In the matter of the *Commissions of Inquiry Act 1950*

Commissions of Inquiry Order (No.4) 2015

Barrett Adolescent Centre Commission of Inquiry

AFFIDAVIT

Dr Lesley van Schoubroeck, Mental Health Commissioner, Queensland Mental Health Commission solemnly and sincerely affirms and declares:

1. Prior to taking up my role as Mental Health Commissioner, I was Director of Organisational Reform in Western Australia's Mental Health Commission where I led system wide reform.
2. Prior to this, I held a number of public sector senior management roles in social policy in Western Australia.
3. My academic qualifications are as follows:
   (a) Secondary Teaching Certificate, Kelvin Grove, Queensland, 1968;
   (b) Bachelor of Education, Western Australian Institute of Technology (now Curtin University), 1980;
   (c) Bachelor of Applied Science (Mathematics), Western Australian Institute of Technology, 1983;
   (d) Master of Education, University of Western Australia, 1987;
   (e) Graduate Diploma in Governance and Public Affairs, University of Queensland, 2005; and
   (f) Doctor of Philosophy in Governance and Public Policy, Griffith University, 2009.

Deponent [redacted] [redacted] A J.P., C.Dec., Solicitor

AFFIDAVIT

On behalf of the State of Queensland

Crown Solicitor
11th Floor, State Law Building
50 Ann Street
BRISBANE QLD 4000
TEL: [redacted]
Email: [redacted]

Exhibit A to this affidavit is my curriculum vitae.

Professional Background

4. My appointment as Mental Health Commissioner, for a three year term commencing 1 July 2013, was approved by the Governor-in-Council on 23 May 2013. Exhibit B to this affidavit is my letter of appointment as Mental Health Commissioner.

5. The Mental Health Commissioner is the chief executive officer of the Queensland Mental Health Commission as prescribed in the *Queensland Mental Health Commission Act 2013*. The functions of the Commission are stated in section 11 of that Act and include the preparation of a whole-of-government strategic plan for the improvement of mental health and limiting the harm associated with substance misuse in Queensland, and to review, evaluate, report and advise on the mental health and substance misuse system in Queensland. The Commission is a policy and advisory unit of the Queensland Government and it is not in the purview of the Commission to provide or question clinical advice. Exhibit C to this affidavit is the position description of the role of Mental Health Commissioner.

6. Under section 19 of the *Queensland Mental Health Commission Act 2013*, the Commissioner is to manage the performance of the Commission's functions and to make recommendations to the Minister.

7. I commenced in the position on 1 July 2013 but proceeded on previously planned leave for the period 1 August 2013 to 1 September 2013. Dr Frances Hughes was Acting Commissioner during this period.

8. The Queensland Mental Health and Drug Advisory Council was established under the *Queensland Mental Health Commission Act 2013*. Under section 38 of the Act, the Council is to advise the Commission on mental health and substance misuse issues, and to make recommendations to the Commission in relation its functions. Professor Harvey Whiteford was appointed as Chairperson of the Council in

September 2013 by the Minister for Health, after discussion between the Minister and I. Professor Whiteford and I recommended a list of proposed members to the Minister for consideration, and those persons were appointed from 24 February 2014. Exhibit D to this affidavit is a bundle of letters from Lawrence Springborg MP, Minister for Heath, appointing members of the Queensland Mental Health and Drug Advisory Council. The first meeting of the Council took place on 14 April 2014. The Commissioner has attended all meetings apart from the meeting of 31 August 2016 from which she was excused by the Chair to attend to a personal matter to a personal.

9. I had no involvement or input with the Statewide Adolescent Extended Treatment & rehabilitation Implementation Strategy Steering Committee.

Decision to close Barrett Adolescent Centre

10. Before commencing as Mental Health Commissioner, I received a confidential briefing by email from the Queensland Mental Health Commission Transition Unit on 18 June 2013, regarding the decision to close the Barrett Adolescent Centre. Exhibit E to this affidavit is a copy of the briefing email from the Director of the Transition Unit to my personal email address and attachments. I understood from the background information provided to me that:

    (a) the location of the Barrett Adolescent Centre was inadequate and unsafe for adolescent patients;

    (b) the closure of the Barrett Adolescent Centre had been planned for some time, though no closure date had been decided upon;

    (c) there were stakeholder concerns with the closure, as there had been significant media attention and petitions against closure;

    (d) West Moreton Hospital and Health Service was responsible for the transition; and

(e) the Expert Clinical Reference Group supported the proposed direction.

11. The Department of Health briefed me regarding the closure decision in July 2013 to enable me to respond to potential questions. Exhibit F to this affidavit is a copy of the email and attachment sent to the Queensland Mental Health Commission by Ms Sharon Kelly, Executive Director, Mental Health and Specialised Services, West Moreton Hospital and Health Service on 18 July 2013.

12. I was not involved in any decision to close the Barrett Adolescent Centre, nor was I consulted before the decision was made, and I was out of the country on leave when the decision was announced on 6 August 2013.

13. I am aware that the findings of the Expert Clinical Reference Group were finalised before the Commission began operating. A copy of the Recommendations and the Proposed Service Model Elements of the Expert Clinical Reference Group was provided to me on 30 July 2013. Exhibit G is a copy of the Recommendations and Proposed Service Model Elements provided to me on 30 July 2013.

14. On 24 July 2013 I attended a hearing before the Queensland Parliament's Health and Community Services Committee, and stated that I had not been briefed or received specific information from the chief executive of the West Moreton Hospital and Health Services.

15. On 28 July 2013, I received a lengthy email from Ms Alison Earls seeking my support in her goal to "Save the Barrett Centre". Ms Earls advised me that she had no personal connection to the Centre or any specialist expertise, and that she was merely providing a focal point for concerns she had heard and had initiated an online petition. Ms Earls also began to copy me into various emails to politicians and public health leaders in relation to the proposed closure. She also included details of a petition she had organised to "Save the Barrett". I am aware that that the petition gained 4000 signatures. Exhibit H to this affidavit is a copy of the email sent to me by Ms Earls on 28 July 2013.

16. I understand that in August 2013, the Acting Mental Health Commissioner responded to a number of expressions of concern advising them that "the Commission does not have the mandate or the authority to make decisions regarding individual services." Exhibit I to this affidavit is an example of this correspondence, being a copy of a letter sent to Mr Shayne Dearling by the Acting Mental Health Commissioner on 21 August 2013.

17. On 11 September 2013, I met with Ms Earls, [redacted] a [redacted] of a Barrett inpatient, and [redacted] a [redacted] of a Barrett inpatient, to hear their concerns. At that meeting I was presented with a paper outlining their concerns. Exhibit J to this affidavit is a copy of that document entitled "Concerns of consumers, carers & community in response to closure of the Barrett Adolescent Centre and the future of adolescent mental healthcare in Queensland" provided to me on 11 September 2013.

18. Exhibit J demonstrates that Ms Earls, [redacted] and [redacted] believed that the Commission would have a role in the design of the clinical service system, and that decisions should be put to one side until the whole of government strategic plan had been developed including advice from the Mental Health and Drug Advisory Council.

19. Prior to the meeting of 11 September 2013, I realised that two teacher aides intended to accompany Ms Earls. I asked her to make sure they were aware that their presence at the meeting could not be protected under right to information. I was concerned that they as employees of government may unwittingly find themselves in breach of their employment conditions by commenting on government policy, during work time using information gained as employees. Ultimately, they chose not to attend the meeting on 11 September.

20. I was not consulted regarding any possible restructure or the provision of alternative services, nor did I provide any advice or recommendations on alternative services.

21. I did not recommend a delay in the closure of the Barrett Adolescent Centre. I do not believe it is in the remit of the Commission to comment on the implementation of an operational matter relating to clinical services.

22. I was aware of the concerns of some families of inpatients that there was insufficient planning for transition to alternative services through various channels, including the media.

After the closure of the Barrett Adolescent Centre

23. From February 2014 onwards, on approximately a monthly basis, I met with Deputy Director General of the Department of Health, Dr Michael Cleary, and/or Chief Psychiatrist Dr Bill Kingswell. At these meetings I was advised that matters were progressing through West Moreton Hospital and Health Service, Children's Health Queensland and the relevant Hospital and Health Services, that funding was available and there was a plan in place for each young person.

24. In February 2014, I met with Ms Sharon Kelly, Executive Director and Dr Leanne Geppart, Acting Director of Strategy from the Mental Health and Specialised Services division of West Moreton Hospital and Health Service, to discuss a potential external review of the system change process. Exhibit K to this affidavit is a copy of an email conversation arranging a meeting with Ms Kelly and Dr Geppart. A review appeared, at first, to be a useful exercise designed to reflect on the consultation and decision making process. Following discussion with Ms Kelly and Dr Geppart a review funded by the Commission did not proceed due to the following factors:

    (a) any balanced review would require the participation of families that had no issues with the transition process;

    (b) a review might have had a negative impact on these families who simply wanted to get on with their lives – I had noted advice to me that many of them

were very pleased to have alternative support that provided services closer to home enabling their children to re-connect to friends and family; and

(c) a review might have signalled a delay in transition to those families dissatisfied with the process, which put further pressure on their children when the best outcome would be to increase their confidence that the changed services would in fact provide suitable care. The importance of giving young people confidence that they would continue to be supported with high quality care was a critical concern. This confidence would give them hope that they would recover to lead productive lives.

25. I recall being approached by a person from the non-government sector in relation to the adequacy of funding to support the young people being transitioned out of Barrett. I made enquiries with Dr Kingswell or Dr Cleary, who advised that resources were available and that they were to be allocated to the service chosen in consultation with the young person rather than to a specific non-government service.

26. During my meeting in February 2014 with Ms Kelly and Dr Geppart, I was shown around the closed Barrett Adolescent Centre site. I noted that the facility was rundown, though the grounds were very pleasant. I was concerned at the prospect that young people would be expected to spend a significant part of their adolescence in such a rundown facility.

27. In the period following the closure of the Barrett Adolescent Centre, the Commission continued to be copied into correspondence to senior government and Ministerial figures. I became concerned that there was a focus on a negative outcome and that this would adversely impact the young people, suggesting that the proposed alternative support services would not be adequate. Exhibit L to this affidavit is a bundle of correspondence sent to me and/or the Commission.

28. My key concern at this time was that due to various reports in the media and representations by the lobby group led by Ms Earls, a view was being promulgated

that without the Barrett Adolescent Centre there was no hope for these young people. In my opinion, that view was incorrect and was not in the best interests of those young people, or others with similar complex conditions.

29. As I noted in paragraph 13, I received a copy of the Recommendations and the Proposed Service Model Elements of the Expert Clinical Reference Group. My records show that I have not received a final report, if one exists. There would have been no need for me to receive a final report, as the decision to close was an operational decision for clinical services within Queensland Health.

30. I am not qualified, nor am I in a position to comment on whether or not there was sufficient time allocated to the transition process, as this is a clinical consideration.

Independence of the Mental Health Commissioner

31. I have not been issued any directions from the Health Minister pursuant to section 13 of the *Queensland Mental Health Commission Act 2013*.

32. I have no concerns regarding the independence and role of the Commission and in my role as Mental Health Commissioner. I am aware that some members of the community expected the Commission to seek the reversal of the decision to close the Barrett Adolescent Centre.

Consultation with the community

33. I received a significant amount of correspondence from families of Barrett Adolescent Centre patients, former patients, staff of the centre, and the then Acting Commissioner for Children and Young People and Child Guardian, Mr Barry Salmon. I have exhibited this correspondence in Exhibit L.

34. Other than the meeting on 11 September 2013 with Ms Earls, and I was not involved in any community consultation with families, carers,

patients, clinicians, staff or any relevant stakeholders regarding the closure of the Barrett Adolescent Centre and transition and replacement services.

35. When any concerns were raised with me or my office, I advised senior Queensland Health officers. I was verbally assured by Queensland Health that there was a well-resourced plan for each young person.

All the facts affirmed to in this affidavit are true to my knowledge and belief except as stated otherwise.

Affirmed by Lesley van Schoubroeck)
on 3 December 2015 at Brisbane in)
the presence of:)

A Justice of the Peace, C.Dec.,
Solicitor

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CERTIFICATE OF EXHIBIT

Exhibits A to L to the Affidavit of Dr Lesley van Schoubroeck affirmed on 3 December 2015.

Deponent

A J.P., C.Dec., Solicitor

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Barrett Adolescent Centre Commission of Inquiry

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RESUME LESLEY VAN SCHOUBROECK

Family name:	van Schoubroeck
First names:	Lesley
Nationality:	Australian
Education:	PhD (2009) Politics and Public Policy; Grad Dip Governance and Public Affairs (2005); MEd (1987); BSc (1983); Teaching Cert 1969.

PROFESSIONAL RECORD

MENTAL HEALTH COMMISSIONER (Queensland)

2013 to present

- In augural Chief Executive of the Queensland Mental Health Commission leading cross sectoral reform.

MENTAL HEALTH COMMISSION (Western Australia)

2012 to 2013

- Director Organisational Change in Mental Health Commission in Western Australia to lead the reform agenda, including structural and legislative issues across the portfolio.

DEPARTMENT OF THE PREMIER AND CABINET (Western Australia)

2010 to 2011

- Director Organisational Change seconded as a member of the Corporate Executive to the Mental Health Commission in Western Australia to lead the reform agenda.

2007-2009

- Member of the Government's Economic Audit Committee secretariat (from Nov 2008) tasked with preparing recommendations for sector wide public sector reform.
- Short term assignments providing strategic management advice to agencies while also completing a PhD thesis, including Visiting Fellow at the Office of the Auditor General reviewing the application for Key Performance Indicators across the public sector in Western Australia.
- Most of 2007, extending leave undertaking doctoral studies at Griffith University.

2002 to 2006: Senior Executive Service

- As Director, Review and Coordination in Public Sector Management, advised agencies and ministerial office staff on key issues in relation to reforms across Government, such as machinery of government changes; strategic planning; complaints management. Supported the operation of the Premier's Strategic Management Council of directors general which provided a key link between the political and administrative arms of Government.
- Worked collaboratively with the policy arm of the Department to link with administrative mechanisms to ensure policies were implemented.
- Seconded to the Department of Housing and Works to contribute to the organisational reform (2006).

DEPARTMENT OF TRAINING AND EMPLOYMENT (Western Australia)

1998 to 2002: Senior Executive Service

- Established and oversaw the first stage of the implementation of the Department's response to the digital divide including building community partnerships and ensuring a whole of government coordinated response.
- Made significant contribution to state and national policy in regard to access and equity within the Vocational Education and Training system including policies for women, people with disabilities, the ethnic community and indigenous people.
- Developed policy, guidelines and practices to incorporate access and equity into the quality assurance framework for public and private providers of Vocational Education and Training, in line with State and national legislation.
- Participated as a member of the Corporate Executive (2001)

FAMILY AND CHILDREN'S SERVICES (Western Australia)

1995 to 1998: Director Policy

- Participated as a member of the Corporate Executive
- Ensured strategic management requirements were met in a time of major organisational change.
- Supported three different Ministers for Family and Children's Services; represented the Minister for Youth at several national forums; established and supported the Family and Children's Ministerial Advisory Council and the Poverty Taskforce.

ROLES 1969-1993

- 1993 to 1995:Ministry of Justice (Western Australia) - Director Ministerial Liaison
- 1984 to 1993: Ministry of Education (Western Australia) – various policy, planning and research roles
- 1969 – 1983: Teacher of mathematics, science and computer studies in a range of country and metropolitan senior high schools in Queensland and WA working with 12 to 17 year olds.

PROFESSIONAL QUALIFICATIONS

2009	**PHD at Griffith University** in governance and public policy (based on a case study of the Gallop Government in Western Australia)
2005	**Graduate Diploma Governance and Public Affairs**; University of Queensland
1987	**Master of Education** (awarded the FG Bradshaw prize as the most outstanding M Ed graduate – specialising in the measurement of attitudes); UWA
1983	**Bachelor of Applied Science** (Mathematics) with Distinction; WAIT (Curtin)
1980	**Bachelor of Education**; WAIT (Curtin University)
1968	**Secondary Teaching Certificate**, Kelvin Grove, Queensland

MEMBERSHIPS

Institute of Public Administration Australia (WA Branch)
Zonta South Brisbane

PUBLICATIONS/ PRESENTATIONS

Van Schoubroeck, L. (2015) What's in a name? Australia's Mental Health Commissions, *Public Administration Today.* 41, 54-56.

Van Schoubroeck, L. (2012) Western Australia's Mental Health Commission. *Mental Health Review Journal.* 17, 4, 229-237.

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Van Schoubroeck, L. (2010b) *The Lure of Politics: Geoff Gallop's Government 2001-2006,* UWA Publishing, Perth.

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Van Schoubroeck, L. (2009b) Performance Measurement: So Much Stuff. Paper presented at *Performance Measurement Association Annual Conference.* Otago University, Dunedin, 14-17 April.

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Van Schoubroeck, L. (2007) Coordination in the Gallop government: a little more conversation please. *National IPPA Conference.* Perth, 20-21 September.

Van Schoubroeck, L. (2004) Strategic Collaboration. Paper presented to the *Annual Conference of the Institute of Chartered Accountants.* Perth.

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Andrich, D. & Van Schoubroeck, L. (1989) The General Health Questionnaire: a psychometric analysis using latent trait theory. *Psychological Medicine,* 19, 469-485.

Van Schoubroeck, L. (1986) The General Health Questionnaire: a Psychometric Analysis. Masters Thesis. Faculty of Education University of Western Australia.

van Schoubroeck L C (1988) Equal Opportunity in Employment Report 1: Technical Report of the Equal Employment Opportunity Survey, Ministry of Education, WA.

Queensland Government

Hon Lawrence Springborg MP
Minister for Health

Level 19
147-163 Charlotte Street Brisbane 4000
GPO Box 48 Brisbane
Queensland 4001 Australia
Telephone
Facsimile
Email

MI190327

Dr Lesley Van Schoubroeck
Director, Organisational Reform
Mental Health Commission
5th Floor, 81 St Georges Terrace
PERTH WA 6000

Dear Dr Van Schoubroeck

I am pleased to advise that Her Excellency the Governor, acting by and with the advice of the Executive Council and under the provisions of the *Queensland Mental Health Commission Act 2013*, approved your appointment as Commissioner of the Queensland Mental Health Commission for a term of three years commencing on 1 July 2013.

Notification of your appointment will be published in the *Queensland Government Gazette*.

The Governor in Council has approved total remuneration for the Commissioner commensurate with Senior Executive Service (SES) level 3.5 (currently $233,511 per annum) and other terms and conditions equivalent to those prescribed to officers classified at the SES level appointed under the Queensland *Public Service Act 2008*. The relevant terms and conditions are detailed in the Public Service Commission Directive 02/13, as enclosed.

As you would be aware, members of government agencies assume a public trust and confidence by virtue of their role in public administration. Good governance means that an organisation's leadership, its staff, the Government, the Parliament and the public can rely on the organisation to do its work well and with full probity and accountability.

Congratulations on your appointment. Please accept my thanks and appreciation for your commitment to serve the needs of Queensland mental health patients, their families and carers.

Should you require any further information in relation to this matter, I have arranged for Ms Kerry Ann Ungerer, Acting Director, Office of Health Statutory Agencies, System Policy and Performance Division, Department of Health, on telephone to be available to assist you.

Yours sincerely

LAWRENCE SPRINGBORG MP
Minister for Health

Establishment of the
Queensland Mental Health Commission

Queensland Government

Position Description

Title	Commissioner
Classification	SESH3 Total remuneration value $215,163 - $229,066
Division/Branch	Queensland Mental Health Commission
Location	Brisbane
Status	Contract (full time, not less than 3 years and not longer than 5 years)
Contact	Liz Crawford, KPMG's Executive Search & Selection
Closing date	14 December 2012

About the position

We are seeking an exceptional Commissioner with the vision, ability and public profile to lead the State's first Queensland Mental Health Commission (QMHC), which is tasked with driving a fundamental shift towards a more recovery-oriented, community-centred, evidence-based mental health and alcohol and other drugs system.

The position will be responsible for promoting cooperative effort by government, non government and private sector organisations providing clinical, non clinical and other human services to people with mental health and alcohol and other drugs issues, and for instigating the cultural change required to place community wellbeing and the best interests of consumers, carers and families at the centre of service planning and delivery. Deliverables will include the development of a whole-of-government strategic plan for mental health and alcohol and other drugs, monitoring and reporting on effort and advocating for systemic reform at the state and national level.

The Commissioner is accountable to the Minister for Health and answerable to an Advisory Council established under legislation. The Commissioner is responsible for leading the QMHC to achieve its vision through a performance driven and community focused culture while displaying exceptional value based behaviours. The Commissioner is expected to engage comprehensively with the wider public, including through ongoing consultation and engagement activities, public reporting and community education.

Queensland Mental Health Commission

The establishment of the QMHC is dependent on the enactment of the Queensland Mental Health Commission Bill 2012, which is currently before the Queensland Parliament. Subject to Parliamentary consideration, the successful applicant will be appointed by Governor-in-Council under the Act.

The QMHC will be established as a statutory body of the Queensland Government with approximately seven employees and will hold an operational budget of $2M.
In exercising its functions under the proposed Act, the QMHC will focus on the development and oversight of a strategic plan that addresses systemic mental health and alcohol and

other drug issues in consultation with stakeholders including consumers of mental health services and clients of drug and alcohol services.

Work environment

At the systems level, the QMHC will be required to work across all of the 18 Queensland Government Departments and with other relevant government, non government and private sector organisations to strategically plan for the improvement of the mental health and alcohol and other drugs system that requires:

- A coordinated and integrated approach across all levels of government and the private and non government sectors, including in the areas of health, housing, employment, education and justice;
- A strong emphasis on innovation, knowledge sharing, research and evidence-based policy and practice;
- Communication and collaboration between people who have a mental illness and their families and carers, people who misuse alcohol or other drugs, providers of mental health and alcohol and other drugs treatment services and the whole community; and
- Focus on promoting the mental health and wellbeing of Queenslanders, including by supporting prevention and early intervention and educating the community.

There are a number of key organisational challenges for the QMHC including:

- Prioritising and delivering on a reform agenda within fiscal and other constraints
- Managing the expectations of multiple stakeholder groups
- Coordinating efforts across a highly diverse and disparate sector
- Ensuring the strategic approach adopted takes into account the complexity of issues such as co-morbid issues associated with mental illness and alcohol or other drugs misuse, disability and homelessness issues as well the interaction between people who have a mental illness or who misuse alcohol or other drugs and the criminal justice system
- Ensuring the particular views and needs of different sections of the Queensland community, including Aboriginal and Torres Strait Islander communities, culturally and linguistically diverse communities and regional and remote communities
- Establishing effective engagement strategies to model the participation and involvement of:
    - People who have a mental illness and their families and carers and people who misuse alcohol or other drugs
    - Hospital and Health Boards under the *Hospital and Health Boards Act 2011*
    - Government, non government and private sectors
    - The whole community

Role and responsibilities

The Commissioner reports directly to the Minister for Health.

One of the key responsibilities of the Commissioner is to enable coordinated effort across government and non government sectors to improve service delivery and ensure that the wellbeing and best interests of consumers of mental health services, clients of alcohol and

other drugs services and their families and carers are recognised as paramount in service planning.

As the Commissioner, you will:

- In consultation with consumers, carers and families, providers of mental health, alcohol and other drugs and related services and government, non government and private sector agencies, oversee preparation for the Minister's approval a whole-of-government strategic plan for the improvement of mental health and the limiting of harms associated with alcohol and other drug use in Queensland.
- Provide high level, quality and timely advice to the Minister. Monitor and report regularly to the Minister regarding progress in implementing the whole-of-government strategic plan.
- Through the QMHC's annual report and other reporting mechanisms, provide strategic advice and recommendations to the Minister and Parliament on:
    - The QMHC's operation and strategic priorities;
    - The progress of fundamental reform across Government and the sector generally, including by evaluating the contributions of agencies to the priorities of the whole-of-government strategic plan; and
    - The effectiveness of the QMHC's sectoral and community engagement activities.
- Review the whole-of-government strategic plan every five years and prepare, in consultation with consumers, carers and families, providers of mental health, alcohol and other drugs and related services and government agencies, draft updates to the whole-of-government strategic plan for submission to the Minister for approval.
- Support the effective and efficient operation of the statutory Advisory Council. This will include, but is not limited to:
    - Reporting regularly and on request to the Advisory Council on performance of the QMHC's statutory functions;
    - Engaging the Advisory Council in high level discussion and consideration of strategic issues and priorities; and
    - Facilitating and attending meetings of the Advisory Council.
- Provide expert advice to support the development of the strategic directions, decision making and good governance, including analysis of trends and practice relevant to the functions of the QMHC. This includes reviewing, evaluating, reporting and advising on:
    - Mental health services, alcohol and other drugs treatment services and other services and programs provided to people with a mental illness and their carers and families and to people who misuse alcohol or other drugs; and
    - Other issues affecting people with a mental illness and their carers and families and people who misuse alcohol or other drugs.
- Promote and facilitate the sharing of knowledge and ideas about mental health and alcohol and other drugs issues. This includes undertaking and commissioning

research, and promoting innovation and evidence-based policy development and practice in relation to mental health and alcohol and other drugs issues.

- Support and promote:
    - The mental health and wellbeing of the community;
    - The prevention of mental illness and alcohol and other drugs misuse;
    - Early intervention strategies for mental illness and alcohol and other drugs misuse; and
    - The general health and wellbeing of people with a mental illness and their families and carers and people who misuse alcohol or other drugs.
- Educate the community about mental health and alcohol and other drugs issues, including for the purpose of reducing the stigma associated with mental illness and discrimination against people who have a mental illness.
- Build and sustain relationships with key government and non government stakeholders, fostering collaboration and participation in delivery of quality mental health alcohol and treatment services, initiatives, and strategic directions.
- Represent the QMHC in state, national, and international forums, to advance the standing of the QMHC, build networks, and share and acquire information to support the QMHC's performance.
- Shape and drive an adaptable and resilient organisation with operations and culture that are responsive to change. This includes meeting Chief Executive Officer accountabilities as outlined in the *Public Service Act 2008*.
- Attract and develop talent to optimise professional expertise within the QMHC to improve overall performance. This includes accountability for the use of employment practices and non-discriminatory work practices as outlined in the *Public Service Act 2008*.
- Be responsible for overall financial and corporate management, accountability and transparency, including monitoring resourcing pressures and maximising efficiency. This includes being the accountable officer in terms of the *Financial Accountability Act 2009*
- Undertake such other functions as approved by the Minister.

Is this position for you?

Information in this section outlines the basis of assessment of your suitability for this role.

The position requires a person who will take personal responsibility for serving the government of the day and delivering best practice in terms of service delivery and public sector management.

You will have outstanding leadership ability and a record of success as an agent of large-scale change in challenging environments. You will have extensive experience across the public, private and/or not-for-profit sector and a strong background in strategy, policy implementation, service delivery and client service. You will have a demonstrated record in building trust, cultivating positive partnerships and bringing together organisations and individuals to collaborate on meeting shared goals.

You will have worked as a senior executive and have a proven track record in fostering a confident, flexible and capable workforce. You will be expected to embed high ethical standards and quality of life principles into your working life as well as role model behaviours that uphold a safe, equitable and healthy working environment.

Key competencies include:

Performance through vision:
Demonstrated strategic leadership skills to provide a vision that is responsive to government priorities, community needs and changing expectations. Demonstrated ability to engage in ideas, innovation and risk. Proven professional expertise to effectively lead change and lead whole-of-government and sector planning. Credible and respected public profile, ability to engage respectfully with different views and agendas and ability to inspire public confidence in the work and priorities of the Commission.

Performance through results:
Demonstrated superior ability to manage organisational performance and build organisational capability. Demonstrated high level capacity to lead an organisation with clear accountability structures and standards of behaviour while building effective external relationships and inspiring commitment in the pursuit of results. A demonstrated record of delivering results in changing environments, including by catalysing dynamic, robust and productive partnerships across a wide variety of stakeholders and interests.

Performance through accountability:
Proven ability to model integrity, honesty, fairness, impartiality, and commitment to display courage in the provision of advice and decision-making. Ensuring public accountability required to deliver on reforms to the mental health, alcohol and other drugs service system. Demonstrated ability to communicate vision and results to executive government, stakeholders and the public. Extensive and relevant experience to apply sound corporate governance and apply political impartiality and independence. Demonstrated commitment to personal development and growth.

While not essential, qualifications in law or public administration would be highly desirable.

How to apply

To apply for the position of Commissioner, QMHC, please provide the following:

- A brief statement of no more than 2 pages on how you meet the key competencies listed above.
- A comprehensive and current resume that details your qualifications, experience and achievements as well as the names of two referees.

If you have any queries, please contact Liz Crawford at KPMG's Executive Search and Selection on [redacted] or via email [redacted]

Apply in strict confidence, quoting Ref No 74825:

- by emailing your application to [redacted] or
- by faxing to [redacted] or
- by mailing to Liz Crawford, KPMG, GPO Box 223, Brisbane QLD 4001.

DO NOT lodge your application through Smart Jobs and Careers site

Hon Lawrence Springborg MP
Minister for Health

QUEENSLAND GOVERNMENT

Level 19
147-163 Charlotte Street Brisbane 4000
GPO Box 48 Brisbane
Queensland 4001 Australia
Telephone
Facsimile +
Email

1 - OCT 2013

Professor Harvey Whiteford

Dear Professor Whiteford

I am pleased to advise that under the provisions of the *Queensland Mental Health Commission Act 2013*, I have approved your appointment as Chairperson of the Queensland Mental Health and Drug Advisory Council for a term of three years commencing on 26 September 2013.

Dr Lesley van Schoubroeck, Commissioner, Queensland Mental Health Commission, has been advised of your appointment.

Attached for your information is a copy of your remuneration entitlements.

As you would be aware, members of Government agencies assume a public trust and confidence by virtue of their role in public administration. Good governance means that an organisation's leadership, its staff, the Government, the Parliament and the public can rely on the organisation to do its work well and with full probity and accountability.

Congratulations on your appointment. Please accept my thanks and appreciation for your commitment to serve the needs of Queensland mental health patients, their families and carers.

Should you require any further information in relation to this matter, I have arranged for Mr Mark Tuohy, Acting Director, Office of Health Statutory Agencies, Department of Health on telephone to be available to assist you.

Yours sincerely

LAWRENCE SPRINGBORG MP
Minister for Health

Category E2

The following sets out the fees and allowances payable to the Chairperson, Deputy Chairperson and Members of the Queensland Mental Health and Drug Advisory Council as approved by the Governor in Council on 26 September 2013:

Position	Meeting fees		Special assignment fees	
	>4 hours	4 hours and less	>4 hours	4 hours and less
Chairperson	$392	$196	$326	$163
Deputy Chairperson / Member	$314	$157	$262	$131

Under the Government policy *Remuneration of Part-Time Chairs and Members of Government Boards, Committees and Statutory Authorities: Remuneration procedures*, all necessary and reasonable expenses incurred while travelling on business and attending meetings in connection with the functions of the Queensland Mental Health and Drug Advisory Council may be paid to the Chairperson, Deputy Chairperson and Members in accordance with the following arrangements:

- Economy class air travel to be used;
- Motor vehicle allowances as varied from time to time by the Governor in Council; and
- Domestic travelling and relieving expenses as varied from time to time by the Governor in Council.

Hon Lawrence Springborg MP
Minister for Health

QUEENSLAND GOVERNMENT

Level 19
147-163 Charlotte Street Brisbane 4000
GPO Box 48 Brisbane
Queensland 4001 Australia
Telephone
Facsimile
Email

- 4 OCT 2013

Dr Lesley van Schoubroeck
Commissioner
Queensland Mental Health Commission
PO Box 13027
BRISBANE QLD 4003

Dear Dr van Schoubroeck

I am pleased to advise that under the provisions of the *Queensland Mental Health Commission Act 2013*, I have approved Professor Harvey Whiteford's appointment as Chairperson of the Queensland Mental Health and Drug Advisory Council for a term of three years commencing on 26 September 2013.

Remuneration entitlements for the Queensland Mental Health and Drug Advisory Council Chairperson, Deputy Chairperson and Members have been approved by the Governor in Council and a copy is attached for your information.

Should you require any further information in relation to this matter, I have arranged for Mr Mark Tuohy, Acting Director, Office of Health Statutory Agencies, Department of Health on telephone to be available to assist you.

Yours sincerely

LAWRENCE SPRINGBORG MP
Minister for Health

Hi Lesley,
See my email.

Category E2

The following sets out the fees and allowances payable to the Chairperson, Deputy Chairperson and Members of the Queensland Mental Health and Drug Advisory Council as approved by the Governor in Council on 26 September 2013:

Position	Meeting fees		Special assignment fees	
	>4 hours	4 hours and less	>4 hours	4 hours and less
Chairperson	$392	$196	$326	$163
Deputy Chairperson / Member	$314	$157	$262	$131

Under the Government policy *Remuneration of Part-Time Chairs and Members of Government Boards, Committees and Statutory Authorities: Remuneration procedures*, all necessary and reasonable expenses incurred while travelling on business and attending meetings in connection with the functions of the Queensland Mental Health and Drug Advisory Council may be paid to the Chairperson, Deputy Chairperson and Members in accordance with the following arrangements:

- Economy class air travel to be used;
- Motor vehicle allowances as varied from time to time by the Governor in Council; and
- Domestic travelling and relieving expenses as varied from time to time by the Governor in Council.

Queensland Government

Hon Lawrence Springborg MP
Minister for Health

Level 19
147–163 Charlotte Street Brisbane 4000
GPO Box 48 Brisbane
Queensland 4001 Australia
Telephone
Facsimile
Email

RECEIVED
20 MAR 2014
BY:

Dr Lesley van Schoubroeck
Commissioner
Queensland Mental Health Commission
PO Box 13027
BRISBANE QLD 4003

Dear Dr van Schoubroeck

I am writing to confirm that, under sections 39 and 40 of the *Queensland Mental Health Commission Act 2013*, the following inaugural appointments have been made to the Queensland Mental Health and Drug Advisory Council (the Council) from 24 February 2014.

Three year term	Two year term
• Ms Jan Kealton (Deputy Chairman)	• Professor Gracelyn Smallwood
• Mr Ben Tune	• Ms Ailsa Rayner
• Mr Etienne Roux	• Ms Amelia Callaghan
• Mr Kingsley Bedwell	• Professor Brenda Happell
• Mr Mitchell Giles	• Dr Christian Rowan
	• Ms Debra Spink
	• Mr Luke Terry

I enclose for your information a copy of remuneration entitlements payable to members of the Council.

I have written separately to members of the Council. Advice has also been forwarded to Professor Harvey Whiteford, Chairman of the Council.

Should you require any further information in relation to this matter, I have arranged for Mr Mark Tuohy, Director, Office of Health Statutory Agencies, Department of Health on telephone to be available to assist you.

Yours sincerely

LAWRENCE SPRINGBORG MP
Minister for Health

Encl.

Category E2

The following sets out the fees and allowances payable to the Chairman, Deputy Chairman and Members of the Queensland Mental Health and Drug Advisory Council as approved by the Governor in Council on 26 September 2013:

Position	Meeting fees		Special assignment fees	
	>4 hours	4 hours and less	>4 hours	4 hours and less
Chairman	**$392**	**$196**	**$326**	**$163**
Deputy Chairman/Member	**$314**	**$157**	**$262**	**$131**

Under the Government policy *Remuneration of Part-Time Chair and Members of Government Boards, Committees and Statutory Authorities: Remuneration procedures,* all necessary and reasonable expenses incurred while travelling on business and attending meetings in connection with the functions of the Queensland Mental Health and Drug Advisory Council may be paid to the Chairman, Deputy Chairman and Members in accordance with the following arrangements:

- Economy class air travel to be used;
- Motor vehicles allowances as varied from time to time by the Governor in Council; and
- Domestic travelling and relieving expenses as varied from time to time by the Governor in Council.

(1)

Queensland Government

Hon Lawrence Springborg MP
Minister for Health

Level 19
147–163 Charlotte Street Brisbane 4000
GPO Box 48 Brisbane
Queensland 4001 Australia
Telephone
Facsimile
Email

Mr Kingsley Bedwell

Dear Mr Bedwell

I am pleased to confirm, under section 39 of the *Queensland Mental Health Commission Act 2013*, your appointment as a Member of the Queensland Mental Health and Drug Advisory Council (the Council) for a three year term commencing from 24 February 2014.

I enclose for your information a copy of remuneration entitlements payable to members of the Council. Professor Harvey Whiteford, Chairman of the Council, and Dr Lesley van Schoubroeck, Commissioner, Queensland Mental Health Commission, have both been advised of your appointment.

As you would be aware, members of Government agencies assume a public trust and confidence by virtue of their role in public administration. Good governance means that an organisation's leadership, its staff, the Government, the Parliament and the public can rely on the organisation to do its work well and with full probity and accountability.

Congratulations on your appointment. Please accept my thanks and appreciation for your commitment to serve the needs of Queensland mental health patients, their families and carers.

Should you require any further information in relation to this matter, I have arranged for Ms Bec Tan, Acting Advisory Council Secretariat, Queensland Mental Health Commission, on telephone to be available to assist you.

Yours sincerely

LAWRENCE SPRINGBORG MP
Minister for Health

Encl.

Category E2

The following sets out the fees and allowances payable to the Chairman, Deputy Chairman and Members of the Queensland Mental Health and Drug Advisory Council as approved by the Governor in Council on 26 September 2013:

Position	Meeting fees		Special assignment fees	
	>4 hours	4 hours and less	>4 hours	4 hours and less
Chairman	$392	$196	$326	$163
Deputy Chairman/Member	$314	$157	$262	$131

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- Economy class air travel to be used;
- Motor vehicles allowances as varied from time to time by the Governor in Council; and
- Domestic travelling and relieving expenses as varied from time to time by the Governor in Council.

Claire Ashworth

From: Liz Powell
Sent: Tuesday, 18 June 2013 4:46 PM
To:
Subject: Barrett Centre
Attachments: barrett1 for LVS.doc.pdf; barrett2 for LVS.docm; Barrett for LVS.doc

Hi Lesley
The Branch have sent through a bit of info on Barrett for you. It is a complex and highly emotive debate so it is good you didn't get caught up in it without a full briefing. The attached information is for your eyes only and will give you a bit of background. I am happy to brief you further if required. I am off tomorrow but have the blackberry if you need me.
Kind regards
Liz

Liz Powell
Director, Queensland Mental Health Commission Transition Unit
MHAODB
Ph:
Mobile:
Email:

Hon Lawrence Springborg MP
Minister for Health

Level 19
147-163 Charlotte Street Brisbane 4000
GPO Box 48 Brisbane
Queensland 4001 Australia
Telephone
Facsimile
Email

2 1 MAR 2013

Mr Neil Laurie
Clerk of the Parliament
Queensland Parliamentary Service
George Street
BRISBANE QLD 4000

Dear Mr Laurie

I write in response to your letter regarding petition number 2016-12, tabled in Parliament on 5 March 2013, in relation to a request to not close the Barrett Adolescent centre.

Please be assured that I, along with West Moreton Hospital and Health Service, am committed to ensuring Queensland's adolescents have access to the mental health care and treatment they need.

I can advise that no final decision has been made regarding the Barrett Adolescent Centre. However, the West Moreton Hospital and Health Service is collaborating with a multidisciplinary expert clinical reference group to review models of care that will meet the needs of adolescents requiring longer mental health treatment. Any revised model of care will ensure that Queensland's youth will continue to receive the excellent mental health care that they have always received.

The West Moreton Hospital and Health Service is working together with the community, mental health consumers and their families to ensure they are kept up-to-date. A communication plan has been developed to ensure that all stakeholders are kept up-to-date regarding the progress in the development of the model of care. I would like to assure you that consultation will be broadly based prior to a final decision being made.

I trust this information is of assistance to the petitioners.

Yours sincerely

LAWRENCE SPRINGBORG MP
Minister for Health

Title: Response to Meeting Request with the Minister regarding a petition for a dedicated Adolescent and Young Adult Mental Health Ward in Far North Queensland

Summary Points:

- Mental health reform is ongoing within Queensland's public mental health system. This reform includes the commitment to move consumers from long term institutions and facilities to contemporary models of service and community care settings that are consistent with national and state mental health reforms.
- Currently, Barrett Adolescent Centre (BAC) located within The Park Centre for Mental Health (TPCMH), West Moreton Hospital and Health Service (WMHHS) provides a state wide service of extended treatment and rehabilitation for up to 15 adolescents with severe and complex mental health disorders.
- In November 2012, WMHHS indicated that it was exploring the possibility of transferring existing BAC services and functions. This was due to a number of factors including:
    - The capital fabric of BAC is no longer able to meet the requirements of a contemporary model of care for adolescent extended treatment and rehabilitation and
    - In the future, TPCMH will become exclusively a High Secure and Secure Rehabilitation Mental Health Service.
    - It was planned to build the Adolescent Extended Treatment and Rehabilitation Unit Redlands adjacent to the Redlands Hospital. The capital allocation previously attached to the new unit has been reallocated to other capital priorities but the operational funding will be utilized to fund adolescent services across the state.
- The WMHHS initiated the **Barrett Adolescent Strategy** in December 2012 with the formation of a BAC Planning Group with consultation and guidance from a multidisciplinary Expert Clinical Reference Group (ECRG) to consider alternative contemporary model(s) of care to replace the statewide services currently provided by BAC.
- Localized models of care are being considered given a policy direction which articulates a need to treat young people close to their homes with minimal disruption to their family, educational, social and community networks.
- The National Mental Health Policy (2008) articulates that 'non acute bed-based services should be community based wherever possible'. Accordingly, options including additional day programs and alternatives provided by the non-government sector have been considered by the ECRG.
- A draft model of service has been developed by the ECRG and will be forwarded to the Planning Group for discussion and endorsement.
- Adolescent inpatient services provided across Queensland include:
    - Logan Hospital (10 acute beds)

- Gold Coast (8 acute beds)
- Mater (12 acute beds)
- RBWH (12 acute beds)
- Toowoomba (8 acute beds)

In development

- Townsville (6 acute beds **to be operational May 2013**)

Proposed by Cairns HHS

- Cairns (2 Acute Adolescent beds in the Pediatric Unit)

Other relevant child and youth services include the following:

- Community Child and Youth Mental Health Services (CCYMHS) are located throughout the state (single practitioner to large multidisciplinary teams) including Cairns. Some teams in larger areas have super-specialist capability e.g. dual diagnosis and some capacity to provide training and support to other CCYMHS through networks of interested mental health professionals. These services are appropriate for moderate to severe and complex mental health disorders.
- Evolve Therapeutic Services are for children and young people in out of home care with complex or extreme mental health needs who require intensive, interdepartmental response.
- Day Programmes e.g. Mater Day Programme for the assessment and treatment of serious mental health disorders that do not require admission but need greater intensity than available in a community service.
- e-CYMHS provides psychiatrists on a scheduled basis and coordinators delivering services to teams across the state. (Mater and RCH)
- Forensic mental health services provides services to young people in detention (Brisbane and Townsville) and is appropriate for the assessment and treatment of young people with mental health disorders and/or substance abuse issues.

Author: Vaoita Turituri
Senior Project Officer
Planning and Partnerships Unit
Mental Health Alcohol and Other Drugs Branch
[redacted]
4/04/2013

Cleared by: Marie Kelly
Manager, Planning and Partnerships Unit
Mental Health Alcohol and Other Drugs Branch
[redacted]
<Date>

Cleared by: Dr Leanne Geppert
Director, Planning and Partnerships Unit
Mental Health Alcohol and Other Drugs Branch
[redacted]
<Date>

EXHIBIT 130

Pages 37 through 38 redacted for the following reasons:

1

Claire Ashworth

From: Liz Powell
Sent: Tuesday, 18 June 2013 3:27 PM
To: Marie Kelly; Vaoita Turituri; Emma Foreman; Scott James
Subject: Re: Fwd: Barrett

Hi Vaoita
Thank you for your help
Liz

Liz Powell
Director, Queensland Mental Health Commission Transition Unit
MHAODB
Ph:
Mobile:
Email:
>>> Vaoita Turituri 18/06/2013 12:16 PM >>>
Hello all,

I have put together some information that you may find relevant and useful regarding the Barrett Adolescent Centre. Happy to provide more if required.

regards
Vaoita

Vaoita Turituri
Planning and Partnerships Unit
Mental Health Alcohol and Other Drugs Branch
Health Services and Clinical Innovation Division
Level 2, Queensland Health Building
15 Butterfield Street
BRISBANE QLD 4006
GPO Box 2368
FORTITUDE VALLEY BC QLD 4006
Phone: | **Fax:** | **Email:**

>>> Marie Kelly 18/06/2013 11:56 am >>>
Hi Scott and Team,

Could you please assist Liz asap.

thanks Marie

Marie Kelly

A/Director
Planning & Partnerships Unit
Mental Health Alcohol and Other Drugs Branch
Health Services and Clinical Innovation Division
Telephone:
Mobile:

Address: Level 2/ 15 Butterfield Street

Herston Qld 4006
Postal: PO Box 2368
Fortitude Valley BC 4006

>>> Liz Powell 6/18/2013 11:50 am >>>
Hi Marie
I have had a request from Lesley, our incoming Commissioner, see below

'I have just refused an offer from the Minister's office to speak to ABC radio on Wednesday on the Barrett Centre - can you please send anything that goes in the press about it - and if there is a short statement on what it is, where it is that causes no one any work can you shoot it across please.'

Do you have any succinct briefs or documents that could meet Lesleys enquiries
Thank s
Liz

Liz Powell
Director, Queensland Mental Health Commission Transition Unit
MHAODB
Ph:
Mobile:
Email:

EXHIBIT 130

Pages 41 through 43 redacted for the following reasons:

Rowdy PR

MEDIA STATEMENT

Formatted: Hidden

22 November 2012

HOLDING STATEMENTS – BARRETT ADOLESCENT CENTRE

Please attribute the following to West Moreton Hospital and Health Service Chief Executive Lesley Dwyer:

West Moreton Hospital and Health Service is committed to ensuring adolescents have access to the mental health care they need.

No final decision about Barrett Adolescent Centre has been made, however West Moreton Hospital and Health Service is collaborating with an expert clinical reference group to review various models of care to meet the needs of adolescents requiring longer term mental health treatment.

The Hospital and Health Service is working closely with mental health experts to ensure any new model of care for Queensland's adolescents is appropriate and based on best available evidence.

We will also work together with the community and mental health consumers to ensure they are kept up-to-date.

Queensland's youth will continue to receive the excellent mental health care that they have always received.

We want adolescents to be able to receive the care they need as close to their home as possible.

The Park has expanded in its capacity as a high secure forensic adult mental health facility. This is not a suitable place for adolescents.

My goal is to ensure that the adolescents currently at Barrett Adolescent Centre 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 treatment.

Hon Lawrence Springborg MP
Minister for Health

Level 19
147-163 Charlotte Street Brisbane 4000
GPO Box 48 Brisbane
Queensland 4001 Australia
Telephone
Facsimile +
Email

21 MAR 2013

Mr Neil Laurie
Clerk of the Parliament
Queensland Parliamentary Service
George Street
BRISBANE QLD 4000

Dear Mr Laurie

I write in response to your letter regarding petition number 2016-12, tabled in Parliament on 5 March 2013, in relation to a request to not close the Barrett Adolescent centre.

Please be assured that I, along with West Moreton Hospital and Health Service, am committed to ensuring Queensland's adolescents have access to the mental health care and treatment they need.

I can advise that no final decision has been made regarding the Barrett Adolescent Centre. However, the West Moreton Hospital and Health Service is collaborating with a multidisciplinary expert clinical reference group to review models of care that will meet the needs of adolescents requiring longer mental health treatment. Any revised model of care will ensure that Queensland's youth will continue to receive the excellent mental health care that they have always received.

The West Moreton Hospital and Health Service is working together with the community, mental health consumers and their families to ensure they are kept up-to-date. A communication plan has been developed to ensure that all stakeholders are kept up-to-date regarding the progress in the development of the model of care. I would like to assure you that consultation will be broadly based prior to a final decision being made.

I trust this information is of assistance to the petitioners.

Yours sincerely

LAWRENCE SPRINGBORG MP
Minister for Health

Title: Response to Meeting Request with the Minister regarding a petition for a dedicated Adolescent and Young Adult Mental Health Ward in Far North Queensland

Summary Points:

- Mental health reform is ongoing within Queensland's public mental health system. This reform includes the commitment to move consumers from long term institutions and facilities to contemporary models of service and community care settings that are consistent with national and state mental health reforms.
- Currently, Barrett Adolescent Centre (BAC) located within The Park Centre for Mental Health (TPCMH), West Moreton Hospital and Health Service (WMHHS) provides a state wide service of extended treatment and rehabilitation for up to 15 adolescents with severe and complex mental health disorders.
- In November 2012, WMHHS indicated that it was exploring the possibility of transferring existing BAC services and functions. This was due to a number of factors including:
    - The capital fabric of BAC is no longer able to meet the requirements of a contemporary model of care for adolescent extended treatment and rehabilitation and
    - In the future, TPCMH will become exclusively a High Secure and Secure Rehabilitation Mental Health Service.
    - It was planned to build the Adolescent Extended Treatment and Rehabilitation Unit Redlands adjacent to the Redlands Hospital. The capital allocation previously attached to the new unit has been reallocated to other capital priorities but the operational funding will be utilized to fund adolescent services across the state.
- The WMHHS initiated the **Barrett Adolescent Strategy** in December 2012 with the formation of a BAC Planning Group with consultation and guidance from a multidisciplinary Expert Clinical Reference Group (ECRG) to consider alternative contemporary model(s) of care to replace the statewide services currently provided by BAC.
- Localized models of care are being considered given a policy direction which articulates a need to treat young people close to their homes with minimal disruption to their family, educational, social and community networks.
- The National Mental Health Policy (2008) articulates that 'non acute bed-based services should be community based wherever possible'. Accordingly, options including additional day programs and alternatives provided by the non-government sector have been considered by the ECRG.
- A draft model of service has been developed by the ECRG and will be forwarded to the Planning Group for discussion and endorsement.
- Adolescent inpatient services provided across Queensland include:
    - Logan Hospital (10 acute beds)

- Gold Coast (8 acute beds)
- Mater (12 acute beds)
- RBWH (12 acute beds)
- Toowoomba (8 acute beds)

In development

- Townsville (6 acute beds **to be operational May 2013**)

Proposed by Cairns HHS

- Cairns (2 Acute Adolescent beds in the Pediatric Unit)

Other relevant child and youth services include the following:

- Community Child and Youth Mental Health Services (CCYMHS) are located throughout the state (single practitioner to large multidisciplinary teams) including Cairns. Some teams in larger areas have super-specialist capability e.g. dual diagnosis and some capacity to provide training and support to other CCYMHS through networks of interested mental health professionals. These services are appropriate for moderate to severe and complex mental health disorders.
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- Day Programmes e.g. Mater Day Programme for the assessment and treatment of serious mental health disorders that do not require admission but need greater intensity than available in a community service.
- e-CYMHS provides psychiatrists on a scheduled basis and coordinators delivering services to teams across the state. (Mater and RCH)
- Forensic mental health services provides services to young people in detention (Brisbane and Townsville) and is appropriate for the assessment and treatment of young people with mental health disorders and/or substance abuse issues.

Author: Vaoita Turituri
Senior Project Officer
Planning and Partnerships Unit
Mental Health Alcohol and Other Drugs Branch

4/04/2013

Cleared by: Marie Kelly
Manager, Planning and Partnerships Unit
Mental Health Alcohol and Other Drugs Branch

<Date>

Cleared by: Dr Leanne Geppert
Director, Planning and Partnerships Unit
Mental Health Alcohol and Other Drugs Branch

<Date>

From: Sharon Kelly
Sent: Thursday, 18 July 2013 3:26 PM
To: QMHC Corro
Cc: Annette Allan; Bronwyn Mitchell; Leanne Geppert; Naomi Ford
Subject: confidential brief for Barrett Adolescent Strategy
Attachments: 20130718150230413.pdf

Please find attached a brief confirming actions to date regarding Barrett adolescent strategy.

Please note subject remains confidential. If more information or clarification is required please contact Ms Sharon Kelly Executive Director Mental Health and Specialised Services.

Regards
Sharon Kelly

Sharon Kelly
Executive Director
Mental Health and Specialised Services

West Moreton Hospital and Health Service
T:
E:

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

www.health.qld.gov.au

Department RecFind No:	
Division/HHS:	MD09
File Ref No:	

Briefing Note for Noting

Queensland Mental Health Commissioner

Requested by: Lesley Dwyer, Chief Executive, West Moreton Hospital and Health Service

Date requested: 16 July 2013

Action required by: 19 July 2013

SUBJECT: Barrett Adolescent Strategy

Proposal

That the Commissioner:

Note progress in the Barrett Adolescent Strategy and the pending actions.
And
Note no public announcement has been made to-date about closure of the Barrett Adolescent Centre, but is anticipated within the next two weeks.

Urgency

1. Urgent. There is growing concern amongst stakeholders of the Barrett Adolescent Strategy, (the Strategy) regarding timely communication about the future of the Barrett Adolescent Centre (BAC).

Headline Issues

2. The top issues are:
   - Commencing December 2012, the Strategy conducted broad consultation and planning processes pertaining to the provision of adolescent mental health extended treatment and rehabilitation care in Queensland.
   - Seven recommendations made by the Expert Clinical Reference Group were considered by the West Moreton Hospital and Health Board (the Board) on 24 May 2013.
   - The Board considered the recommendations and decided to approve the closure of BAC dependent on alternative, appropriate care provisions for the adolescent target group and a targeted communication process prior to public announcement.
   - Consultation was most recently conducted with the Minister for Health on 15 July 2013, with his support to proceed following communication with the Director General, Department of Education, Training and Employment and the Queensland Mental Health Commissioner.

Key issues

3. It is proposed that BAC will close by 31 December 2013.
4. There is significant consumer/carer, community, mental health sector and media interest about a decision regarding the future of the BAC. Timely public notification is a priority and a comprehensive communication plan has been developed.
5. Some stakeholders within the mental health sector and community have noted strong support for maintaining services at BAC indefinitely and the issue has attracted significant media attention.
6. The pending actions for the Strategy include:-
   - finalisation of the targeted communication process with the Director General, Department of Education, Training and Employment and the Queensland Mental Health Commissioner;
   - public notification of the closure of BAC and ceasing all new admissions to the service;
   - supporting the transition of current BAC consumers to alternative care options that best meet their individual needs; and

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- the transfer of current operational funding from BAC to the alternative service options being developed/identified.

7. The Department of Health is urgently progressing planning for Youth Prevention and Recovery Care (Y-PARC) services to be established in Queensland by January 2014. This service type will provide one alternative care option for the adolescent target group currently accessing BAC.

Background

8. BAC is a 15-bed inpatient service for adolescent mental health extended treatment and rehabilitation that is located at The Park – Centre for Mental Health (The Park).
9. The BAC model of care and education program was developed and implemented 30 years ago.
10. Department of Education, Training and Employment provide an on-site school for BAC consumers (including some day patients).
11. The BAC cannot continue to provide services due to The Park becoming an adult secure and forensic campus by 2014, and because the capital fabric of BAC is no longer fit-for-purpose.
12. It is not in the best interests of adolescents requiring extended treatment and rehabilitation services to be cared for in an inpatient facility that is located within the same environment as adults with forensic mental health diagnoses requiring high secure treatment.
13. There is currently no capital funding to build a replacement adolescent extended treatment and rehabilitation facility at an alternate location in Queensland.
14. Contemporary models of care support community-based services for adolescents requiring extended treatment and rehabilitation.
15. The Expert Clinical Reference Group consisted of multidisciplinary state wide representation of child and youth mental health clinicians, an interstate child and youth mental health psychiatrist, education representative, and consumer and carer representatives.

Consultation

9. Consultation about the proposed next stages of the Strategy and Board decision for closure of BAC has been limited to the Minister for Health; the Director General Department of Health; Dr Peter Steer, Children's Health Services; and Dr Michael Cleary and Dr Bill Kingswell, Health Services and Clinical Innovation, Department of Health. A briefing will also be provided to the Director General, Department of Education, Training and Employment.
16. Agreement has been reached that the Strategy will be finalised through a partnership between West Moreton Hospital and Health Service, Children's Health Services and the Department of Health.

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Recommendation
That the Commissioner:

Note progress in the Barrett Adolescent Strategy and the pending actions.
And
Note no public announcement has been made to-date about closure of the Barrett Adolescent Centre, but is anticipated in the next two weeks.

APPROVED/NOT APPROVED NOTED

Dr Lesley van Schoubroeck
Commissioner

/ /

Commissioner's comments

Author	Cleared by: (SD/Dir)	Content verified by: (CEO/DDG/Div Head)
Dr Leanne Geppert	Sharon Kelly	Lesley Dwyer
A/Director of Strategy	Executive Director	Chief Executive
Mental Health & Specialised Services, WM HHS	Mental Health & Specialised Services, WM HHS	West Moreton HHS
17 July 2013	17 July 2013	18 July 2013

Barrett Adolescent Strategy

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

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

Expert Clinical Reference Group Recommendations	WM HH Board 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.** A collaborative partnership is proposed to facilitate this recommendation – West Moreton HHS, Mental Health Alcohol and Other Drugs Branch (Health Services & Clinical Innovation Division), Children's Health Services.
b) Formal planning including consultation with stakeholder groups will be required.	**Accept.** 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

Expert Clinical Reference Group Recommendation	West Moreton HH Board Recommendation
a) An inpatient Tier 3 service should be prioritised to provide extended treatment and rehabilitation for adolescents with severe and persistent mental illness.	**Accept with caveats.** 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

"G"

	Adolescent Centre [BAC]) are not considered contemporary within the National Mental Health Service Planning Framework *(in draft)*. 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 Queensland to meet the requirement of this recommendation. Contestability reforms in Queensland may allow for this service component to be provider agnostic.

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

Expert Clinical Reference Group Recommendations	West Moreton HH Board 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 inpatient 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.	**Accept.** 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. This supported discharge process can begin immediately. 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.

	BAC will close. A date will be set for 'no new admissions'. A comprehensive communication is under development. The service will remain open to the current consumer group until appropriate, alternative care options are established for each consumer.
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.	**Accept.**

4. Duration of treatment

Expert Clinical Reference Group Recommendation	West Moreton HH Board Recommendation
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.	**Accept with caveats.** This issue requires further deliberation within the statewide planning process. 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.

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

Expert Clinical Reference Group Recommendations	West Moreton HH Board Recommendations
a) Access to on-site schooling (including suitably qualified educators), is	**Accept with caveats.**

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 an inpatient Tier 3 service.	West Moreton HH Board recommends removing *"Band 7"* from the Expert Clinical Reference Group 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. The West Moreton HH Board supports the statement that educational resources are essential to adolescent extended treatment and rehabilitation services. The West Moreton HH Board recommends consultation with DETE once a statewide clinical model is finalised.
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).	**Accept with caveat.** The West Moreton HH Board recommends this statement should be changed to read as: ~~As an aside,~~ Strong 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).

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

Expert Clinical Reference Group Recommendations	West Moreton HH Board 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	**Accept.** Note that this service could be provider agnostic.

community mental health. A pilot site is essential.	
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)

Expert Clinical Reference Group Recommendations	West Moreton HH Board 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.

Barrett Adolescent Strategy

Notes:

- BAC – Barrett Adolescent Centre
- ECRG – Expert Clinical Reference Group
- WM HH Board – West Moreton Hospital and Health Board
- Tiers proposed by Expert Clinical Reference Group
  - **Tier 1** – Public Community Child and Youth Mental Health Services (existing)
  - **Tier 2a** – Adolescent Day Program Services (existing + new)
  - **Tier 2b** – Adolescent Community Residential Service/s (new)
  - **Tier 3** – Statewide Adolescent Inpatient Extended Treatment and Rehabilitation Service (new).
- New Acute Adolescent Inpatient Child and Youth Mental Health Service in Townsville (inpatient beds and day program) anticipated to open August / September 2013.

Barrett Adolescent Strategy
Expert Clinical Reference Group

Proposed Service Model Elements
Adolescent Extended Treatment and Rehabilitation Services (AETRS)

Preamble

Mental health disorders are the most prevalent illnesses affecting adolescents today. Of particular note is the considerable evidence that adolescents with persisting and severe symptomatology are those most likely to carry the greatest burden of illness into adult life. Despite this, funding for adolescent (and child) mental health services is not proportional to the identified need and burden of disease that exists.

In the past 25 years, a growing range of child and youth mental health services have been established by Queensland Health (and other service providers) to address the mental health needs of children and adolescents. These services deliver mental health assessment and treatment interventions across the spectrum of mental illness and need, and as a service continuum, provide care options 24 hours a day, seven days a week. No matter where an adolescent and their family live in Queensland, they are able to access a Child and Youth Mental Health Service (CYMHS) community clinic or clinician (either via direct access through their Hospital and Health Service, or through telehealth facilities). Day Programs have been established for adolescents in South Brisbane, Toowoomba and Townsville. Acute mental health inpatient units for adolescents are located in North Brisbane, Logan, Robina, South Brisbane and Toowoomba, and soon in Townsville (May/June 2013). A statewide specialist multidisciplinary assessment, and integrated treatment and rehabilitation program (The Barrett Adolescent Centre [BAC]) is currently delivered at The Park Centre for Mental Health (TPCMH) for adolescents between 13 and 17 years of age with severe, persistent mental illness. This service also offers an adolescent Day Program for BAC consumers and non-BAC consumers of West Moreton Hospital and Health Service.

Consistent with state and national mental health reforms, the decentralisation of services, and the reform of TPCMH site to offer only adult forensic and secure mental health services, the BAC is unable to continue operating in its current form at TPCMH. Further to this, the current BAC building has been identified as needing substantial refurbishment. This situation necessitates careful consideration of options for the provision of mental health services for adolescents (and their families/carers) requiring extended treatment and rehabilitation in Queensland. Consequently, an Expert Clinical Reference Group (ECRG) of child and youth mental health clinicians, a consumer representative, a carer representative, and key stakeholders was convened by the Barrett Adolescent Strategy Planning Group to explore and identify alternative service options for this target group.

Between 1 December 2012 and 24 April 2013 the ECRG met regularly to define the target group and their needs, conduct a service gap analysis, consider community and sector feedback, and review a range of contemporary, evidence-based models of care and service types. This included the potential for an expanded range of day programs across Queensland and community mental health service models delivered by non-government and/or private service providers. The ECRG

have considered evidence and data from the field, national and international benchmarks, clinical expertise and experience, and consumer and carer feedback to develop a service model elements document for Adolescent Extended Treatment and Rehabilitation Services in Queensland. This elements document *is not a model of service* – it is a conceptual document that delineates the key components of a service continuum type for the identified target group. As a service model elements document, it will not define how the key components will function at a service delivery level, and does not incorporate funding and implementation planning processes.

The service model elements document proposes four tiers of service provision for adolescents requiring extended mental health treatment and rehabilitation:

- **Tier 1** – Public Community Child and Youth Mental Health Services (existing);
- **Tier 2a** – Adolescent Day Program Services (existing + new);
- **Tier 2b** – Adolescent Community Residential Service/s (new); and
- **Tier 3** – Statewide Adolescent Inpatient Extended Treatment and Rehabilitation Service (new).

The final service model elements document produced was cognisant of constraints associated with funding and other resources (e.g., there is no capital funding available to build BAC on another site). The ECRG was also mindful of the current policy context and direction for mental health services as informed by the National Mental Health Policy (2008) which articulates that *'non acute bed-based services should be community based wherever possible'*. A key principle for child and youth mental health services, which is supported by all members of the ECRG, is that young people are treated in the least restrictive environment possible, and one which recognises the need for safety and cultural sensitivity, with the minimum possible disruption to family, educational, social and community networks.

The ECRG comprised of consumer and carer representatives, and distinguished child and youth mental health clinicians across Queensland and New South Wales who were nominated by their peers as leaders in the field. The ECRG would like to acknowledge and draw attention to the input of the consumer and carer representatives. They highlighted the essential role that a service such as BAC plays in recovery and rehabilitation, and the staff skill and expertise that is inherent to this particular service type. While there was also validation of other CYMHS service types, including community mental health clinics, day programs and acute inpatient units, it was strongly articulated that these other service types are not as effective in providing safe, medium-term extended care and rehabilitation to the target group focussed on here. It is understood that BAC cannot continue in its current form at TPCMH. However, it is the view of the ECRG that like the Community Care Units within the adult mental health service stream, a design-specific and clinically staffed bed-based service is essential for adolescents who require medium-term extended care and rehabilitation. This type of care and rehabilitation program is considered life-saving for young people, and is available currently in both Queensland and New South Wales (e.g., The Walker Unit).

The service model elements document (attached) has been proposed by the ECRG as a way forward for adolescent extended treatment and rehabilitation services in Queensland.

There are seven key messages and associated recommendations from the ECRG that need to underpin the reading of the document:

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

- The proposed service model elements document is a conceptual document, not a model of service. Formal consultation and planning processes have not been completed as part of the ECRG course of action.
- In this concept proposal, Tier 2 maps to the Clinical Services Capability Framework for Public and Licensed Private Health Facilities Version 3.1 (CSCF) Level 5 and Tier 3 maps to CSCF Level 6.

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.

b) Formal planning including consultation with stakeholder groups will be required.

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

- It is understood that the combination of day program care, residential community-based care and acute inpatient care has been identified as a potential alternative to the current BAC or the proposed Tier 3 in the following service model elements document.
- From the perspective of the ECRG, Tier 3 is an essential component of the overall concept, as there is a small group of young people whose needs cannot be safely and effectively met through alternative service types (as represented by Tiers 1 and 2).
- The target group is characterised by severity and persistence of illness, very limited or absent community supports and engagement, and significant risk to self and/or others. Managing these young people in acute inpatient units does not meet their clinical, therapeutic or rehabilitation needs.
- The risk of institutionalisation is considered greater if the young person receives medium-term care in an acute unit (versus a design-specific extended care unit).
- Clinical experience shows that prolonged admissions of such young people to acute units can have an adverse impact on other young people admitted for acute treatment.
- Managing this target group predominantly in the community is associated with complexities of risk to self and others, and also the risk of disengaging from therapeutic services.

Recommendation:

a) A Tier 3 service should be prioritised to provide extended treatment and rehabilitation for adolescents with severe and persistent mental illness.

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

- Interim arrangements (after BAC closes and before Tier 3 is established) are at risk of offering sub optimal clinical care for the target group, and attention should be given to the therapeutic principles of safety and treatment matching, as well as efficient use of resources (e.g., inpatient beds).
- In the case of BAC being closed, and particularly if Tier 3 is not immediately available, a high priority and concern for the ECRG was the 'transitioning' of current BAC consumers, and those on the waiting list.
- Of concern to the ECRG is also the dissipation and loss of specialist staff skills and expertise in the area of adolescent extended care in Queensland if BAC closes and a Tier 3 is not established in a timely manner. This includes both clinical staff and education staff.

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.

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.

4. Duration of treatment

- A literature search by the ECRG identified a weak and variable evidence base for the recommended duration of treatment for inpatient care of adolescents requiring mental health extended treatment and rehabilitation.
- Predominantly, duration of treatment should be determined by clinical assessment and individual consumer need; the length of intervention most likely to achieve long term sustainable outcomes should be offered to young people.
- As with all clinical care, duration of care should also be determined in consultation with the young person and their guardian. Rapport and engagement with service providers is pivotal.

Recommendation:

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.

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

- Comprehensive educational support underpins social recovery and decreases the likelihood of the long term burden of illness. A specialised educational model and workforce is best positioned to engage with and teach this target group.
- Rehabilitation requires intervention to return to a normal developmental trajectory, and successful outcomes are measured in psychosocial functioning, not just absence of psychiatric symptoms.
- Education is an essential part of life for young people. It is vital that young people are able to access effective education services that understand and can accommodate their mental health needs throughout the care episode.
- For young people requiring extended mental health treatment, the mainstream education system is frequently not able to meet their needs. Education is often a core part of the intervention required to achieve a positive prognosis.

Recommendations:

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.

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).

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

- There is no true precedent set in Queensland for the provision of residential or bed-based therapeutic community care (by non-government or private providers) for adolescents (aged up to 18 years) requiring extended mental health care.
- The majority of ECRG members identified concerns with regard to similar services available in the child safety sector. These concerns were associated with:
  - Variably skilled/trained staff who often had limited access to support and supervision;
  - High staff turn-over (impacting on consumer trust and rapport); and
  - Variable engagement in collaborative practice with specialist services such as CYMHS.

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.

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.

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

- Equity of access for North Queensland consumers and their families is considered a high priority by the ECRG.

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.

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.

Barrett Adolescent Strategy
Planning Group

Attachment 3

Adolescent Extended Treatment and Rehabilitation Services (AETRS) Planning Group Recommendations

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.** 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.** 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 caveats.** 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 *(in draft)*. 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 Queensland to meet the requirement of this recommendation. Contestability reforms in Queensland may allow for this service component to be provider agnostic.

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.	**Accept.** 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. 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.
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.	**Accept.** The ECRG and the Planning Group strongly supported this recommendation.

4. Duration of treatment

ECRG Recommendation	Planning Group Recommendation
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.	**Accept with caveats.** This issue requires further deliberation within the statewide planning process. 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.

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

ECRG Recommendations	Planning Group Recommendations
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	**Accept with caveats.** The Planning Group recommends removing *"Band 7"* from the ECRG recommendation. All educational services need to be evaluated by

(provided by Department of Education, Training and Employment) is required for a Tier 3 service.	Department of Education, Training and Employment (DETE) on a case-by-case basis, taking into consideration service model, location, student numbers and complexity. The Planning Group supports the statement that educational resources are essential to adolescent extended treatment and rehabilitation services. The Planning Group recommends consultation with DETE once a statewide model is finalised.
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).	**Accept with caveat.** The Planning Group recommends this statement should be changed to read as: ~~As an aside,~~ Strong 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).

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.	**Accept.** Note that this service could be provider agnostic.

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.**

From: Alison Earls
Sent: Sunday, 28 July 2013 10:20 AM
To: Qld Mental Health Commission
Cc: Health;
Subject: TRIM: Attn. Dr van Schoubroeck Re: The Barrett Adolescent Centre

Dear Dr van Schoubroeck

Having read your comments regarding your current understanding of the Barrett Adolescent Centre situation in the Health Estimates discussion in Parliament last Wednesday (24 July), I am writing to appraise you of the feelings of many Queenslanders on the issue.

As I'm sure you understand, the issue of appropriate care provision for adolescents suffering from severe mental health conditions is vital and I am proud to live in a state where a place like the Barrett Centre has been operating - providing a comprehensive treatment program that gives young people their best chance at a productive future and gives support and peace of mind to their families in the process. It is then, of great concern that such a facility has been under the cloud of impending closure for more than 9 months.

Those of us who support the Barrett Centre understand that a move to community-based care (the model emphasised by our current Health Minister) is helpful in many circumstances but the families who are dealing with SEVERE mental health issues know only too well that such a model is not adequate for their needs. Unfortunately there are many circumstances where an extensive inpatient approach is the only thing that provides hope for long-term management of serious mental health issues. So, facilities like the Barrett Centre are desperately needed across Queensland.

There have been concerns raised over the physical state and location of the current Barrett facility. I'm sure that you will find that its location in The Park at Wacol has never given rise to any serious security incidents and, in fact, should you visit the Barrett Centre, you'll discover that it sits within a calm and peaceful rural area where kangaroos graze nearby and the pressures of an urban existence are nowhere to be seen. As to the buildings' compliance with government standards, surely these can be rectified through structural improvements or rebuilding. These issues are surmountable and should be dealt with if needs be. But the Barrett Centre MUST be allowed to continue to provide the excellent care and treatment that it has become renowned for over the last 30 years. (And it should be noted that were the current staff and patients considered to be at any risk at all in the Wacol facility, the government would not have allowed them to remain as they have done for those 30 years during recent months. So it is clear that any building and site considerations must be minimal, especially when compared to the value of the treatment being given and received.)

I am aware that you have only been in your position as Mental Health Commissioner for a matter of weeks but those who rely on the Barrett Centre have been in limbo for many months and need the reassurance that they will not be abandoned. These are a reasonable people living with extraordinary challenges and in a state where we have the expertise to support and assist them, I believe it is our obligation to do so. I have no personal connection to the Barrett Centre but was struck so deeply by the potential closure that I started an online petition in November of last year to urge the government to "Save the Barrett Adolescent Centre". This petition has more than 4000 signatories and, through it, I have heard many stories – not just of those who have a current connection to Barrett but from people whose lives would not be the positive existences they are today without Barrett and, perhaps even more poignantly, from the people who are waiting to have access to Barrett's services to relieve them of their current debilitating trauma.

Your expertise in the area of mental healthcare will mean that you have a sound understanding of the needs that exist here in Queensland (as they do throughout the world) and I have no qualms in begging you to do

whatever is in your power to ensure that the Barrett Adolescent Centre – in whatever building or location – continues to exist long into the future. Through the petition, I have met and talked with some of the most inspiring people – including the current Barrett patients/students – and having done so, I am even more convinced that it is a lifesaving facility whose ongoing operation we CANNOT DO WITHOUT. It is a place that we can be proud of, that we should be replicating and showing to the world as the gold standard in adolescent mental health care and treatment. So, it is not overly dramatic but simply a fact that your support is vital in saving the lives of many young Queenslanders … in the next few months and for years to come.

Please, Dr van Schoubroeck, please do whatever is in your power to save the Barrett Adolescent Centre. The small amount I've done in setting up the petition has been the most valuable thing I have done so far in my 40+ years so I have no doubt that your efforts in this area - much more significant than mine could ever be - will be of immeasurable importance for which so many who will be beyond grateful for years to come.

Thank you and regards,

Alison Earls

savebarrett.org

Queensland
Government

Enquiries to: Sandy Gillies
Acting Director
Queensland Mental Health
Commission
Telephone:
File Ref:
Date: 21 August 2013

Shayne Dearling

Dear Shayne

Thank you for your email dated 19 August 2013, in relation to the Barrett Adolescent Centre.

I very much appreciate you taking the time to share your concerns about the future of the Barrett Adolescent Centre with me.

As you may be aware, the Queensland Mental Health Commission (the Commission) was established on 1 July 2013 as an independent statutory body under the *Queensland Mental Health Commission Act 2013* (the Act) to drive system-wide reform of the mental health and drug and alcohol systems in Queensland. The Act recognises as one of its fundamental principles the need to promote the best interests of people living with mental illness as well as their families and carers. In this sense, the unique needs and vulnerabilities of children and young people with a severe mental illness, and the impact this has on families, is something of inherent focus.

I am aware that there has been ongoing debate regarding the future of the Barrett Adolescent Centre. The Commission does not have the mandate or authority to make decisions regarding individual services. Our role is to provide strategic advice to Government regarding the types of services required in Queensland, and in doing so, balance community expectations, personal experience and professional expertise with contemporary evidence to shape and guide reform.

One of our initial priorities is to develop a whole-of-government strategic plan that will identify actions to improve the mental health and wellbeing of all Queenslanders and minimise the impact of substance use in our communities. This plan will focus on actions across a range of areas including health, education, employment, housing and justice.

As part of the consultation process to develop this plan, I will be meeting with clinical leaders in child and youth mental health from the private and public sector to ascertain how their future planning aligns with the views of young people and their families. There is no question of the need for specialist youth services in Queensland, what remains unclear is whether current models meet that need and whether there are opportunities for improvement. Certainly future planning should reflect contemporary standards of innovative practice and principles of least restrictive care.

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Opportunities for consultation and engagement with the Commission on a range of issues, including the whole-of-government strategic plan, will be promoted on our website at www.qmhc.qld.gov.au. I would encourage both yourself and your interested friends and family to subscribe to the electronic mailing list to receive updates and information about future opportunities to get involved and have your say.

Yours sincerely

Dr Frances Hughes
Acting Mental Health Commissioner
Queensland Mental Health Commission

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CONCERNS OF CONSUMERS, CARERS & COMMUNITY IN RESPONSE TO CLOSURE OF THE BARRETT ADOLESCENT CENTRE AND THE FUTURE OF ADOLESCENT MENTAL HEALTHCARE IN QUEENSLAND

Presented on the 11th September to

Dr Lesley van Schoubroeck, Queensland Mental Health Commissioner

~

Since the possibility of closure of the Barrett Adolescent was raised in November 2012, the Queensland community has demonstrated **unprecedented public support** for this facility and for this model of care for young people suffering with severe mental health issues. These young people are at the critical end of a spectrum that includes depression, anxiety, schizophrenia, PTSD, OCD and more – and, as such, the need for a specific (and proven) model of care for this group **cannot be omitted from any future mental healthcare plan for Queensland**. Within the range of a medical field like 'respiratory illness', sufferers can be dealing with asthma, pneumonia, TB, cystic fibrosis, congenital pulmonary hypoplasia etc. While lung transplants are not considered for many children with respiratory illness, they MUST be available for the few who need it. The same applies to young people with SEVERE mental health issues. The Barrett Centre has been their only option for 30 years and it cannot be taken out of the overall mental health treatment plan.

There's no doubt that consumers, carers and the wider community embrace the concept of extended treatment options which would include greater access to regionally based options and community-based programs. But the **broad support for the retention of the Barrett Centre 'model' WITHIN whatever future plan is devised is irrefutable**. It is of significant concern that government officials have stated that "*the Barrett Adolescent Centre is no longer an appropriate model of care for these young people*" (Lesley Dwyer, West Moreton Hospital and Health Service Chief Executive) as it has been a vital resource that has positively affected so many lives and continues to do so every day that it remains open. The **Barrett Centre is not a prison-like institution** of the kind that warrants closure. Nor is it simply a hospital. It has been referred to by past and current patients as their "last chance" and, thankfully, that last chance is **a nurturing environment where specialised therapists, nursing staff and clinicians combine with dedicated educators and support staff to provide extensive, individually tooled programs combined with socialisation and learning opportunities that have PROVEN RESULTS**. The adolescents receive the kind of treatment that only long-term residential care can provide AND the access to on-site schooling which is a vital factor in not just transitioning them back to a world from which they have long withdrawn, but in preparing them to live independent adult lives. And though it is referred to as 'on-site schooling', it's important to note that the learning experiences don't just take place in the classroom but in the extended community. Beyond the group activities where specialised teachers have developed ingenious methods to incorporate learning into therapy and social/personal development activities, the patients attend cooking and self-defence classes, go on excursions and bushwalks and undertake work experience in the community.
The Barrett program is truly a bridge to a life in the 'real world' that will provide the strongest foundation for a stable future – making it a model of care that Queensland cannot afford to lose.

A PERCEIVED LACK OF CONSULTATION WITH KEY STAKEHOLDERS

There is a major concern that consumers, carers and the wider community haven't had the opportunity to provide the input that they should and need to have AND a feeling that their serious concerns will not be listened to nor their needs addressed. Even though the WMHHS's Governance Framework indicates a high priority on this (*Part E: Consumer and Community Engagement Strategy*), current patients and their families – and those on the waiting list for the Barrett Centre's services – are expressing not just devastation at the loss of such a vital and unique facility but a strong sense of being neglected and/or being seriously undervalued where their needs and input are concerned. They want their deeply challenging circumstances acknowledged and addressed and they need clarity and reassurance in the process as well as a clearly stated timeline that will reasonably meet the needs of this high risk group.

An example of this community sense of being overlooked is evidenced by the development and release of the Expert Clinical Reference Group's Recommendations. **The ECRG made clear recommendations for EXTENDED INPATIENT CARE WITH ON-SITE SCHOOLING.** The Planning Group then added 'considerations'. There are genuine community concerns about the expertise of this Planning Group – were there representatives with clinical backgrounds? Were there consumers and carers on Planning Group? If not, then the wider community is concerned that this Group's 'considerations' are being taken *over* the recommendations of the Expert Panel. Were current consumers/carers consulted about the ECRG's recommendations for their feedback or were they told just before the Minister made his announcement? If there was no consultation, how can the government reliably state that such vital stakeholders have been significant contributors to this process? And, how can they indicate that proper processes have been followed when Queensland Health's own Consumer, Carer and Family Participation Framework advocates *"adopting a consumer-driven, recovery-oriented, and carer and family inclusive mental health service model ... enhancing consumer and carer participation at a local level."* As this links the Queensland Plan for Mental Health 2007–2017 to the National Standards for Mental Health Services (2010), surely in order to comply appropriately with government processes, a significantly greater input from the community should have occurred at many stages throughout the process that are already behind us?

The Health Minister has continually said that the change to a new model is in response to community concerns about more localised services but that community **doesn't want those AT THE EXPENSE of the BARRETT CENTRE** – it wants them as well. If there can be 3 or 4 Barrett-like facilities across the state, that will address the needs of the community. But if there is no Barrett type facility at all and just acute/community-based care options, then those community needs have not been met. The Community is looking for improvements, not the loss of care options and there are serious concerns about being referred to as having their needs met when, in reality, they are feeling overlooked. **The government would never consider closing a single, unique, specialist treatment facility for people with chronic, specific medical conditions associated with the heart, brain or cancer in favour of delivering a different model of care to these people closer to their home, *but a level of care that didn't and couldn't meet the level and complexity of care they require.*** It seems highly likely that none of the patients would choose this care as an option over travelling to Brisbane to give their loved ones the best chance at survival and leading a normal life. **But this is what the Government is proposing for young people with very specific mental health needs if Barrett is closed and not relocated.**

MAJOR CONCERNS ABOUT THE PROCESS, RECENT DEVELOPMENTS and DISPARATE PUBLIC INFORMATION

A process that doesn't seem to be in line with stated procedure and/or legislation

The new state Mental Health Commissioner, Dr Lesley van Schoubroeck, was appointed in July to oversee the Commission's remit to "prepare a whole-of-government strategic plan" for mental health service provision (*Queensland Mental Health Commission Act 2013 - Act No. 7 of 2013*). Yet when Mr Springborg announced the closure of the Barrett Centre on the 6th of August, it was unclear to the public how much input Dr van Schoubroeck actually had in this decision. To date, consumers, carers and the community are still unaware of whether Dr van Schoubroeck has seen more than just the Recommendations of the ECRG and what her views are, as the Mental Health Commissioner, on the role of the ECRG's findings in her review of services. It's assumed that there is more extensive documentation from the ECRG than the summary of recommendations. If so, **has Dr van Schoubroeck been supplied with the FULL REPORT from the ECRG? Would/does she accept this as a substantial/definitive document of the essential services for adolescents with the most severe, persisting disorders** in the context of the review of services her Commission has undertaken? (While services such as that offered by Y-PARC in Victoria are valuable in the treatment of the less severe end of youth mental health conditions, they do not cater to the needs of those who have been accessing treatment through the Barrett Centre.) Many Queenslanders – including those in extremely vulnerable circumstances – have waited through the months of the government-appointed Expert Clinical Reference Group's careful consideration of this specific area of need and feel that that unequivocal conclusions on the kinds of services required have now been presented. **So if the Commissioner accepts the ECRG's work as definitive and has/will have access to a full report, her expertise on assessing whether the proposition by the government – *that an equivalent service can be in place by January/February 2014* – is realistic would be invaluable.** It is of deep concern – particularly to the families of current patients and to the staff who have undertaken the care of these young people – that **compromises that cannot be withstood by deeply suffering young patients will be made to meet the proposed timeline. Young people at the severe end of the spectrum cannot be disadvantaged by the process in any way as the repercussions could be devastating.** The Commissioner's role in the future of Queensland's mental healthcare provision is a key one and the reassurance of her significant involvement and her openness to **recommending a delay to the closure to ensure that services to this group of adolescents can be consistently maintained throughout any change of model would provide the stability that has, unfortunately, been lacking in recent months.**

Another anomaly with the process that has been underway is that the Commission has also been tasked (*according to Act No. 7*) to form the *Queensland Mental Health and Drug Advisory Council* which is to work with the Commission to formulate the whole-of-government plan for mental health and drug and alcohol service delivery. Positions on that advisory council were only advertised on the 20th of August and applications will close on the 30th of September. As per the Act, the Commission must "*engage and consult with—(i.) people with mental health or substance misuse issues, and their families, carers and support persons*" as well as consulting with the Advisory Council on the whole-of-government strategic plan before it is given to the Minister. The Advisory Council must "*drive reform to improve the mental health and wellbeing of all Queenslanders and provide advice and guidance on mental health and substance misuse issues*" through wide consultation with the community (including parents, carers and 'consumers'). **So many are wondering how such a significant decision as the closure of the Barrett Centre can have been made – *without the wide consultation referred to in***