

Thank you for the process you have initiated with respect to reviewing the Model of Service Delivery for the Adolescent Integrated Treatment and Rehabilitation Centre.

1. The Process

The review of the MOSD of the AITRC was an agenda item on the State-wide Child and Youth Mental Health Sub-network Meeting on 28th January 2010. It was agreed that an invitation for experienced clinicians working with adolescents at the severe end of the spectrum should indicate their willingness to be part of the review process. Judi Kraus (Chair) requested that they should reply to me, and I will pass their names on to you. Three psychiatrists have indicated an initial interest in being part of the process.

2. The Timing

I am away until the 15th March. We can arrange an initial meeting on 16th March, with a follow up 30th March.

The delay at this stage is unfortunate. However, it is necessary that I be there to articulate the processes I have observed that make a difference, to provide feedback from my overseas visit about models of care, and to provide input from available literature. Comments in both the review and which were made at our meeting on Wednesday are not substantiated in the literature n or in the clinical experience of those working with adolescents at the more severe end of the spectrum of mental illness.

The delay at this stage is a culmination of an unsatisfactory process to date. There have been several opportunities over the past three years for feedback on the Model of Service Delivery.

I first presented our MOSD (in more detail than I did on Wednesday) to a CYMHS planning forum in May 2006 as part of the development of the State-wide Mental Health Plan. It was presented again to the State-wide Child and Youth Mental Health Sub-network Meeting in November 2007 (chaired by Denisse) as part of the planning process for Barrett's redevelopment. This meeting accepted the MOSD in the context of what was being proposed for the redevelopment and recommended the Mental Health Branch proceed.

The Mental Health Branch organised a 3 hour meeting of senior clinicians (including psychiatrists from all existing inpatient units) in March 2008 to review the MOSD and the proposed building in light of the MOSD. The MOSD was accepted, and initial discussion centred on aspects of building design. The Mental Health Branch undertook to organise a follow up meeting (due in April) for these clinicians to provide feedback once these clinicians had further considered the proposals. This meeting did not occur. This would have provided an excellent opportunity for dialogue about our MOSD.

At this point there were no questions raised about the MOSD until the February 2009 review which was delivered some seven months after the review.

I welcome any opportunity for constructive dialogue with senior clinicians about our MOSD. It is unfortunate that this did not happen at an earlier stage when opportunities were there, and it now has to be delayed by a further two months.

3. Unknown Agendas

You mentioned on Wednesday that Denisse Best had concerns about the unit. I do not know what these concerns are. I do not know therefore how they are to be addressed.

I am always willing to consider concerns, but I am bewildered as to what information Denisse may have based her concerns on. She has not been actively involved in the clinical management of patients referred here in the last fifteen years, has not sought information about the operation of the Centre, of clinical profiles of the adolescents admitted here, challenges in treatment, alternative treatment options nor visited the units. We have had no conversations outside of meetings. From comments made at recent Redlands meetings and at meetings organised by the Mental Health Branch, she is not aware of operational issues in inpatient units, and has only recently become aware of some design issues (e.g. eliminating hanging points etc.)

Could any concerns expressed by Denisse please be made explicit so they can be addressed.