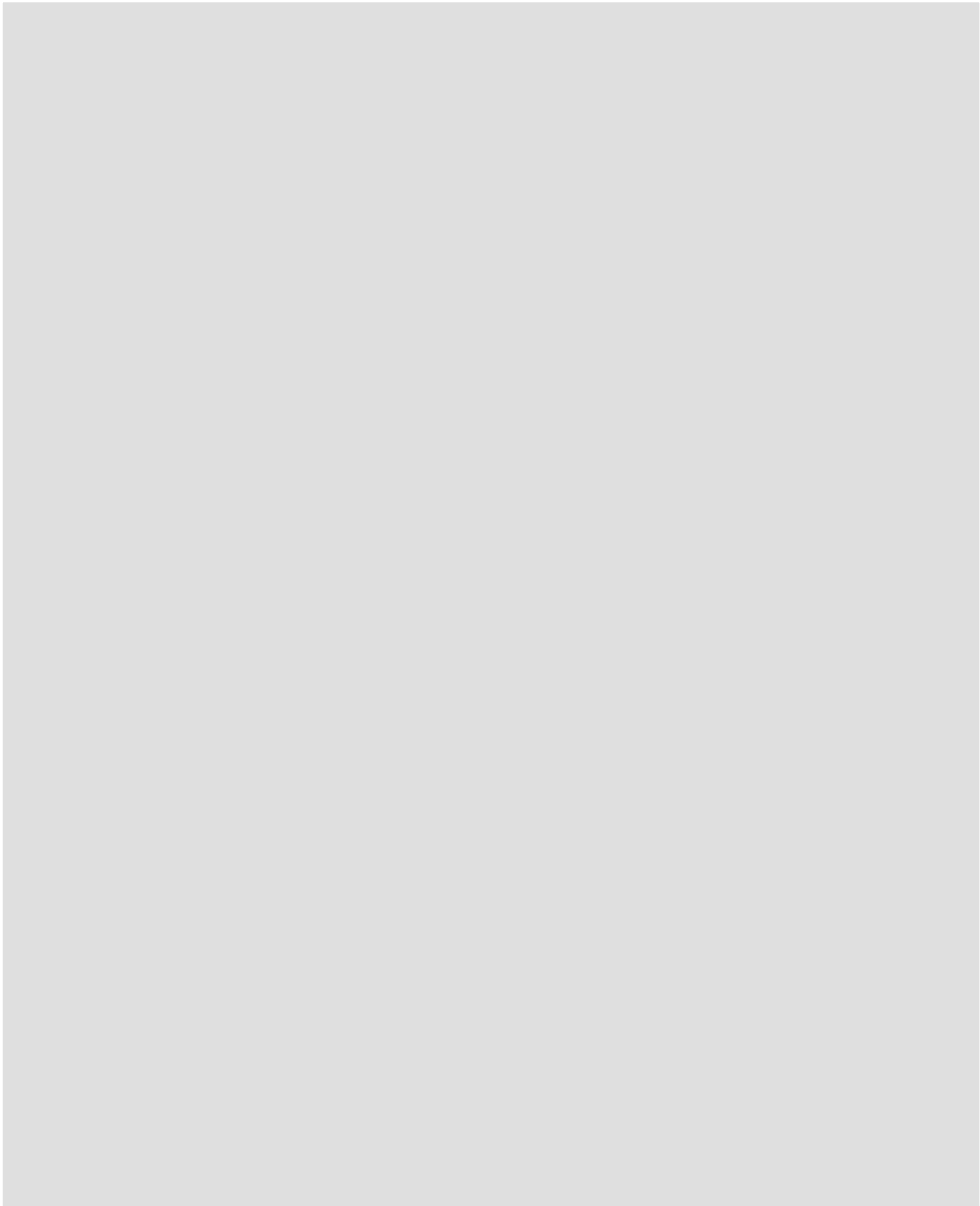
WEST MORETON HOSPITAL AND HEALTH SERVICE*The Park – Centre for Mental Health*

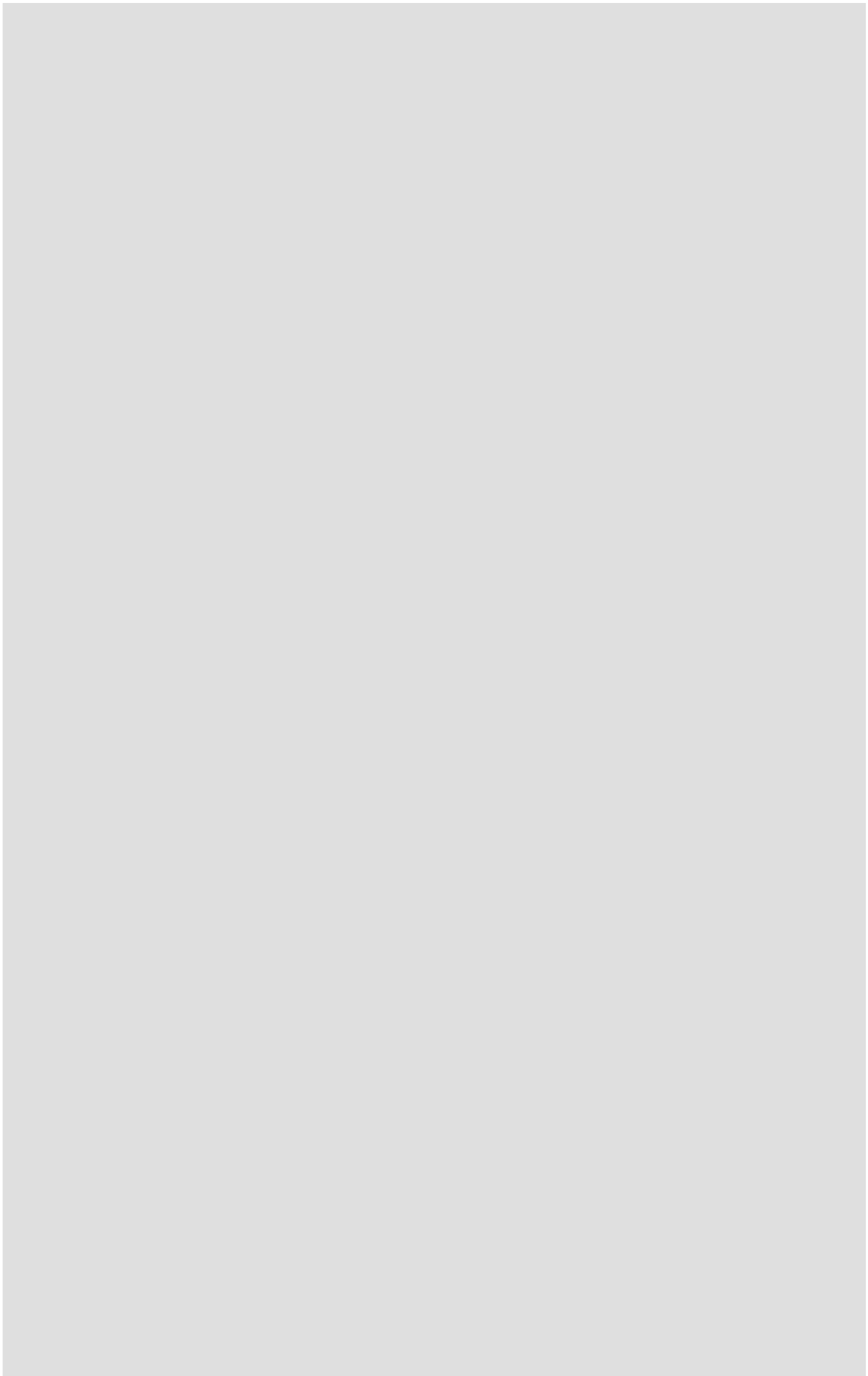
Treatment, Research and Education

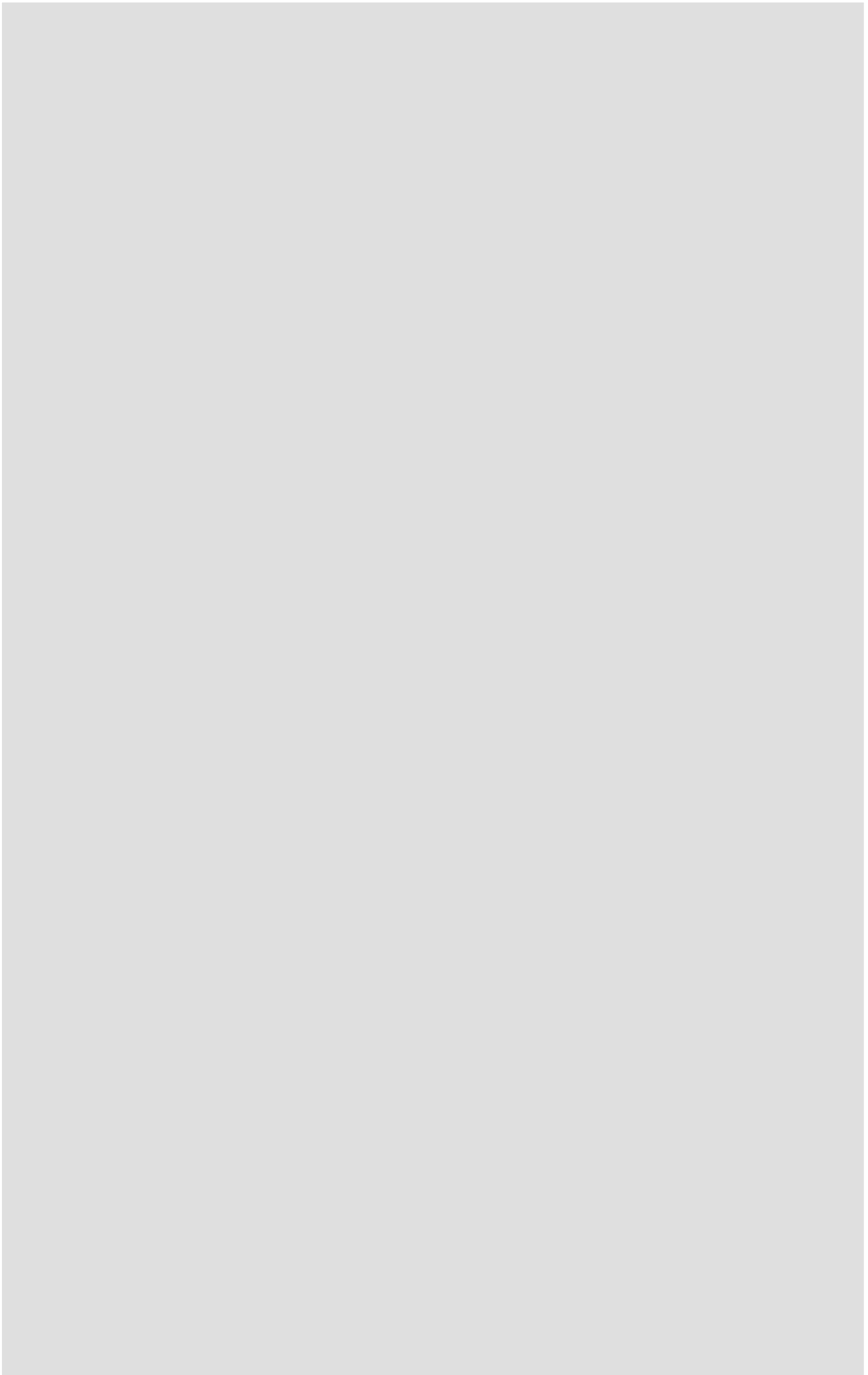
BARRETT ADOLESCENT CENTRE

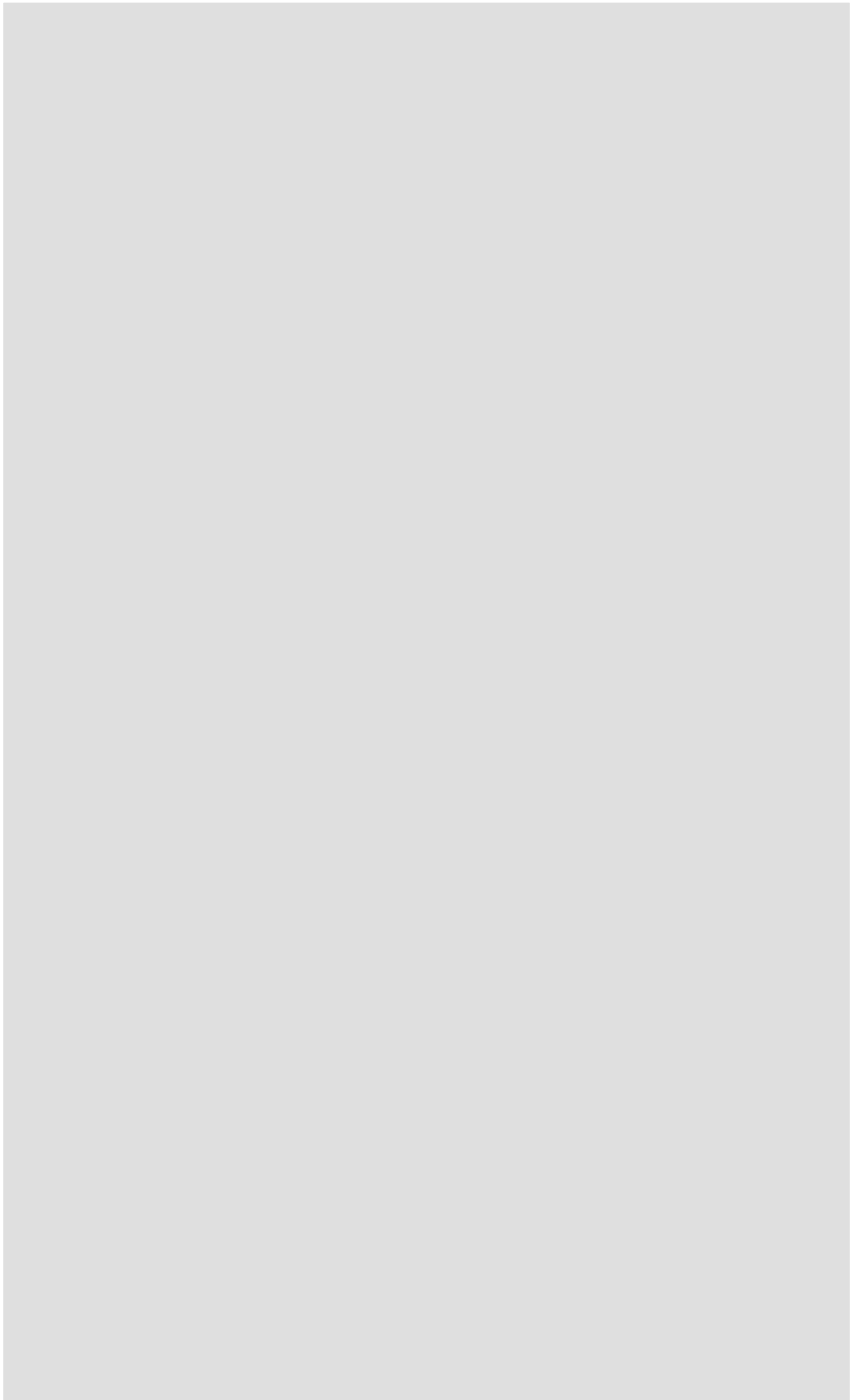
Enquiries: Angela Clarke

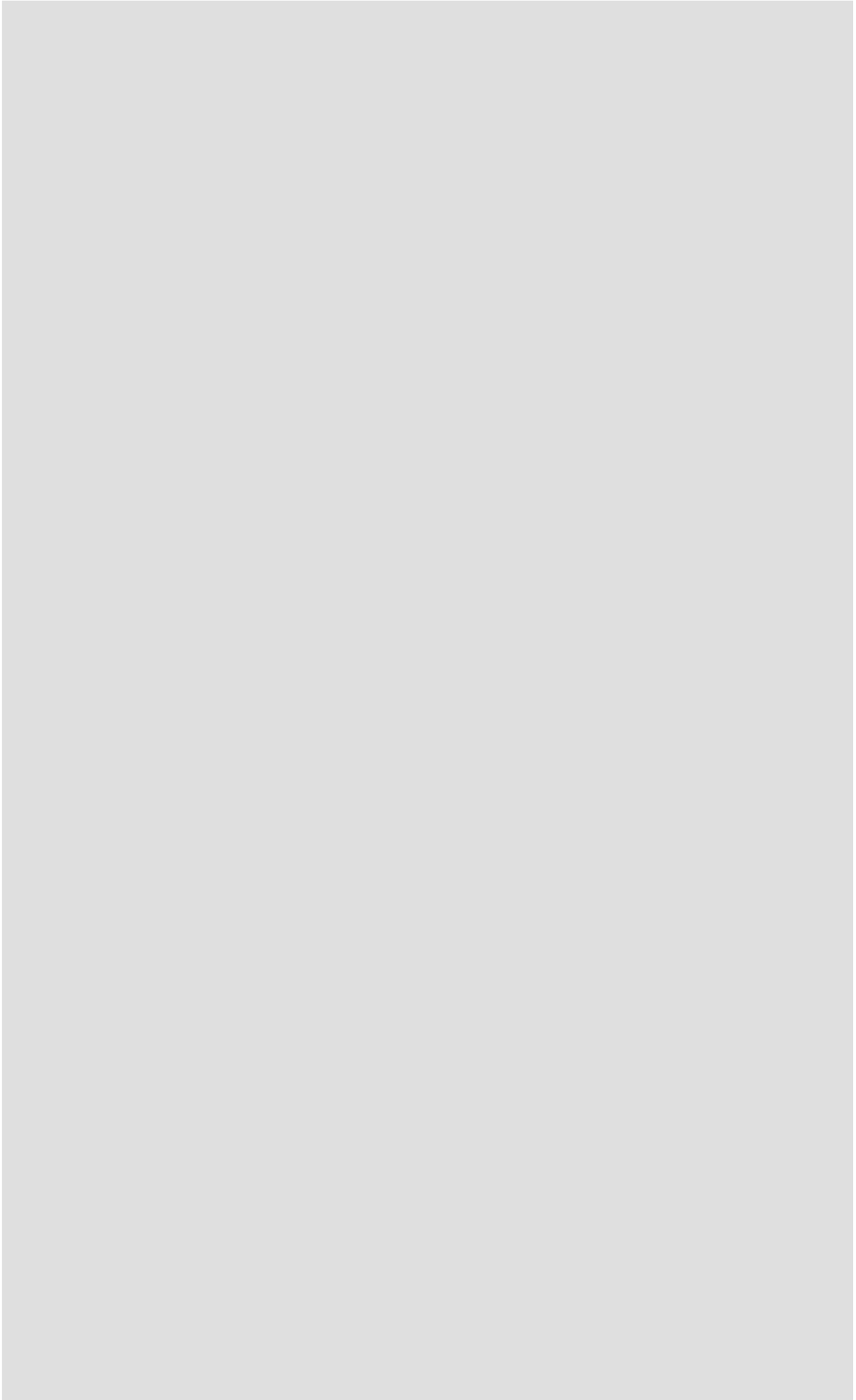
Telephone: 

COMMUNICATION ASSESSMENT REPORT

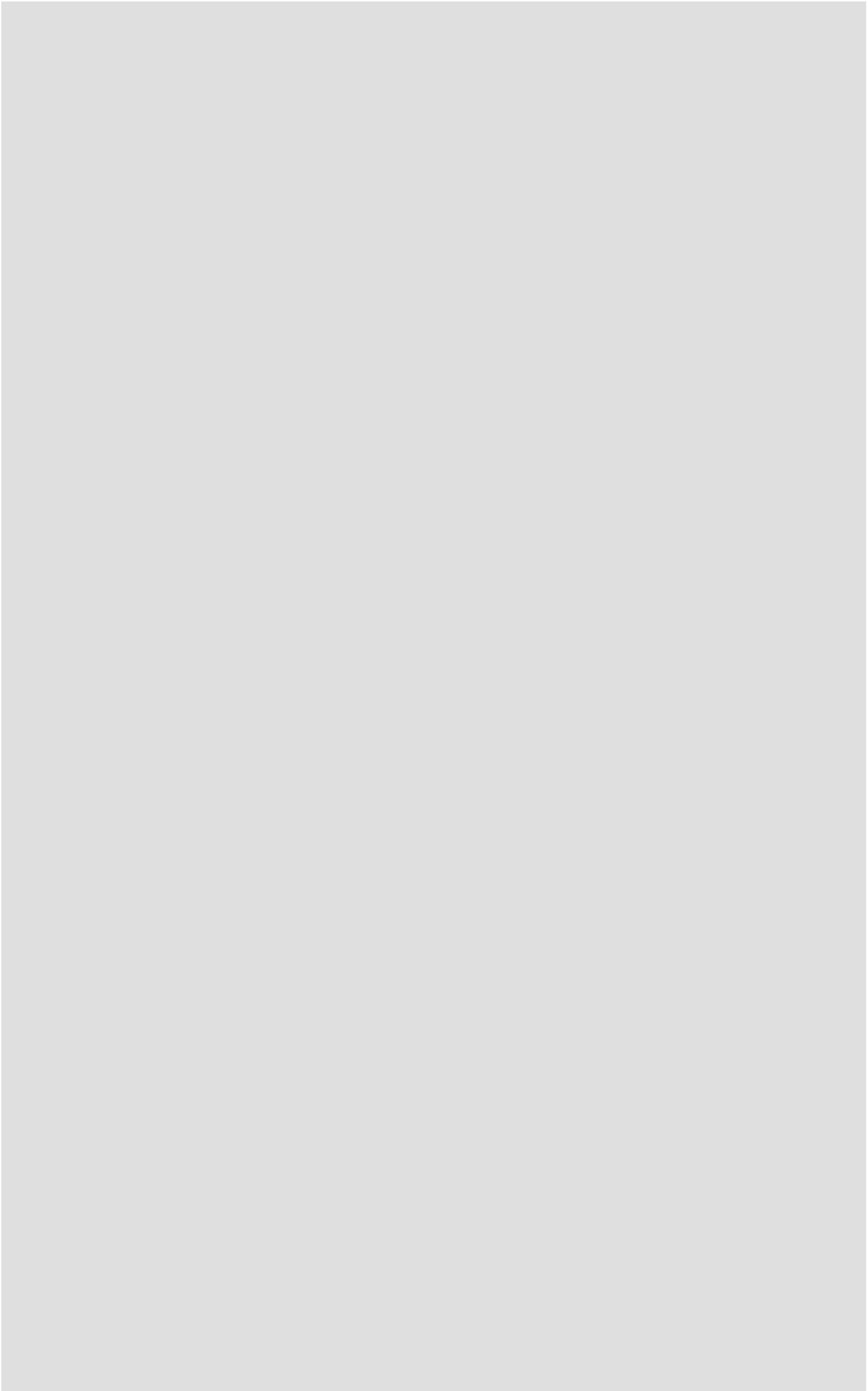


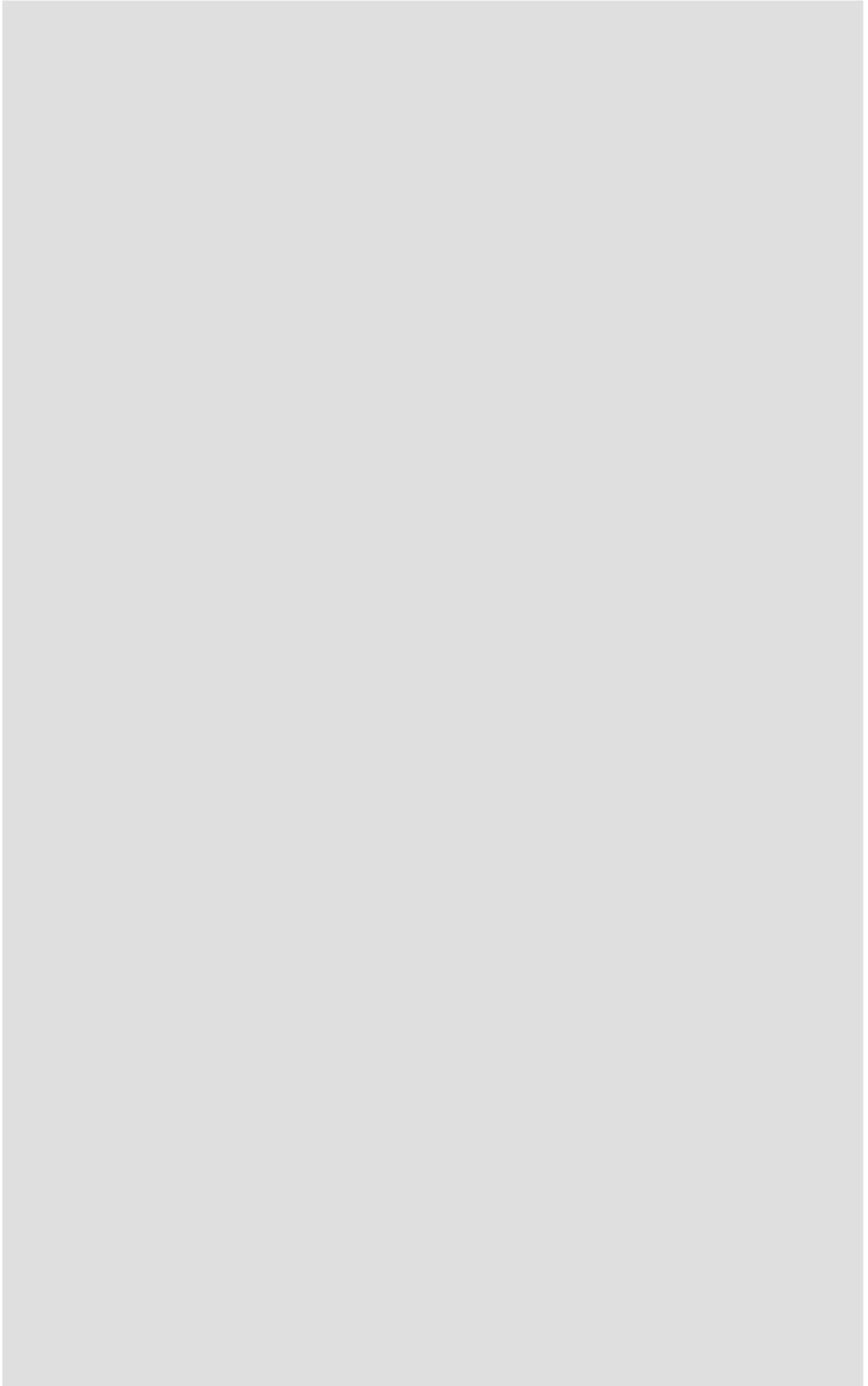


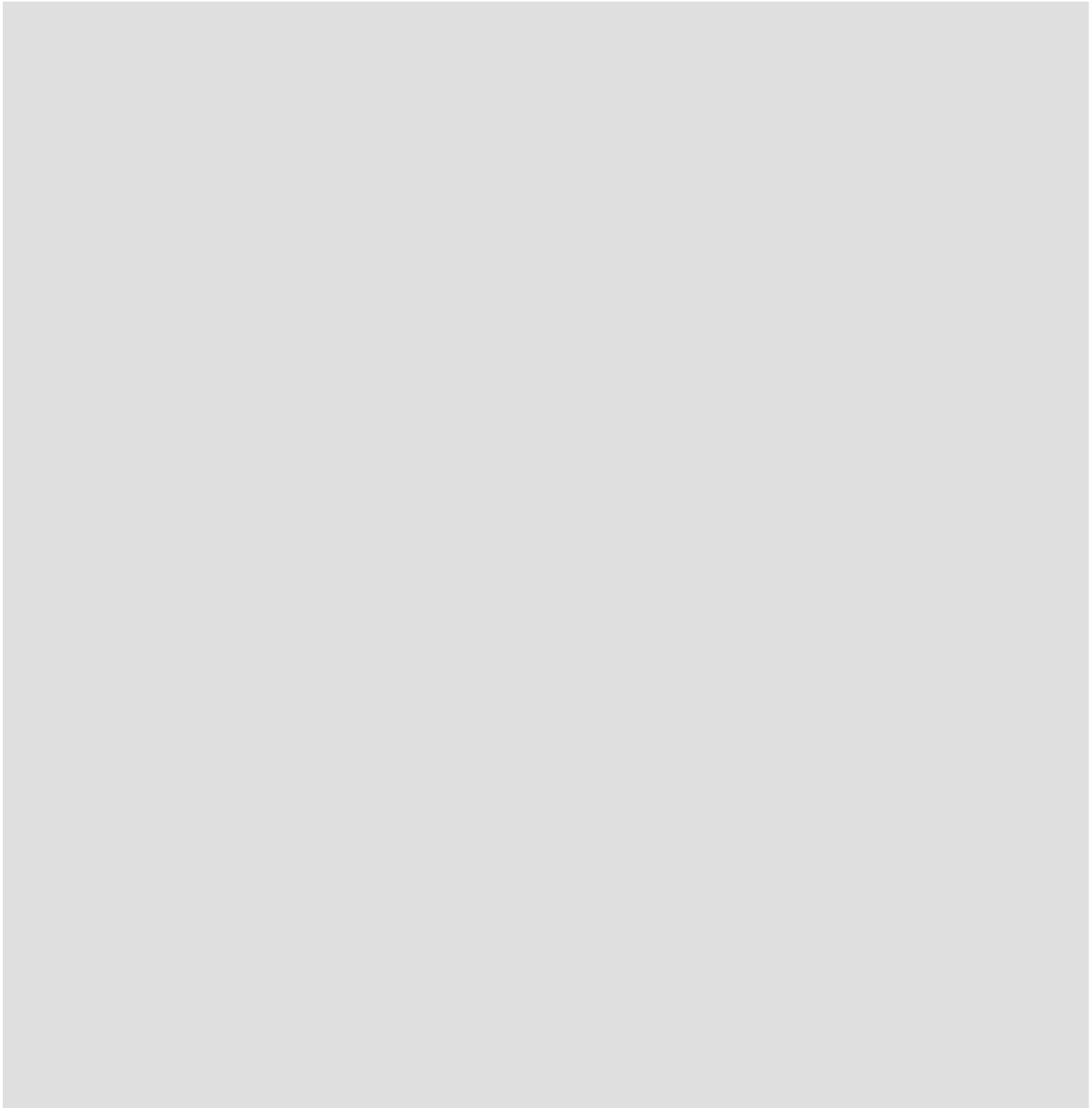




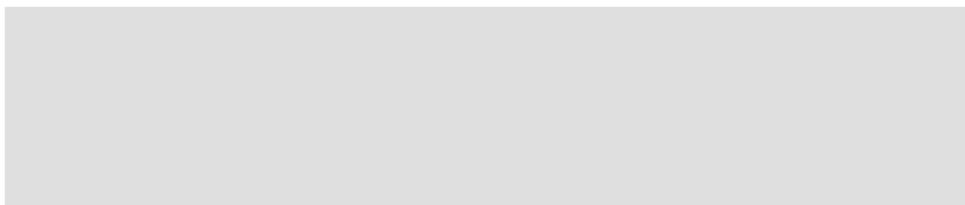








Angela Clarke
Speech Pathologist



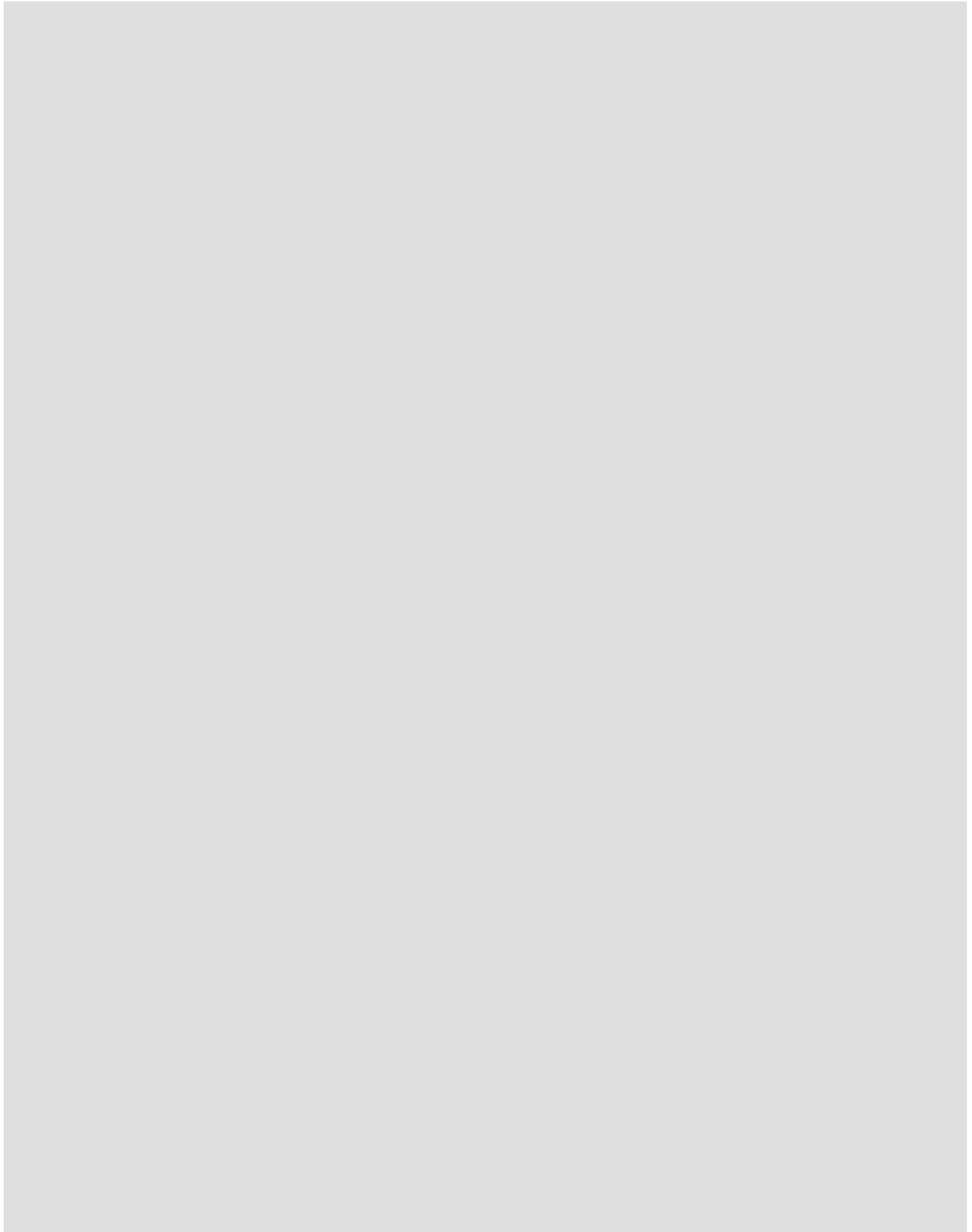
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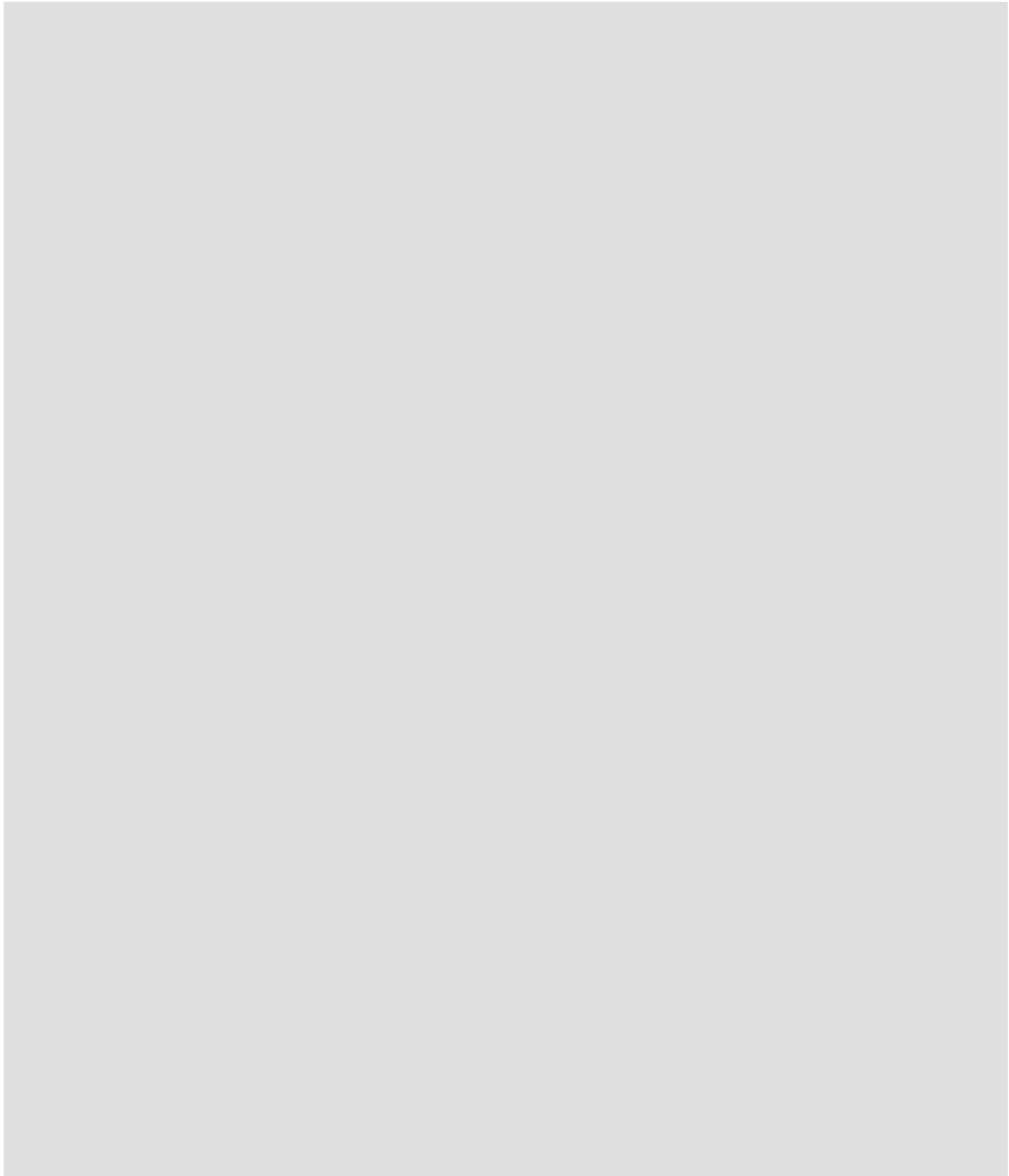
WEST MORETON HEALTH SERVICE DISTRICT

The Park – Centre for Mental Health

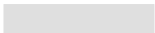
Treatment, Research and Education

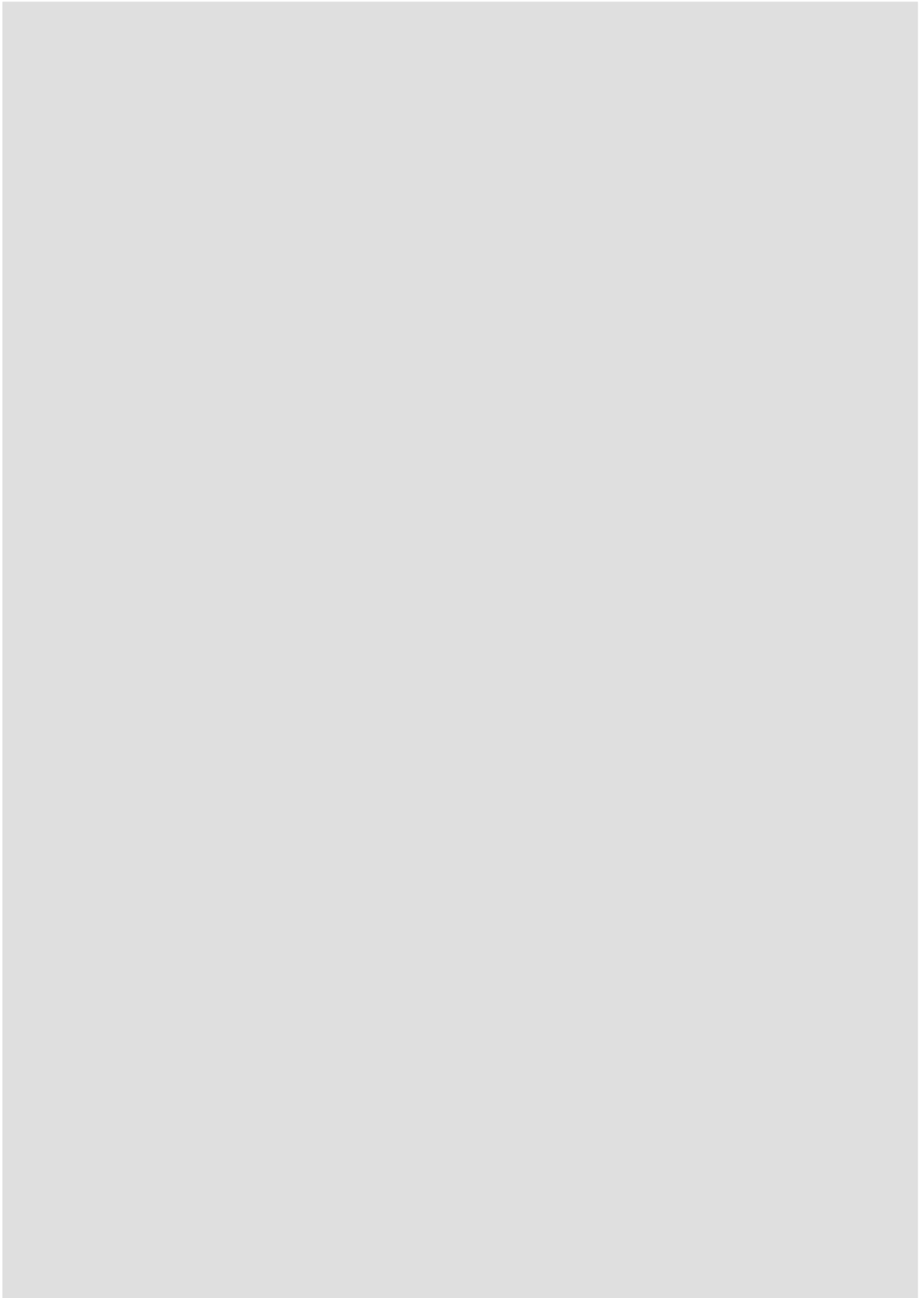
BARRETT ADOLESCENT CENTRE





Angela Clarke
Speech Pathologist
Barrett Adolescent Centre





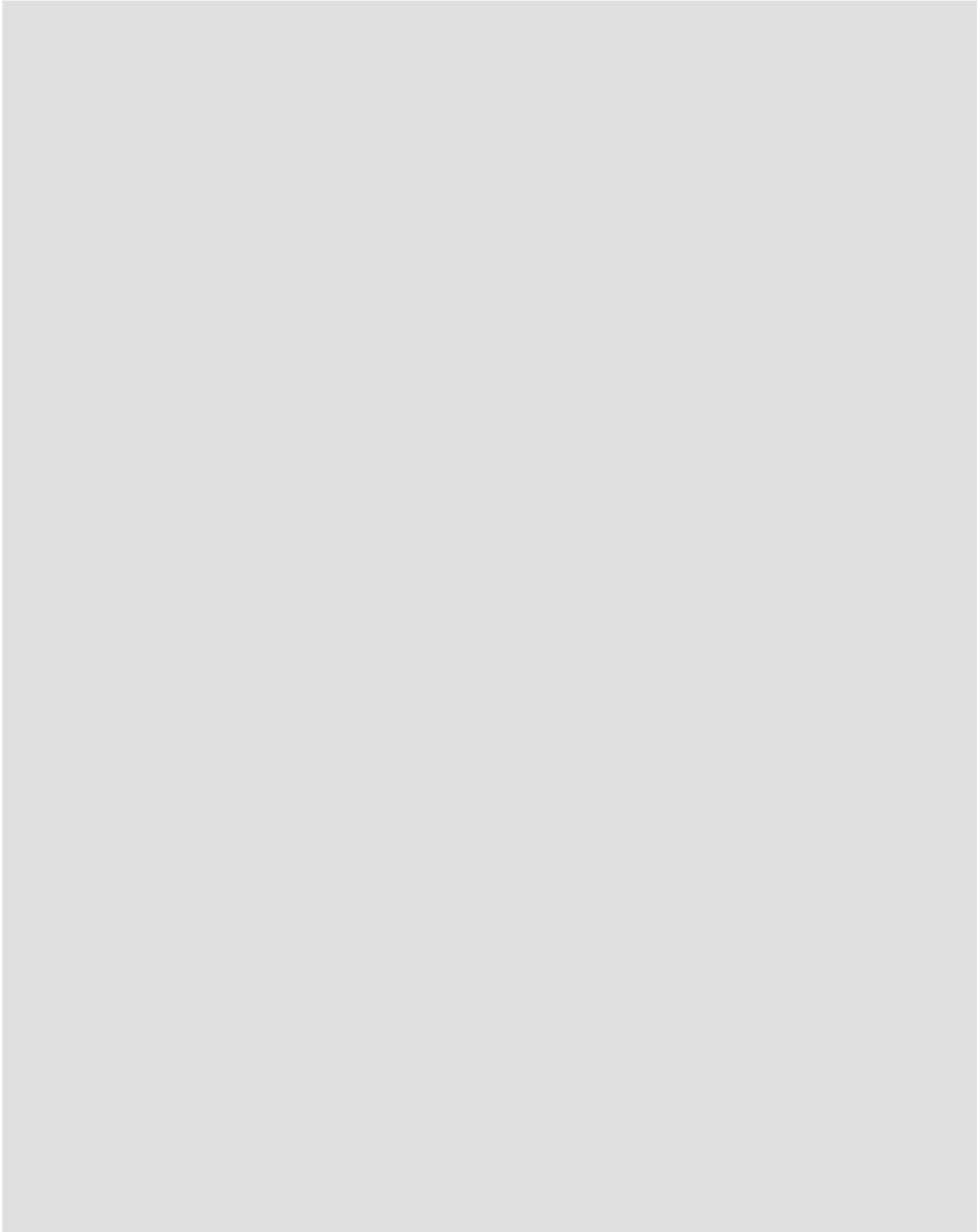
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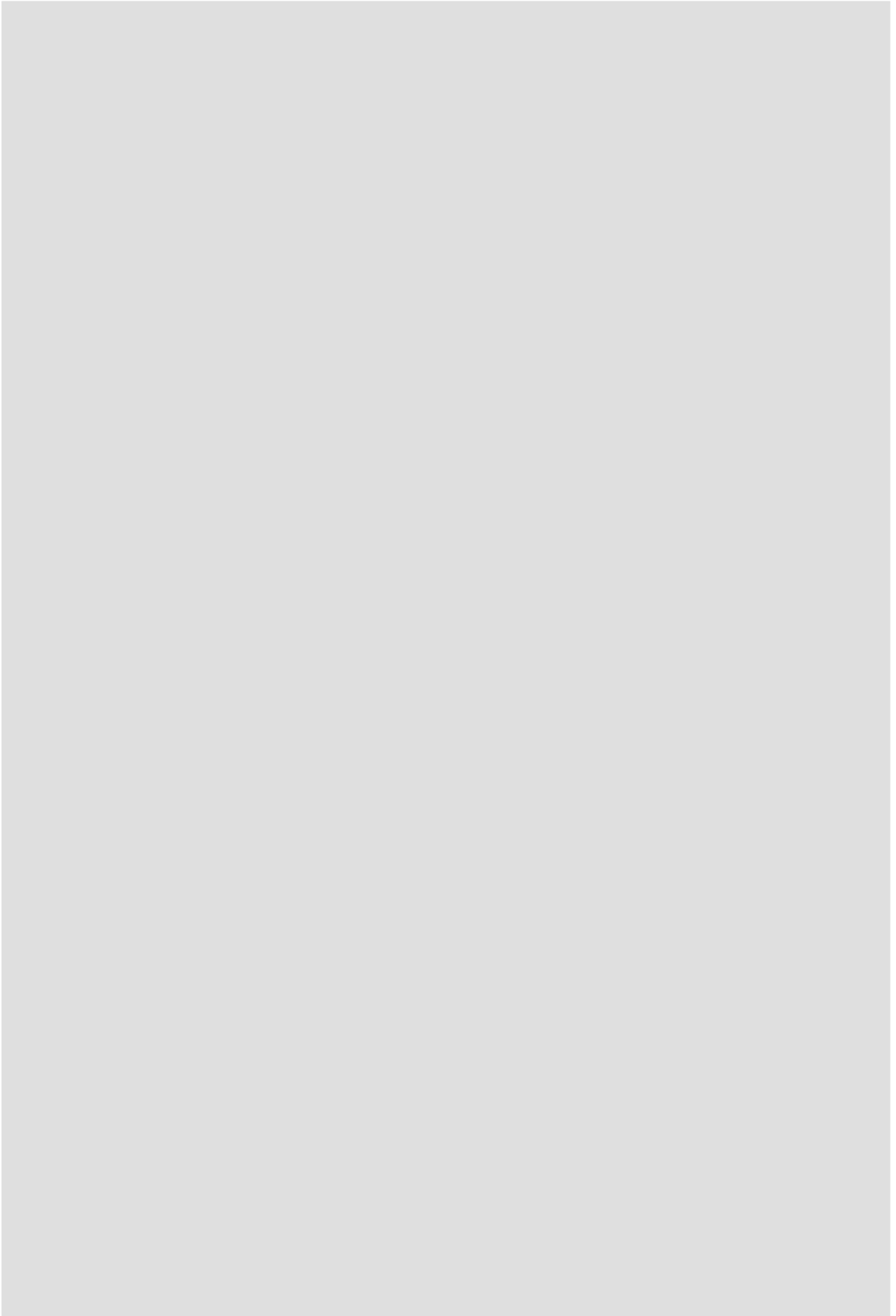
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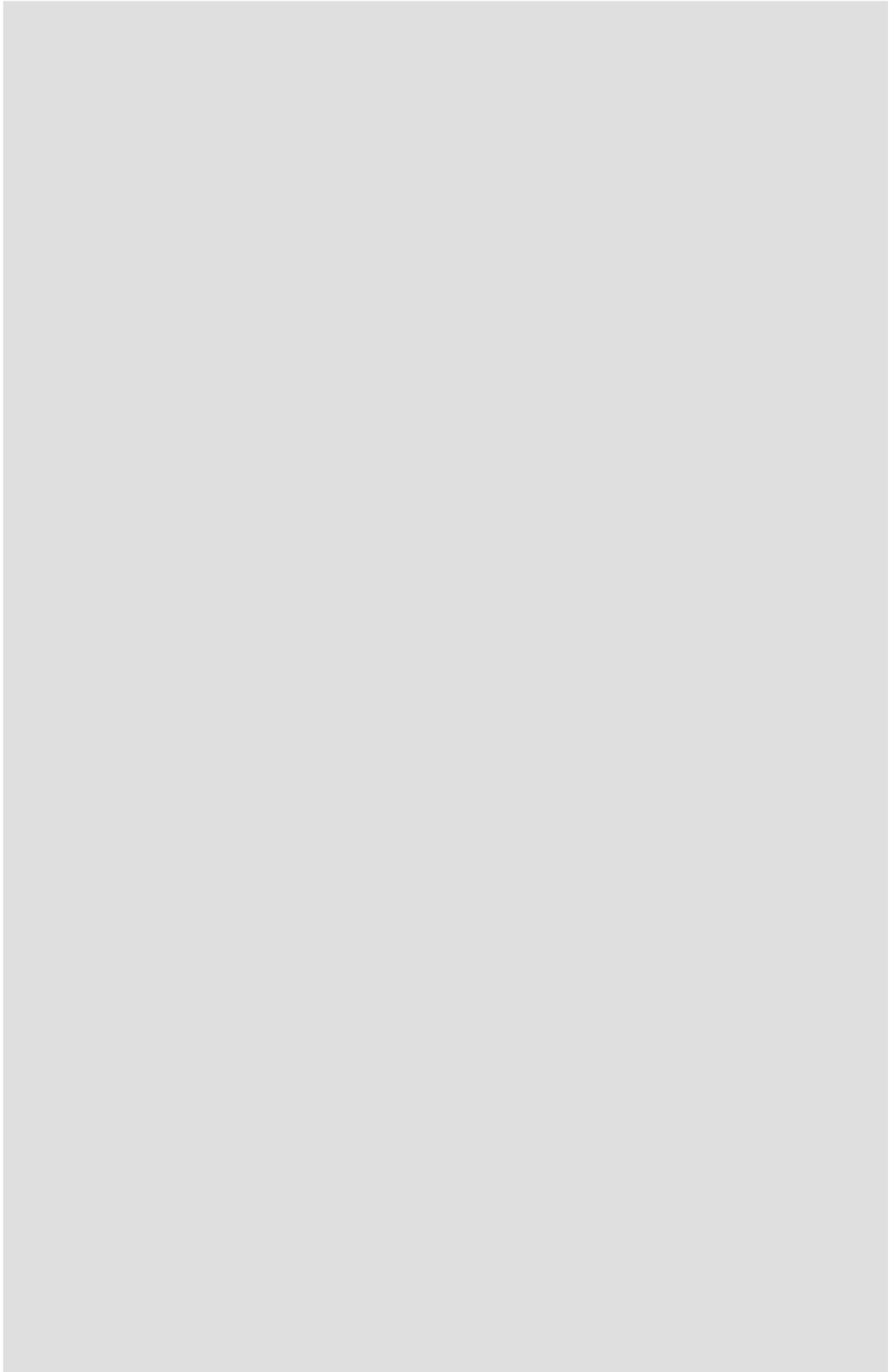
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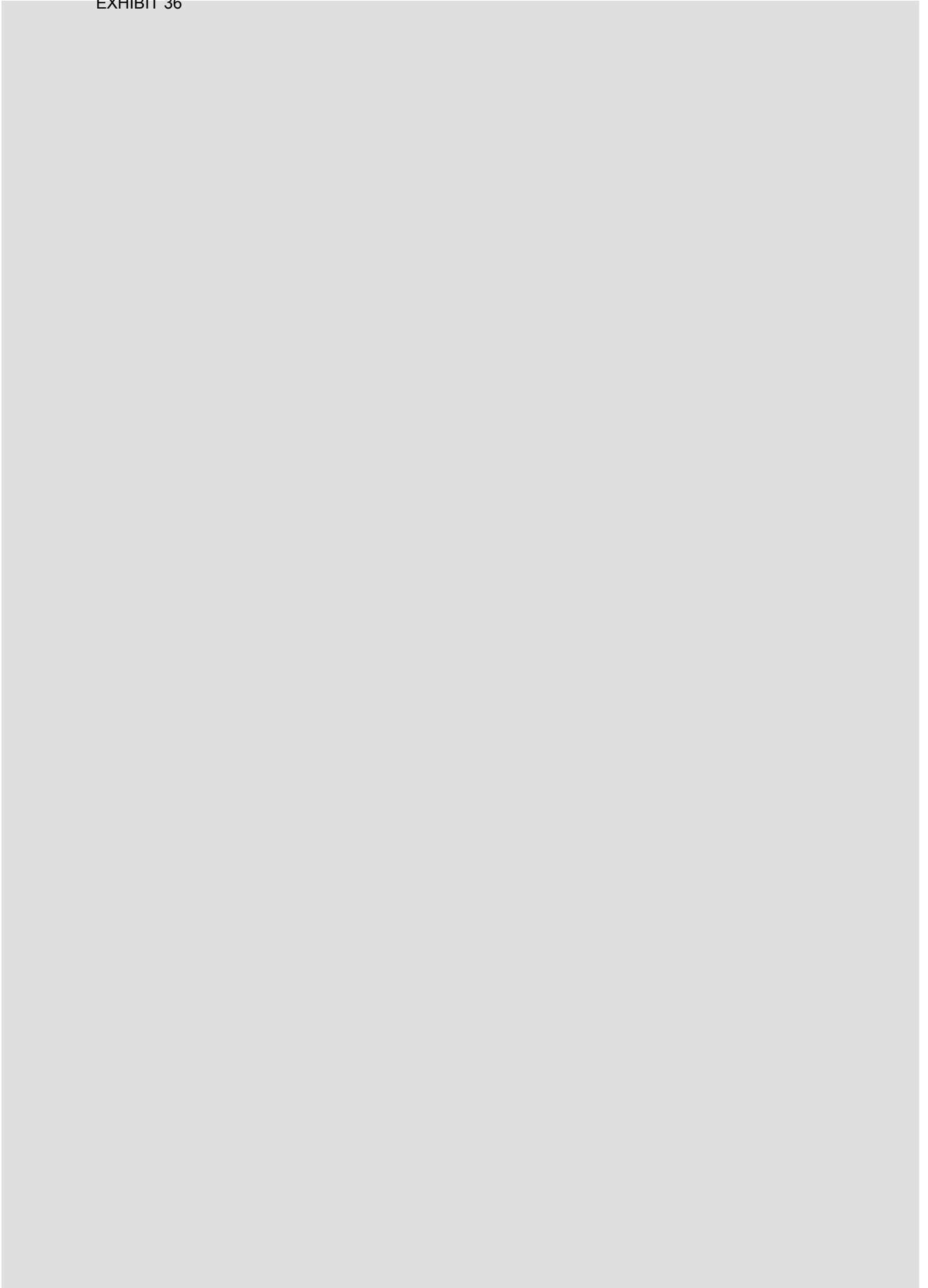
Treatment, Research and Education

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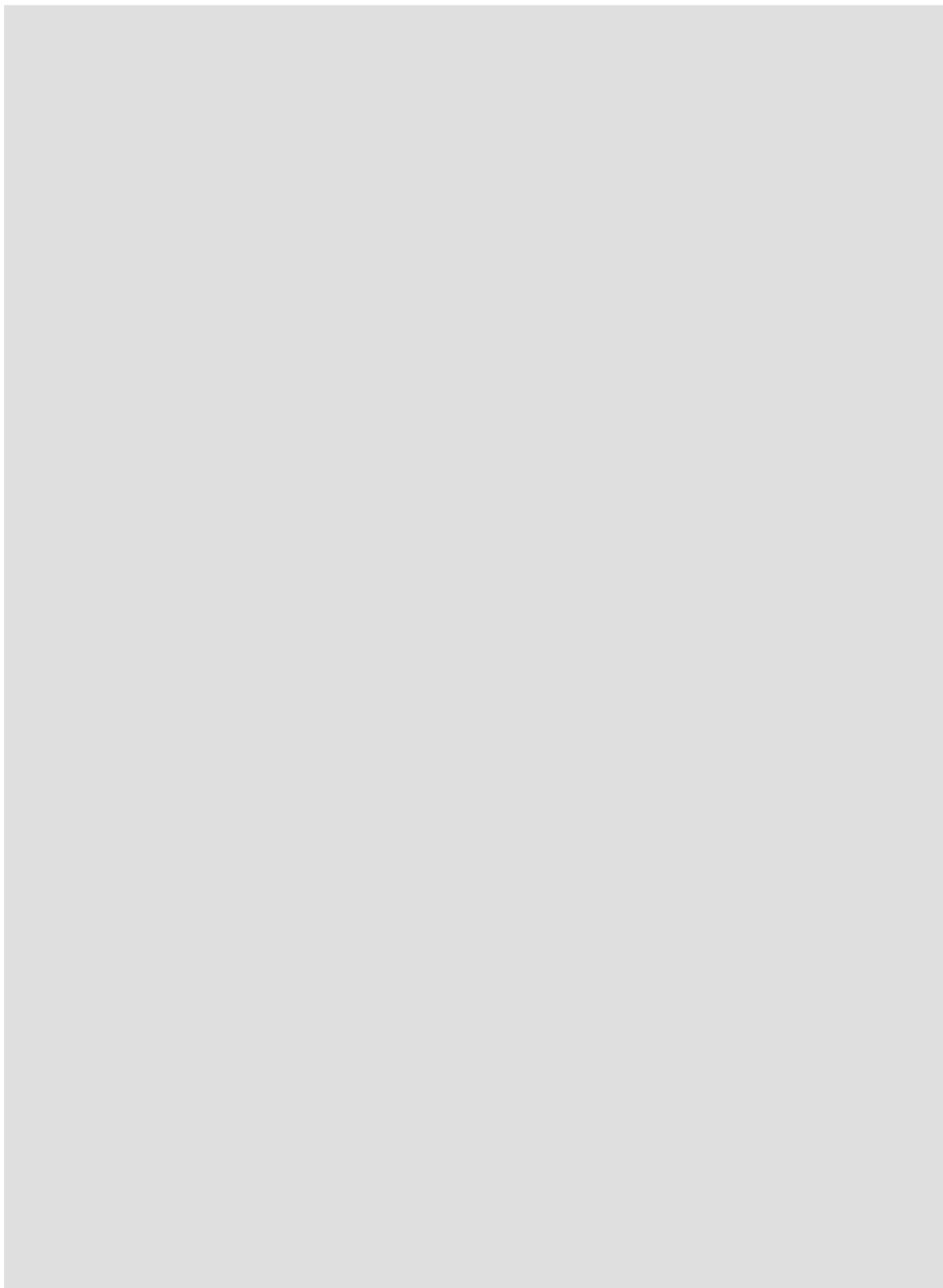


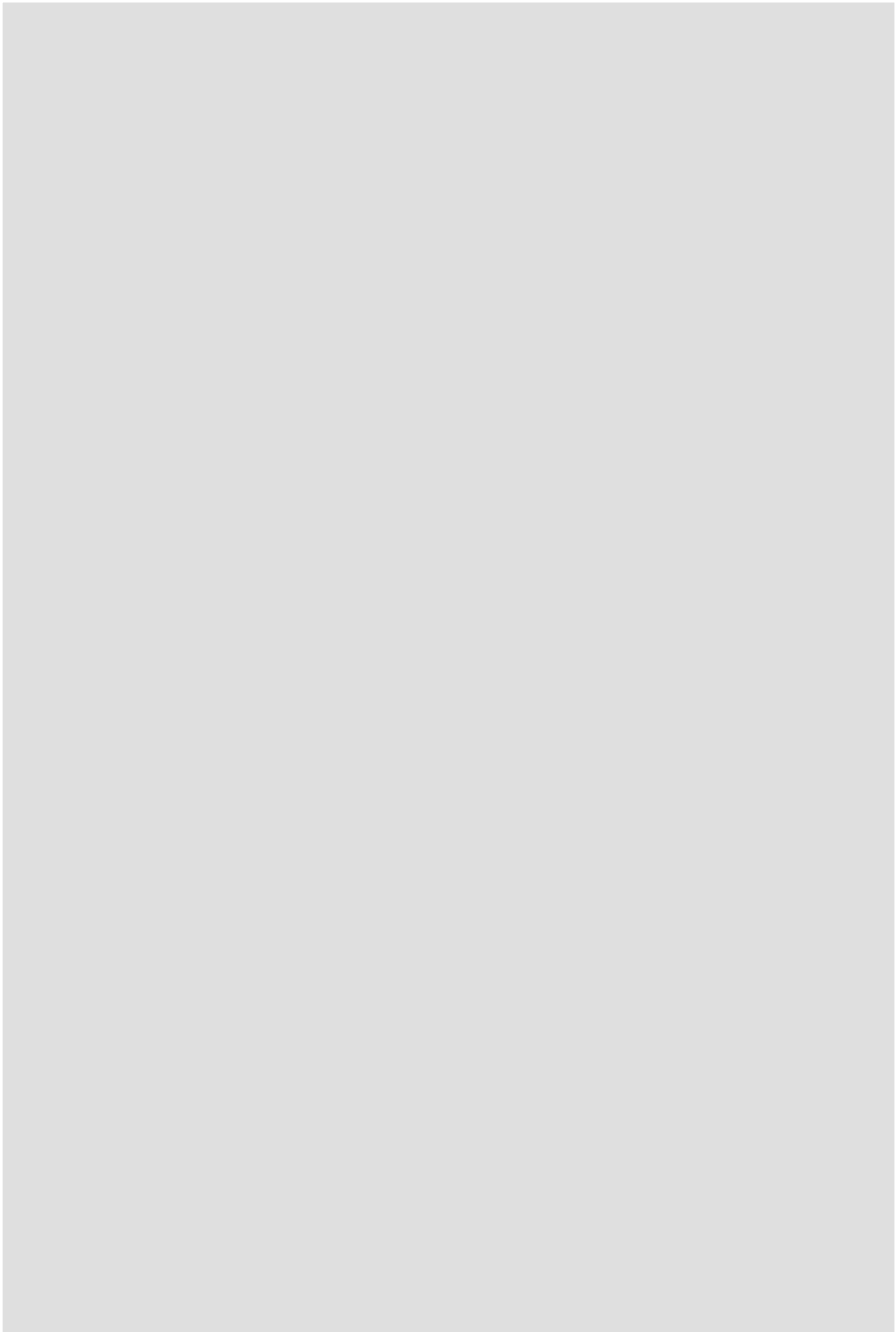
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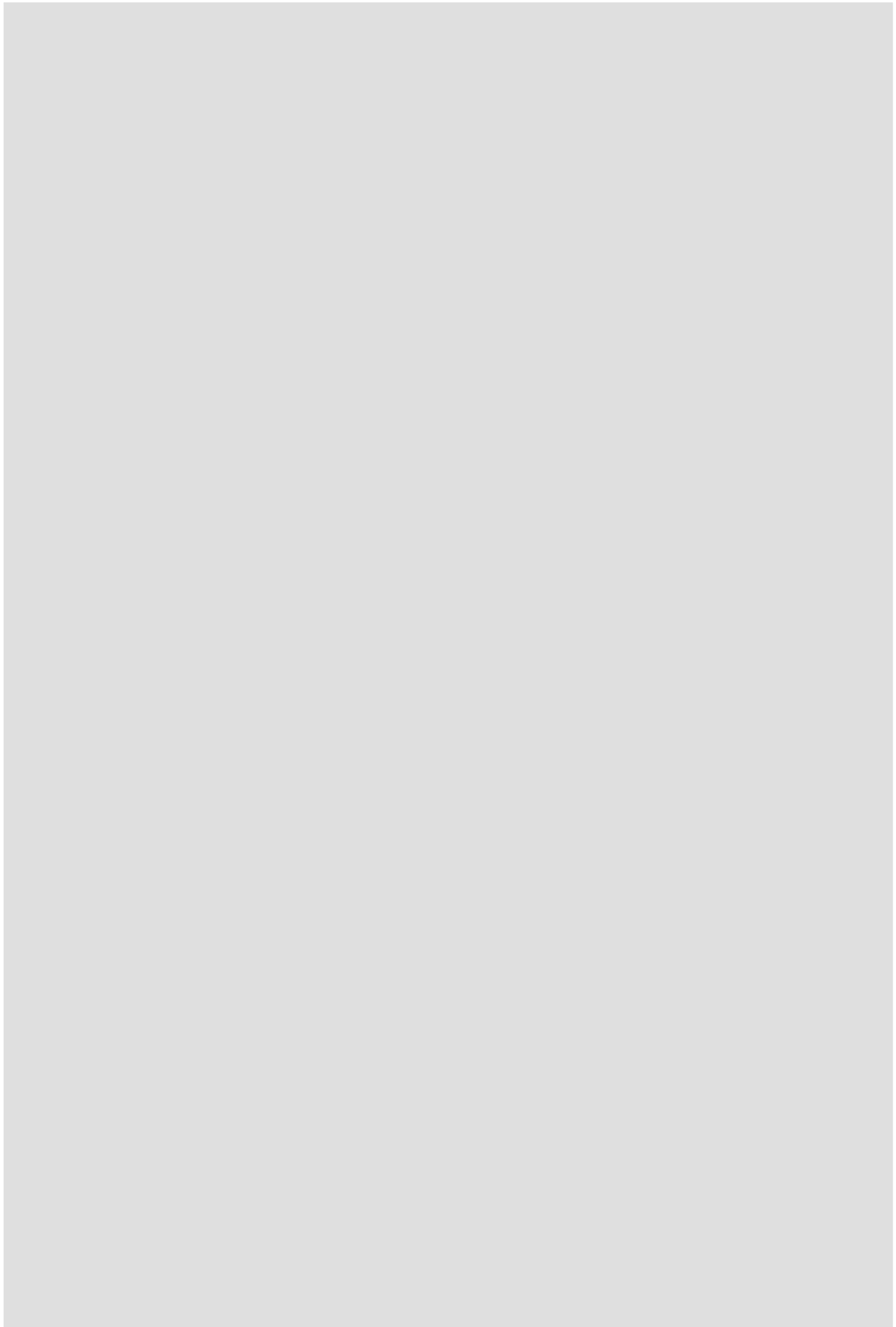
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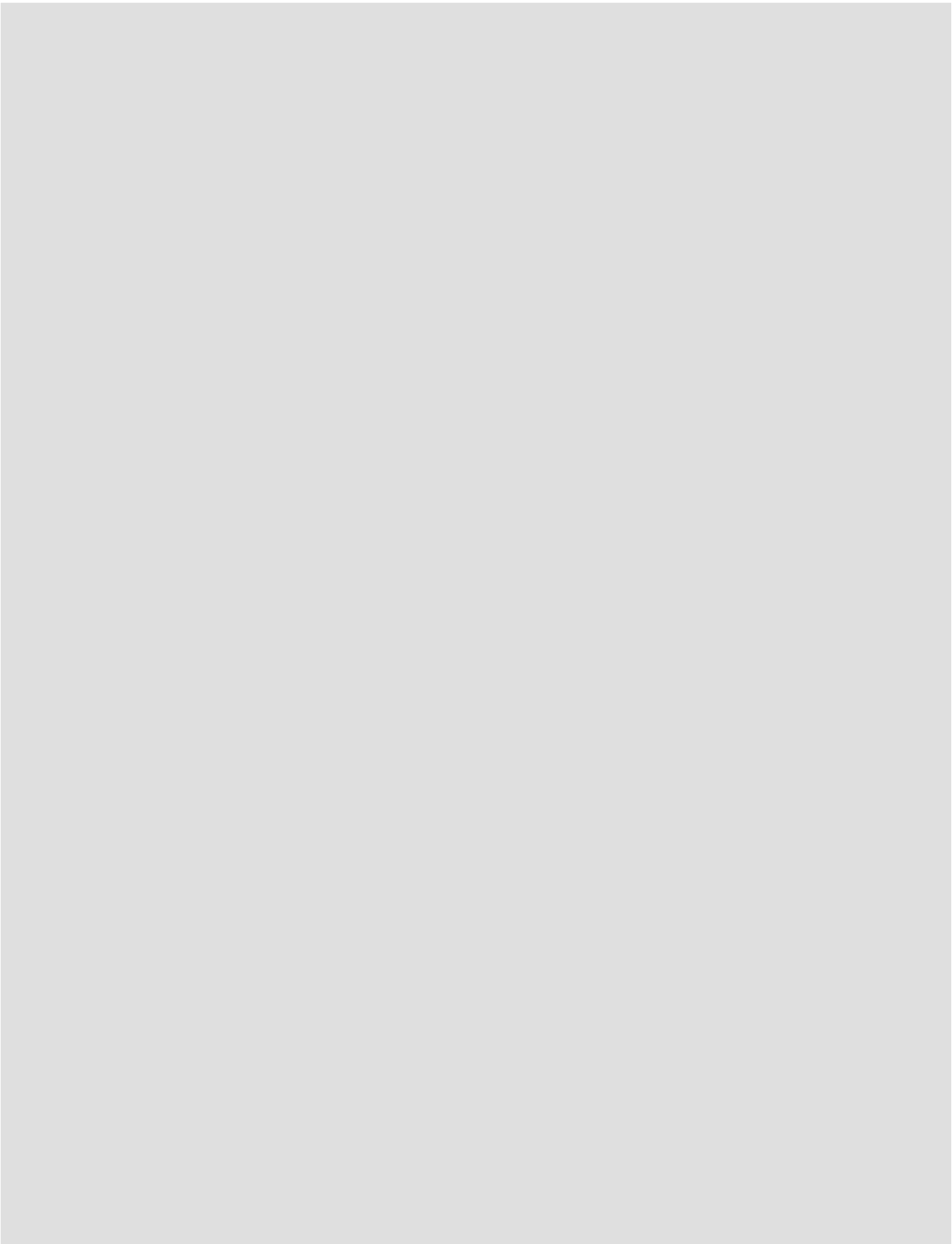


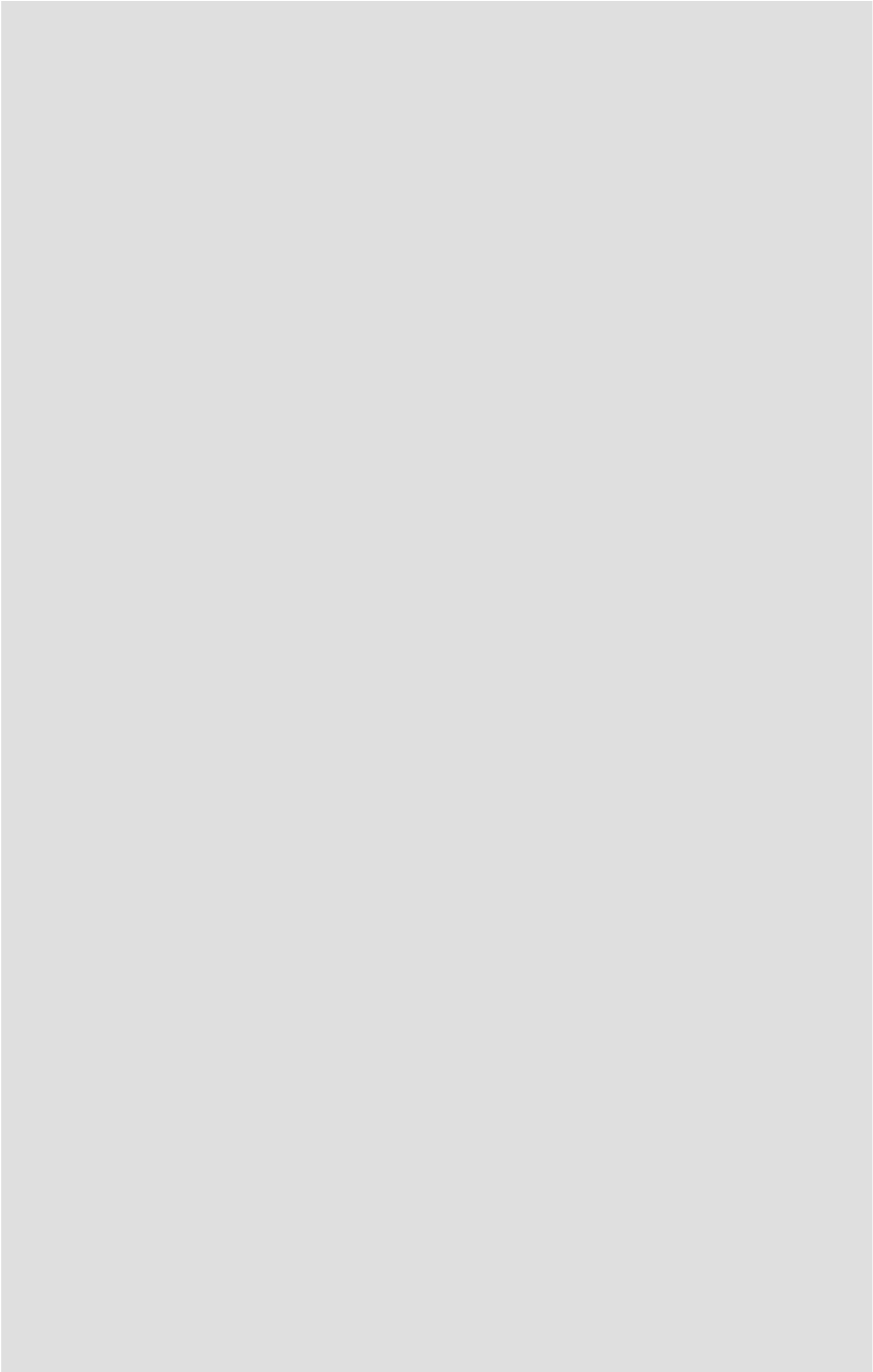
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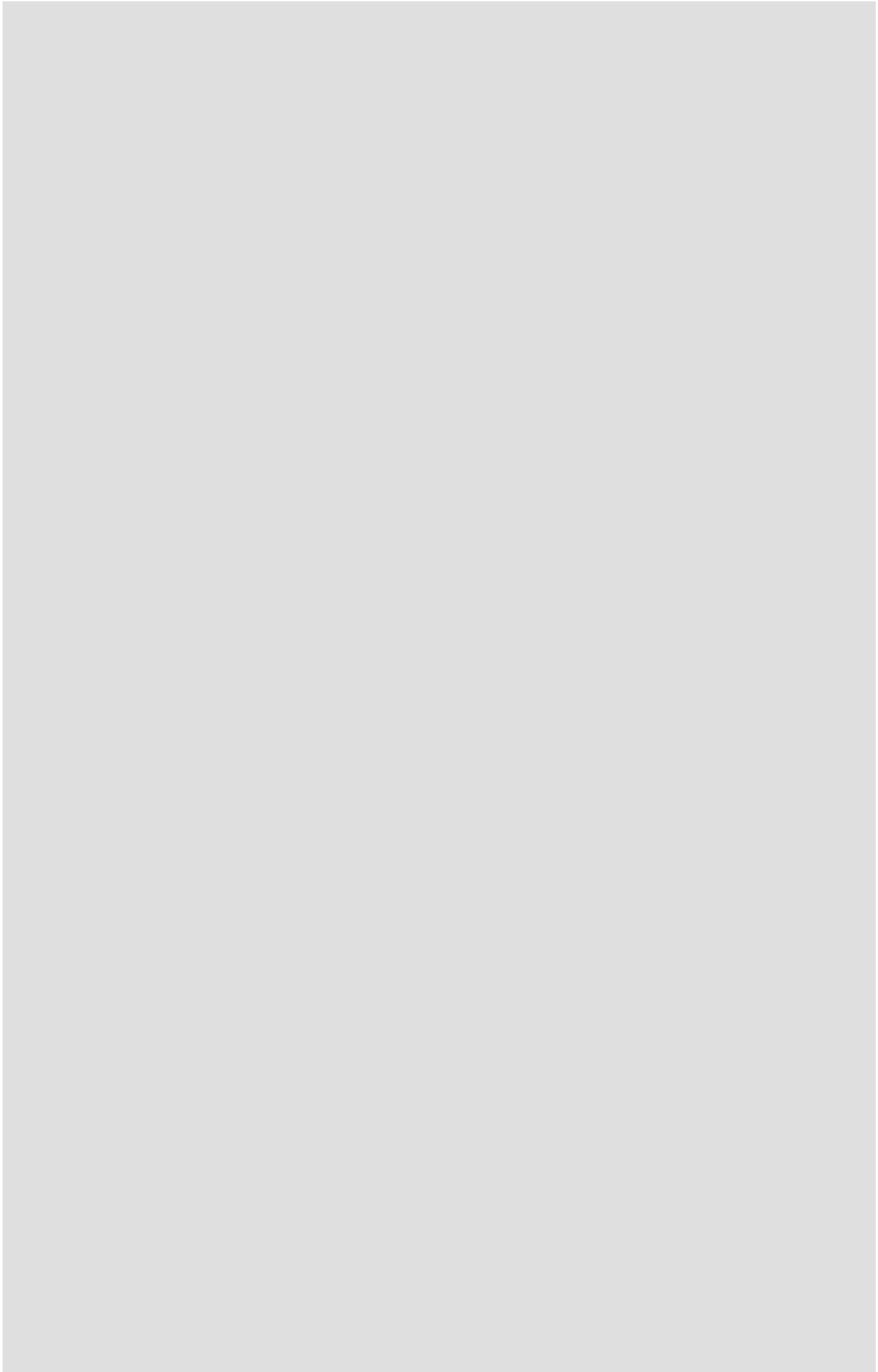
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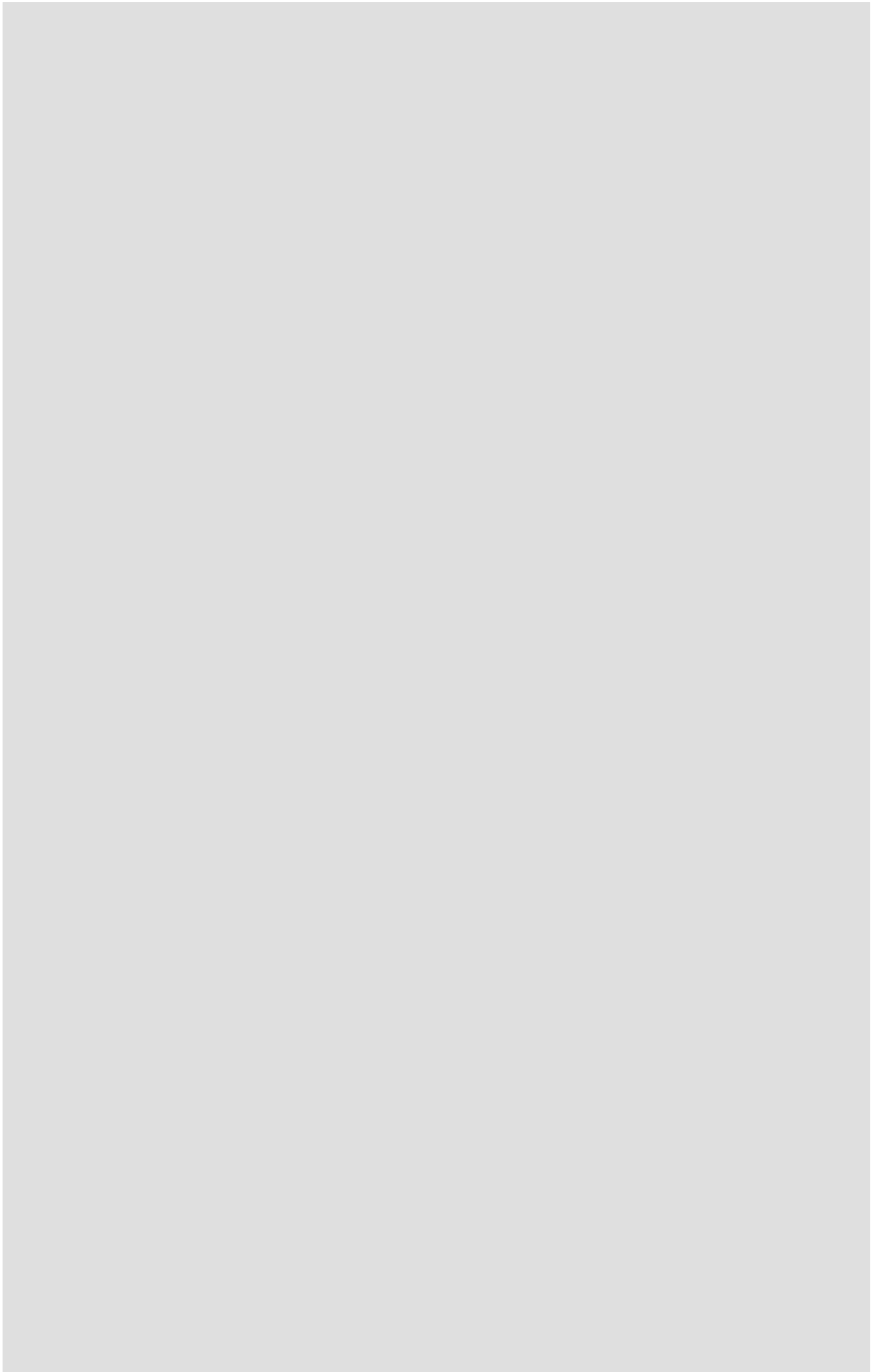
Treatment, Research and Education

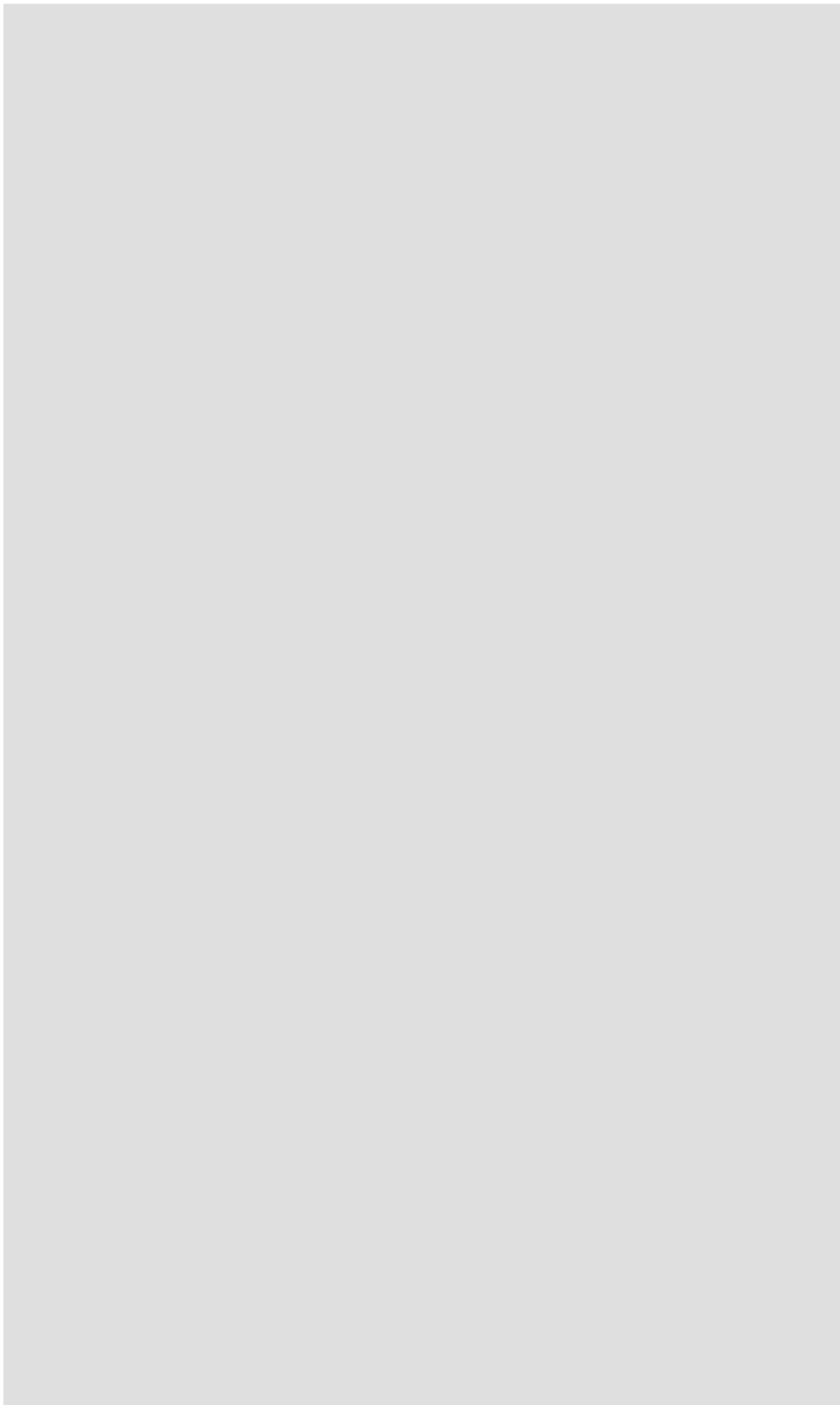
BARRETT ADOLESCENT CENTRE

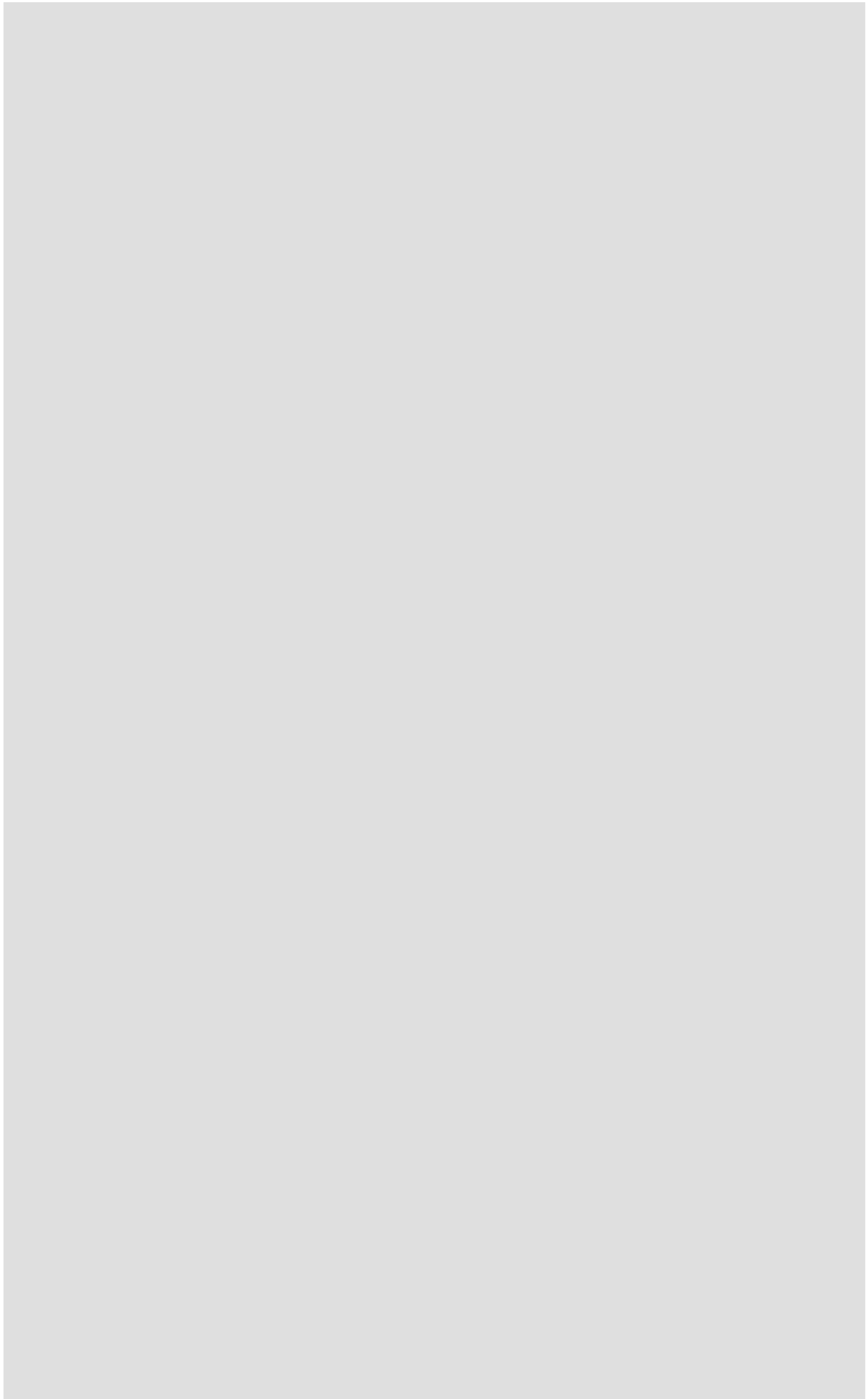




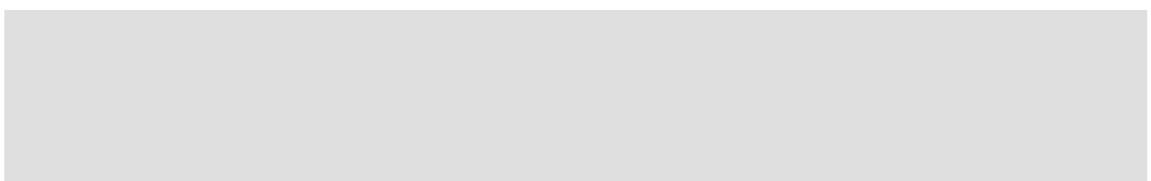
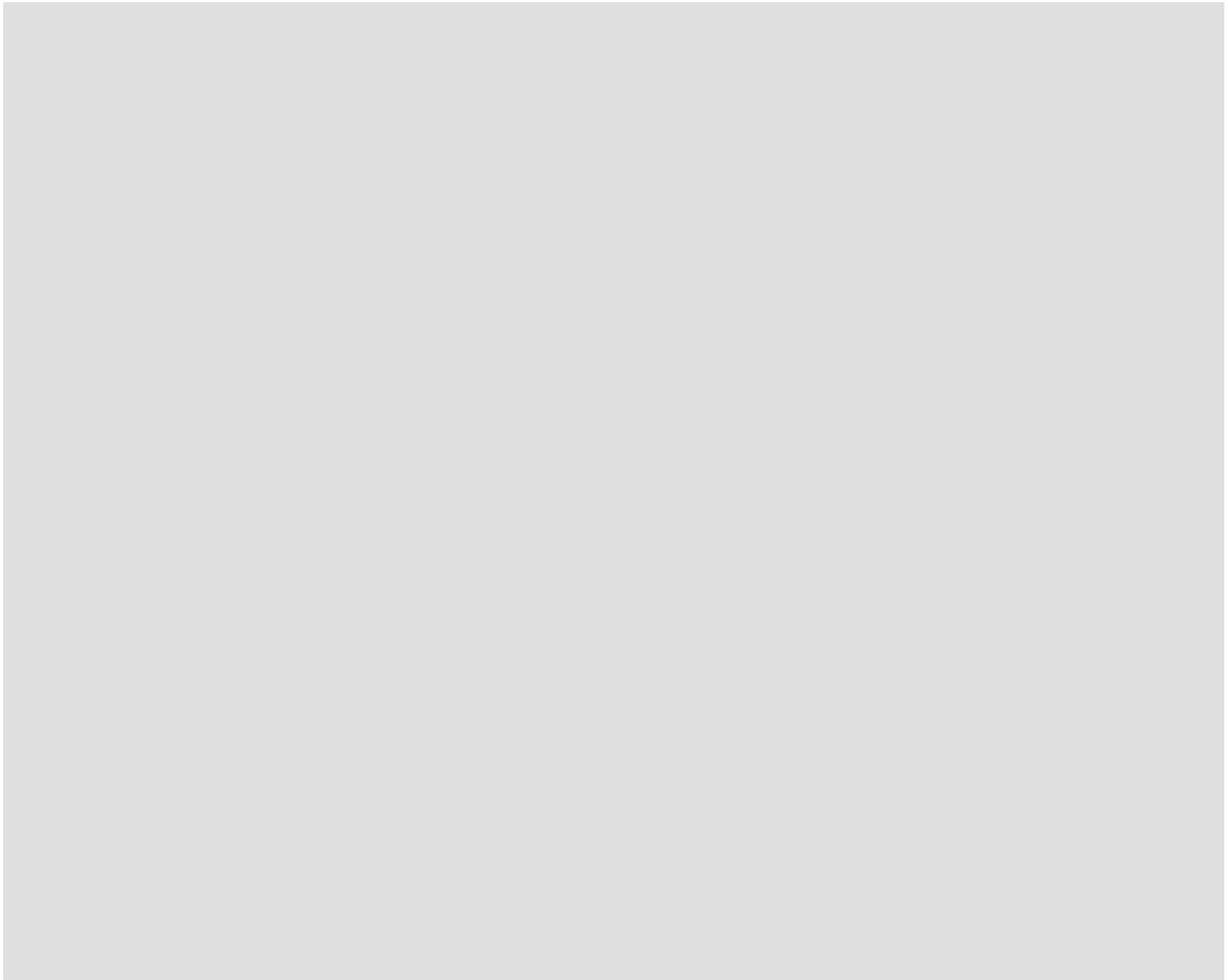








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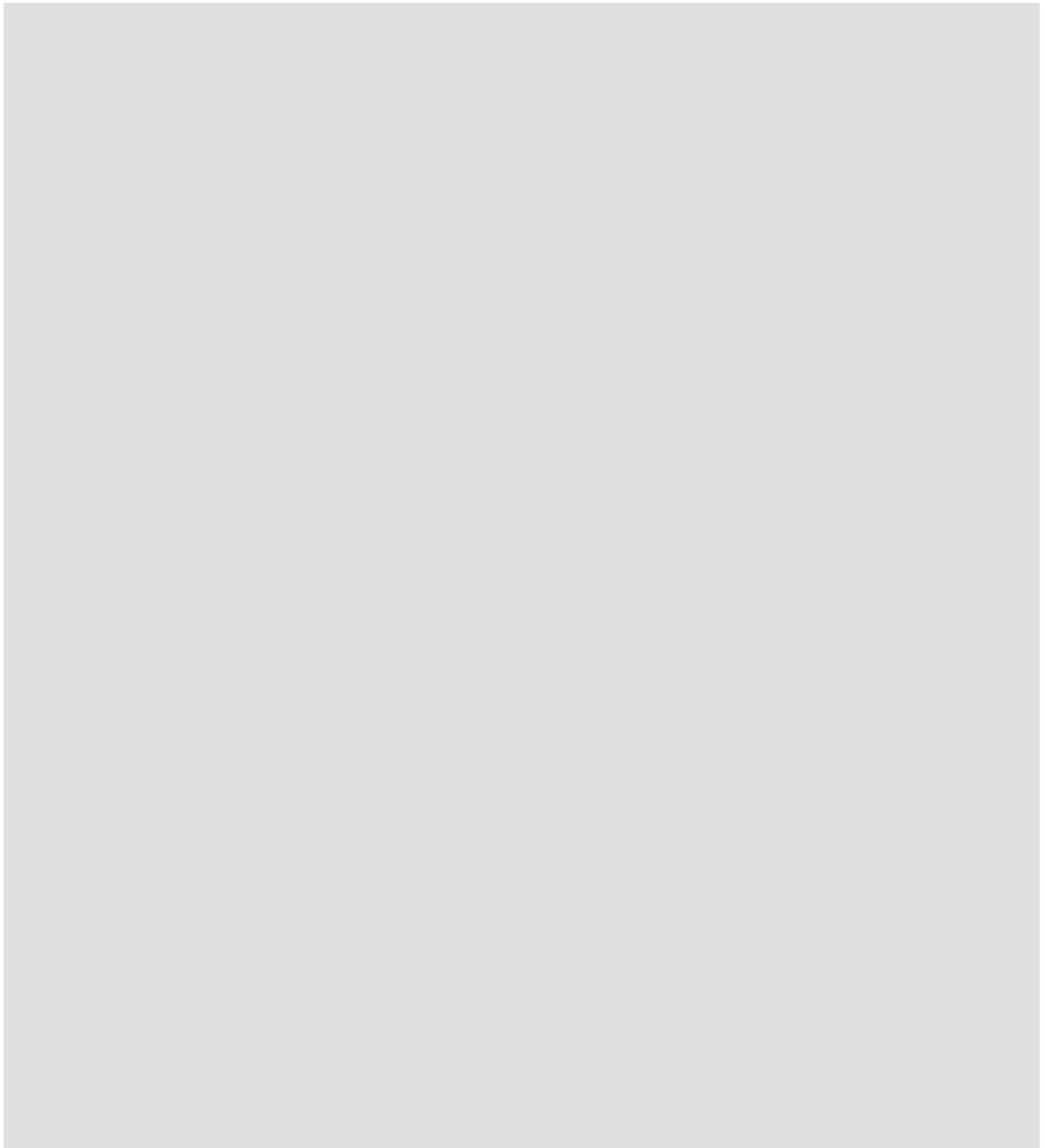


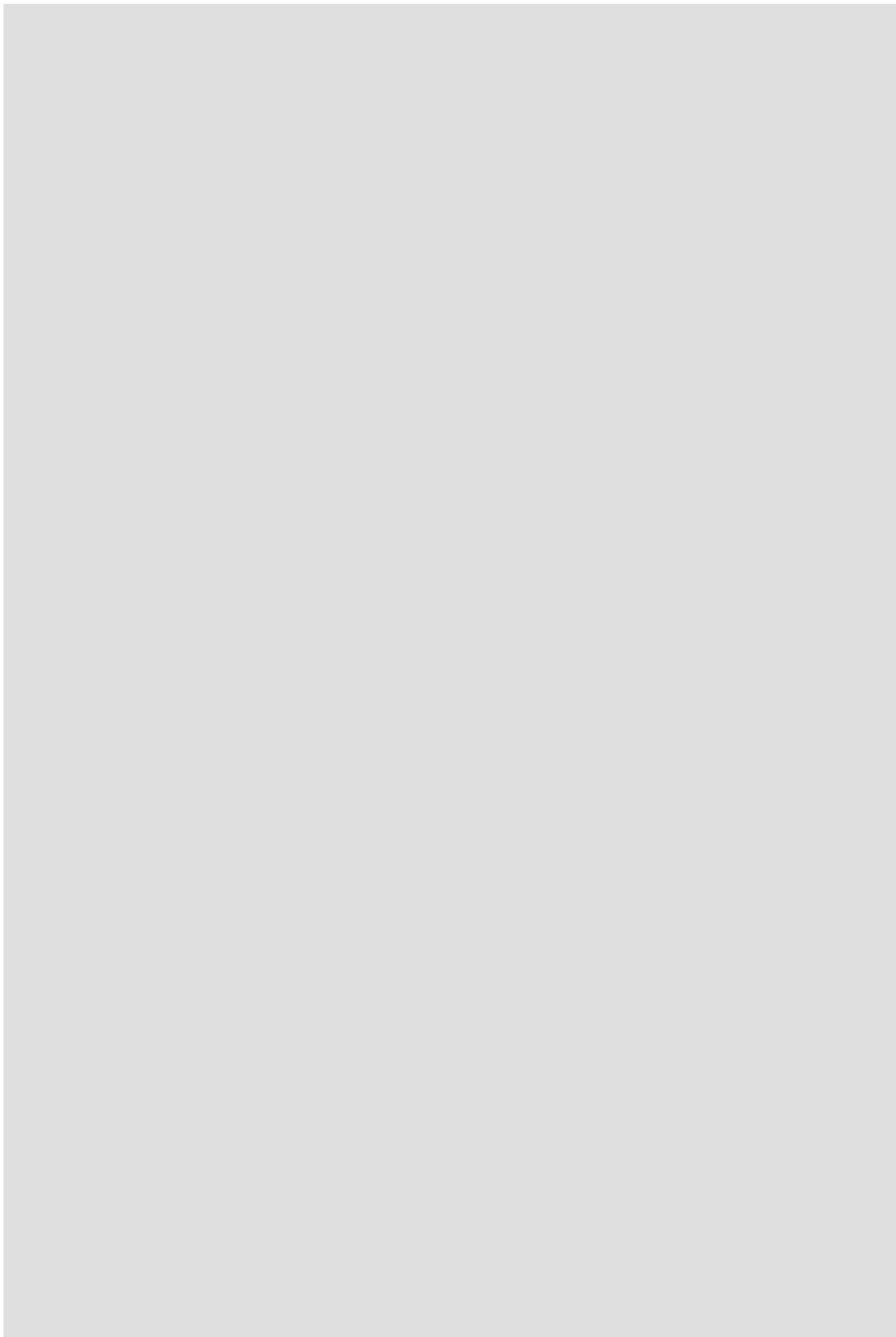
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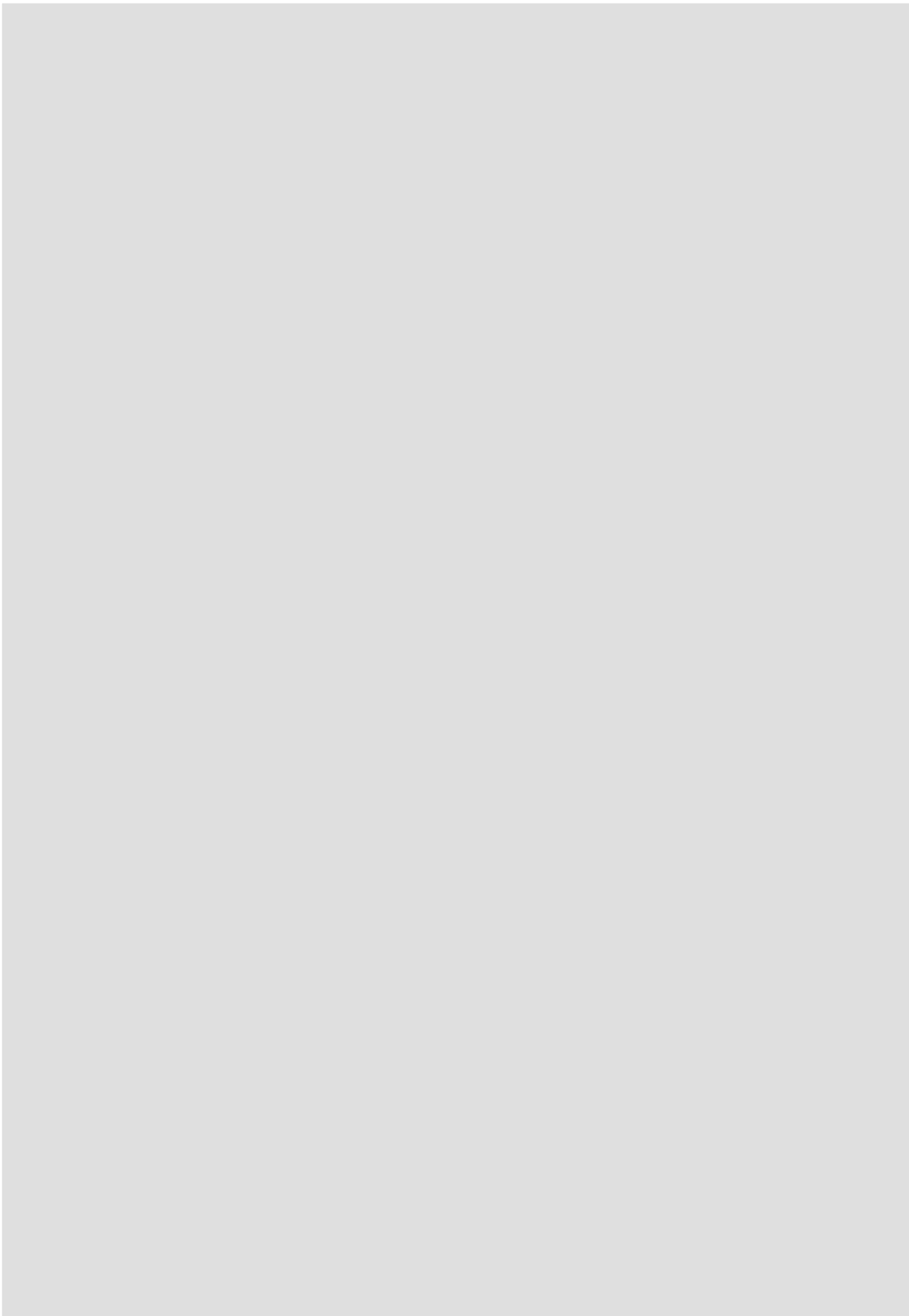
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BARRETT ADOLESCENT CENTRE

SPEECH PATHOLOGY DISCHARGE SUMMARY



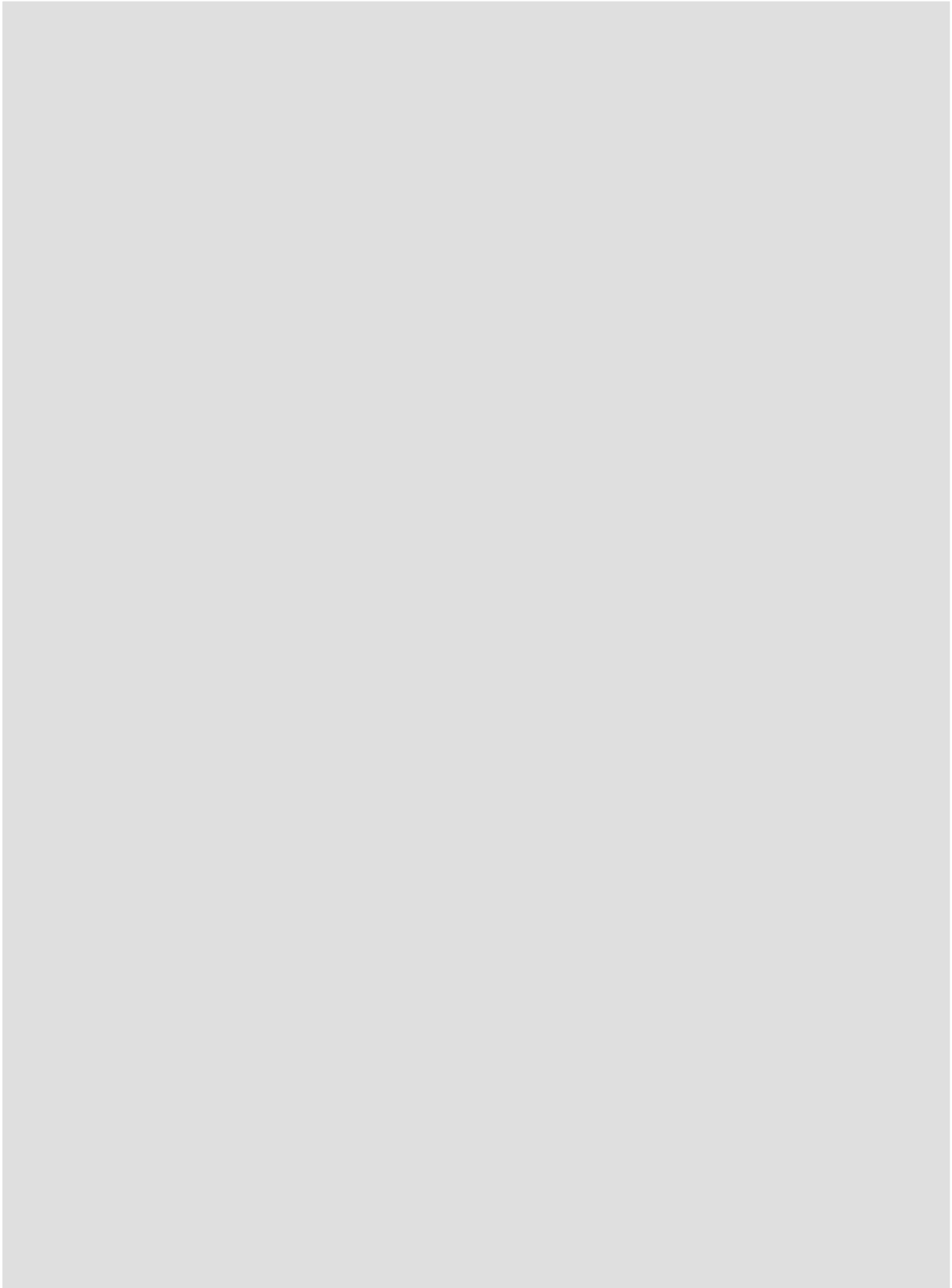


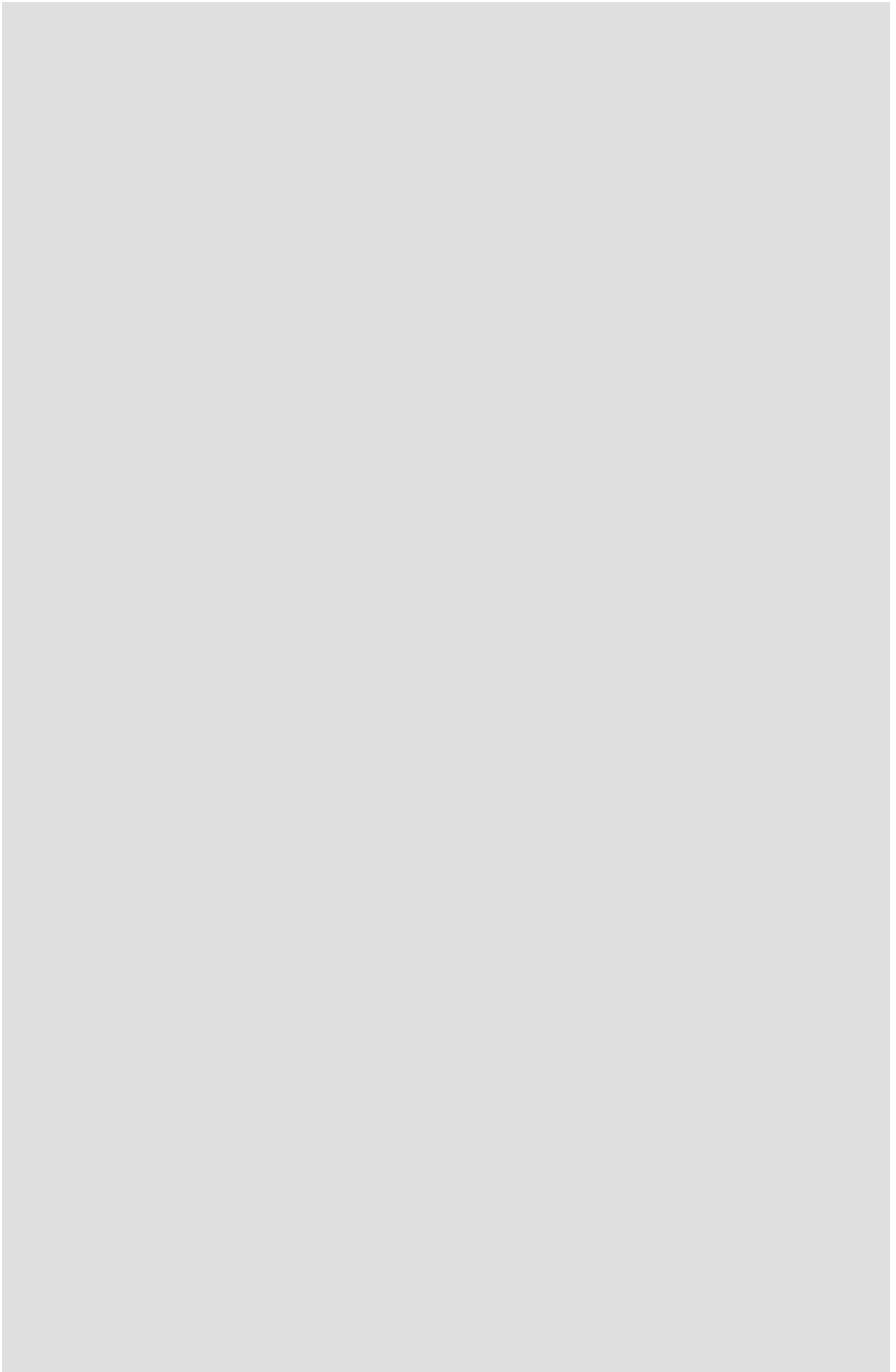
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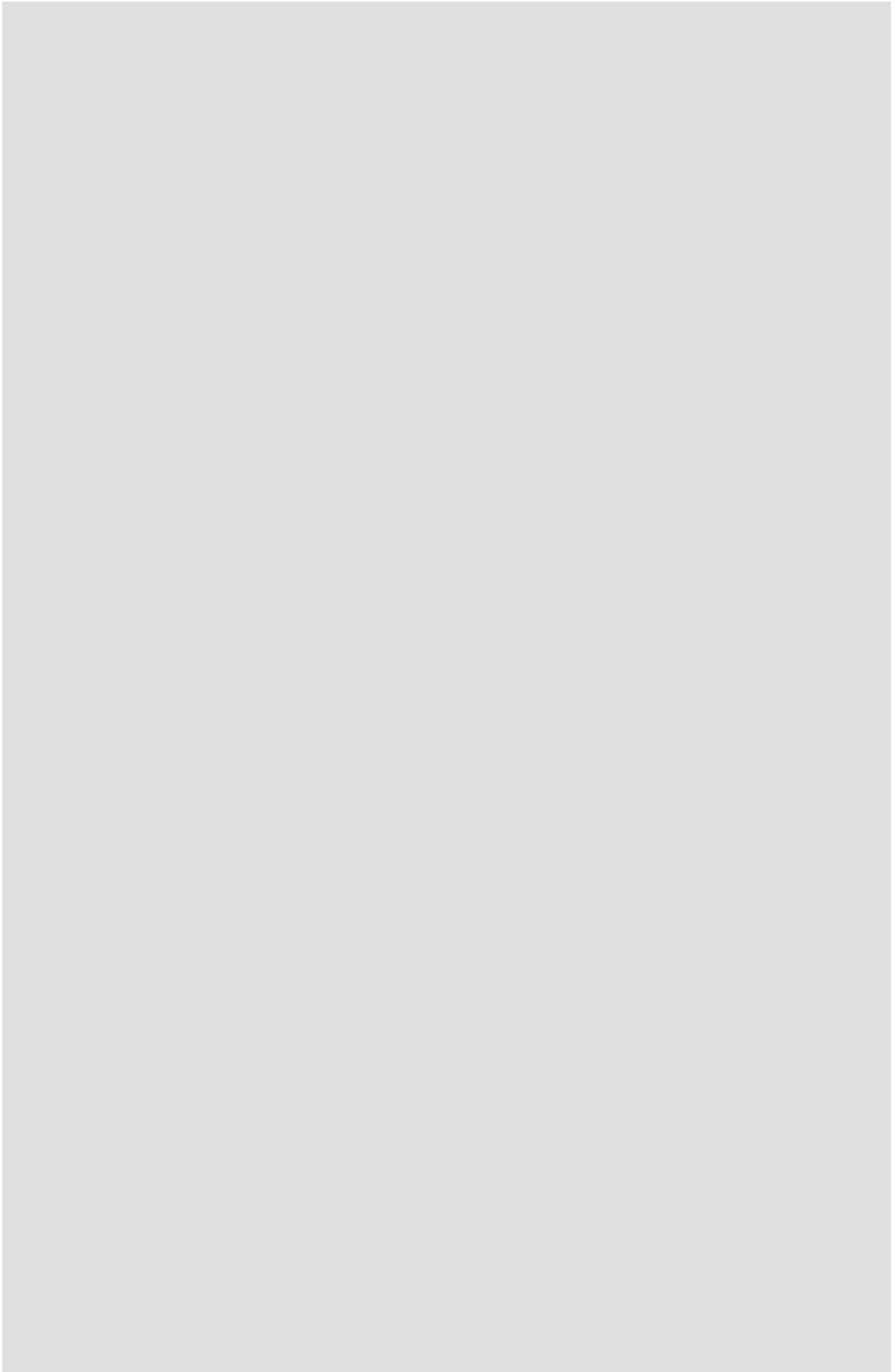
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BARRETT ADOLESCENT CENTRE







"AC-33"

From: [REDACTED]
Sent: [REDACTED]
To: Angela Clarke
Subject: RE: [REDACTED]

Hi Angela,

We have not yet taken over the care of [REDACTED] but are starting the handover process.

Thankyou for the reports which will assist with treatment planning.

[REDACTED]

From: Angela Clarke [REDACTED]
Sent: [REDACTED]
To: [REDACTED]
Subject: [REDACTED]

Good afternoon everyone,

I am the speech pathologist at the Barrett Adolescent Unit and your details were passed to me by our consultation/liaison nurse, Vanessa Clayworth.

I understand that you will now have care of [REDACTED]

I have attached, here, the speech pathology discharge summary completed for [REDACTED] as well as [REDACTED] initial speech pathology communication assessment report.

Both reports are in the clinical notes section in CIMHA.

I would be happy to provide any further discussion or information; please don't hesitate to contact.

Kind regards
Angela

Angela Clarke
Speech Pathologist
Barrett Adolescent Centre

[REDACTED]
[REDACTED]
Yeronga Child and Youth Mental Health Service

[REDACTED]
(Fri)

"If all my possessions were taken from me, with one exception. I would choose to keep

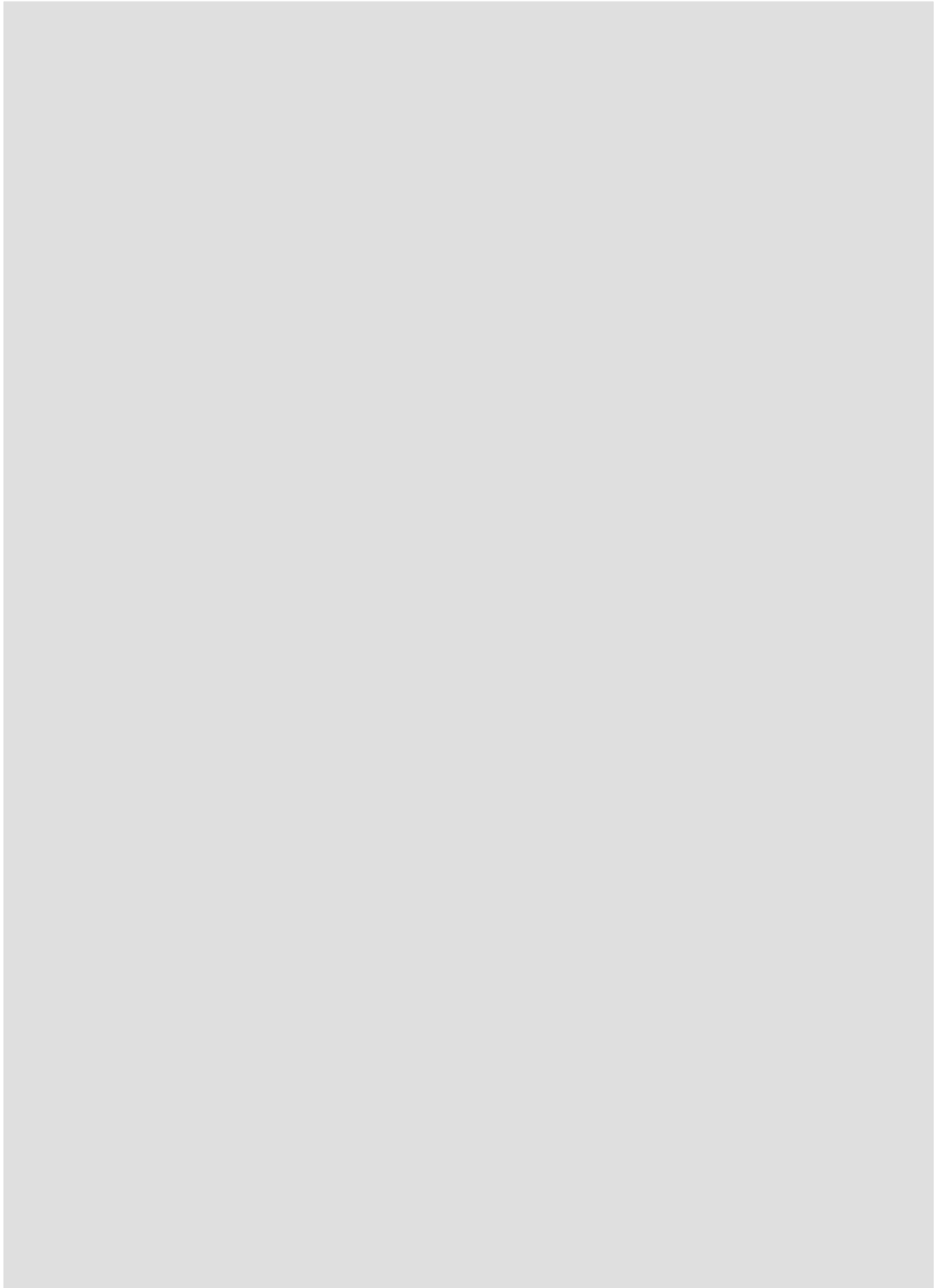
the power of communication, for by it,
I would soon regain all the rest" Daniel Webster

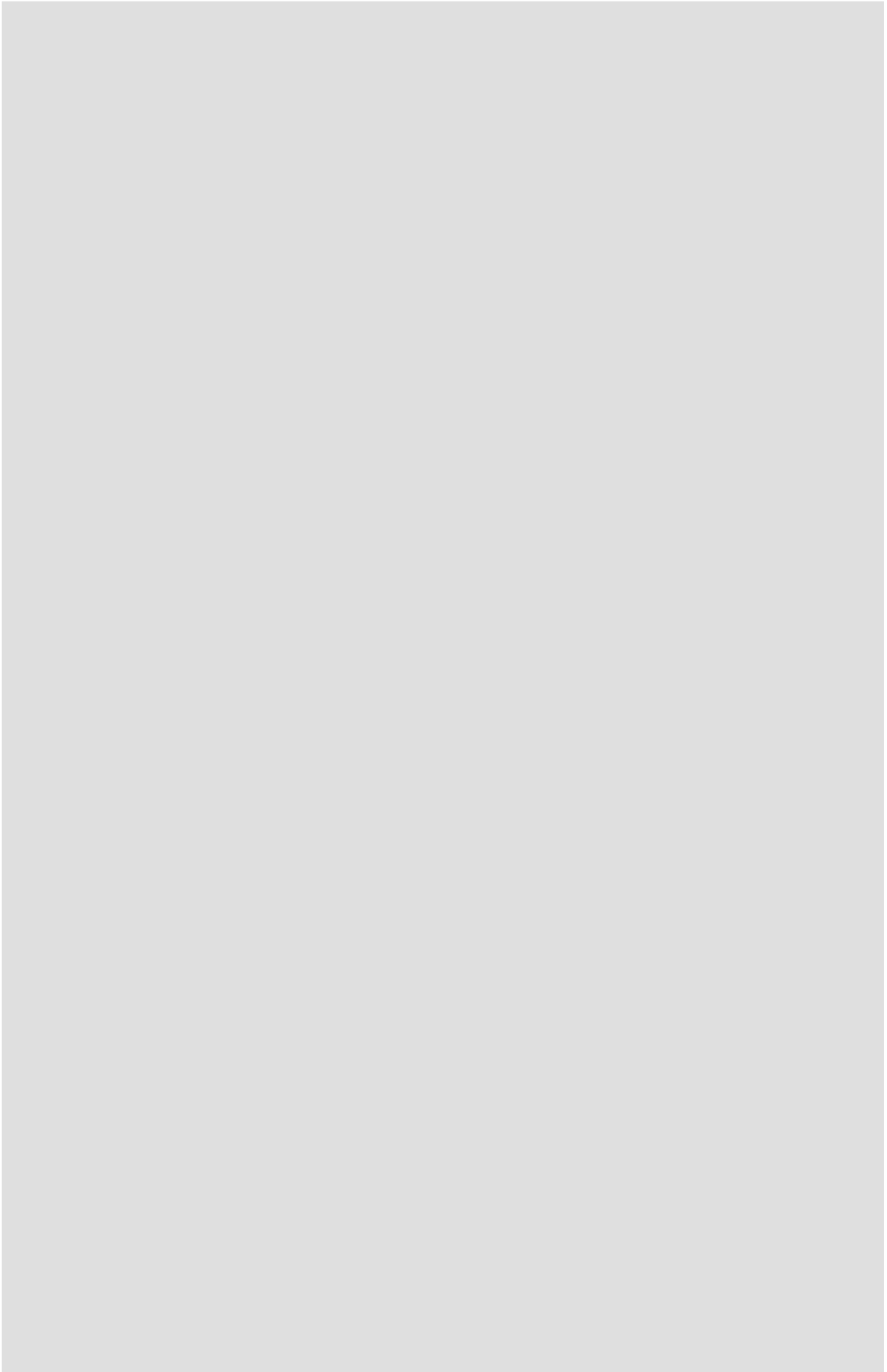


“AC-34”**WEST MORETON HEALTH SERVICE DISTRICT**

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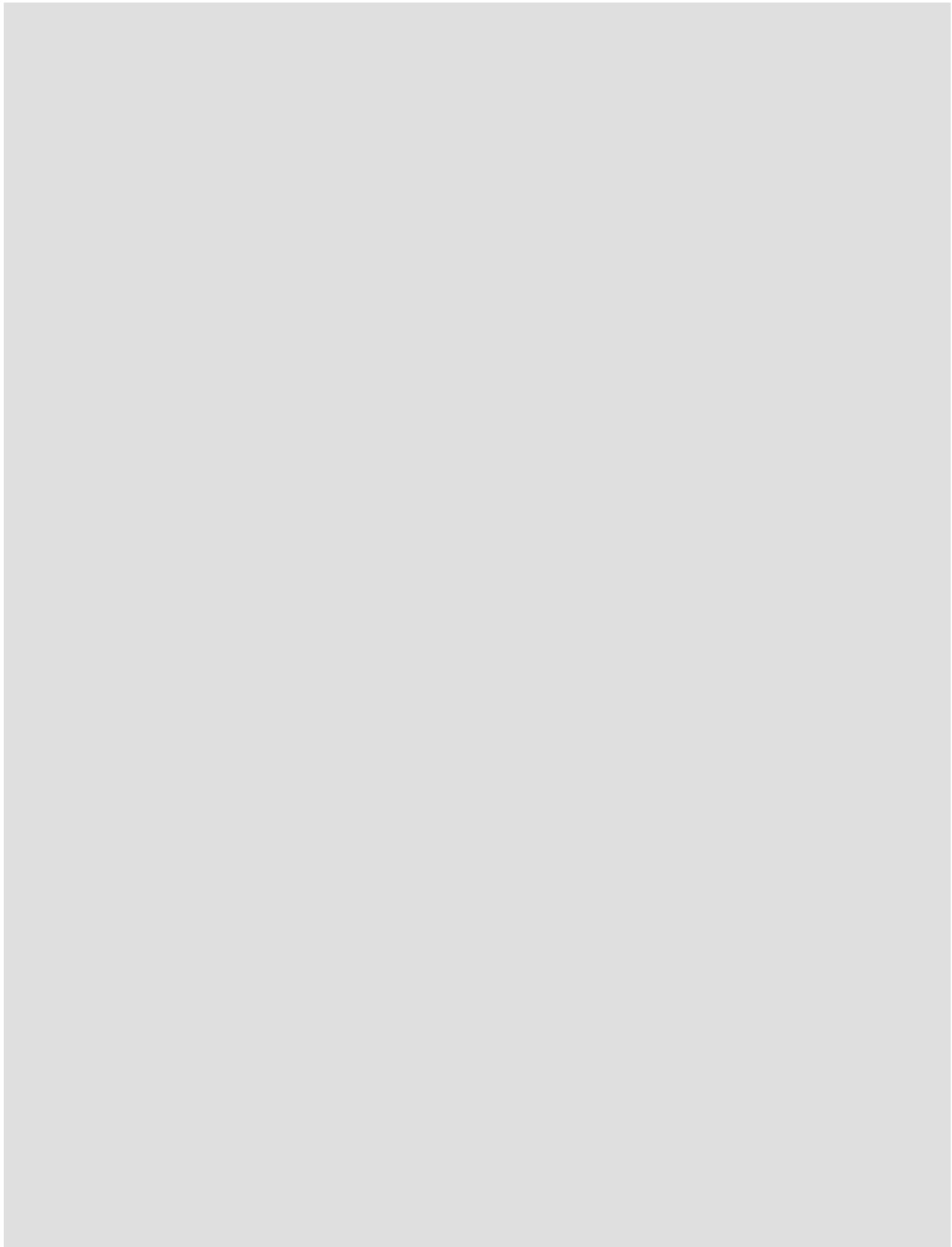


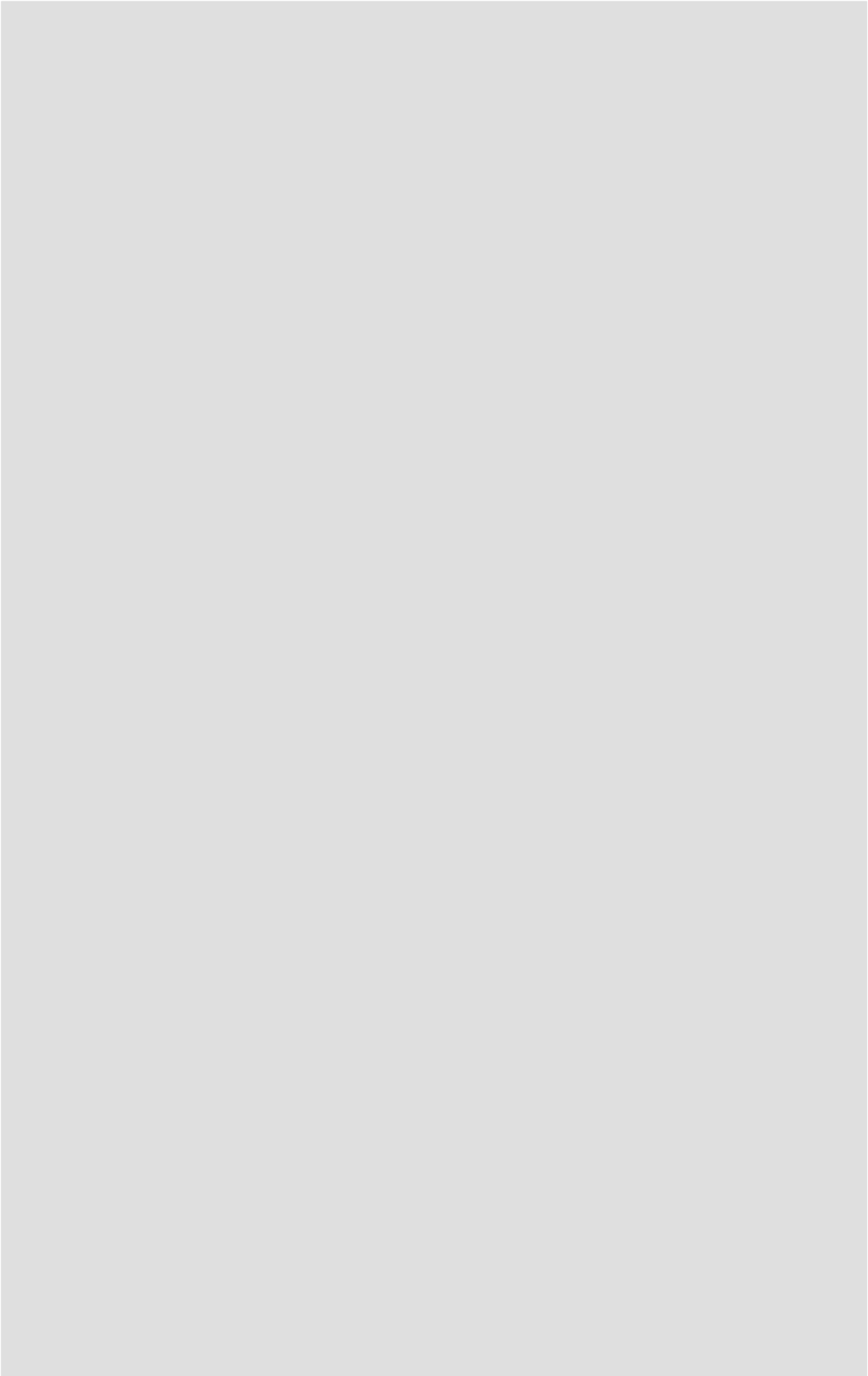
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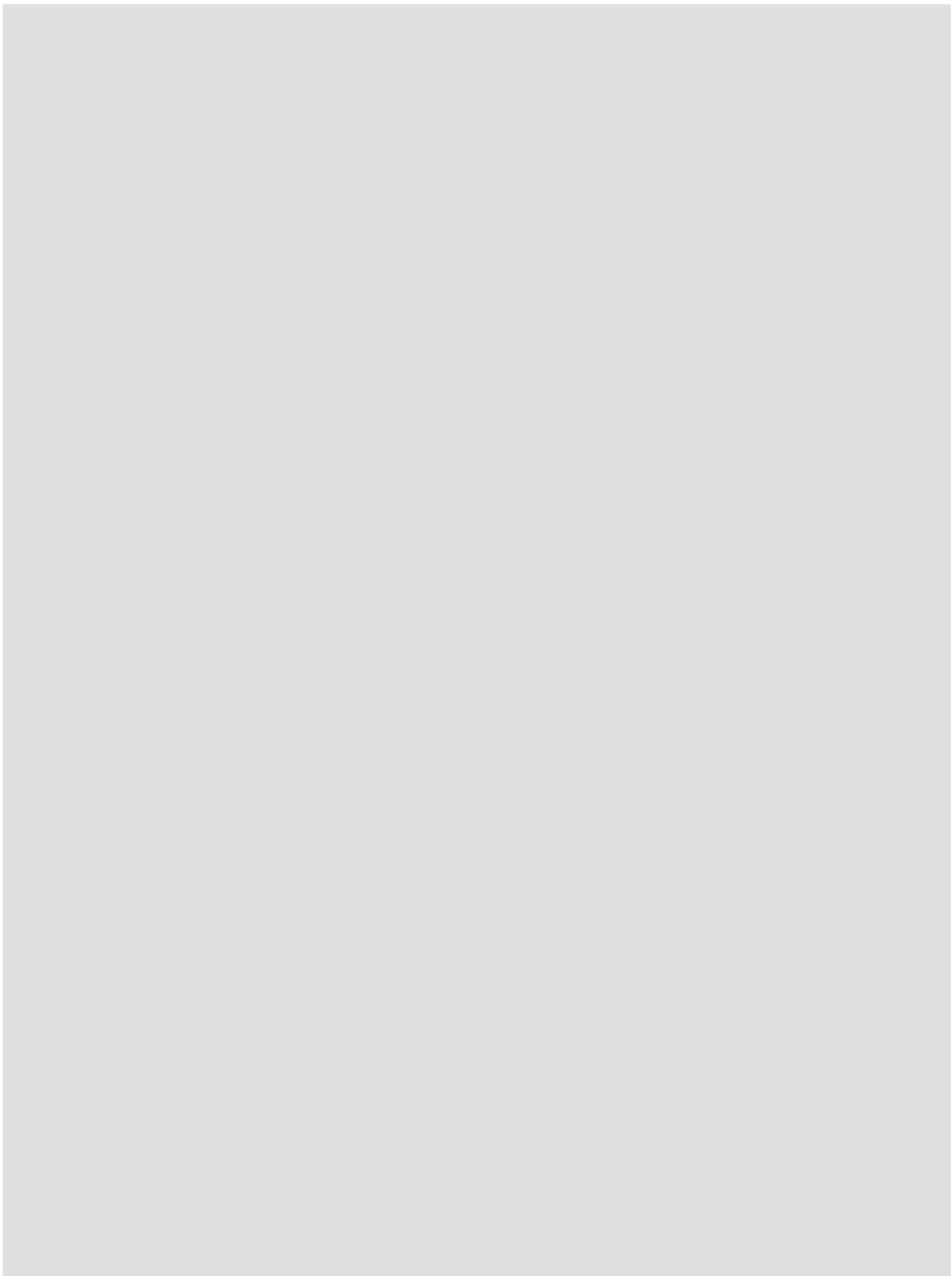


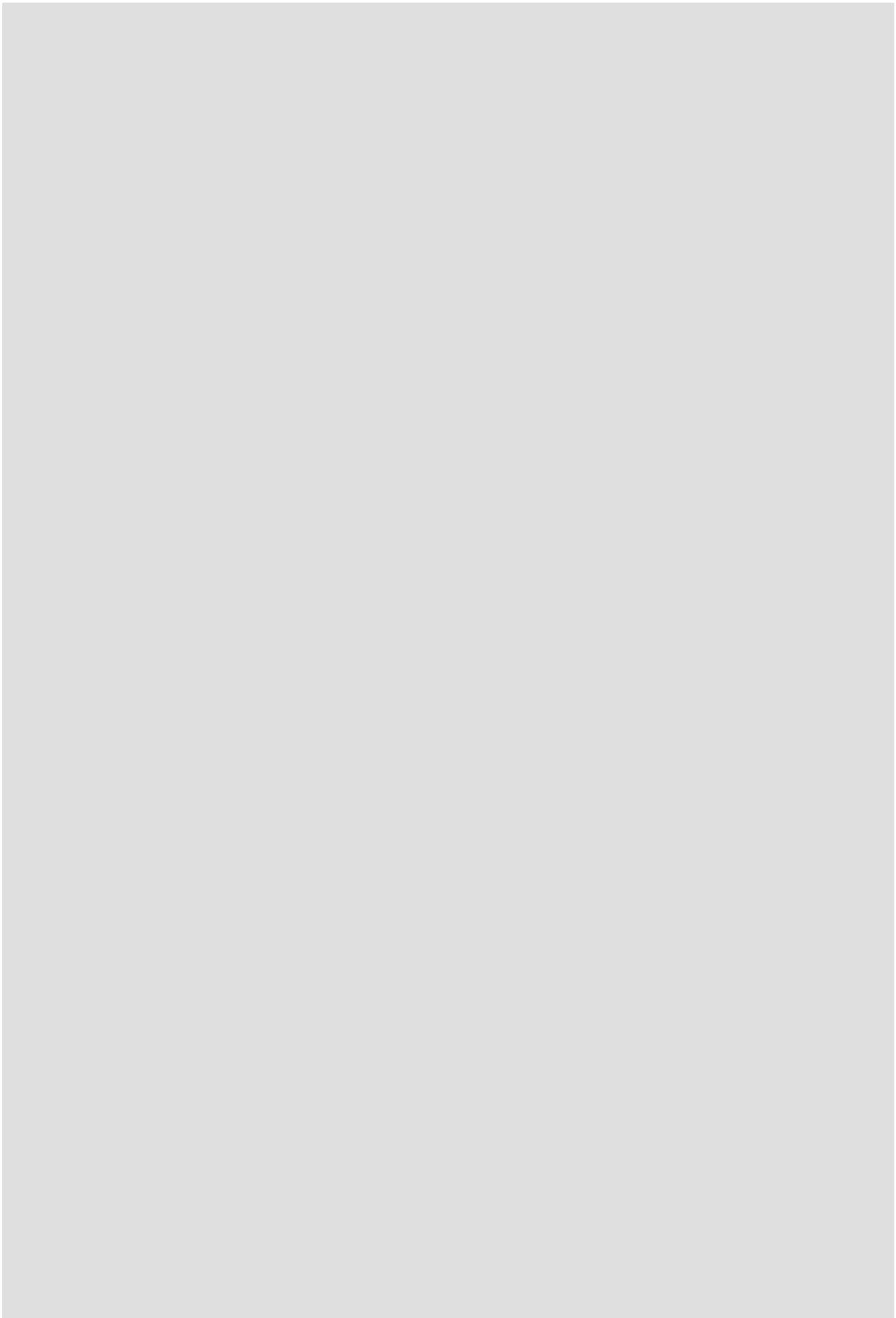
“AC-36”**WEST MORETON HEALTH SERVICE DISTRICT**

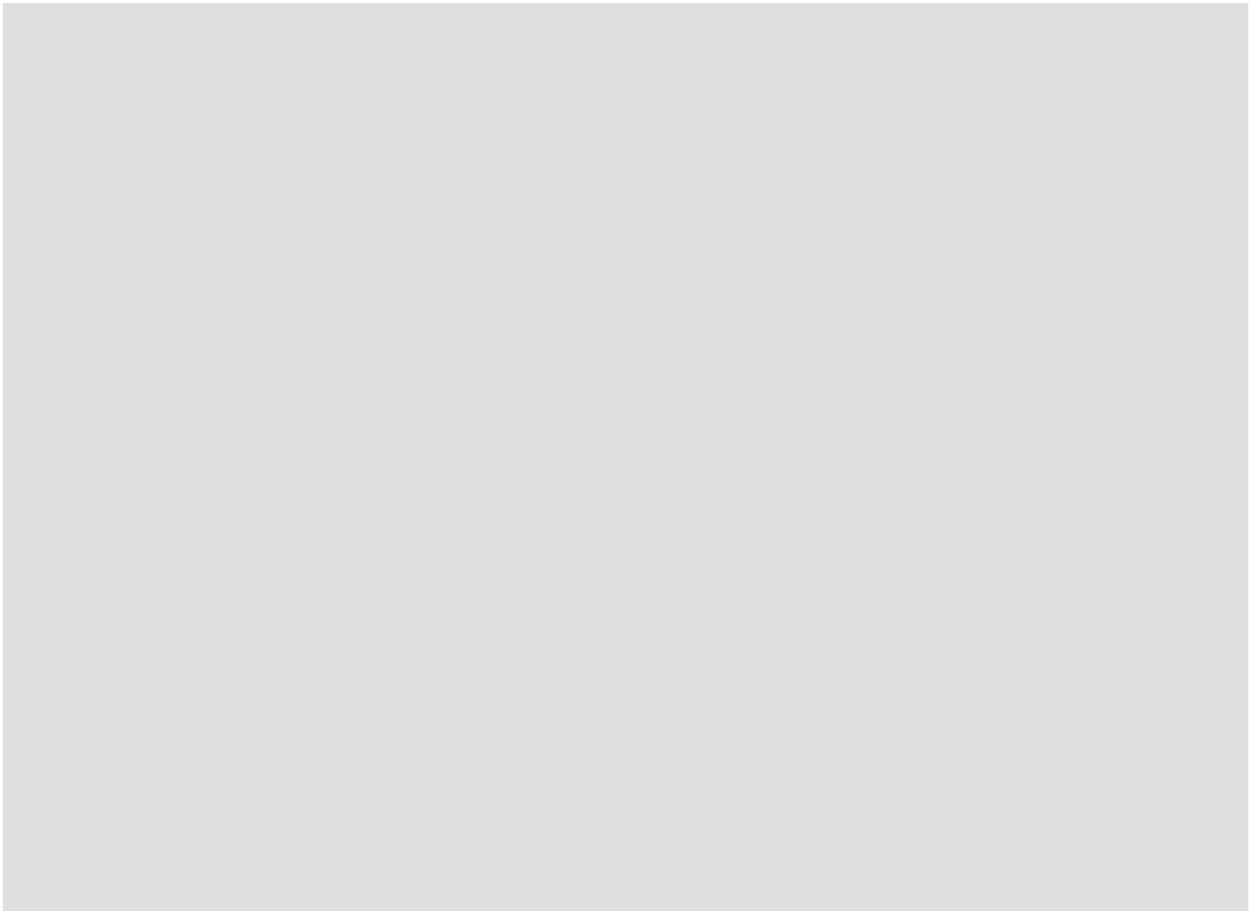
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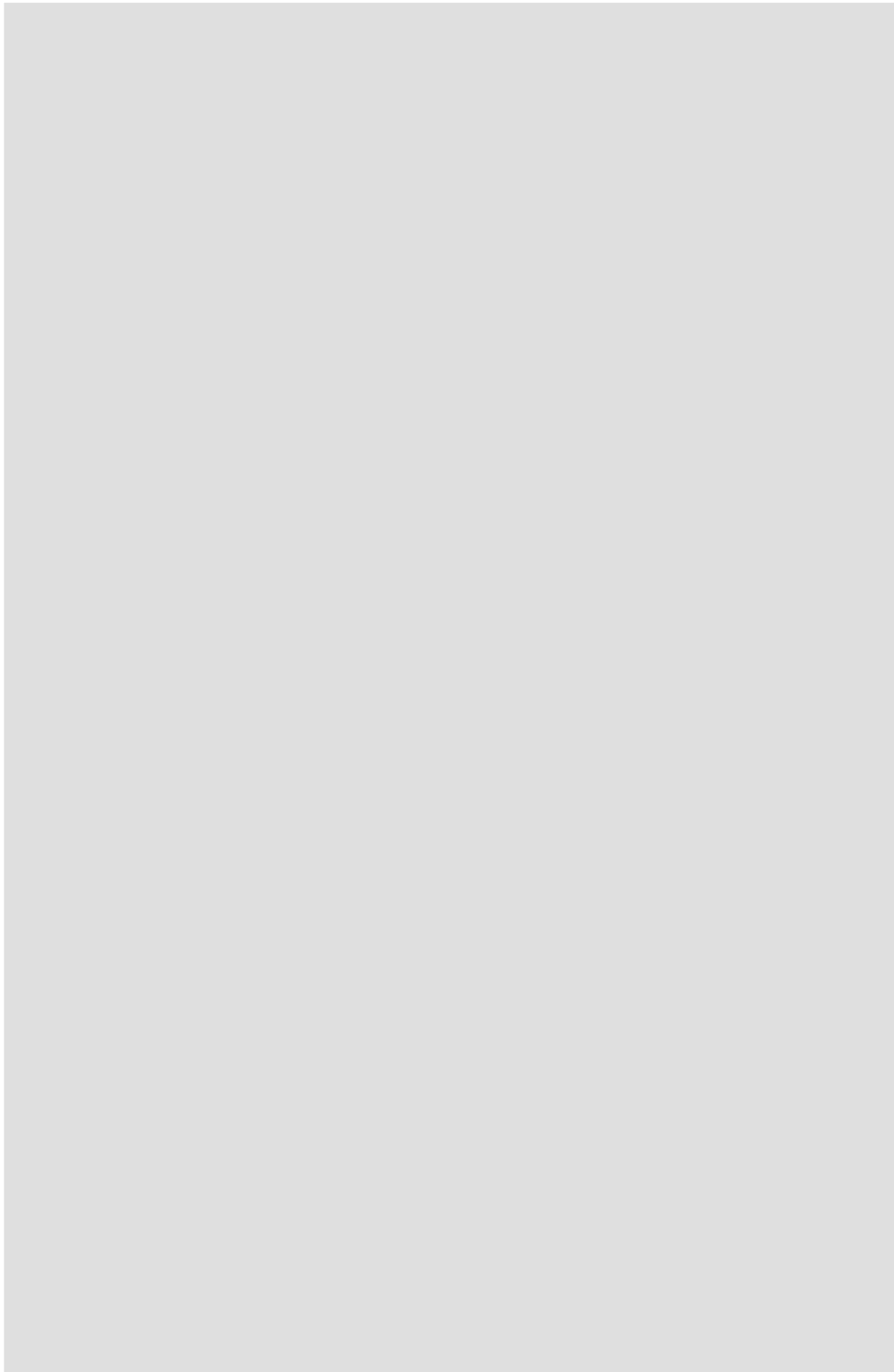






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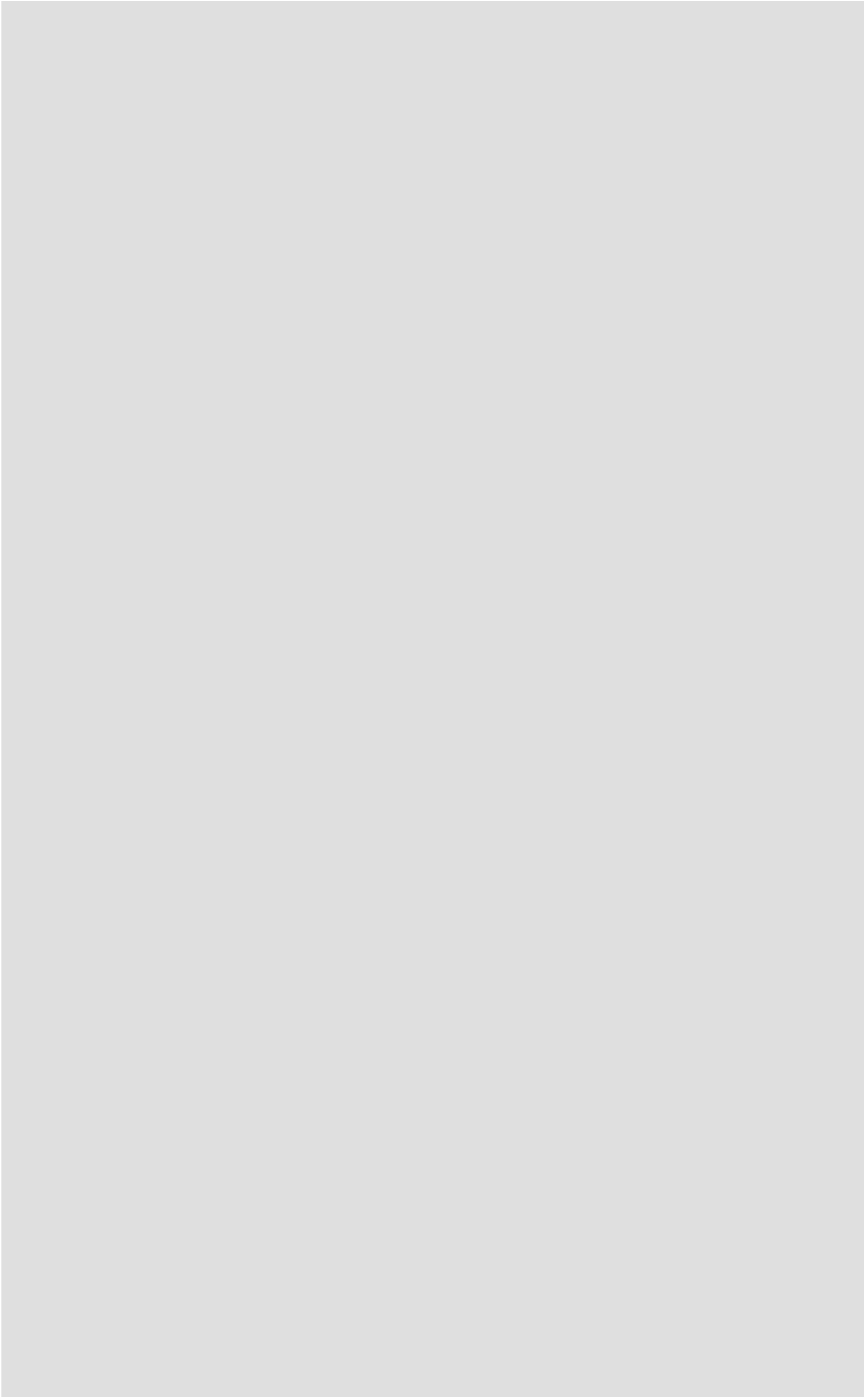
WEST MORETON HEALTH SERVICE DISTRICT

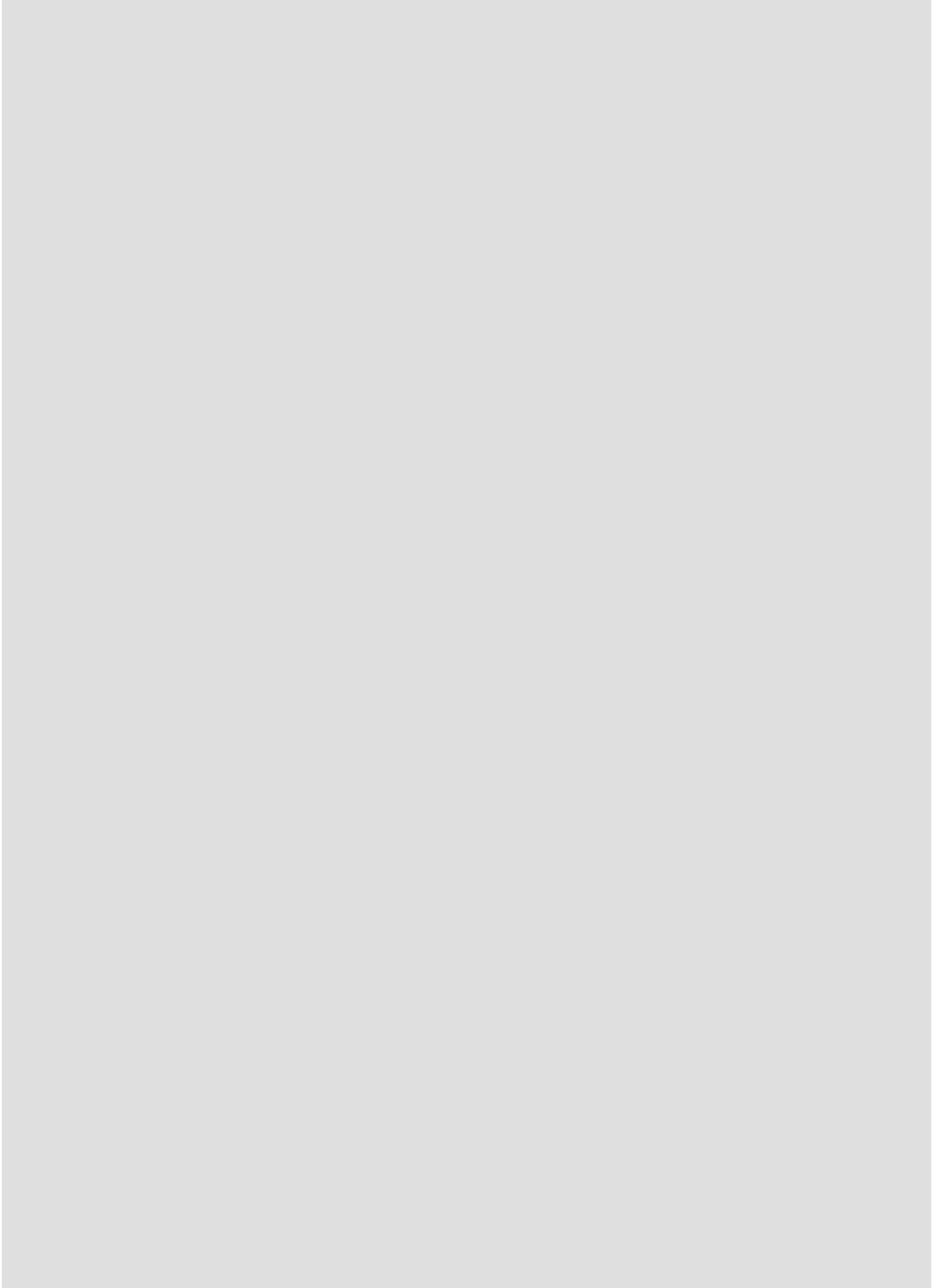
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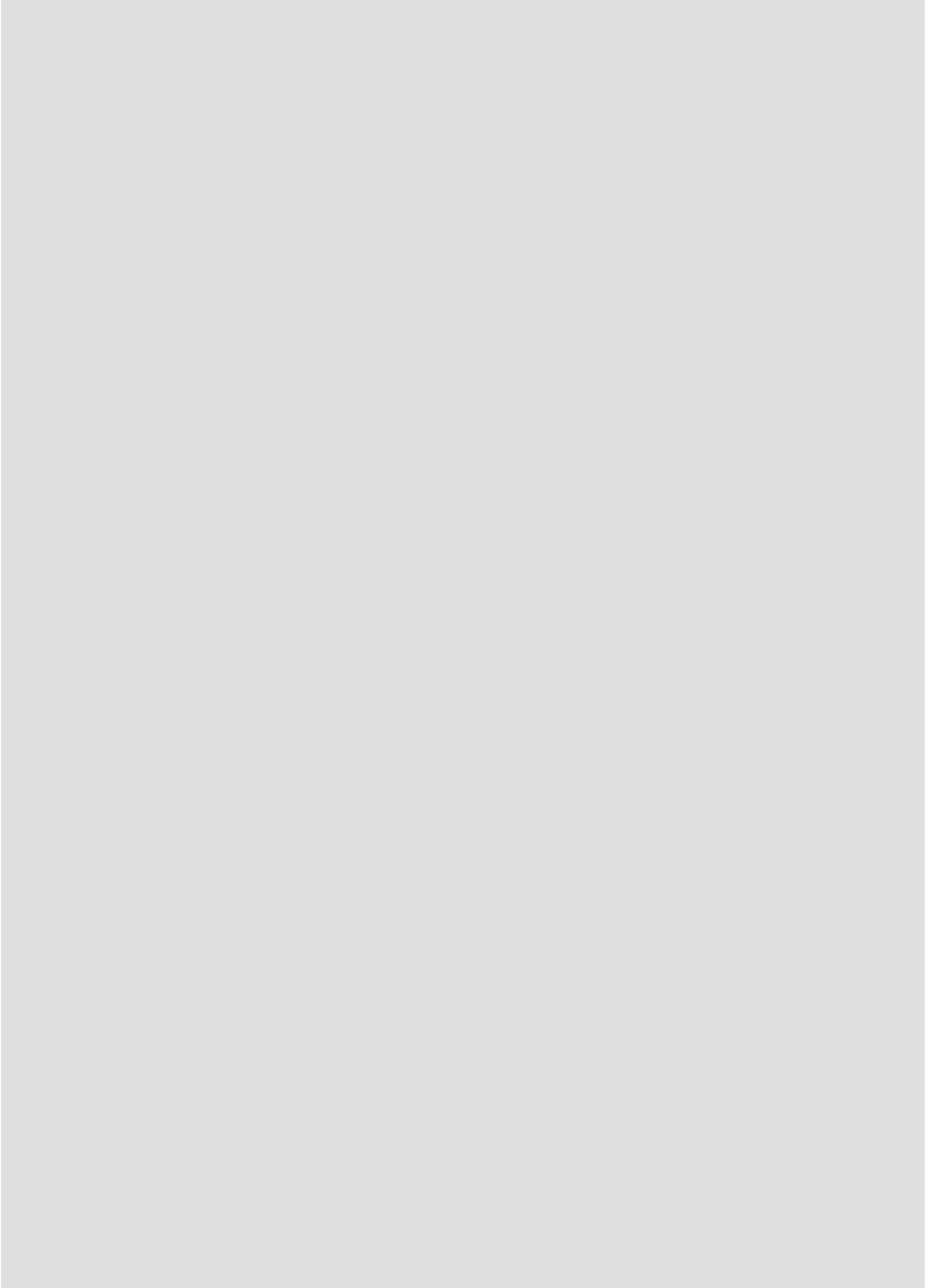
Treatment, Research and Education

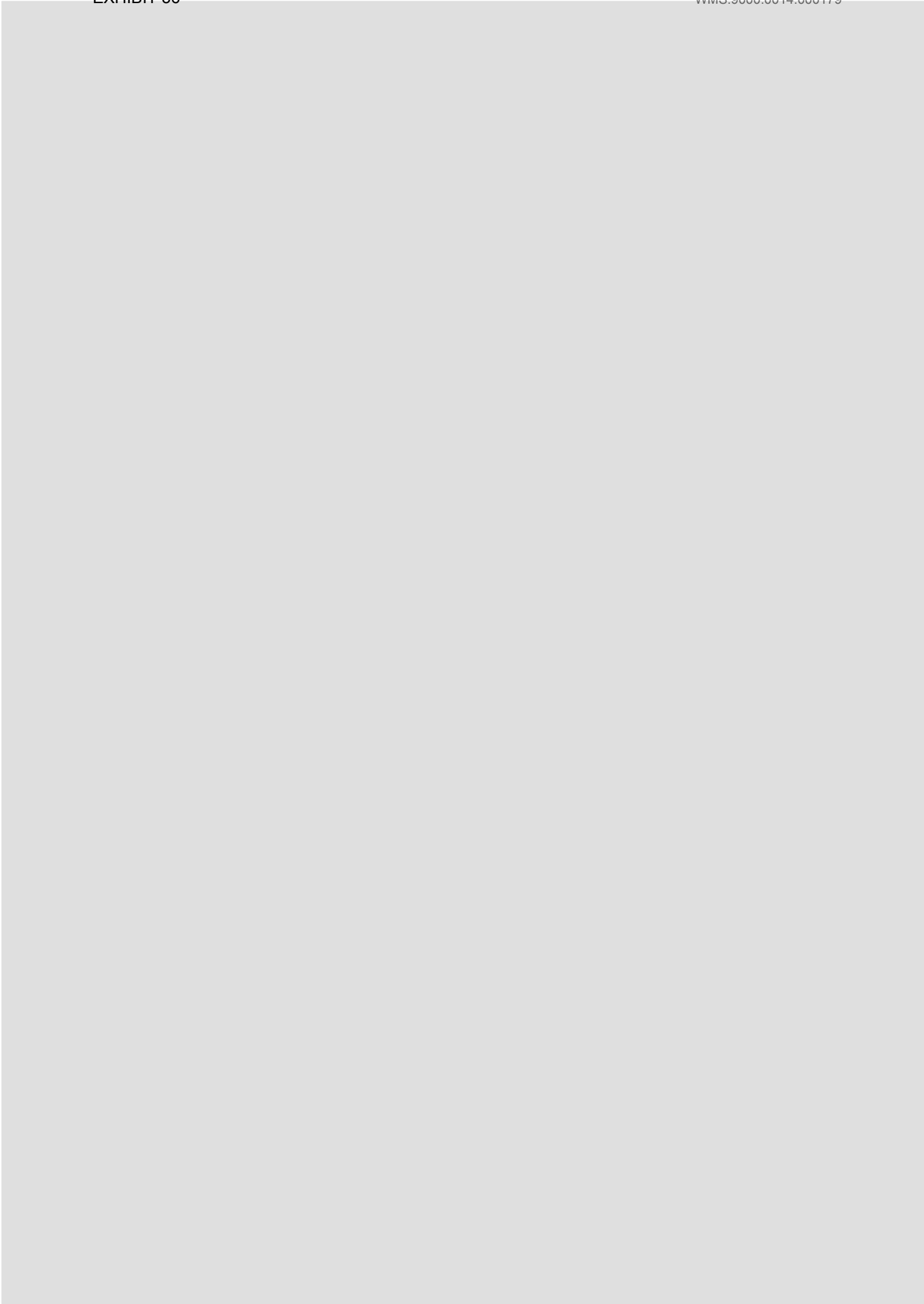
BARRETT ADOLESCENT CENTRE



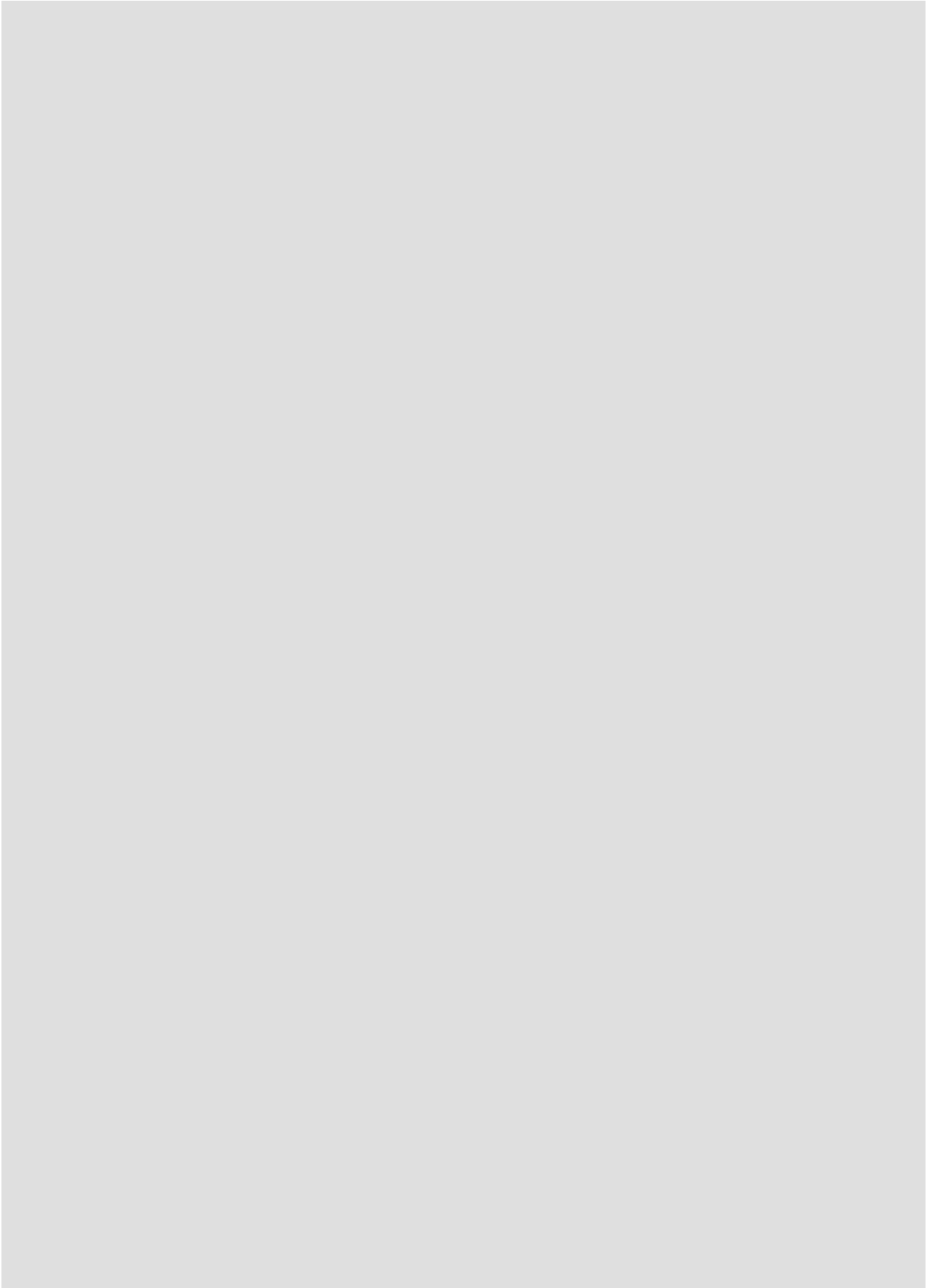


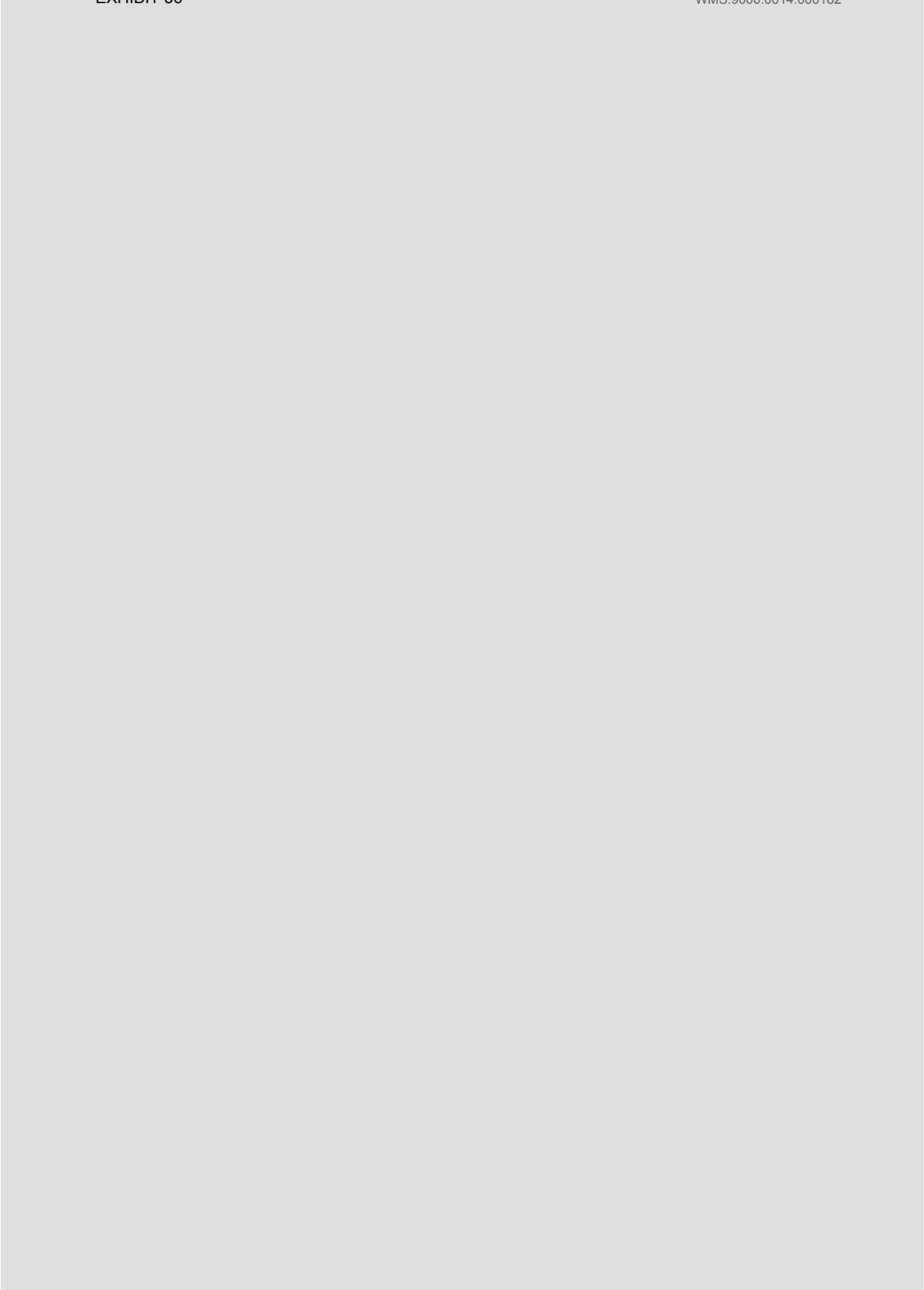










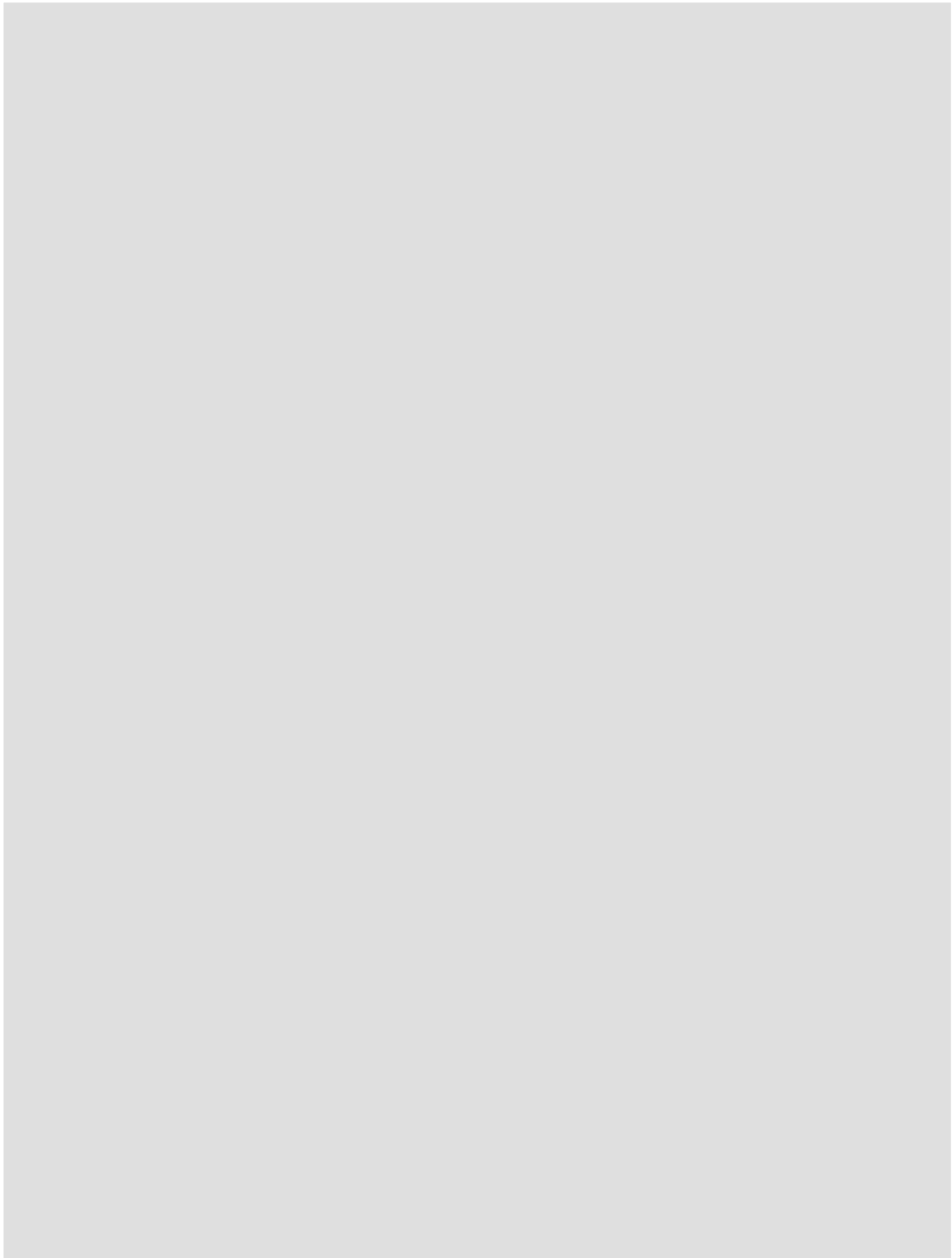


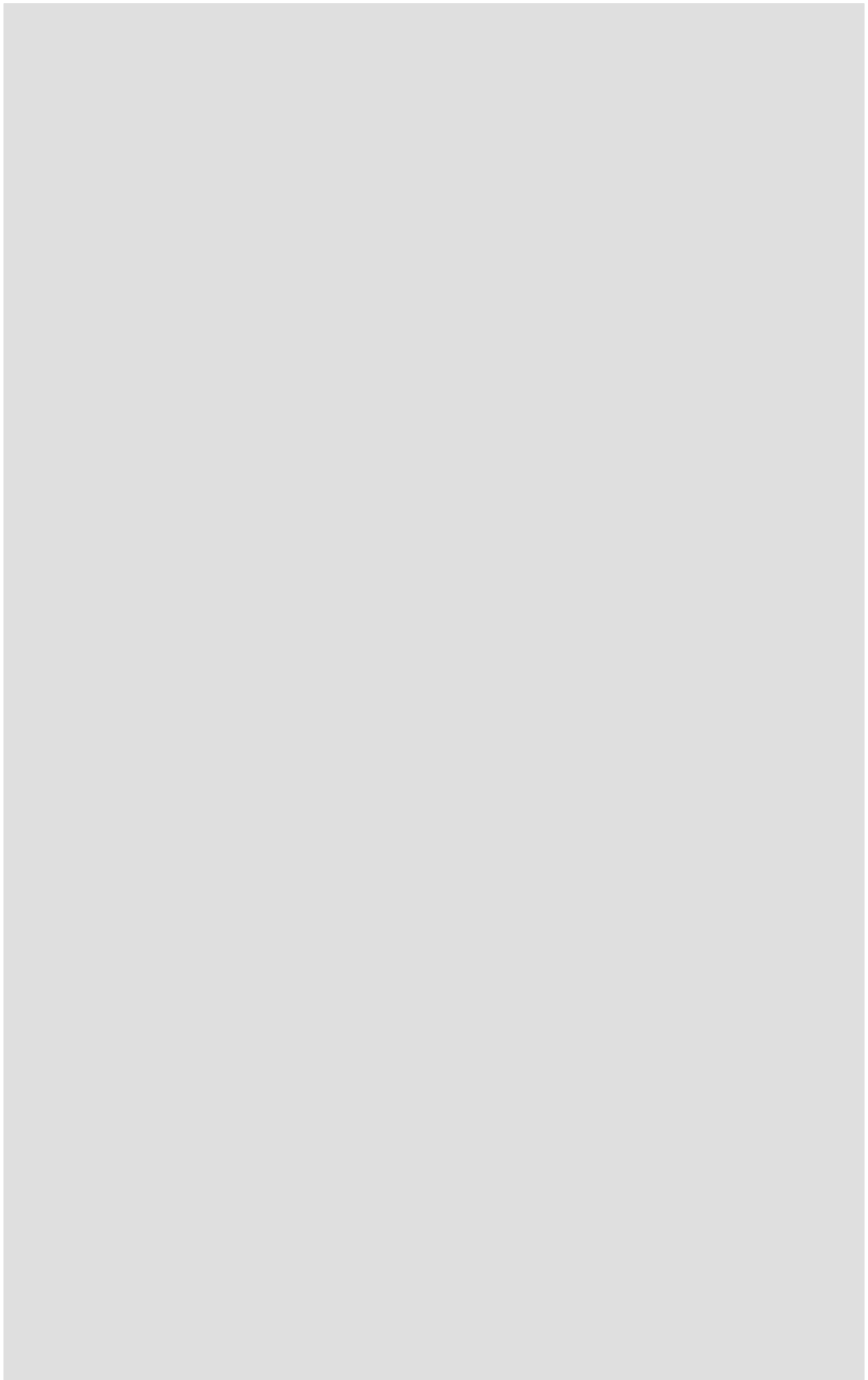
WEST MORETON HEALTH SERVICE DISTRICT

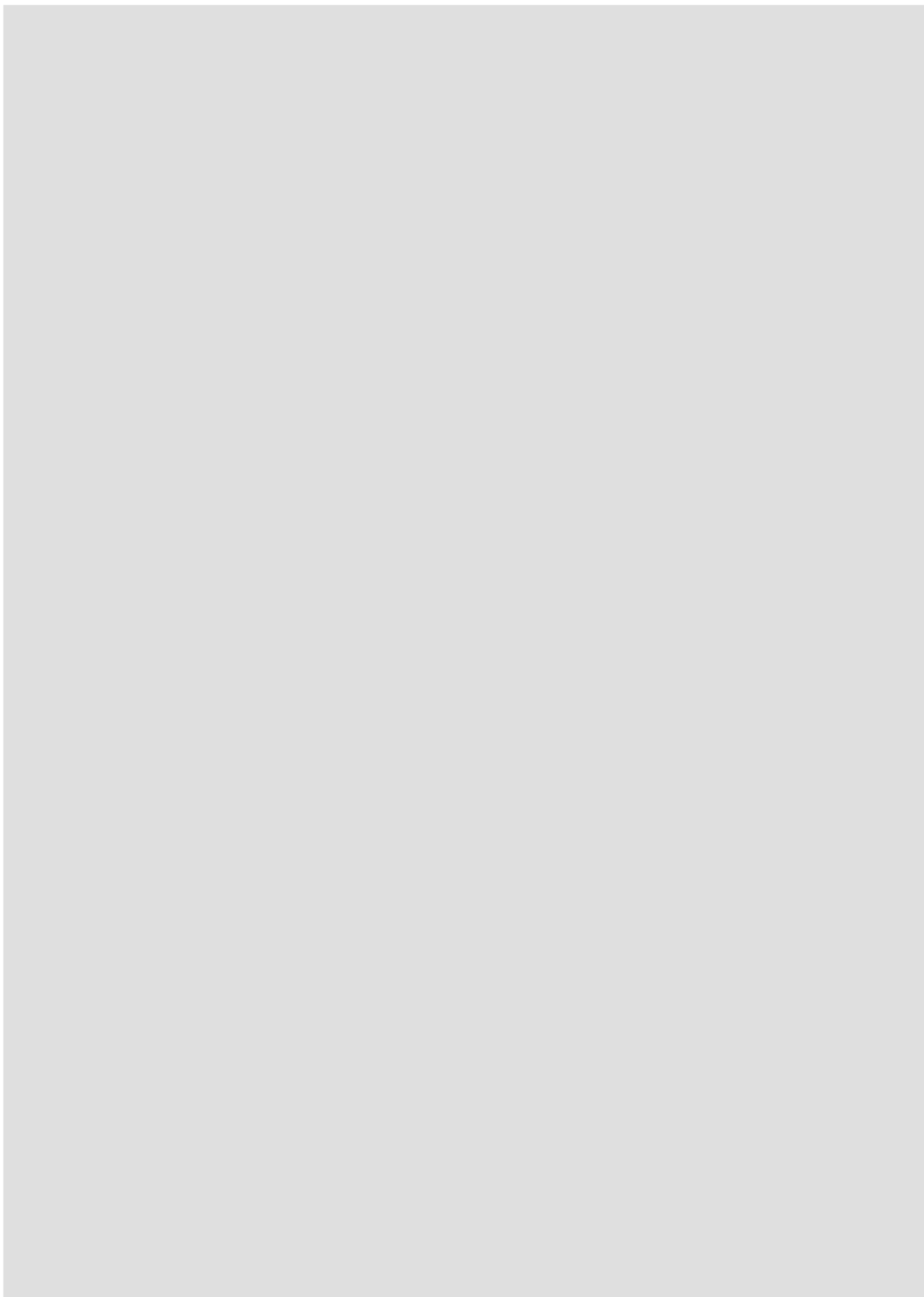
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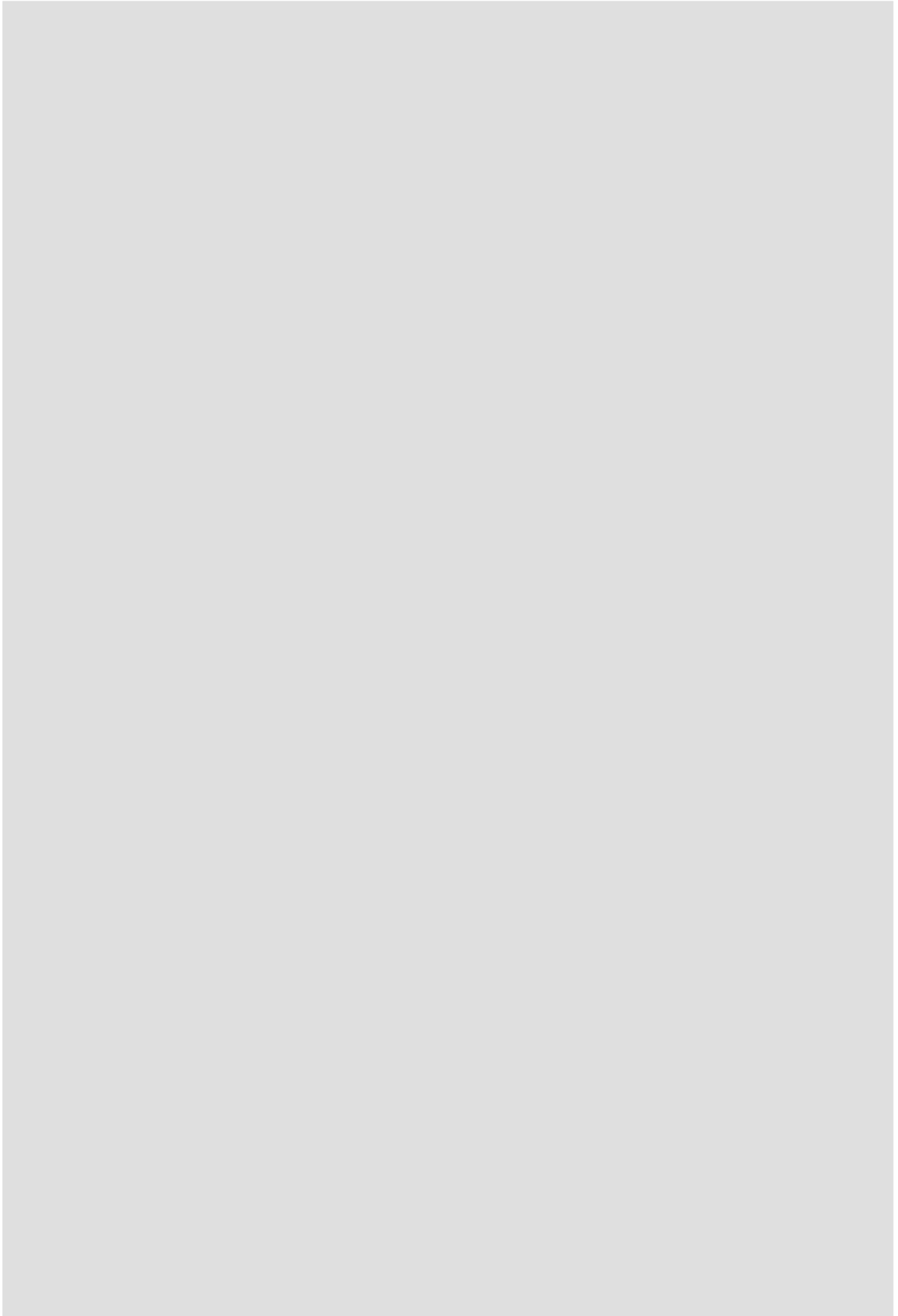
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BARRETT ADOLESCENT CENTRE





ASSESSMENT RESULTS (completed October 2012)



"AC-40"

From: [REDACTED]
Sent: [REDACTED]
To: Angela Clarke
Subject: RE: [REDACTED]

Hi Angela,

[REDACTED] I am waiting for
written consent from [REDACTED].
Regards,
[REDACTED]

From: Angela Clarke [REDACTED]
Sent: [REDACTED]
To: [REDACTED]
Subject: RE: [REDACTED]

Hi [REDACTED],

Thanks for letting me know and for the confusion.

I was given your name by our consultation/liaison nurse at BAC and then phoned [REDACTED]
for your email.

I'll chase this up, my apologies.

Regards
Angela

Angela Clarke
Speech Pathologist
Barrett Adolescent Centre
[REDACTED]
[REDACTED]
[REDACTED]

(Fri)

"If all my possessions were taken from
me, with one exception. I would choose to keep
the power of communication, for by it,
I would soon regain all the rest" Daniel Webster

>>> [REDACTED] >>>
Afternoon Angela
This is not a patient of mine.
Regards
[REDACTED]

From: Angela Clarke [REDACTED]
Sent: [REDACTED]
To: [REDACTED]
Subject: [REDACTED]

Hello [REDACTED].

I am the speech pathologist at the Barrett Adolescent Centre.

I have now completed the discharge summary for speech pathology for [REDACTED]

On CIMHA, you will find both this summary and [REDACTED] initial communication assessment report from last year.

Please find the discharge summary attached.

Please don't hesitate to contact if you would like any further information.

Kind regards
Angela

Angela Clarke
Speech Pathologist
Barrett Adolescent Centre

[REDACTED]
[REDACTED]
Yeronga Child and Youth Mental Health Service

[REDACTED]
(Fr)

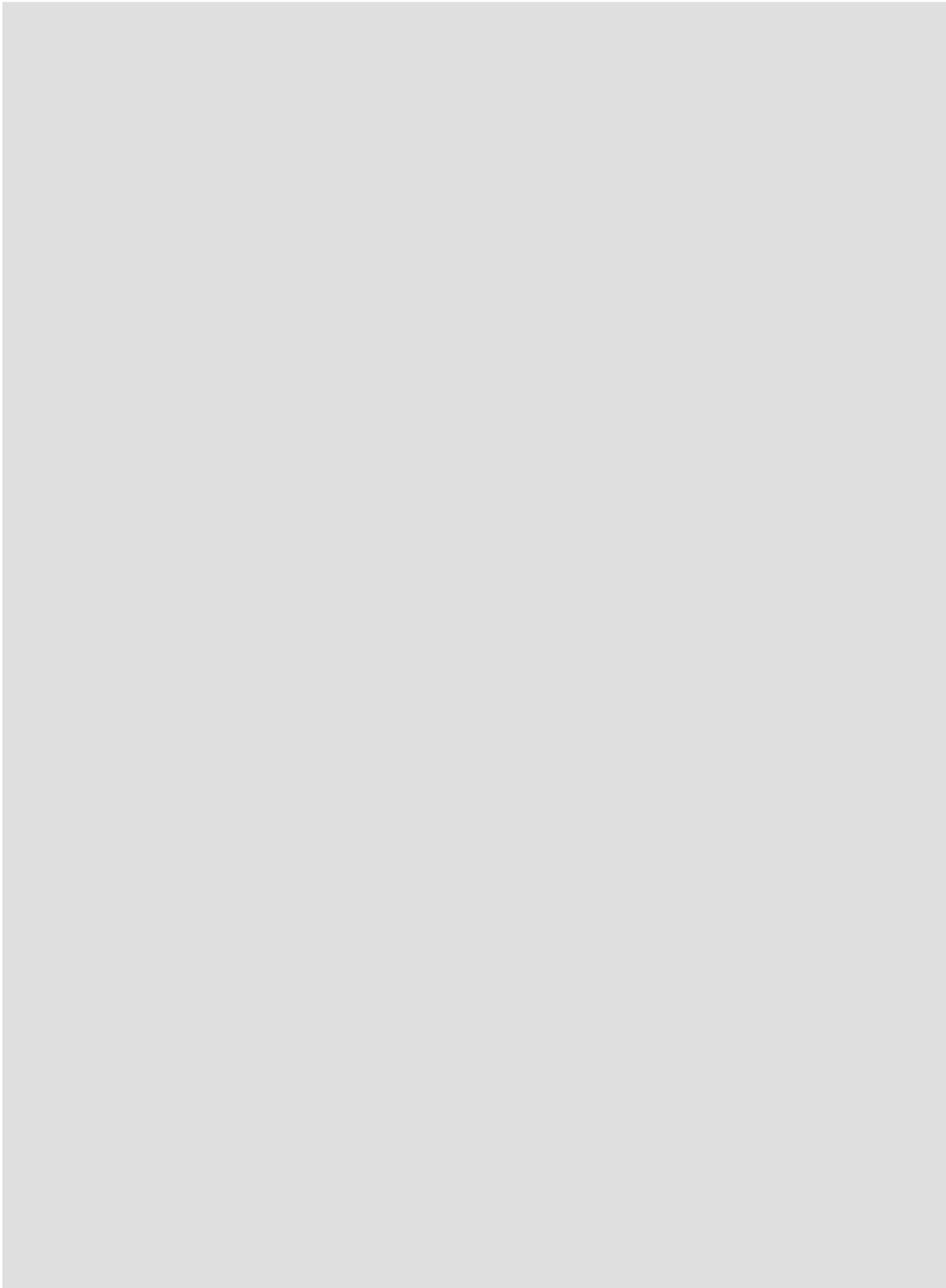
"If all my possessions were taken from me, with one exception. I would choose to keep the power of communication, for by it, I would soon regain all the rest" Daniel Webster

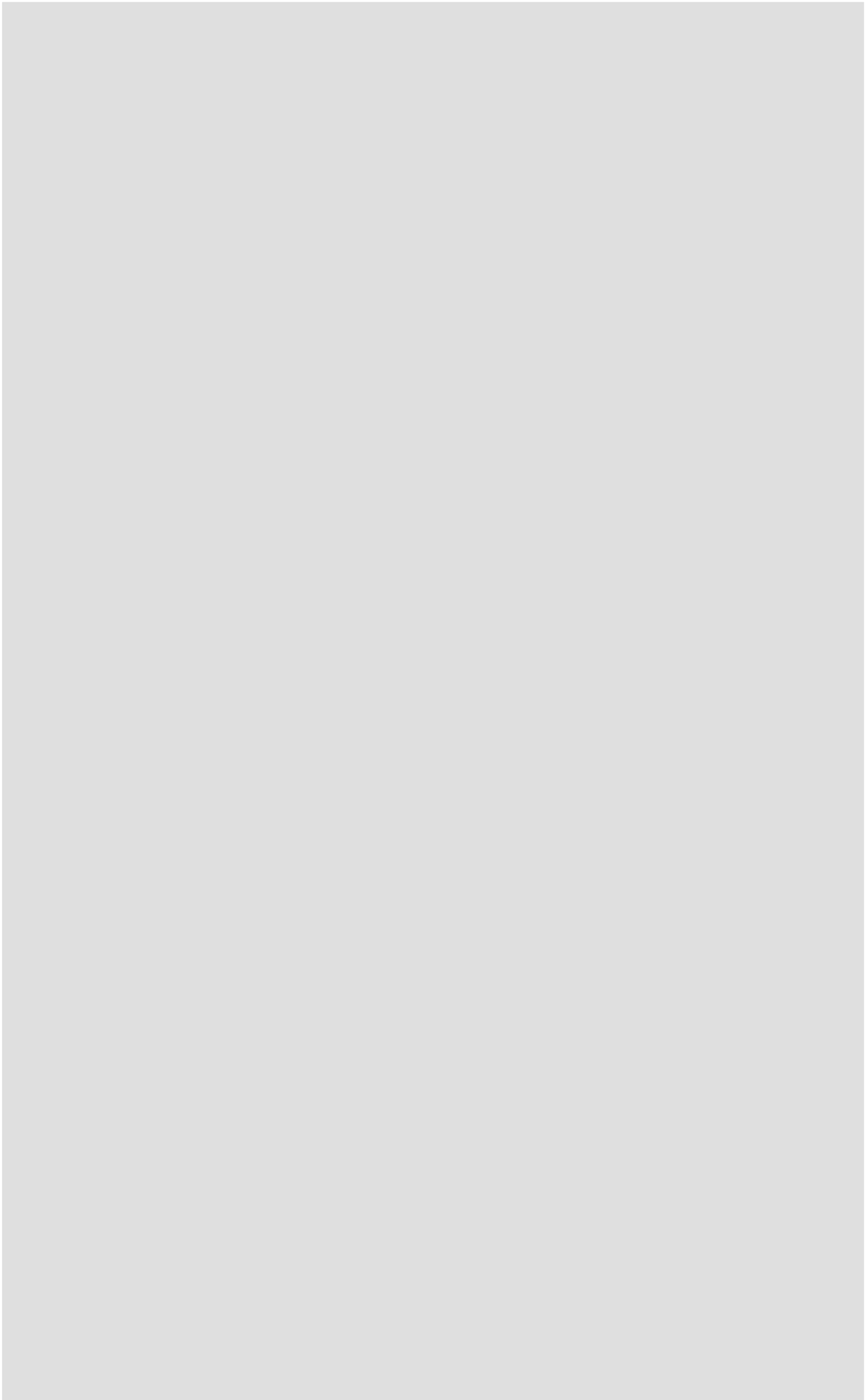
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BARRETT ADOLESCENT CENTRE



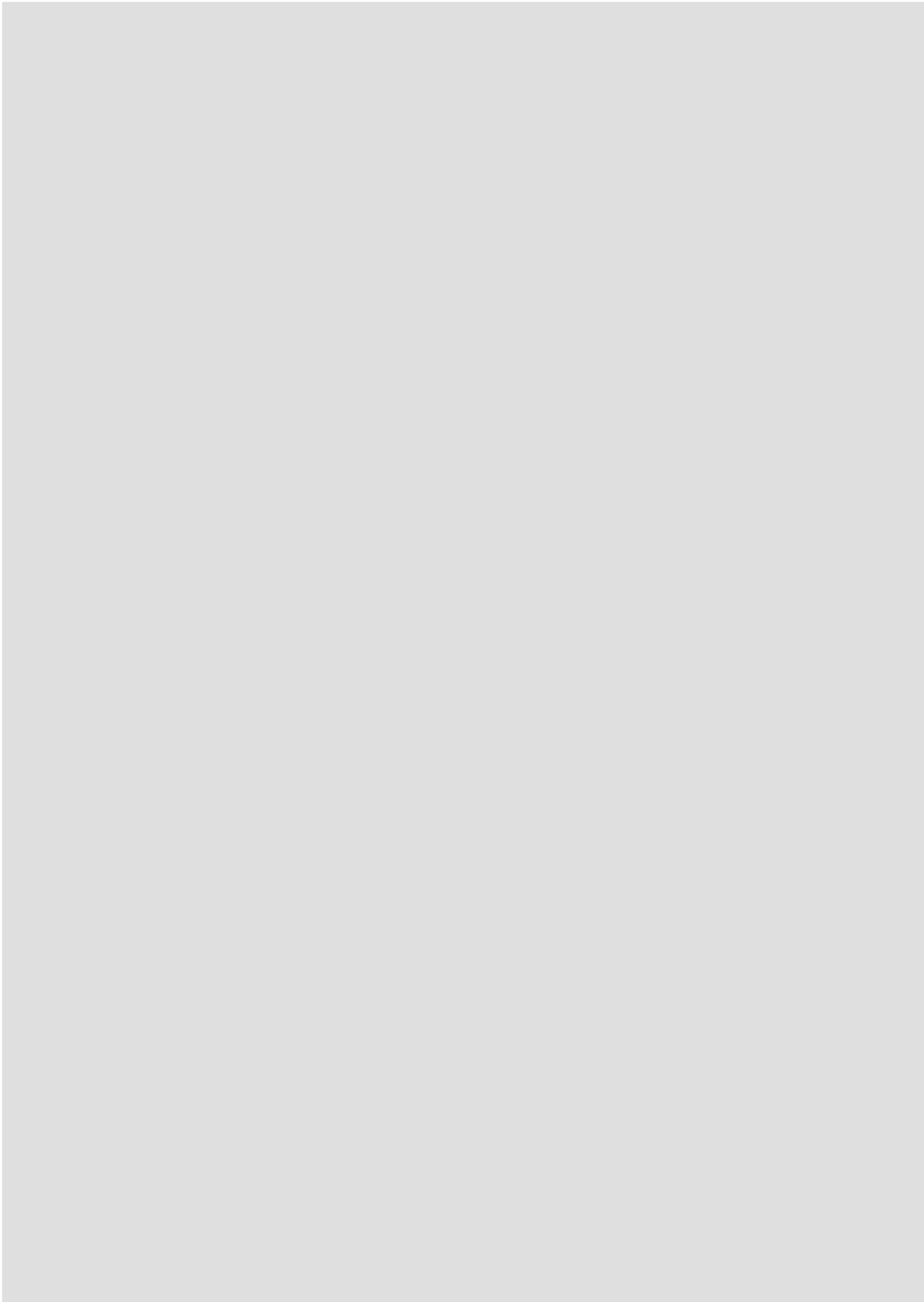


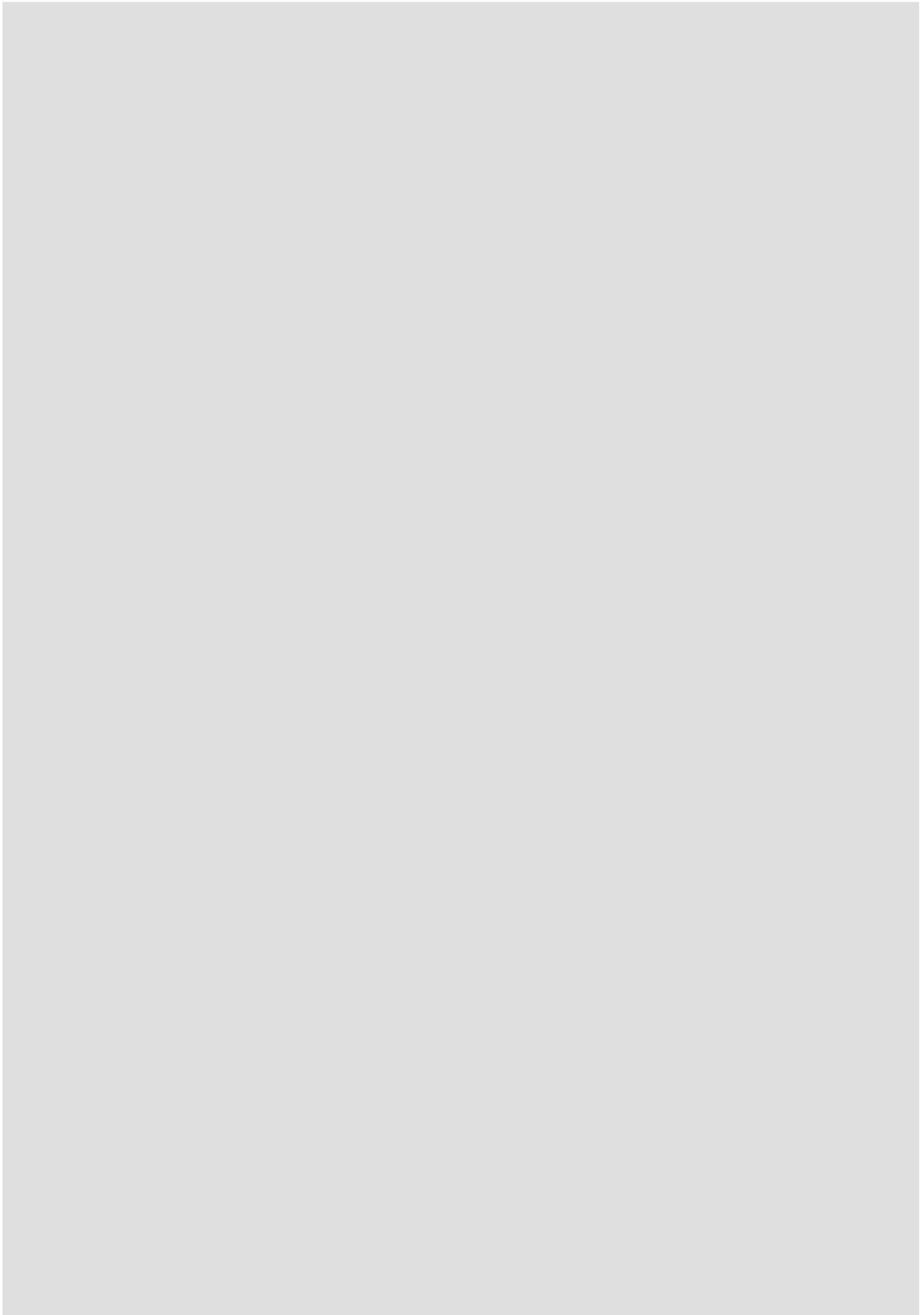
WEST MORETON HEALTH SERVICE DISTRICT

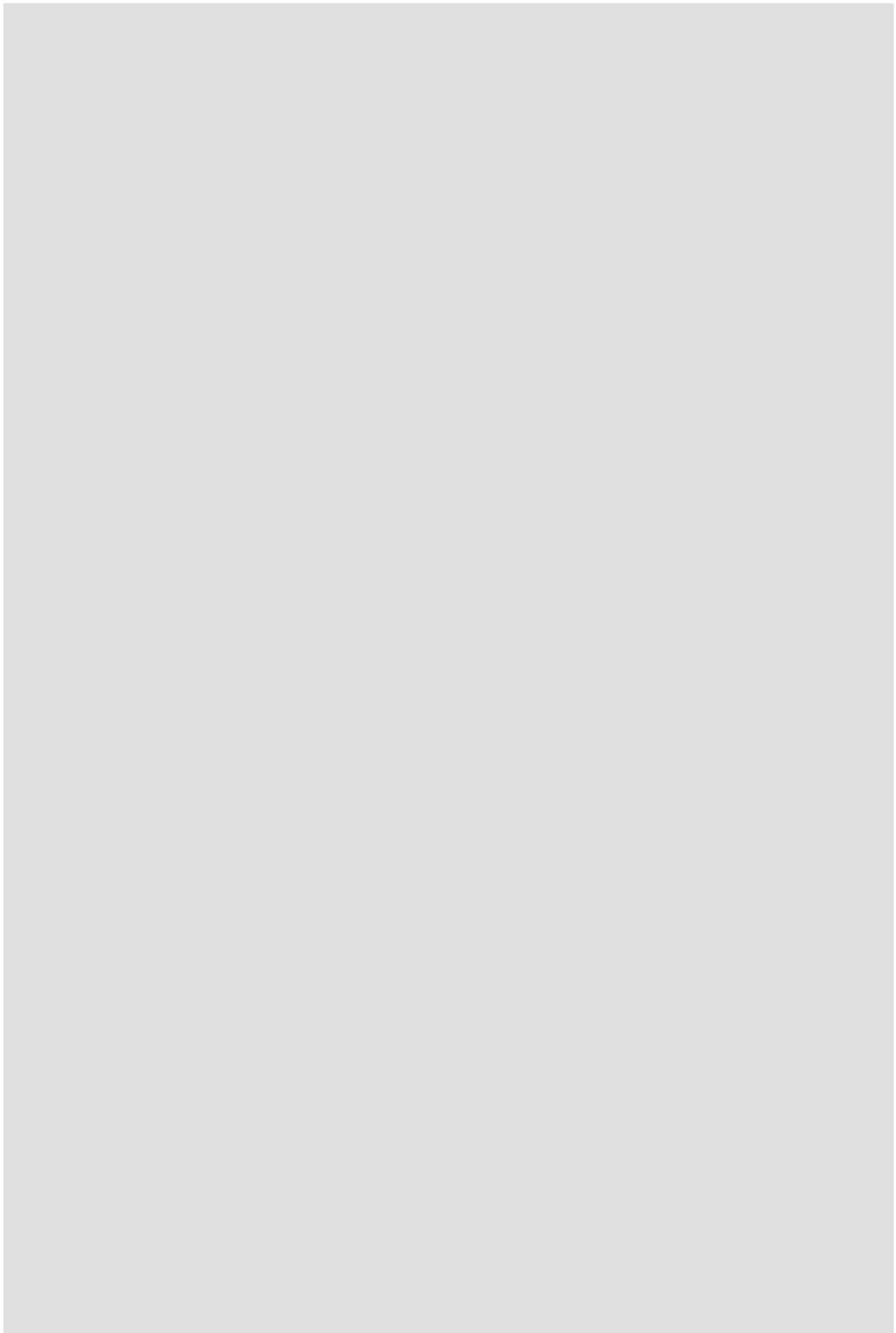
The Park – Centre for Mental Health

Treatment, Research and Education

BARRETT ADOLESCENT CENTRE









From: Angela Clarke
Sent: [REDACTED]
To: [REDACTED]
Subject: [REDACTED]
Attachments: BAC Speech Pathology Communication Assessment Report [REDACTED]
[REDACTED], Barrett Adolescent Centre Speech Pathology Discharge Summary [REDACTED]
[REDACTED]

Hi [REDACTED],

this is Angela, the speech path at Barrett.

I've just completed a SP discharge summary of my time with [REDACTED]

It is all on CIMHA, but I thought it would be simpler if I emailed it to you directly - I've also attached [REDACTED] initial speech pathology report.

I'll still be around in Health, plus I'm at [REDACTED] so if you wanted to talk about any speech pathology aspects of [REDACTED] time at BAC, then I'd welcome you to contact.

Thanks and kind regards
Angela


Angela Clarke
Speech Pathologist
Barrett Adolescent Centre

[REDACTED]
[REDACTED]
Yeronga Child and Youth Mental Health Service
[REDACTED]
(Fri)

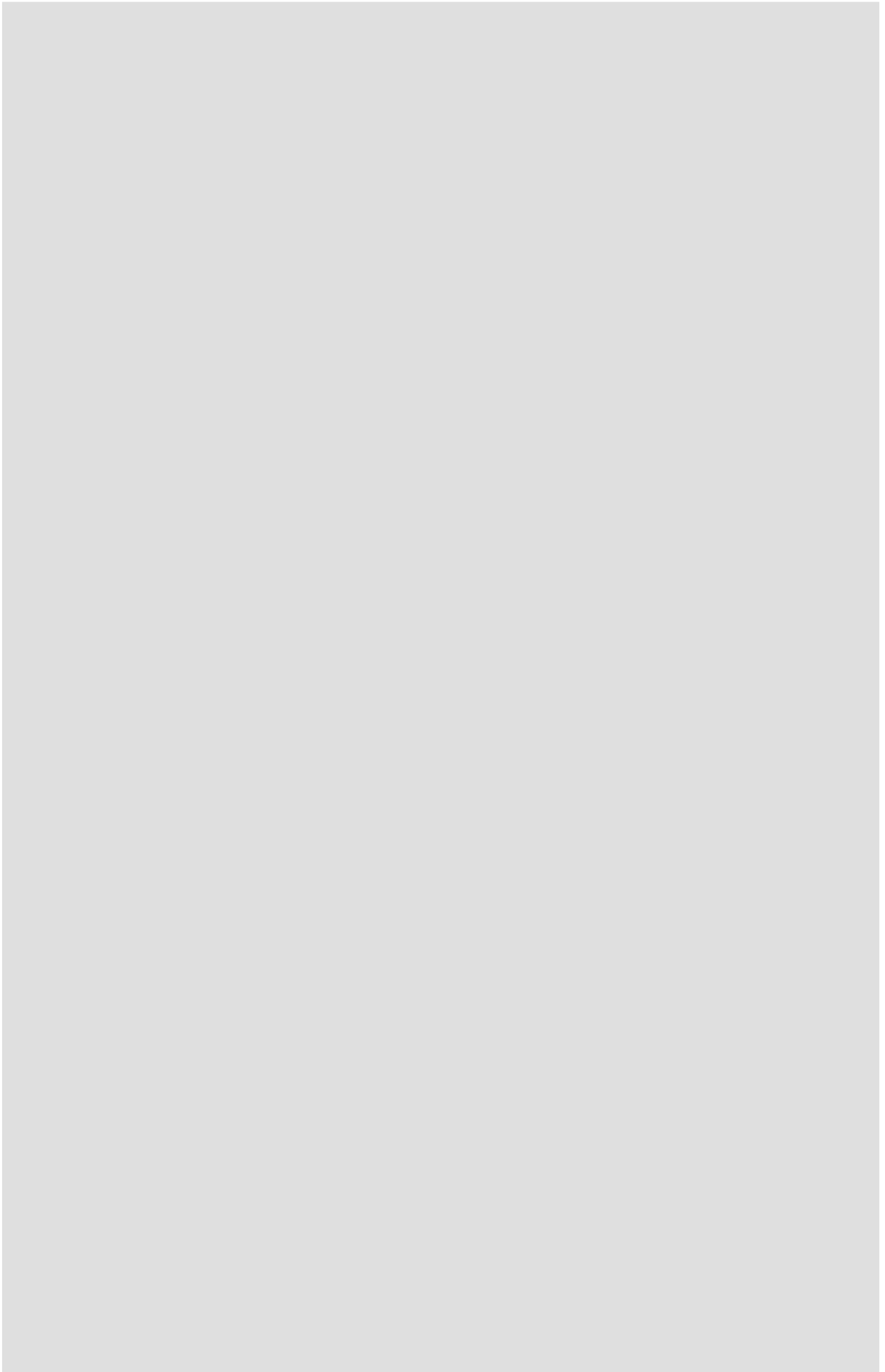
"If all my possessions were taken from me, with one exception. I would choose to keep the power of communication, for by it, I would soon regain all the rest" Daniel Webster

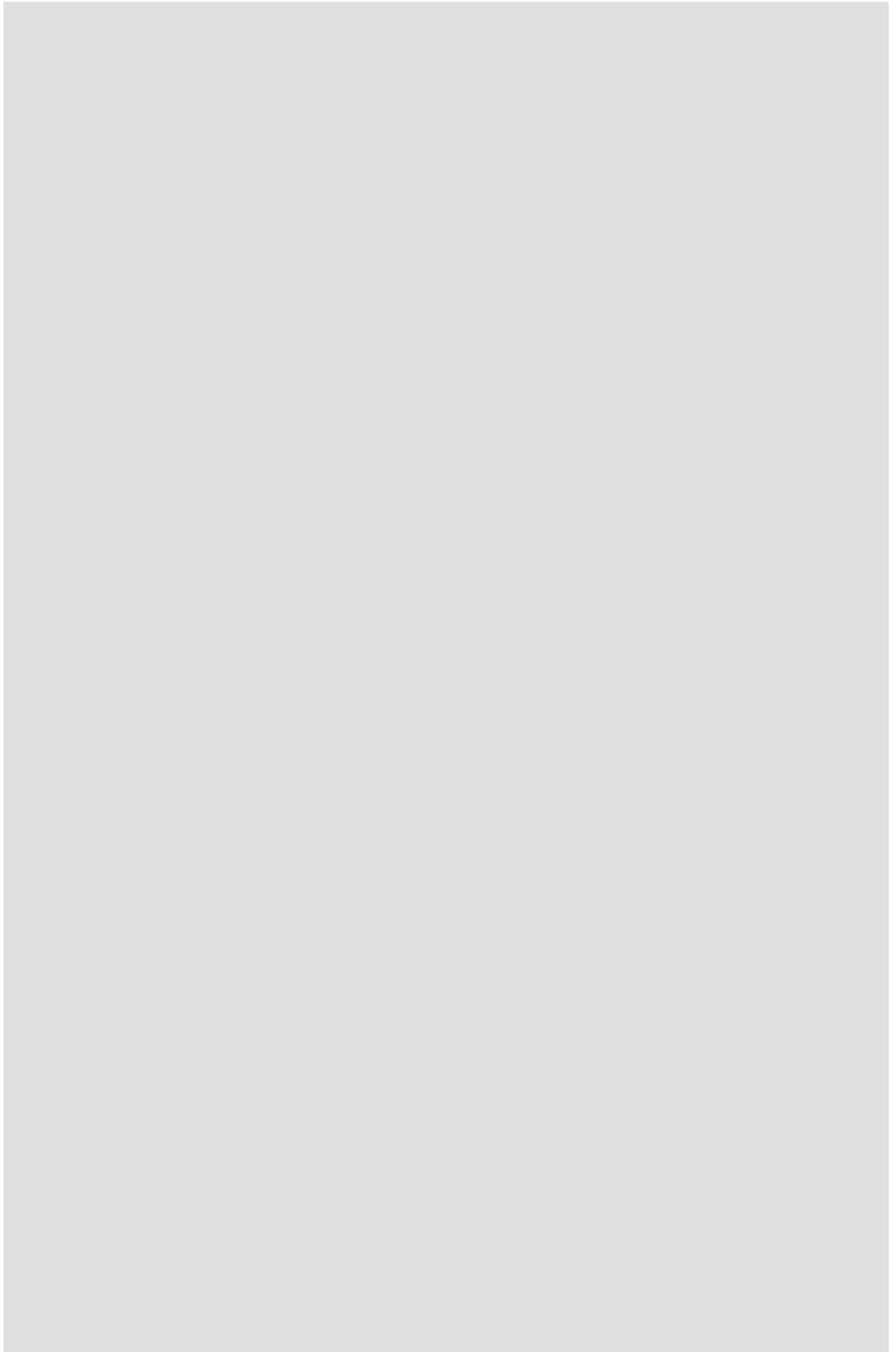
WEST MORETON HOSPITAL AND HEALTH SERVICE*The Park – Centre for Mental Health, Treatment, Research and Education***BARRETT ADOLESCENT CENTRE**

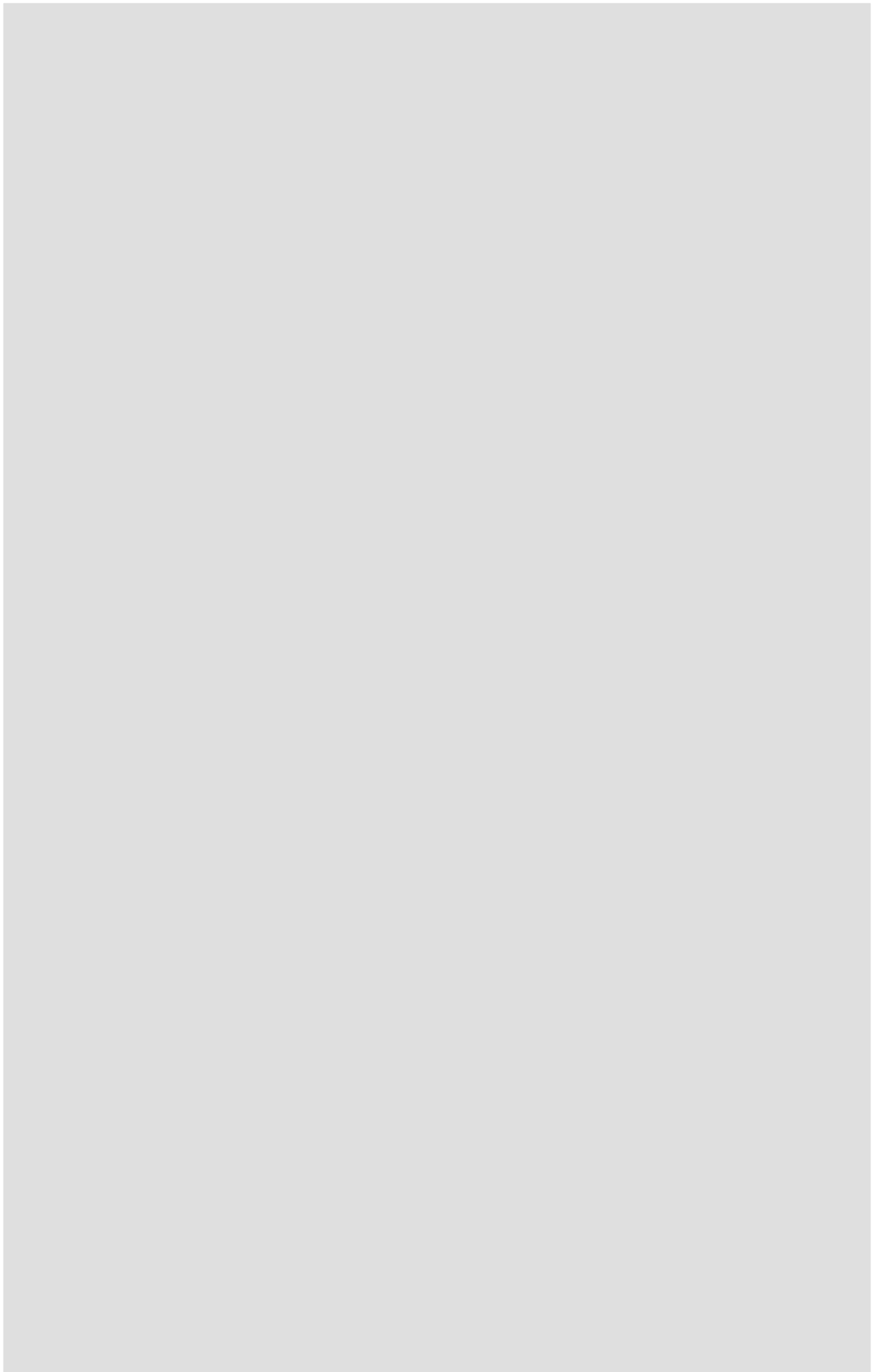
Enquiries: Angela Clarke

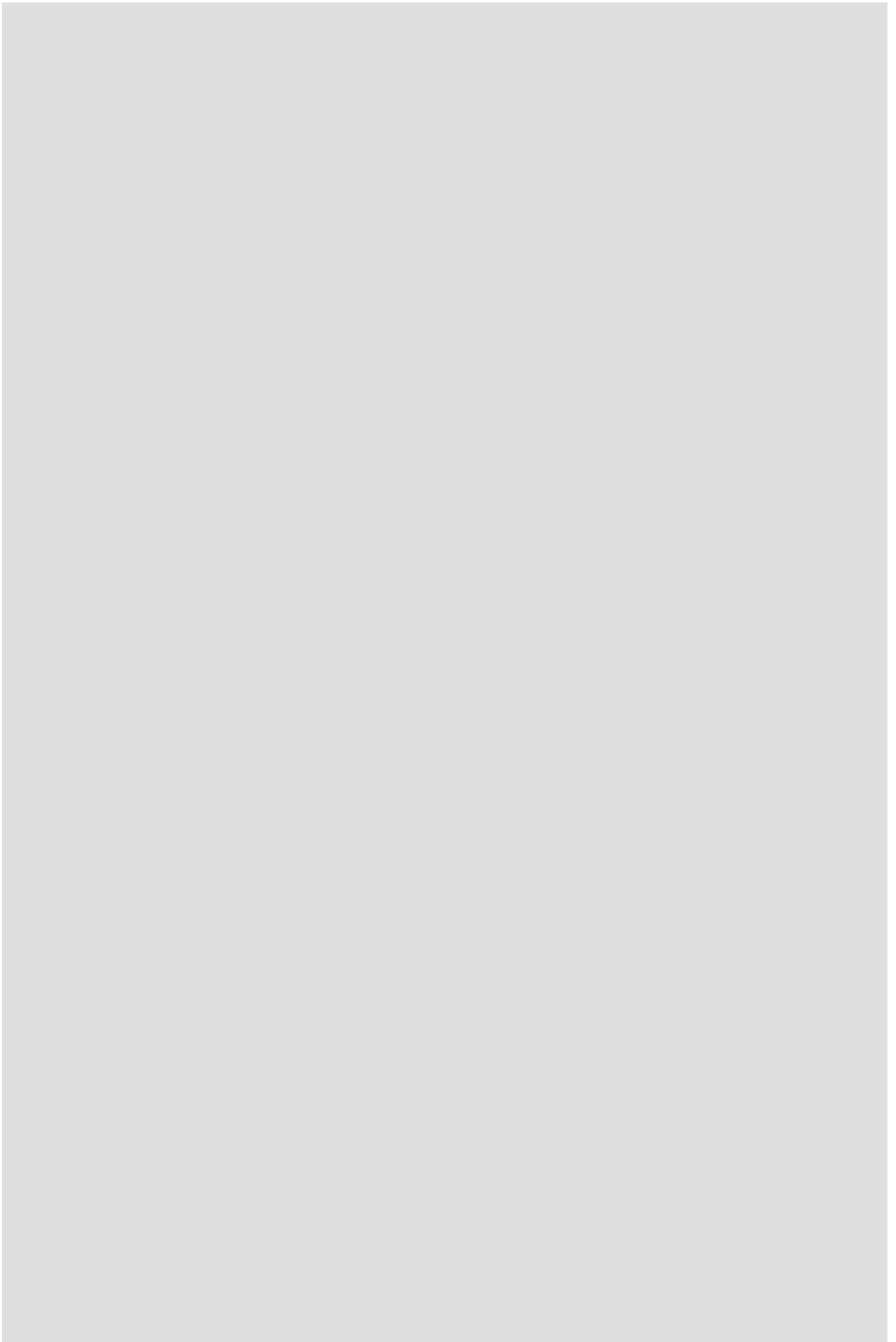
Telephone: **CONFIDENTIALITY CLAUSE**

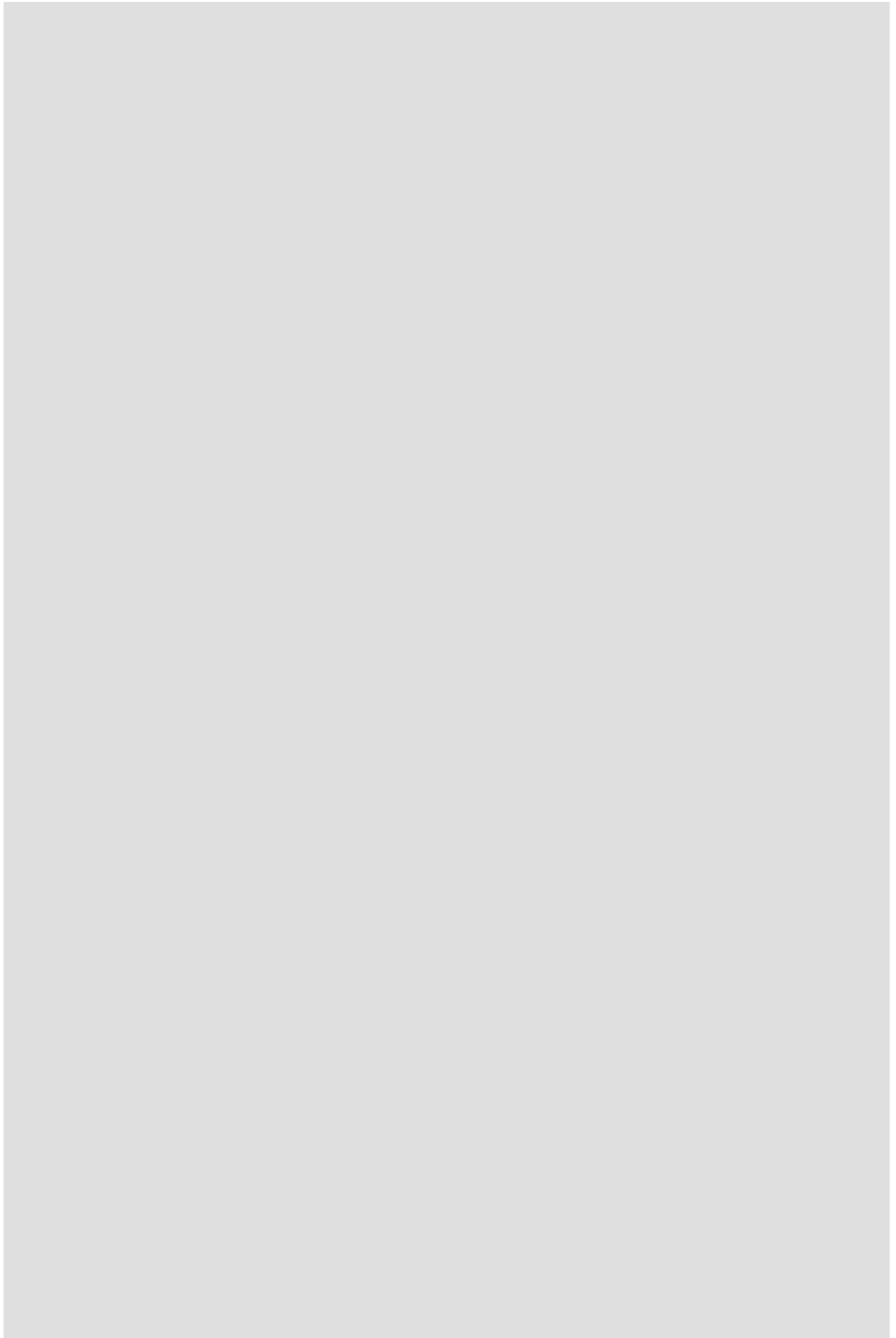
This report has been completed for clinical purposes and was not intended for medico-legal use. The information contained in this report should not be discussed with any other persons or with any other agency without first seeking the approval of the client/family, the author(s), or the Barrett Adolescent Centre.

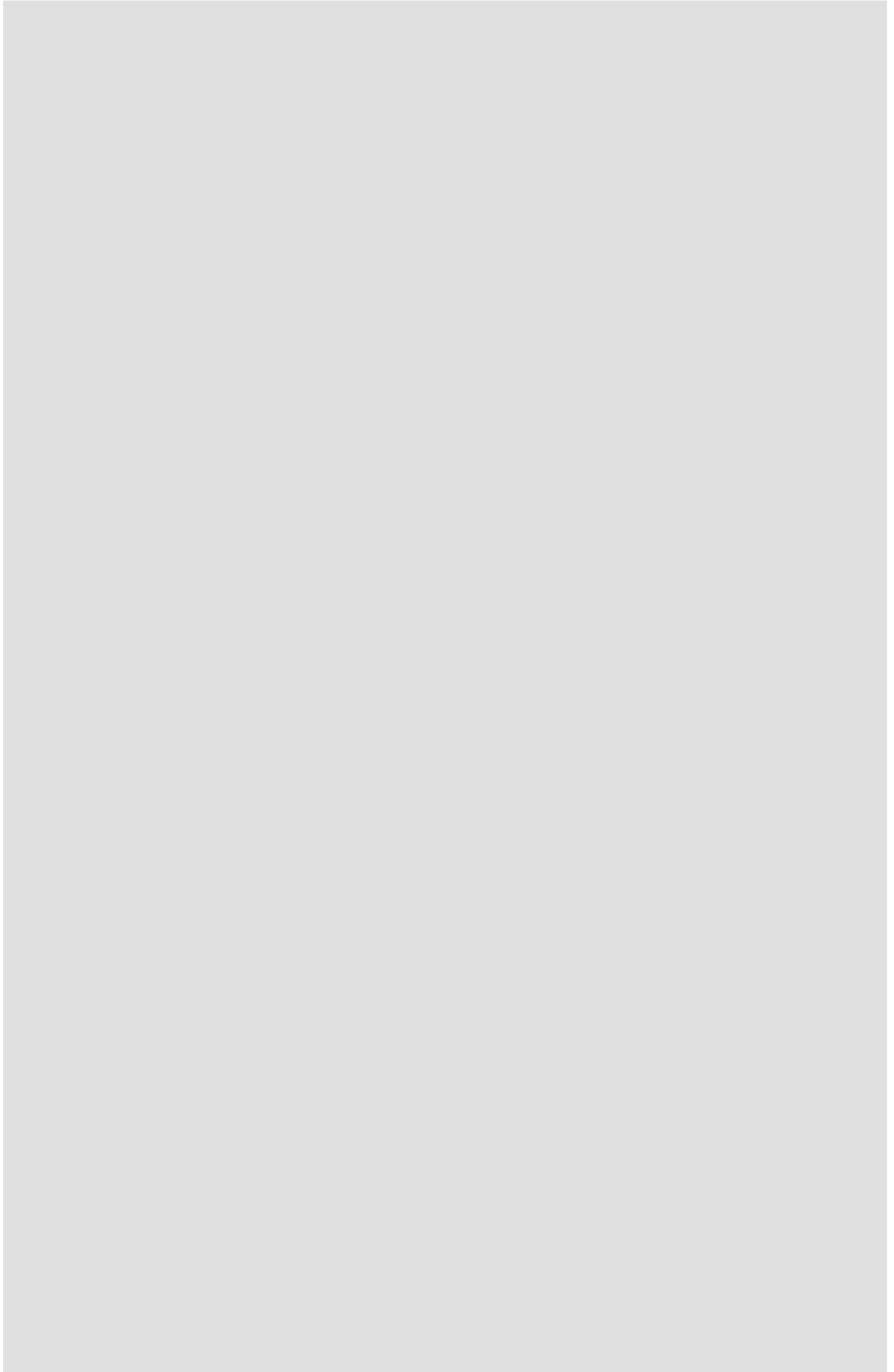


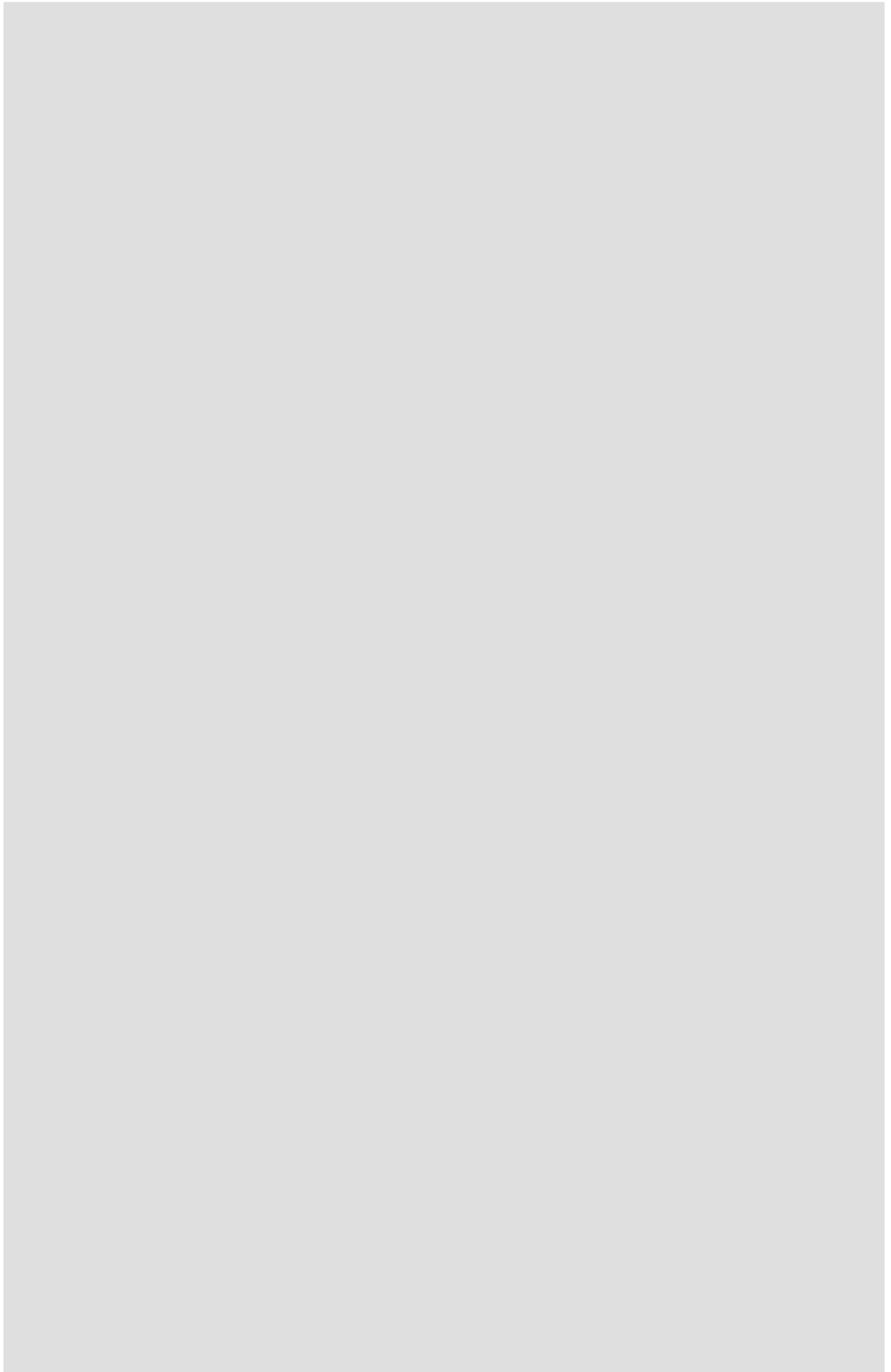


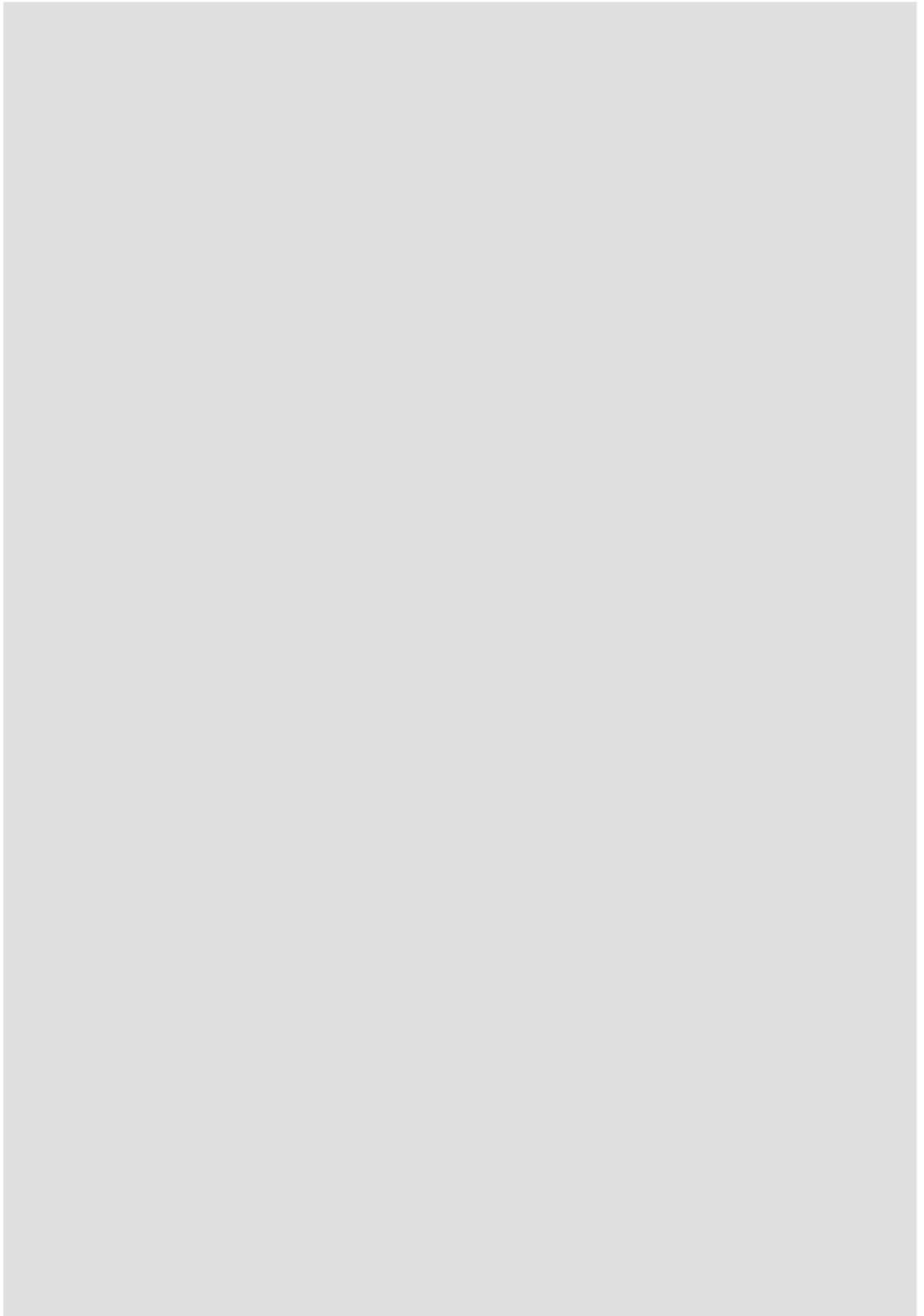










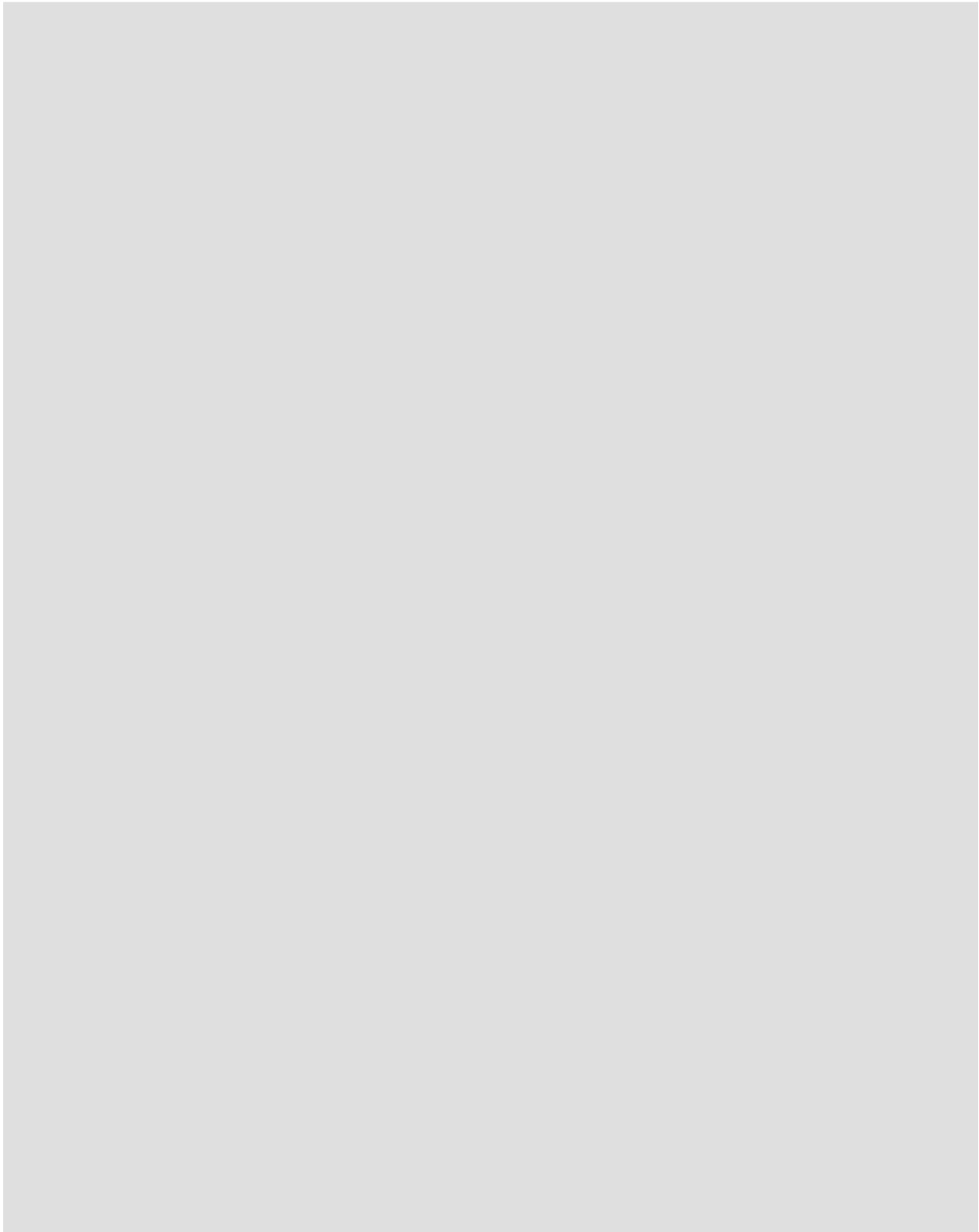


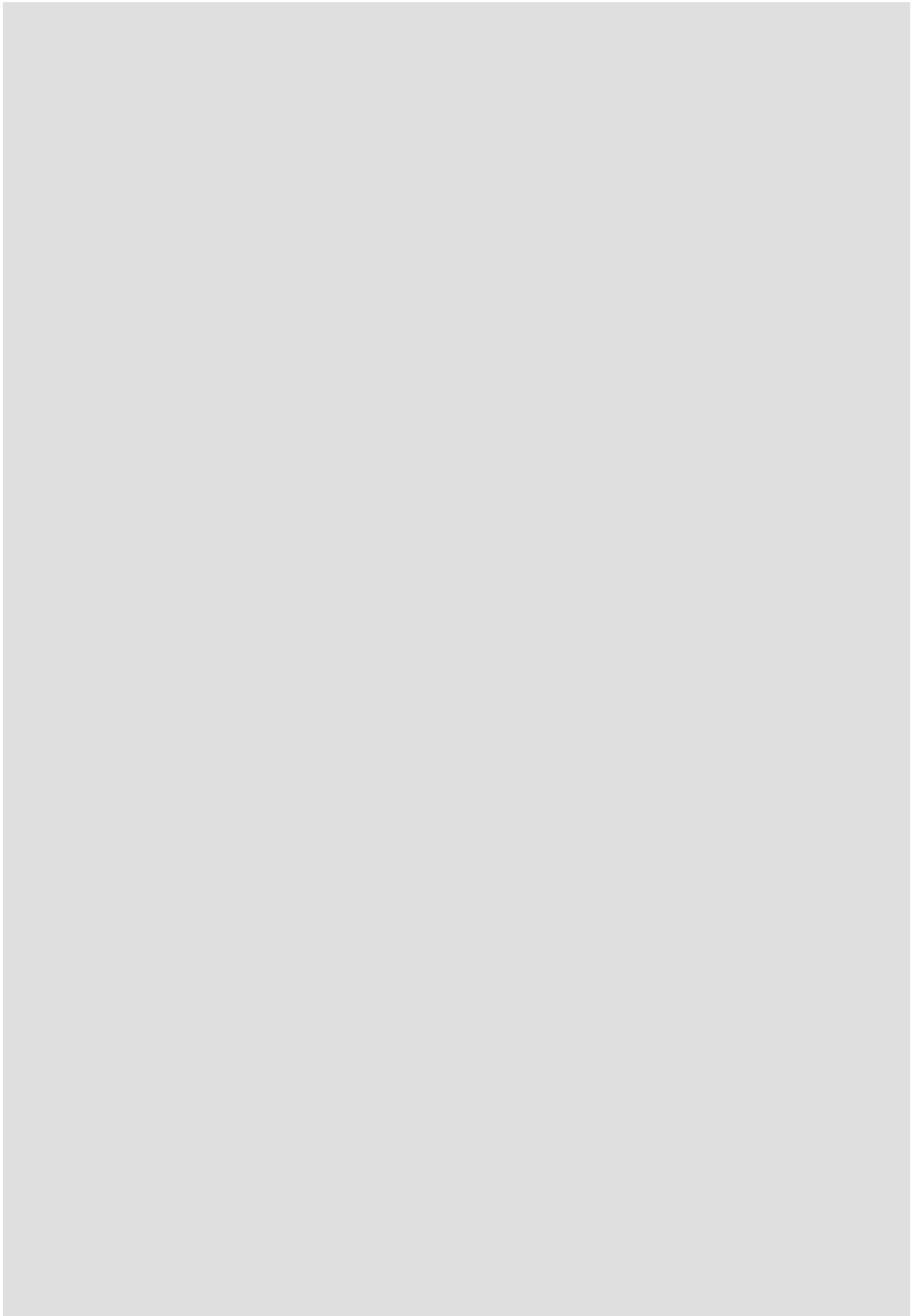
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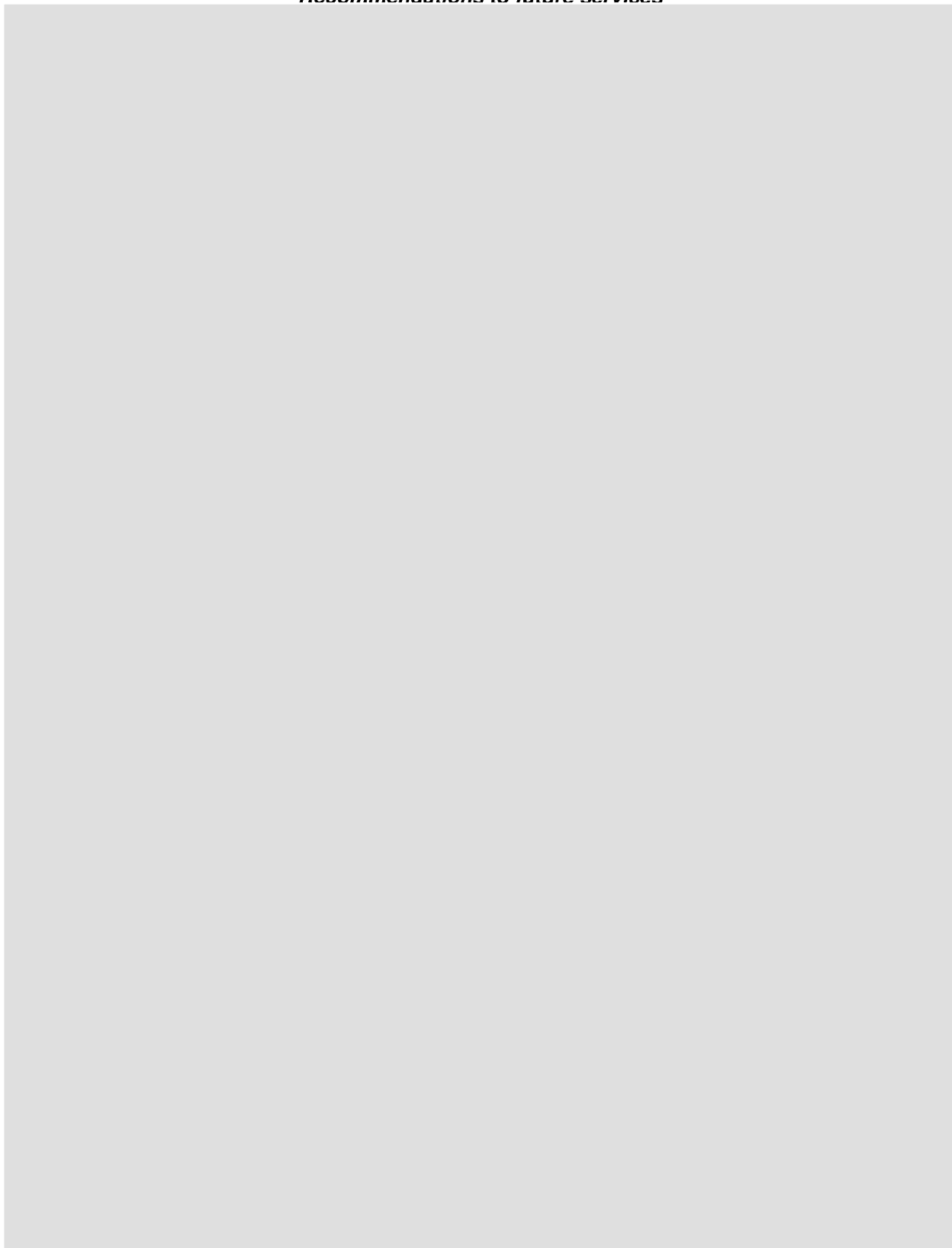
Treatment, Research and Education

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Recommendations to future services





“AC-44”

