Queensland Government

Barrett Adolescent Strategy

Expert Clinical Reference Group

Summary of Meeting – Friday 07 December 2012

- Chair – Dr Leanne Geppert
- Attendees:
  - Amanda Tilse, Operational Manager, Alcohol Other Drugs and Campus Mental Health Services, Mater Children's Hospital
  - Amelia Callaghan, State Manager Qld NT and WA, Headspace.
  - Dr Cary Breakey, Clinical Director, Barrett Adolescent Centre West Moreton HHS Mental Health Service (Proxy for Dr Sadler)
  - Josie Sorban, Director of Psychology, Child & Youth MHS Children's Health Qld HHS
  - Kevin Rodgers PSM, Principal, Barrett Adolescent Centre School, Education Queensland
  - Dr Leanne Geppert, Director, Planning & Partnerships Unit ,QH Mental Health Alcohol & Other Drugs Branch (MHAODB)
  - Dr Michelle Fryer Chair, QLD Branch of the Faculty Child & Adolescent Psychiatry (QFCAP), The Royal Australian and New Zealand College of Psychiatrists (RANZCP)
  - Dr David Hartman Clinical Director, Child & Youth MHS Townsville HHS Mental Health Service – joined the meeting at 10.00am
  - Emma Hart, Nurse Unit Manager, Adolescent Inpatient Unit And Day Service, Child & Youth MHS Townsville HHS Mental Health Service
  - Professor Philip Hazel, Director, Infant Child and Adolescent Mental Health Services, Sydney and South Western Sydney Local Health Districts,
- Dr Ray Cash has not yet responded to the invitation to join the Expert Clinical Reference Group (ERCG).
- Meeting schedule will be weekly, 1.5 hours in duration as from 09 January 2013.

1. Welcome and Introductions
   - ECRG consists of a multidisciplinary group who are experts in the field of adolescent mental health having expertise in psychiatry, nursing, allied health and education.
   - All invitees are keen to commit to participate and contribute. Independent clinical expert from interstate member; Dr Philip Hazel joined the group.

2. Background
   - Brief background provided by the Chair noting historical context and current events leading to the establishment of this group.
   - Noted cancellation of Redlands capital works project, the redirection of capital funds to other capital project and the hope that operational funds will remain for the use of child and youth mental health purposes.
   - Noted the condition of the current facility and its co-location with adult secure and forensic service.

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- Noted the Queensland Plan for Mental Health 2007-2017 (QPMH) and clear policy direction to ensure that young people are treated close to their homes in the least restrictive environment with the minimum possible disruption to their families, educational, social and community networks.

3. Next steps
   - Task of the ERCG is to recommend a statewide model of care for adolescents requiring longer term mental health care.
   - Governance is provided by the Barrett Adolescent Strategy Planning Group. The Planning Group has developed a Project Plan under which the ERCG is identified.
   - West Moreton Hospital and Health Service (WMHHS) will be responsible for responding to consumers and their families and ensure that they are kept informed of plans and developments. WMHHS will work closely with the Director General and Minister for Health.

4. Discussion points
   - Of the highest priority are the current consumers of BAC (and any future consumers) and what is planned for them in the interim while decisions and plans are being made.
   - Risk of dispersal of clinical expertise and possible loss of this expertise to Queensland with possible BAC closure. Noted that this has already begun to happen due to uncertain future of BAC. Erosion of confidence of consumers with staff due to lack of consistency and boundaries provided by inexperienced casual staff.
   - ECRG members agreed that any model that is recommended will retain the education component. The challenge is ensuring how this will be incorporated.
   - ECRG noted the endorsed Terms of Reference for the group and provided the following feedback to the Planning Group for consideration:
     - The TOR does not clearly articulate the complexity and severity of the consumer group being addressed
     - Noted that the scope does not articulate alignment with current state models of service and frameworks.
     - Any model of care that is recommended will need to 'fit' closely with state models of service and national mental health planning frameworks as future funding will be determined by these.
     - Noted that the timeframes identified in the Project Plan are ambitious.
   - Concern was raised regarding an assumption that the current BAC model of care is not contemporary.

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- It was noted that the current BAC model has been refined over many years to meet the needs of this cohort. Further that the model is robust and comparable to international models.
- Suggestion that rather than re-developing a new model, group should identify gaps and recommend innovative strategies to address these.
- Chair noted that there have been a number of attempts to re-develop the current BAC model *however* the difference now is BAC cannot continue on the current site and there is no funding to build another BAC.

- ERCG noted that this was an opportunity to start afresh with respect to model development.
  - It provides an opportunity to look at innovative strategies and models such as using the Non government sector and developing partnerships and opportunities with other stakeholders.
  - Provides an opportunity to address service gaps for adolescents on the waiting list for BAC and for those young people that currently don't 'fit' such as those with developing chronic psychiatric disorders and intellectual disabilities etc.
  - ECRG acknowledged that there is a lot to learn from BAC model. The BAC day programme has been drawn on heavily to model the day programme for adolescents at Townsville Child and Youth Mental Health Service hence the ECRG should consider what components of the BAC model to take forward**.**
- The profile of consumers accessing BAC has changed and the service is not dealing with the same group or type of consumer as in the past. This may be as a result of increased access to child and youth acute units.
- In order to better understand the target client group, ECGR agreed that members needed to inform themselves about the following:
  1. Service models for adolescents that have been developed including;
     - Barrett Adolescent Centre Model of Service (MOS)
     - Draft Adolescent Extended Treatment and Rehabilitation MOS
     - Draft Acute Adolescent Inpatient Unit MOS
     - The Walker Unit MOS, Concord Centre for Mental Health , NSW
  2. Profile of current BAC consumers.
  3. Cumulative demographic profile of consumers in BAC over a period of 1-2 years.
  4. Client profile of possible consumers that services would like to refer to BAC.
  5. Any BAC consumer or carer satisfaction surveys.
  6. Any investigations of reports by students etc on longer term outcomes of BAC consumers.

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- The ECRG secretariat will disseminate these documents by 14/12/2012. Members will contribute to the package.
- Discussion to determine the consumer profile was initiated using the following domains:
    1. Age range
    2. Diagnostic profile
    3. Referral sources and pathway
    4. Complexities of presentation

Age range

- The current age criterion is 13-17 years old. This is seen as an artificial divide. The recommendation is to consider the conceptual developmental age i.e. when the individual begins to deal with adolescent issues.
- ECRG agreed that the lower age range should be retained at 13 years but upper age limit should be flexible.
- Average age range now seen at BAC is 15-16 year olds which has an impact on the type of curriculum offered at the BAC school**.**
- Agreement in principle that the presenting issue rather than the age range flexibility should be the determinant at the higher age range. Further, that the developmental age of the young person rather than chronological age should be considered.
- Noted a higher ratio of females to males at BAC**.**
- Sexuality and gender issues need to be addressed both in the recommended model and at this stage of development.

Other discussion points:

- Noted again that any model of care that is recommended will need to 'fit' closely with state models of service and national mental health planning frameworks as future funding will be linked to these.
- Possible scenarios for distribution of this service could include:
    - One specific HHS funded to provide statewide service
    - Stand alone statewide service
    - Individual flexible funding packages within the Non government sector
    - Day programme places
- A cost benefit analysis would be required for each proposed model. This is a high service user group. Noted that there is no highly visible system cost to the population of adolescents and young people that are house bound, invisible and hard to find. There is however, a 'huge cost to society'. Note also the impact of adolescent suicide on families.
- % population that the service will meet needs to be defined.

Meeting closed: 11.30am