From: Leanne Geppert
Sent: 23 Apr 2013 11:49:08 +1000
To: Kevin Rodgers;Amelia Callaghan;Vaoita Turituri;James Scott;Josie Sorban;Michelle Fryer;Emma Hart;David Hartman;Trevor Sadler;Amanda Tilse;Philip Hazell
Cc: Emma Foreman;
Subject: FINAL Proposed service model elements for Adolescent Extended and Rehabilitation Services
Attachments: IMAGE.jpeg

Dear All
My sincere appreciation for the effort towards and quality of feedback you have provided to-date.

The email contributions have clarified the key issues further, and we will f/up tomorrow and prepare a way forward accordingly.
I have asked Vaoita to collate all responses into a table that identifies:

- date of response and name of ECRG member
- points of feedback
- actions we have taken to incorporate feedback into the final Service Elements document

This table will be used to ensure that all feedback is clearly understood and where unanimous/majority support, that it is incorporated into the Service Elements document accurately. If the Planning Group want to have access to the table, I will ensure that all ECRG member names are removed first.

My plan for tomorrow's meeting was to keep it simple - all feedback will be reviewed, a vote taken, and issues with a majority vote will be reflected in the final Service Elements document. I would be more than happy to consider other suggestions re our mtg process though - please let me know. The aim is to finalise the document for submission to the Planning Group on Fri 26/4/13.

I look forward to seeing you all tomorrow.
Regards
Leanne

Dr Leanne Geppert

Director
Planning & Partnerships Unit
Mental Health Alcohol and Other Drugs Branch
Health Services and Clinical Innovation Division
Department of Health
T:
M
F:

Level 2
15 Butterfield Street
Herston QLD 4006

PO Box 2368
FORTITUDE VALLEY BC
QLD 4006

Senior Lecturer
School of Medicine I Health I Griffith University I Gold Coast Campus

>>> James Scott 4/23/2013 9:41 am >>>
Thanks

Leanne, I would really like the people who make the decisions to hear this feedback from parents and consumers. In other areas of health care, patients aren't excluded from services because their illnesses don't respond to arbitrary time frames. Can you imagine the outcry if we did this to adolescents with leukemia who don't go into remission quickly enough.

I am an apology for tomorrow (I am overseas) but the contributions by deserves some serious consideration

kind regards

James

>>> 4/23/2013 8:57 am >>>

Hi All,

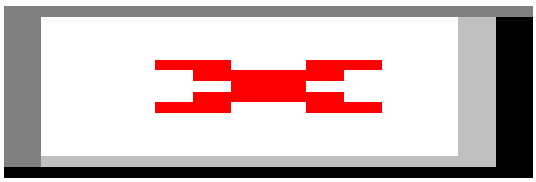
Apologies for a reply after the deadline – I was caught up yesterday.

I'd also like to echo some of the thoughts and others have raised in regards to the time limit of six months.

I would advocate for a longer stay of about 12 months for a young person. I believe that 12 months is a satisfactory time for a young person to participate and benefit from a therapeutic process and to engage back in education.

I'd also like to advocate for the importance of having the education facility available at BAC. For some this school can sometimes be the first engagement back in education in a long time.

Happy to discuss tomorrow.



From:
Sent: Monday, 22 April 2013 5:09 PM

To: Josie Sorban; [redacted] Kevin Rodgers; Amelia Callaghan; David Hartman; Emma Hart; James Scott; Leanne Geppert; Michelle Fryer; Trevor Sadler; Vaoita Turituri; Amanda Tilse; Philip Hazell
Cc: Emma Foreman; [redacted]
Subject: Re: FINAL Proposed service model elements for Adolescent Extended and Rehabilitation Services

Dear Reference Group Members,

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

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

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

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

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

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

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

Kind regards,

[redacted]

From: Josie Sorban
Sent: Monday, April 22, 2013 4:18 PM
To: [redacted]; Kevin Rodgers ; Amelia Callaghan ; David Hartman ; Emma Hart ; James Scott ; Leanne Geppert ; Michelle Fryer ; Trevor Sadler ; Vaoita Turituri ; Amanda Tilse ; Philip Hazell ; [redacted]
Cc: Emma Foreman ; [redacted]
Subject: Re: FINAL Proposed service model elements for Adolescent Extended and Rehabilitation Services

Hi Ref Grp members
I think I got as much out of the comments by other members as the document itself.
Extra thoughts I had was that defining the length of stay in Tiers 2 a&b makes the foci about school curriculum instead of the clinical and therapeutic milieu; also potentially disadvantage those commencing part-way through school term. Should be stated simply as months/weeks.
Note also the limitations of referral sources for Tier 2a - only CYMHS is listed, yet power-point and principles talk about collaboration with external services.

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

I agree with the corrections made by Michelle to the preamble, particularly the 3rd last paragraph which was confusing.
Agree with David re making a statement about the under-estimate using BAC wait-list as there are so many who don't get put on the wait list (once you hear how long it is) but would be ideal candidates for BAC treatment.
As Kev points out the objective was to replace existing BAC services, but in the Outcomes section of the document from Chris Thorburn, it appears to go broader, saying the endorsed model was to articulate a contemporary model(s) of care for extended treatment and rehabilitation for adolescents in Queensland and that the final endorsed model(s) of care will replace the existing services provided by BAC. We could make it clear that only Tiers 2b and 3 are the alternatives for current BAC funding?
Kev also mentions the threat to the teaching allocation of 10 bed proposal for Tier 3. I'm thinking this would be co-located with either an acute care unit or the day programme so would still qualify for a f/t teacher? however the document does not address staffing numbers so this point can't be covered here.

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

I look forward to further discussions on Wednesday.

Regards
Josie

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

>>> Vaoita Turituri 17/04/2013 10:01 am >>>
Dear Reference Group Members,

Please find attached the following:

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

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

Kind regards
Vaoita

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

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