



**Barrett Adolescent Strategy**  
Expert Clinical Reference Group

Key Message / Recommendation	Accept	Reject	Comments and Proposed Actions
<b>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</b>			
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.			
b) Formal planning including consultation with stakeholder groups will be required.			
<b>2. Inpatient extended treatment and rehabilitation care (Tier 3) is an essential service component</b>			
a) A Tier 3 service should be prioritised to provide extended treatment and rehabilitation for adolescents with severe and persistent mental illness.			
<b>3. Interim service provision if BAC closes and Tier 3 is not available is associated with risk</b>			
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.			
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.			
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.			



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<b>4. Duration of treatment</b>			
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.			
<b>5. Education resource essential: on-site school for Tiers 2 and 3</b>			
a) Access to on-site schooling (including suitably qualified educators), is considered essential for Tiers 2 (day programs) and 3.			
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).			
c) <b>The School and staff expertise presently provided by the Department of Education Training and Employment should be retained.</b>			
<b>6. Residential Service: Important for governance to be with CYMHS; capacity and capability requires further consideration</b>			
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.			
b) Governance should remain with the local CYMHS or treating mental health team.			
c) It is essential that residential services are staffed adequately and that they have clear service and consumer outcome targets.			



Queensland Government

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<b>7. Equitable access to AETRS for all adolescents and families is high priority; need to enhance service provision in North Queensland (and regional areas)</b>			
a) Local service provision to North Queensland should be addressed immediately by ensuring a full range of CYMHS services are available in [redacted] including a residential community-based service.  b) If a decision is made to close BAC, this should not be finalised before the range of service options in [redacted] are opened and available to consumers and their families/carers.			

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