

**STATION:** 612 ABC  
**SHOW:** DRIVE  
**COMPERE:** Dr Beth Kotze  
**INTERVIEWEE:** Rebecca Levingston  
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**REBECCA LEVINGSTON:**

On the 6<sup>th</sup> of August 2013 Health Minister Lawrence Springborg announced the Barrett Adolescent Centre would close. The Barrett Centre was the only facility in Queensland that provided specialised residential care for young people suffering severe mental illness and the closure prompted outcry from some parents and patients who feared the transition process would be traumatic. Since the announcement of the closure of the Barrett Centre, three former patients have ended their own lives. Associate Professor Beth Kotze is the psychiatrist who was charged with investigating the transitional care for patients and families to determine if it was adequate. I have an exclusive copy of that Report, Dr Kotze good afternoon.

**DR BETH KOTZE:**

Good Afternoon Rebecca

**REBECCA LEVINGSTON:**

Who did you speak to when preparing this report?

**DR BETH KOTZE:**

Well the process of the investigation was that we were given access to a huge volume of documentation and then there was a series of interviews with staff of the former Barrett Centre.

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**REBECCA LEVINGSTON:**

Did you speak to patients?

**DR BETH KOTZE:**

Ah no we did not.

**REBECCA LEVINGSTON:**

Did you speak to families of the patients?

**DR BETH KOTZE:**

No we did not.

**REBECCA LEVINGSTON:**

Did you think that would be necessary in order to determine their responses as to how the transition process was managed?

**DR BETH KOTZE:**

Sure, look in terms of the terms of reference we were given a very explicit task which was to look at the clinical processes in the transition. Now we were given the opportunity to interrogate the terms of reference and to return to them repeatedly over the process of the investigation to ensure that we were meeting the task as required of us and we certainly sought clarification about the scope of interviews and it was clarified for us that what was required were interviews with the staff.

**REBECCA LEVINGSTON:**

But the purpose of the Report was to determine whether or not the transitional care for patients and families was adequate. How can you determine whether that care was adequate if you didn't speak to the people who were affected?

**DR BETH KOTZE:**

So what we were able to do was to look at the material from the clinical perspective and make a judgement based on that. You know certainly talking to patients and families would have provided a further experiential perspective on the transitional process. What we were really examining was the clinical decision-making process and the clinical planning.

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**REBECCA LEVINGSTON:**

Did you have access to the patient's background?

**DR BETH KOTZE:**

Oh yes, we had extensive documentation.

**REBECCA LEVINGSTON:**

How many young people needed to be transitioned from the Barrett Centre?

**DR BETH KOTZE:**

Look I've actually been asked not to speak specifically to matters pertaining to the patients themselves that might be a better question addressed to the Department.

**REBECCA LEVINGSTON:**

Ok, well let's go to the findings of the Report. What did you conclude about the transition process?

**DR BETH KOTZE:**

Look I think just to put it in perspective, transition for young people from being cared for in child and adolescent mental health services to going to adult services, it can be a very tricky and difficult process, even under ideal circumstances and very often you've got the kind of situation where with children and adolescents there's a bit of a different view about the extent and seriousness of the problems versus the more perhaps diagnostic view take by adult services. There's a whole lot of different expectations of people's health seeking behaviour and whether they can advocate for themselves you know of course when you're in a child and adolescence mental health service there's a great deal of family involvement and an expectation that families will advocate on the young person's behalf. In adult services there's a much greater expectation that the young person will be able to speak on their own behalf and negotiate with conditions on their own behalf as well as do all the things they're expected of adults like keep appointments without being prompted by families. So it's quite a difficult process that does need to be managed thoughtfully and in a planned way in usual circumstances so really what we thought with the process with the Barrett Centre was that the staff who were charged with managing this process for a number of young people all at the same time over a relatively short period of time, it was actually a very thorough, methodical process which really kept the compressive needs of the young person right at the centre of the process.

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**REBECCA LEVINGSTON:**

You're listening to the Associate Professor Beth Kotze, she is the psychiatrist who is charged with investigating the transitional care for patients and families from the Barrett Adolescent Centre that closed in January of this year. Dr Kotze I just want to go to some specifics of the Report. Did you find there was an atmosphere of crisis?

**DR BETH KOTZE:**

Look there was that was consistent yes, consistently reported.

**REBECCA LEVINGSTON:**

Did you find there was a contagion affect for distress and anxiety among the adolescent residents?

**DR BETH KOTZE:**

In adolescent in-patient units, mental health adolescent in-patient unit contagion is a common issue. So when one young person is agitated or distressed it does spread to others so it's an expected event and yes we did find it in this case.

**REBECCA LEVINGSTON:**

Did you find there was an increase in incidents in the unit?

**DR BETH KOTZE:**

Yes. That I think is perhaps an issue that needs to be taken in the context of what appeared to be a background of change in how incidents would be reported. So it's not that we can say definitively an increase in incidents we're saying an increase in incidents reported.

**REBECCA LEVINGSTON:**

Did you determine that the five month time frame for closure was an artificial administration deadline?

**DR BETH KOTZE:**

Look it was an artificial administration deadline. Of course under ideal circumstances you do like to take transition at the young person's pace, it's just not always possible for a whole variety of reasons but of course in this instance it was because a deadline had been set.

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**REBECCA LEVINGSTON:**

And you've already acknowledged that the workload for clinicians was enormous and complex as are the backgrounds and the illnesses of the young people involved and yet going back to your finding which was that the transitional care process was managed adequately. That seems at odds with the specific findings there.

**DR BETH KOTZE:**

No. We actually felt that the processes, the clinicians, they really overcame, you know, the multiple vicissitudes they were facing in actually doing the best thing for the young people.

**REBECCA LEVINGSTON:**

Dr Kotze, three former patients of the Barrett Adolescent Centre have died this year, did you investigate whether their deaths are linked to the closure of the Centre?

**DR BETH KOTZE:**

The care post-transition was very definitely not part of the Terms of Reference for the review.

**REBECCA LEVINGSTON:**

Okay, so you didn't look specifically at that?

**DR BETH KOTZE:**

No, we did not look at the clinical decision-making and care post-transition.

**REBECCA LEVINGSTON:**

The Queensland Coroner is investigating certainly at least one, I'm sure if all of those deaths, do you think it's appropriate to have a Report that has a scope that includes the possibility of that link there?

**DR BETH KOTZE:**

Well, I think that...I mean certainly in New South Wales it would be considered as, you know, within the purview of the Coroner's process, and that would be, you know, seen as important to progress. I wouldn't necessarily think that would be indicated. There would be a usual process within Clinical Services of review, of decisions and processes in New South Wales – that's called a Root-Cause Analysis Process. So generally there's a variety of processes that come into effect when there has been an adverse event like a suicide.

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**REBECCA LEVINGSTON:**

Your Report also acknowledges that a transition period requires adequate preparation and planning. Was the closure of the Barrett Centre rushed?

**DR BETH KOTZE:**

Look I think it's very difficult to say that it was ideal because certainly ideal is that you take it at the young person's pace. So I think that there was a sense of rush because of the fact they were working towards a deadline.

**REBECCA LEVINGSTON:**

Were lives put at risk?

**DR BETH KOTZE:**

No in the transition process I think the risk issues were carefully considered they were reconsidered every step along the way, the crisis that came about because of the escalated anxiety and distress were all responded to and managed. I think that part of the process was exceptionally well done.

**REBECCA LEVINGSTON:**

Will anything change as a result of this report?

**DR BETH KOTZE:**

Look what we've recommended is that in fact many of the ways in which the clinicians thought to make this the very best process possible for the young people, there's some really very good learnings from that that are entirely in keeping up with the international published literature on the topic and often unfortunately not done terribly well in the transition of young people from child adolescent services to adult services. I've actually recommended that that experience, the learnings from that experience should be used to inform either a review of the current policy as it stands in Queensland or there might actually be consideration of a stand-alone policy that really supports transitional care as a quiet specific process for young people that needs to be very thoughtful and planned

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**REBECCA LEVINGSTON:**

Dr Kotze I appreciate your time this afternoon, thanks so much.

**DR BETH KOTZE:**

Ok thank you.

**REBECCA LEVINGSTON:**

Doctor Beth Kotze an Australian psychiatrist more than 30 years' experience in the New South Wales health system, she was the expert charged with investigating the transitional care for patients and families to determine if it was adequate after the Barrett Adolescent Centre was closed.

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