





West Moreton Hospital and Health Service

Enquiries to: Sharon Kelly  
Telephone:   
Facsimile: 

Dr John Allan  
Chief Psychiatrist  
Mental Health Alcohol and Other Drugs Branch  
Department of Health

C/o Minter Ellison Lawyers  
Level 22 Waterfront Place  
3 Eagle Street  
Brisbane QLD 4000

Dear Dr Allan

**Investigation under Part 9 of the *Hospital and Health Boards Act 2011* – Barrett Adolescent Centre**

I refer to the correspondence to you dated 15 August 2014 from Minter Ellison Lawyers regarding the investigation under Part 9 of the *Hospital and Health Boards Act 2011* into the closure of the Barrett Adolescent Centre (**Centre**).

I understand that the investigation has been commissioned to examine the governance model and transitional planning arrangements put in place for a number of adolescents who were inpatients or outpatients of the Centre. Specifically, the investigation relates to those adolescents who were inpatients or day patients between 6 August 2013 (when the Centre's closure was announced) and January 2014 when the Centre was closed.

I note the appointment of Health Service Investigator Ms Kristi Geddes, Senior Associate, Minter Ellison Lawyers in relation to the investigation. Whilst I am yet to receive a copy of the instruments of appointment, I understand that the following two representatives from the Mental Health and Drug and Alcohol Office, NSW Ministry of Health have also been appointed to conduct the investigation:

- Associate Professor Beth Kotze, Acting Associate Director, Health System Management; and
- Ms Tania Skippen, Occupational Therapist, Associate Director, Specialist Programs, Mental Health – Children and Young People.

In summary, we have been asked to provide documents and information relating to:

- the governance model in place within West Moreton to manage and oversight the health care transition plans for the then current inpatients and day patients;
- healthcare transition planning;
- clinical records; and
- details of relevant clinicians and staff of the Centre.

## Overview of the Centre's history

The Centre was, until its closure, a 15-bed inpatient service located at The Park Centre for Mental Health (**The Park**) that also offered day program services as a step down intervention following inpatient admission. The Centre provided extended treatment and rehabilitation programs for adolescents across Queensland presenting with complex mental health diagnoses including eating disorders, anxiety and mood disorders, and severe self-harm and suicidal behaviour.

The Centre was constructed in 1976 as part of the Adult Inpatient Service at the Wolston Park Hospital. The Centre was intended to close in 1999 once the child and youth acute inpatient service in the adjacent districts were commissioned. However, in 1997, families of consumers and staff successfully lobbied for the retention of the Centre as a medium stay inpatient service for adolescents in Queensland. However neither the Ten Year Mental Health Strategy for Queensland nor the Queensland Health Capital Rebuilding program allowed for programs for medium stay treatment and rehabilitation for adolescents 18 years and under. As a result, the Centre has had no major refurbishment since opening.

Queensland's public mental health system has undergone significant reform over the past ten years. The reform agenda includes a shift from institution-based service models, including extended treatment and rehabilitation, to more contemporary models of care that align with state and national policy. The impact of these important reforms has seen the care of consumers moved primarily into community-based settings that support the consumer to engage in their own local neighbourhoods and facilities. This has been particularly vital for consumers requiring medium to longer-term care.

In alignment with the Queensland Plan for Mental Health 2007-17, a key area for reform within Mental Health and Specialised Services in the West Moreton Hospital and Health Service has been the development of The Park as an adult-only forensic and secure mental health campus. The high security forensic services have been expanded, and a new service option was established on the campus (Extended Forensic Treatment and Rehabilitation Unit) in July 2013.

In light of these significant changes, it was no longer safe or contemporary practice to provide long-term inpatient care for adolescents at the Centre on The Park campus.

## Overview of governance model put in place for the Centre's closure

The foundational work for the Centre's closure commenced in late 2012 when a project plan titled 'Barrett Adolescent Strategy' was tabled by the Chief Executive at a West Moreton Board meeting. A copy of the strategy is contained as **Attachment 1** for your reference.

The project was led by the Adolescent Strategy Planning Group (**Planning Group**) which was comprised of senior clinical and management representatives of West Moreton Hospital and Health Service, Townsville Hospital and Health Service, Children's Health Queensland, Education Queensland and the Department of Health.

The purpose of the project was to consider options for the provision of mental health services for adolescents requiring extended treatment and rehabilitation in Queensland. To assist with the process, the Planning Group appointed an Expert Clinical Reference Group (**ECRG**) of child and youth mental health clinicians, a consumer representative, a carer representative, a child and youth senior clinical representative from interstate, and other key stakeholders to explore and identify alternative service options for this target group.

On 8 May 2013, the ECRG endorsed the Proposed Service Model Elements for Adolescent and Extended Treatment Rehabilitation Services and made seven recommendations for the Planning Group's consideration.



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Later in May 2013, the recommendations were accepted by the Planning Group subject to a number of conditions. The recommendations of the ECRG and Planning Group can be found at **Attachment 2** and were supported by the West Moreton Board based on extensive consultation and no gap to service provision for the adolescent target group.

On 6 August 2013, Minister for Health, Mr Lawrence Springborg announced the closure of the Centre and that new service options for adolescent extended treatment and rehabilitation would be available in early 2014. Additionally, it was announced that Children's Health Queensland (**CHQ**) would hold governance of new service options.

Following the announcement of the Centre's closure, a state-wide project was established and governed by CHQ to progress the implementation of new service options. West Moreton was a partner in this process. A state-wide Steering Committee (chaired by CHQ) was convened.

In October 2013, the Chief Executive and Department of Health Oversight Committee was put in place and was comprised of the Deputy Director-General from the Department of Health (**Department**), Health Service Chief Executives from key hospital and health services, the Executive Director of the Mental Health Alcohol and Other Drugs Directorate in the Department and other key representatives from CHQ. The purpose of this committee was to provide strategic leadership and governance for the State-wide Adolescent Extended Treatment and Rehabilitation Implementation Strategy.

The governance structures that were put in place at a local level within West Moreton included the:

- West Moreton Management Committee (BAC weekly update). This multidisciplinary committee met on a weekly basis from September 2013 until January 2014. Stakeholders ranged from managerial and clinical representatives from within West Moreton's Mental Health and Specialised Services Division, CHQ, the Mental Health, Alcohol and Other Drugs Branch and other external service providers as the need arose; and
- Clinical Care Transition Panel. This multidisciplinary panel met as often as required to discuss the transitional and day to day needs of each patient and was comprised mainly of the acting Clinical Director, Psychiatrist Dr Brennan, Clinical Nurse Consultant Vanessa Clayworth, Occupational Therapist Megan Hayes, Social Worker Carol Hughes, project officer Laura Johnson and initially A/Principal of the Centre's school; and
- Complex Care Review Panel. This panel was convened to support the Centre's clinical team in optimally managing the transition of care for a specific consumer [REDACTED] with significant and sustained risk concern.

A timeline of key decision points and events that occurred during the Centre's closure is contained as **Attachment 3** for your reference.

## Transitional arrangements

Following the closure of the Centre, every effort was made to transition each young person according to their individual needs. A comprehensive review of the ongoing clinical needs for all young people at the Centre (including those on the wait list) was conducted. Recommendations were made by the clinical team about future service needs utilising a range of strategies including direct consumer assessments and consultation (where possible), consumer medical charts, contact with the referring agency and local mental health service, and contact with family. A series of factors were taken into account including but not limited to clinical need and risk, length of stay in the inpatient setting, age, demographics, family engagement and available community supports.

Consumers requiring ongoing care were supported during transition to a range of service types (adult or child and youth services) including public, private and non-government organisations. CHQ has continued to provide support as required to ensure there is no service gap.

Transition planning for each young person at the Centre was conducted utilising a multidisciplinary approach at an individual level with the consumer, their family and the new service providers. Each transition package was tailored to meet the clinical need and risk profile of the young person. These packages were implemented as close to their local community as was possible and safe.

As needed, high level inter-departmental negotiations were conducted with other agencies in order to facilitate housing and disability support.

West Moreton undertook extensive consultations with service providers and families to ensure that the best possible options for care were made available for each young person. This included discussions about the health service that would best meet the needs of the young person (i.e. whether a Child and Youth Mental Health Service or an adult mental health service would be more suitable). Where needed, varying intensities of intervention were also implemented, with some young people requiring only intermittent community outpatient care and others requiring extended inpatient care in a Community Care Unit.

Information provided to us continues to support the view that a large majority of young people and their families have transitioned positively to alternative care options. Please refer to **Attachment 4** for some of the feedback received from patients following the Centre's closure. In the small number of cases where we have been informed of ongoing issues post-transition, West Moreton has engaged with the new service to support a speedy resolution to the issue/s.

We also wish to highlight that the Centre was established to meet the mental health care needs of adolescents aged between 13 and 18 years. The investigators will note that as at 6 August 2013, three quarters of the patients at the Centre were nearing, or already at the age of 18. The transitional planning for these patients therefore took into account their progression to adulthood and that they would be referred and supported within the adult mental health system even if the Centre had remained open.

## Provision of documents for the Investigation

Please find enclosed three USBs which contain all collated documents and information. The documents are contained in a Sandisc Secure Access Vault and password protected.





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The password is: [REDACTED]

All emails should be opened in Microsoft Outlook.

A USB file index which provides a brief summary of the files contained within each folder and subfolder is contained as **Attachment 5**.

Please find a complete list of the Centre's inpatients and outpatients as at 6 August 2013 contained as **Attachment 6**. Given the scope of the terms of reference, we have not included clinical records or documentation relevant those patients who were on the waitlist.

We have enclosed copies of each patient's clinical file for the period April/June 2013 through until the Centre's closure in January 2014. We would be happy to provide the complete patient chart for each patient upon request. Also included are extracts from the Queensland public health sector electronic database 'Consumer Integrated Mental Health Application' (CIMHA) for each consumer.

In terms of the health care transition plans, we note that some adolescents were already well progressed through their discharge process at the time the Centre's closure was announced on 6 August 2013. There are therefore not specific documents titled 'health care plans' for all patients.

We note that within the folder titled 'Individual\_transition\_package\_planning', there are a number of excel spreadsheet documents called 'transition guides' as well as word documents called 'community contacts'. These were created during the course of the transition planning process. Please be advised however, that these were intended as a guide only and do not reflect the entire process. To assist in providing the investigators with a snapshot of the transitional documents and actions that were taken by West Moreton and relevant stakeholders, we have updated a number of the transition guides for selected consumers, namely, [REDACTED]

These updated transition guides may be found in the individual transition folders for those consumers.

A list of all the relevant clinicians and staff employed at the Centre has been included as **Attachment 7**.

Please note that due to changes made to the email systems used within West Moreton and the fact that Dr Brennan is no longer with our service, we have not been able to provide her emails at this point. We are currently working with our information technology services to retrieve that information.

We would be happy to provide further assistance to the investigators in any way that we can. Please don't hesitate to contact Ms Sharon Kelly, Executive Director of Mental Health and Specialised Services on [REDACTED] or by emailing [REDACTED]

Yours sincerely

[REDACTED]  
Lesley Dwyer  
Health Service Chief Executive  
West Moreton Hospital and Health Service

24 August 2014

# West Moreton Hospital and Health Service PROJECT PLAN

<b>Author:</b>	<b>Chris Thorburn, Director Service Redesign</b>	<b>Executive Sponsor:</b>	<b>Sharon Kelly, ED MH&amp;SS</b>	<b>Executive Delegate:</b>	<b>Lesley Dwyer, CE WMHHS</b>
<b>Start Date:</b>	16 November 2012	<b>Approval:</b>	<input type="checkbox"/> West Moreton Hospital and Health Board		
<b>End Date:</b>	TBD				

## Description of Project: Barrett Adolescent Strategy

<b>BACKGROUND of PROJECT</b>	<ul style="list-style-type: none"> <li>Barrett Adolescent Centre (BAC) is located within The Park – Centre for Mental Health (The Park) and provides a state wide service of extended treatment and rehabilitation<sup>1</sup> for up to 15 adolescents with severe and complex mental health disorders.</li> <li>As part of the <i>Queensland Plan for Mental Health 2007-2017</i> (QPMH), a capital allocation had been approved to rebuild BAC in a new location as: <ul style="list-style-type: none"> <li>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</li> <li>The Park will become exclusively a High Secure and Secure Rehabilitation Mental Health Service for adults (by end of 2013).</li> </ul> </li> <li>Initial consultation with stakeholders (about a replacement service for BAC) commenced as part of the planning for Stage 1 of the QPMH (approximately 2005-06).</li> <li>Planning associated with the QPMH incorporated in a new capital project to be delivered at Redlands, which would replace the BAC. The Adolescent Extended Treatment and Rehabilitation Unit was to be built adjacent to the Redlands Hospital. It was to be commissioned in 2014. Due to environmental and other issues, the project could not proceed and has now ceased.</li> <li>The capital allocation previously attached to the rebuild of BAC has been redirected to other Queensland Health capital priorities; this capital funding is currently no longer available for a rebuild of BAC at an alternative site.</li> </ul>
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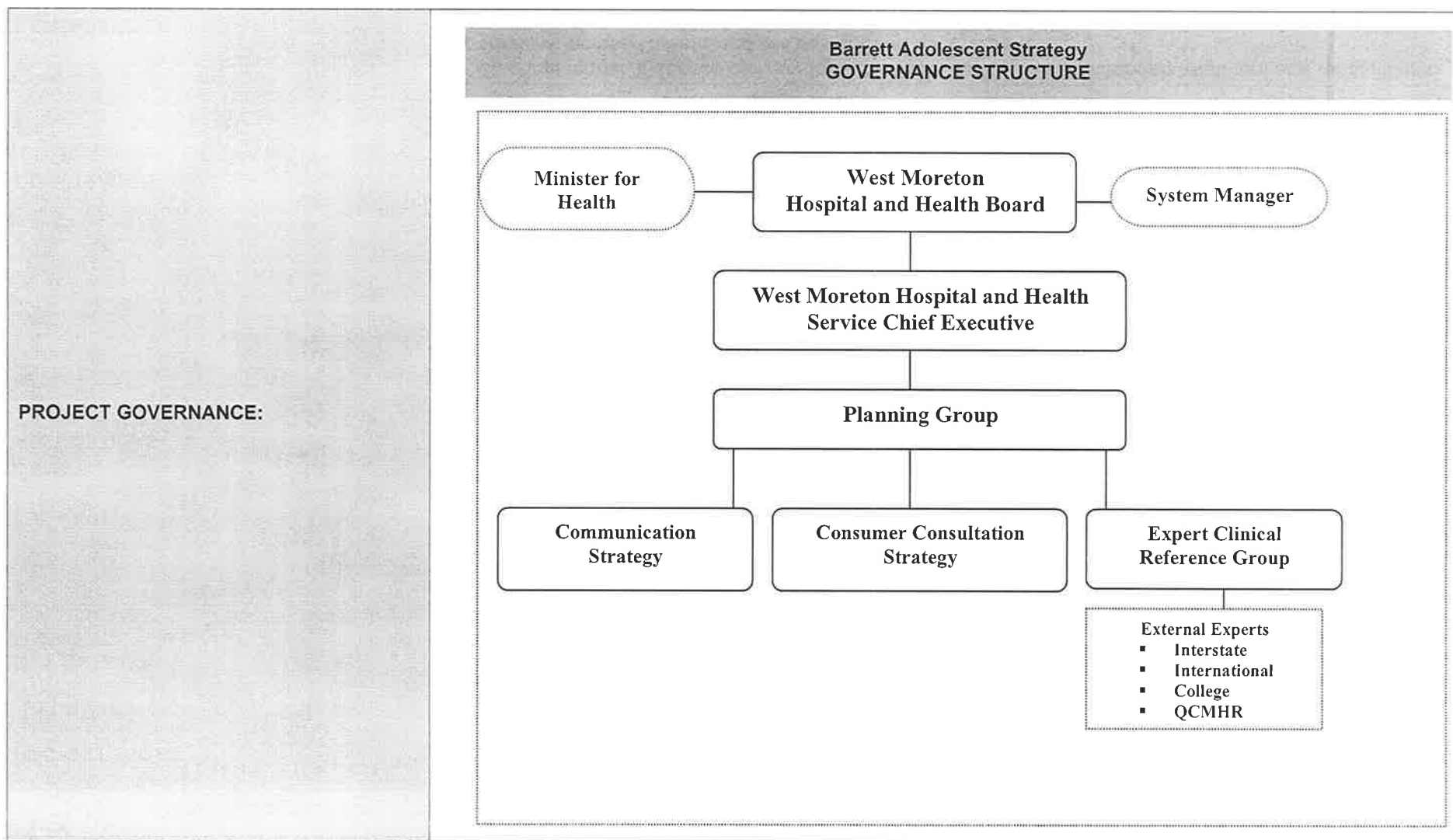
<sup>1</sup> While currently classified as an extended treatment and rehabilitation model of service, the replacement model of service for BAC will likely be classified as either a subacute rehabilitation or community residential program. The classification will need to align with national and state classification frameworks, and relevant funding models.

	<ul style="list-style-type: none"> <li>It has become imperative that: <ul style="list-style-type: none"> <li>alternative contemporary, statewide model(s) of care be developed to replace the services currently provided by BAC; and</li> <li>an implementation plan be developed to achieve the alternative statewide model(s) of care.</li> </ul> </li> <li>This project plan will articulate the required steps to achieve the above points.</li> </ul>
<b>OBJECTIVES</b>	<ul style="list-style-type: none"> <li>Through the formation of a planning group, with input from a multidisciplinary expert clinical reference group: <ul style="list-style-type: none"> <li>alternative contemporary, statewide model(s) of care will be developed to replace the services currently provided by BAC and will also include the appropriate provision of educational services;</li> <li>an implementation plan will be developed to achieve the alternative model(s) of care; and</li> <li>a defined strategy will be articulated outlining the plan to achieve an alternative model of care for the current patients of the BAC.</li> </ul> </li> <li>Through the development and implementation of an effective communication and engagement strategy, all identified stakeholders will: <ul style="list-style-type: none"> <li>be kept informed in a timely manner; and</li> <li>have appropriate opportunities to provide input to the process.</li> </ul> </li> <li>Through agreed governance and approval processes by the West Moreton Hospital and Health Board, the alternative statewide model(s) of care and implementation plan will be endorsed. This will be achieved through partnership with the System Manager.</li> </ul>
<b>OUTCOMES</b>	<ul style="list-style-type: none"> <li>The final endorsed model(s) of care will clearly articulate a contemporary model(s) of care for extended treatment and rehabilitation for adolescents in Queensland.</li> <li>The final endorsed model(s) of care will be evidenced based, sustainable and align with statewide mental health policy, service planning frameworks and funding models.</li> <li>The final endorsed model(s) of care will replace the existing services provided by BAC.</li> <li>The implementation plan will clearly identify: <ul style="list-style-type: none"> <li>Stakeholders</li> <li>Communication and Engagement strategies</li> <li>Time frames and steps of implementation</li> <li>Human, capital and financial resources</li> <li>Risks, issues and mitigation strategies</li> <li>Evaluation <b>strategy</b> and criteria attached to the implementation</li> </ul> </li> </ul>

**PROJECT PLAN**

<b>PROJECT SCOPE</b>	<ul style="list-style-type: none"> <li>This project has a statewide focus, as the final endorsed model(s) of care must meet the needs of adolescents in Queensland requiring extended treatment and rehabilitation.</li> </ul>
<b>OUT OF SCOPE</b>	<ul style="list-style-type: none"> <li>As there is no longer a current capital allocation to rebuild BAC on another site, the model(s) of care to be developed must exclude this as an option.</li> </ul>
<b>ASSUMPTIONS</b>	<ul style="list-style-type: none"> <li>A significant assumption is that the services currently provided by BAC will not remain on the campus of The Park post June 2013. Once the implementation plan has achieved the endorsed model(s) of care for the current patients, the building that houses the service of BAC will be de-commissioned.</li> <li>It is assumed that the endorsed model(s) of care will be incorporated into forward planning for the implementation of components of the remainder of the <i>Queensland Plan for Mental Health 2007-2017</i>.</li> <li>It is assumed that there will be robust evaluation criteria applied to determine the quality and effectiveness of the endorsed model(s) of care.</li> <li>It is assumed that the endorsed model of care will be implemented in a two staged process, ie it will initially be applied to meet the needs of the current consumers in BAC and then implemented more widely across the state as per the parameters of the endorsed model of care.</li> <li>It is assumed that the existing recurrent funding for BAC and the additional future funding earmarked for the former Redlands Unit will be utilised to fund the endorsed model(s) of care for this adolescent consumer group.</li> </ul>
<b>CONSTRAINTS</b>	<ul style="list-style-type: none"> <li>It is possible that the project may be constrained by a number of factors including: <ul style="list-style-type: none"> <li>Resistance to change by internal and external stakeholders</li> <li>Insufficient recurrent resources available to support a preferred model of care</li> <li>Insufficient infrastructure across parts of the State to support a changed model (eg skilled workforce, partnerships with other agencies and accommodation requirements)</li> <li>A delay in achieving an endorsed model of care.</li> </ul> </li> </ul>
<b>DEPENDENCIES</b>	<ul style="list-style-type: none"> <li>The final model of service delivery for adolescent mental health extended treatment and rehabilitation services across Queensland will be informed by this project.</li> <li>This project is dependent upon the risks, issues and constraints being appropriately addressed.</li> <li>There are interdependencies between this project and the available, contemporary service planning frameworks at national and state levels. This includes the QPMH.</li> </ul>

## Accountability of Project:



## West Moreton Hospital and Health Service PROJECT PLAN

### REPORTING

- The Planning Group will be a time limited group and it will report to the West Moreton Hospital and Health Service Chief Executive, who in turn will report to the West Moreton Hospital and Health Board.
- The Planning Group will consist of representation from West Moreton HHS, Mental Health Alcohol and Other Drugs Branch, another QLD HHS service, Department of Education, a child psychiatrist and a Communication expert.
- It is anticipated the Planning Group will meet initially to finalise the project plan and then meet on a regular basis to monitor progress regarding the development of a model(s) of care, the implementation of the communication and engagement plan and the develop the implementation plan.
- The Expert Clinical Reference Group will be a time limited group and will consist of a representative group of multidisciplinary child and youth clinicians. In the development of a contemporary model(s) of care, the Expert Clinical Reference Group will seek the assistance of external experts at key points in the consideration of a model(s) of care for extended treatment and rehabilitation for adolescents.
- The attached Communication Plan (Appendix 1) outlines the objectives, methods, frequency, target audiences and an action plan.
- A specific Consumer Consultation Strategy will be developed consistent with the Communication Plan.

### Project Resources:

The Planning Group: With the exception of the communication expert, there is no additional labour cost associated with the Project. The costs incurred through engagement of the communication expert will be met by the Division of Health Service and Clinical Innovation.

The Expert Clinical Reference Group: There is no expected financial cost to be incurred by West Moreton Hospital and Health Service.

Implementation of the Communication Plan: Resources associated with the implementation of the communication plan will be met by the Division of Mental Health & Specialised Services, West Moreton Hospital and Health Service.

## Risk Analysis:

Risk Event and Impact	Likelihood	Severity	Risk rating	Treatment
Time frames in the gant chart are not met, leading to loss of confidence from stakeholders	Likely	Minor	Medium	Executive Sponsor EDMH&SS to closely oversight activities in gant chart to minimise this risk
Expert Clinical Reference Group do not agree on a preferred Model of Care, causing delays to the development of an implementation plan	Possible	Moderate	Medium	Input from external experts and reviewing evidence based models of care will minimise this risk
Preferred Model of Care can not be endorsed, causing implementation delays	Possible	Major	High	Close collaboration between West Moreton HHS, other HHS and the System Manager will minimise this risk as existing resources, capacity etc will be confirmed
Communication of Project objectives, scope and progress is not effective, leading to stakeholder dissatisfaction	Possible	Moderate	Medium	Implementation of the communication plan will minimise this risk.
Endorsed Implementation plan is delayed, delaying stage 1 implementation for current BAC consumers	Likely	Moderate	High	Effective project management and broad stakeholder engagement with minimise this risk

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## GANTT CHART:

Activities		Fortnight Ending													
		16/11	30/11	14/12	28/12	11/1	25/1	8/2	22/2	8/3	22/3	5/4	19/4	3/5	
Project Sponsorship established		x													
Planning Group established	Endorsed by CE	x													
Expert Clinical Reference Group identified	Endorsed by CE		x												
External Experts identified			x												
Communication Plan developed	Endorsed by CE		x												
Project Plan endorsed	Endorsed by CE & WMHH Board		x												
Planning Group meets			x	x	x	x	x								
Expert Clinical Reference Group meets				x	x			x	x						
External Experts provide advice to Expert Clinical Reference Group					x	x									
Model of Care options developed						x									
Cost Benefits of options undertaken						x									
Consultation with stakeholders regarding preferred model							x	x	x						
Endorsement of preferred model	Endorsed by CE, WMHH Board & System Manager								x						
Development of project and change management plan to implement model, in a two staged process	CE supported by System Manager									x					
Communication regarding implementation plan	CE supported by System Manager									x					
Endorsement of implementation plan	Endorsed by CE										x				
Commence Stage 1 implementation											x	x	x	x	



## **Appendix 1: COMMUNICATION PLAN**

### **Communication objectives**

- Ensure stakeholders understand the vision and objectives of the BAC project.
- Promote alternative contemporary model of care for Queensland adolescents.
- Gain and sustain support of key stakeholders and influencers who play a critical role in this project's success.
- Create ownership of, and support for, the BAC project within WMHHS staff.
- Increase the community's understanding of the BAC project.
- Use existing effective communication channels and forums to deliver key communication wherever possible.
- Devise new communication channels and forums to deliver key communication where possible.
- Encourage effective communication and feedback from stakeholders.
- Manage expectations and reduce negative or speculative information.

### **Communication principles**

- Communication with all stakeholders is based on honesty and transparency
- Information is easily accessed by all stakeholders
- Communication is responsive and flexible to stakeholder feedback
- Speaks with 'one voice' to stakeholders

### **Communication environment**

Public health care in Queensland (including WMHHS) has undergone significant change over the past 18+ months. As a result, staff morale and the public image of public health care in Queensland has been on a downward trend. This appears to be improving however there are still a number of challenges facing the HHS and Queensland Health as the system manager including:

- Managing community expectations and perceptions.
- Population growth and increased demand necessitates substantial increase in all aspects of health service capacity, including increased bed numbers and increased elective surgery services
- Workforce shortages across health professions.
- Recruiting and retaining clinical staff given overall shortages, competition from other states and countries and the private sector.
- Creating a work environment which rewards quality in service, innovation, and fosters teaching and research to attract and retain staff.

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- Developing new models of providing care and reconfiguring services with less reliance on the hospital and acute setting and more emphasis on patients being managed in the community setting.
- Managing outcomes and resources when individual patient care may be provided in different locations and sectors.
- Ensuring and demonstrating that our health service is safe and of high quality.
- Improving access to the health system for Aboriginal and Torres Strait Islander people and people disadvantaged by language, disability and geographic isolation.
- Recruiting skilled, professional staff.
- Changed funding model for HHS'.

### **Stakeholder groups**

#### *Internal stakeholders:*



- WMHHS Board, Executive and Senior Management Team
- Clinicians, other staff and management working within WMHHS
- Health Minister and key advisors
- Queensland Health Director-General, Deputy Directors-General and Executive Directors (including Mental Health Alcohol and Other Drugs Branch)
- Senior Heads of Department
- Education Queensland
- Education Minister
- Director-General Education Queensland

#### *External stakeholders:*

- The Premier and other Queensland Government Ministers
- Media
- Existing and potential patients of BAC
- General public
- Broader health professionals including GPs
- Australian Medical Association
- Members of Parliament
- Local Governments

- Opposition parties
- Relevant unions
- Professional colleges
- Other Hospital and Health Services
- Non-government organisations

### Stakeholder analysis

LEVEL OF INFLUENCE 	MAINTAIN CONFIDENCE	HIGH INFLUENCE LOW IMPACT	COLLABORATE	HIGH INFLUENCE HIGH IMPACT
	Consumers and families Staff working in BAC West Moreton Hospital and Health Board		Expert Clinical reference Group External experts Mental Health Alcohol and Other Drugs Branch Dept of Education NGOs Other HHS'	
	MONITOR AND RESPOND	LOW INFLUENCE LOW IMPACT	KEEP INFORMED	HIGH IMPACT LOW INFLUENCE
	Potential agencies impacted by a revised model of care Media		All Child and Youth Mental Health Services All Chief Executives, HHSs Minister for Health System Manager DG and Minister for Education Opposition parties Unions Professional colleges Broader health professionals General public	
	 LEVEL OF IMPACT			

## West Moreton Hospital and Health Service PROJECT PLAN

### Communication risks and issues

Risk Event and Impact	Likelihood	Severity	Risk rating	Treatment
Stakeholders are not kept adequately informed, leading to misinformation in public realm	Possible	Moderate	Medium	Adhere to communication plan, including evaluation targets
Stakeholders and issues are not scoped adequately and communication does not satisfy their concerns, leading to opposition to project	Possible	Major	High	Ensure stakeholder and issues thoroughly explored.
Political influence changes the scope of the project	Possible	Major	High	Keep Health Minister and Premier informed during all stages to help ensure support

### Key messages

- West Moreton Hospital and Health Service is committed to ensuring adolescents have access to the mental health care they need.
  - West Moreton Hospital and Health Service is collaborating with an expert clinical reference group to ensure the model of care developed meets the needs of adolescents requiring extended mental health treatment. The Hospital and Health Service is working closely with mental health experts to ensure the 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 their needs they are kept up-to-date.
- Developing alternative models of care does not mean the end of longer term mental health treatment and rehabilitation for young people in Queensland.
  - The Park has expanded in its capacity as a high secure forensic adult mental health facility. This is not a suitable place for adolescents
  - Our 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.
  - 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.

### Communication tactics

Channel/tactic	Rationale
<b>Online and digital communication</b>	
Intranet (including spotlight) and Internet (new web pages and FAQs)	Low cost and a central repository for all project/program related information.
Internet new page(s) to HHS website including FAQs. Can emulate the Intranet page(s)	Low cost, engages both internal & external stakeholders
Social media (Twitter / Facebook)	Low cost, engages both internal & external stakeholders
<b>Internal communications</b>	
CE all staff emails / staff newsletter updates	Timely distribution from the CE re: key information (changes and updates)
E-alerts	Consider e-alerts to inform System Manager. May only be appropriate once new model of care has been determined.
Memos / letters and email to networks	Top down communications from CE on key information (changes and updates) about the project/program as they're about to roll out. These memos/ letters should be prepared for other HHS', NGOs etc.
Briefing note to Health Minister and System Manager	Bottom up communications on key information (changes and updates) about the project/program for noting or approval
<b>Face-to-face</b>	
Internal stakeholder briefings, trainings, meetings and focus groups	One-on-one engagement with key stakeholders such as BAC staff, Health Minister, other HHS' etc on project/program milestone activities prior to commencement.
External stakeholders briefings, meetings	Undertake a consultative approach with key stakeholders (e.g EQ, NGOs) to ensure messages align with stakeholder expectations.
<b>Marketing collateral</b>	
Fact sheet	Develop and distribute supporting collateral that explains, reinforces or triggers key project/program

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## PROJECT PLAN

Channel/tactic	Rationale
Mail out (letters)	messages.
<b>Media</b>	
Media statements	
Media conferences	
Community service announcements	
Social media (Twitter / Facebook)	

### Action plan internal and external stakeholders

Activity	Target audience	Issues / risks	Messages / content	Responsibility	Budget	When	Priority	Status
Responses to correspondence	BAC existing patients, staff, general public, politicians who have submitted correspondence on issue	Correspondence writer may go to media	Develop standard response regarding background of project, reasoning etc. However, ensure response is updated to reflect various phases of project.	WMHHS CE/ Executive Team	Nil	ASAP	High	done
Media holding statements	Media, general public, WMHHS staff	Media attention will provoke negative public perception of project if not responded to quickly	Key messages with focus on care being provided to young people	Rowdy PR	Nil	ASAP	Medium	done
Fact sheet	WMHHS staff, consumers, general public, media	Outdated / inaccurate information	As above. Should also include info on consumer concerns	Rowdy PR, Project Lead, WM HHS online & marketing officer	Nil	1/12/12	Medium	
Briefing note to Health Minister & System Manager	Minister & Ministerial staff, Director-General(Dept Community Services et al)	May not support recommendations	Outline scope of project, reasoning and discussions to be covered in meeting with BAC staff	WMHHS CE MHAODB	Nil	W/C 26/11/12	High	
Internal stakeholder	BAC staff, WMHHS mental health staff	BAC staff currently do not support	Explain background for project, focus on key messages that youth	WMHHS CE	Nil	W/C 26/11/12	High	

Activity	Target audience	Issues / risks	Messages / content	Responsibility	Budget	When	Priority	Status
briefing		project	will not miss out					
Internal stakeholder briefing	Health Minister & Ministerial staff	Want solution now	Update on project and outcome of staff briefing	WMHHS CE	Nil	4/12/12	Medium	
Planning - Online communication	WMHHS staff, general public	If information is not timely and accurate will create negative perception and media attention	Start planning for content. Outline scope of project, reasoning and proposed way forward. Must be regularly updated with project phase information	Rowdy PR, Project Lead, WMHHS online & marketing officer	Nil	1/12/12	Low	
Media conferences / community service announcements	Media, general public	Negative media stories	Stick to key messages	WMHHS CE, Rowdy PR	Nil	As required	Medium	
Go live-Online communication	WMHHS staff, general public	If information is not timely and accurate will create negative perception and media attention	Go live information	Rowdy PR, Project Lead, WMHHS online & marketing officer	Nil	Mid-January	Low	
Social media (consider using the System Manager's social media channels if WMHHS has none available)	All	Negative feedback; no staff to monitor social media channels	Stick to key messages, outline scope of project, reasoning and proposed way forward. Must be regularly updated with project phase information  Social media (consider using the System Manager's social media channels if WMHHS has none available)	WMHHS CE, Project Lead, WMHHS online & marketing officer	Nil	TBD	Low	

### Evaluation

Evaluation of this plan will involve feedback being sourced at each phase of the project to ascertain the effectiveness of communications. The main channels for gaining feedback are as follows:

- Feedback from staff on concerns and issues
- Feedback from management groups
- Staff forums
- Media analysis and tracking
- Meetings

## West Moreton Hospital and Health Service PROJECT PLAN

This feedback will be used as the main driver for up-dating and continually improving the communication plan.

### **Issues management**

Issues management will form a critical part of the BAC communication plan and should be based on the following platforms:

#### ***Prevention of public media issues wherever possible***

This can be achieved by:

- Avoiding the deliberate 'baiting' of likely opponents and instead focusing all information and communication on the positives of the BAC project and WMHHS.
- Providing tangible examples or explanations rather than playing the 'blame game'.
- Keeping focused on consistent delivery of key messages
- Factually answering all questions from media and opponents.
- Ensuring BAC staff and consumers are informed of the mechanisms available to address their concerns / issues, to avoid them going directly to the media with their concerns.

#### ***Effective and timely management of issues as and when they arise***

This can be achieved by:

- Agreeing a process for issues management in the media with the Health Minister's and Premier's offices to ensure there are no obstacles to a fast and timely response.
- Preparing Q&As where possible for any significant issues that arise to ensure the HHS CE, Minister or Premier is prepared to answer all anticipated questions, and has a broad range of facts and figures at hand.
- Seek agreement with the HHS CE on a case-by-case basis which media inquiries the CE is prepared to respond to by interview, or via written statement.
- Preparing updated key messages for the HHS CE as issues flare to assist with responding to media inquiries.
- Ensuring all media inquiries that are issues-related are responded to quickly.
- Designating a suitable alternative spokesperson if the HHS CE is unavailable.



## **West Moreton Hospital and Health Service**

# Expert Clinical Reference Group Recommendations Barrett Adolescent Strategy July 2013

## Adolescent Extended Treatment and Rehabilitation Services (AETRS) Recommendations Submitted to the West Moreton Hospital and Health Board

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.	<b>Accept with the following considerations.</b> 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.	<b>Accept with the following considerations.</b> 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.	<b>Accept with the following considerations.</b> 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 ( <i>in draft</i> ). 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

ECRG Recommendation	Planning Group Recommendation
	<p>Queensland to meet the requirement of this recommendation.</p> <p>Contestability reforms in Queensland may allow for this service component to be provider agnostic.</p>

### 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.	<b>Accept.</b>
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.	<p><b>Accept with the following considerations.</b></p> <p>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.</p> <p>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.</p>
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.	<p><b>Accept.</b></p> <p>The ECRG and the Planning Group strongly supported this recommendation.</p>

#### 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.	<p><b>Accept with the following considerations.</b></p> <p>This issue requires further deliberation within the statewide planning process.</p> <p>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.</p>

#### 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 (provided by Department of Education, Training and Employment) is required for a Tier 3 service.	<p><b>Accept with the following considerations.</b></p> <p>The Planning Group recommends removing "Band 7" from the ECRG 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.</p> <p>The Planning Group supports the statement that educational resources are essential to adolescent extended treatment and rehabilitation services.</p> <p>The Planning Group recommends consultation with DETE once a statewide model is finalised.</p>

ECRG Recommendations	Planning Group Recommendations
<p>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).</p>	<p><b>Accept with the following consideration.</b></p> <p>The Planning Group recommends this statement should be changed to read as:</p> <p>Strong consideration should be given to the establishment of a multi-site, statewide education service for children/adolescents in acute units (hub and spoke model).</p>

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

ECRG Recommendations	Planning Group Recommendations
<p>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.</p>	<p><b>Accept with the following consideration.</b></p> <p>Note that this service could be provider agnostic.</p>
<p>b) Governance should remain with the local CYMHS or treating mental health team.</p>	<p><b>Accept.</b></p>
<p>c) It is essential that residential services are staffed adequately and that they have clear service and consumer outcome targets.</p>	<p><b>Accept.</b></p>

**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.	<b>Accept.</b>
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.	<b>Accept.</b>

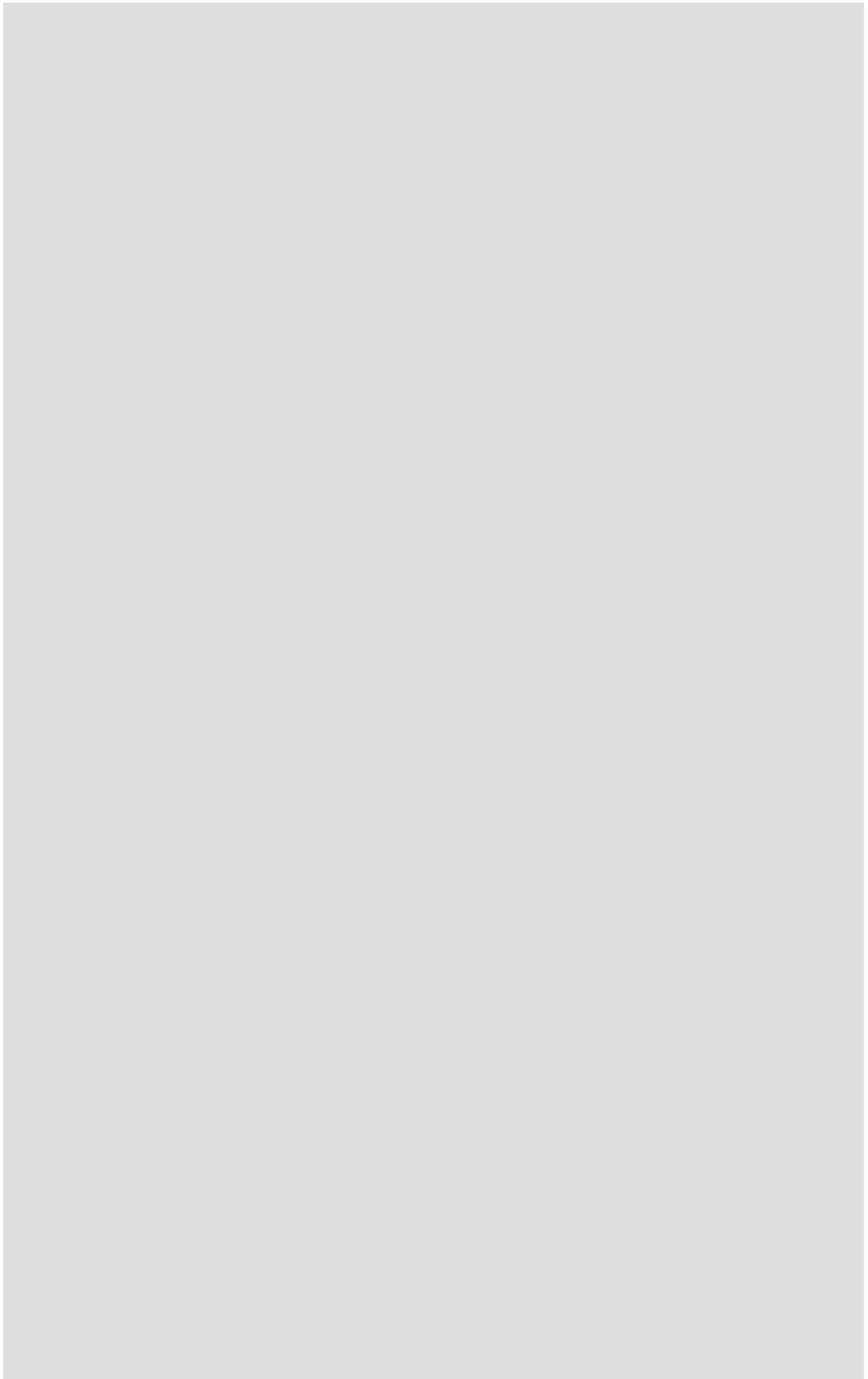
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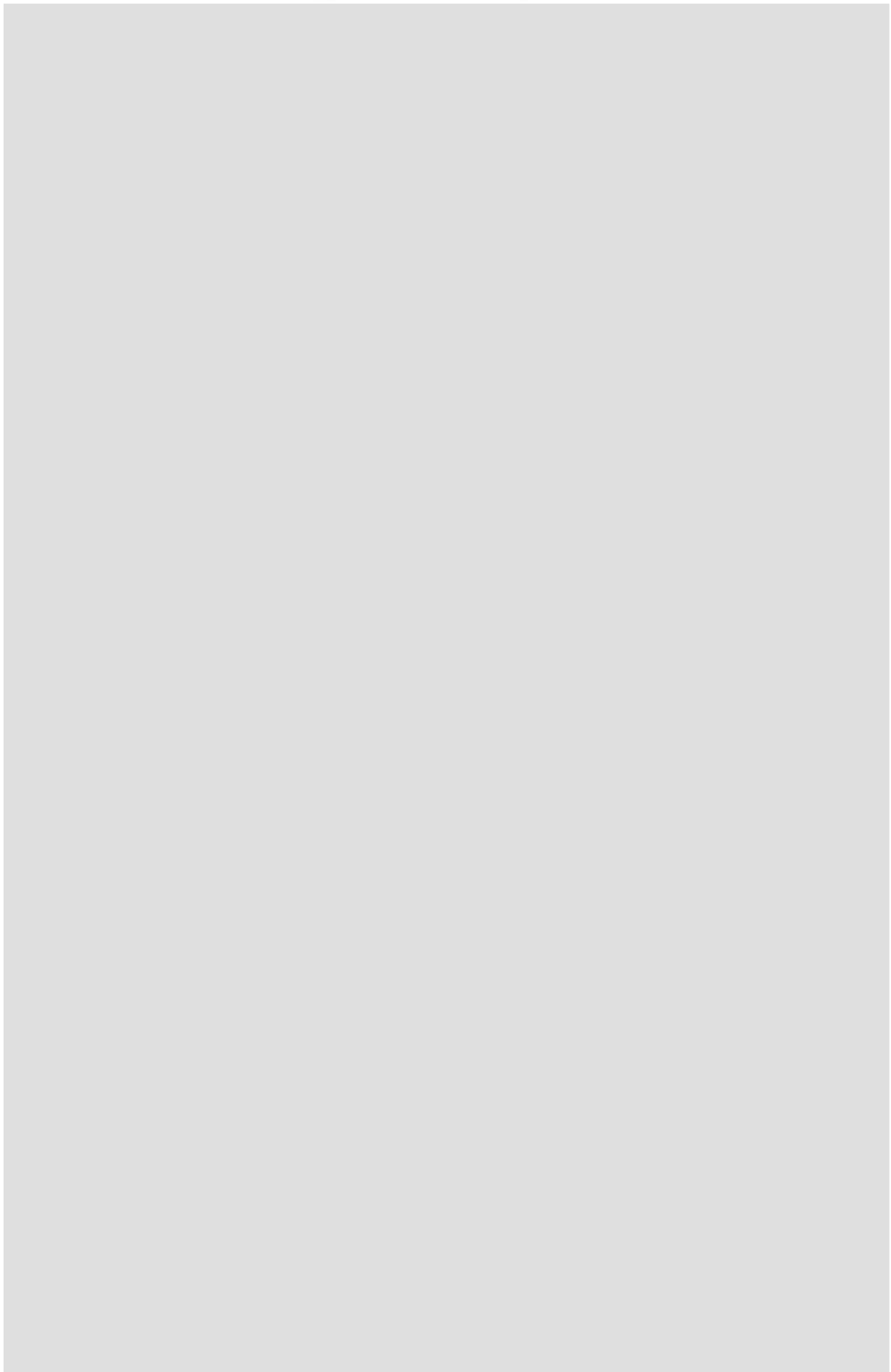
## Barrett Adolescent Centre Timeline - Key Events

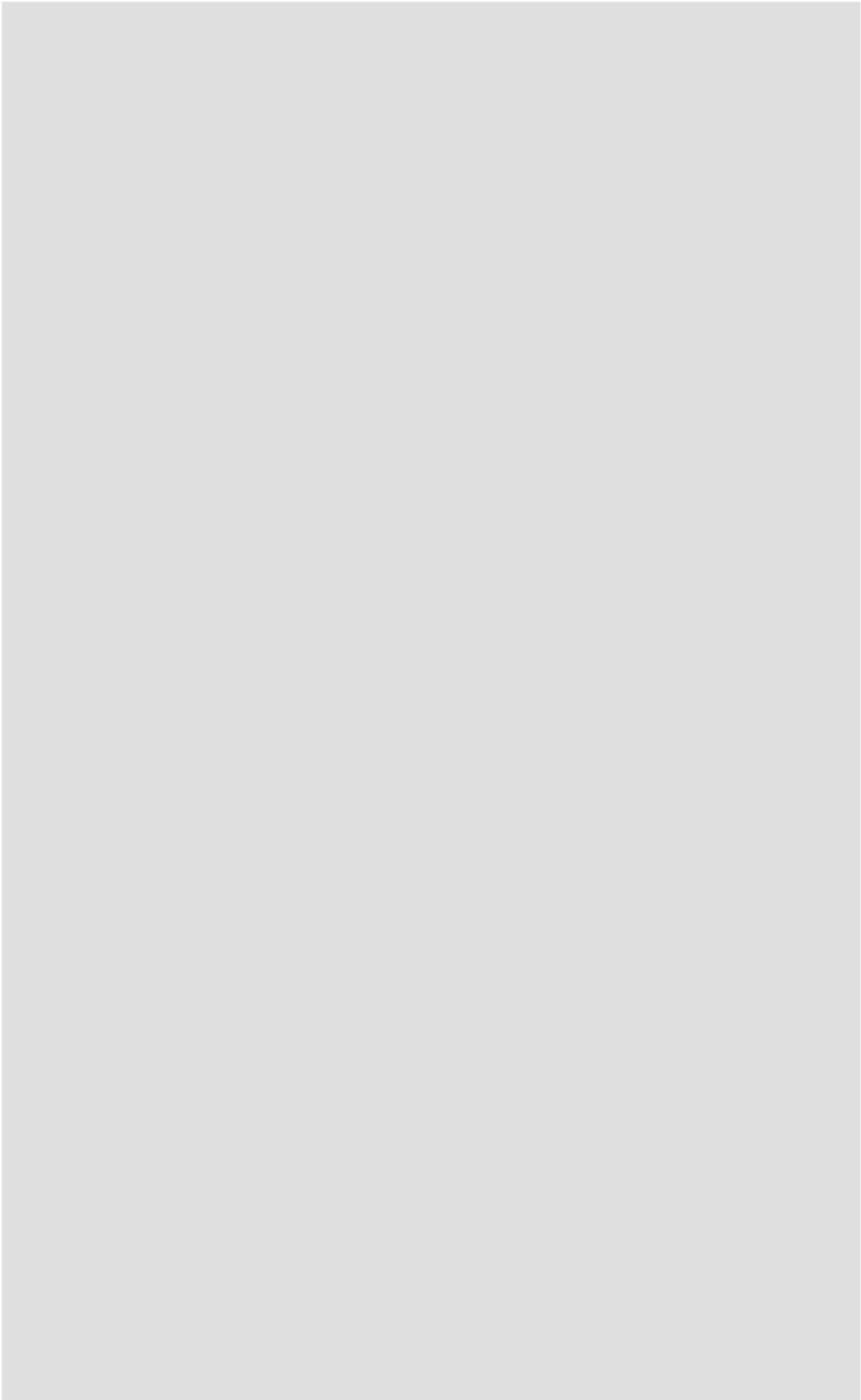
2012	September 2012	Appointment of Executive Director (ED), Mental Health and Specialised Services (MH&SS) Ms Sharon Kelly. Agreed commencement of Turn Around Plan for MH&SS to focus on contemporary service models and changing workforce culture
	25/10/2012	Meeting between ED, MH&SS and Mental Health Alcohol and Other Drugs Branch (Department of Health) for confidential briefing and concept development regarding closure of Barrett Adolescent Centre (BAC)
	02/11/2012	Initial confidential meeting with Executive Director MH&SS (Sharon Kelly) Director of BAC (Dr Trevor Sadler) and Clinical Director (Dr Terry Stedman) of The Park Centre for Mental Health regarding the options and future of BAC
	08/11/2012	Psychiatrist from another Hospital and Health Service "announced" without endorsement the potential closure of BAC during a hearing within the Child Protection Commission of Inquiry
	09/11/2012	Chief Executive (CE) West Moreton (Ms Lesley Dwyer) and ED of MH&SS meeting with BAC Staff
	12/11/2012	Letter from CE to all BAC parents/carers regarding future of BAC
	15/11/2012	<b>Commencement of Phase 1 of Barrett Adolescent Strategy</b> - Planning Group Established. Planning Group governed by West Moreton Hospital and Health Service (WMHHS)
	23/11/2012	Barrett Adolescent Strategy Project Plan presented to WMHHS Board
	28/11/2012	CE WMHHS (Ms Lesley Dwyer) and CE Children's Health Queensland (Dr Peter Steer) commence communication regarding transition of statewide adolescent mental health extended services governance to Children's Health Queensland
	01/12/2012	Expert Clinical Reference Group (ECRG) established under the Planning Group of the Barrett Adolescent Strategy
	11/12/2012	Minister for Health, Opposition Leader and CE WMHHS meet to discuss Barrett future.
	14/12/2012	Minister for Health and Chief of Staff briefed by WMHHS Board Chair (Dr Mary Corbett), CE and ED MH&SS of West Moreton on significant culture changes planned for The Park Centre for Mental Health, inclusive of the Barrett Adolescent Centre
2013	05/03/2013	Petition for <i>Save the Barrett</i> tabled in Parliament
	15/04/2013	Barrett Adolescent Strategy Meeting: Dr Mohan Gilhotra Dr Michael Cleary Dr Leanne Geppert, Ms Marie Kelly (Department of Health), and Ms Lesley Dwyer and Ms Sharon Kelly (WMHHS)
	08/05/2013	ECRG endorsed recommendations submitted to the Barrett Adolescent Strategy Planning Group
	11/05/2013	Dr Leanne Geppert seconded from Department of Health to WMHHS as Director of Strategy MH&SS
	24/05/2013	ECRG endorsed recommendations and Planning Group comments for BAC presented to WMHHS Board
	11/06/2013	Future Model of Care governance meeting: Dr Peter Steer (CHQ), Ms Lesley Dwyer, Ms Sharon Kelly and Dr Leanne Geppert (WMHHS)
	17/06/2013	Barrett Adolescent Strategy Meeting to confirm proposed closure and support; Director General (Dr O'Connell), DDG Health Services and Clinical Innovation (Dr Cleary), Lesley Dwyer, Sharon Kelly and Dr Leanne Geppert(WMHHS)
	15/07/2013	Minister briefed by Chair of WMHHS Board (Dr Mary Corbett) and CE (Ms Lesley Dwyer) on progress of the turnaround plan inclusive of the Barrett
	02/08/2013	Meeting with DDG Education, CE Ms Lesley Dwyer and ED MH&SS Ms Kelly to discuss education future
	05/08/2013	Final preparation with key parties regarding pending announcement of BAC closure on 6/08/14
	06/08/2013	Minister for Health announces closure of BAC. BAC staff meetings regarding announcement. Parents/carers called regarding BAC closure announcement
	26/08/2013	<b>Commencement of Phase 2 of Barrett Adolescent Strategy</b> - Statewide Adolescent Extended Treatment and Rehabilitation Initiative
	30/08/2013	CE WMHHS (Ms Lesley Dwyer), ED MH&SS (Ms Sharon Kelly), Children's Health Qld (Dr Stephen Stathis) meeting with <i>Save the Barrett</i> leader (AE)
	05/09/2013	Family of inpatient raise significant complaints regarding care and clinical governance failures within the centre
	06/09/2013	Phone calls to BAC parents/carers regarding investigation of clinical governance
	09/09/2013	
	11/09/2013	#####



	16/09/2013	#####
	27/09/2013	BAC update presented to WMHHS Board
	30/09/2013	Appointment of temporary project officer (non clinical position) Ms Laura Johnson to support transition and governance processes. Ms Johnson exited position 24/1/14 on maternity leave
	01/10/2013	Statewide service model forum held, including consumer and carer representatives, non government organisation representatives, Queensland health staff, and other key stakeholders. Forum to plan for future service options
	17/10/2013	Chief Executive and Department of Health Oversight Committee convened for governance (including WMHHS, Children's Health Qld, Mental Health Alcohol & Other Drugs Branch, Department of Health, Metro South HHS)
	07/11/2013	Phone calls to all parents/carers regarding progression of transition by ED of MH&SS
	04/11/2013	BAC parent/carers verbal and written submission to the Statewide Adolescent Extended Treatment and Rehabilitation Initiative Steering Committee regarding BAC and future service options and consumer need
	12/11/2013	BAC meeting between Ms Lesley Dwyer, Ms Sharon Kelly, Dr Leanne Geppert (WMHHS) and Dr Bill Kingswell of Mental Health Alcohol and Other Drugs Branch (Department of Health)
	21/11/2013	BAC meeting between Ms Lesley Dwyer, Dr Leanne Geppert (WMHHS) and Dr Stephen Stathis and Ms Ingrid Adamson (Children's Health Qld)
	25/11/2013	CE of Children's Health Qld (Dr Peter Steer), CE WMHHS (Ms Lesley Dwyer) and Dr Stephen Stathis (Children's Health Qld) meet with
	29/11/2013	Briefing and update to WMHHS Board
	02/12/2013	Briefing to Minister for Health by WMHHS and Children's Health Qld
	02/12/2013	Meeting with Education Queensland (Ms Lesley Dwyer and Ms Sharon Kelly). Meeting between Minister for Health, both Board Chairs of WM HHS and Children's Health Qld, both CE's of WM HHS and Children's Health Qld
	10/12/2013	#####
	December 2013 - January 2014	BAC Holiday Program implemented to support discharge and transition - Engaged local non government organisation to work with BAC clinical team in offering Holiday Program across school holidays
2014	31/01/2014	Closure of BAC and decommissioning of building commenced subsequently
		Dr Anne Brennan continued as WMHHS until March 2014 to finalise all clinical requirements and followup as required of BAC patient cohort
		Dr Leanne Geppert continued as member of Children's Health Queensland Statewide Adolescent Extended Treatment and Rehabilitation Initiative (representing WMHHS)







Anne Brennan 29/1/14

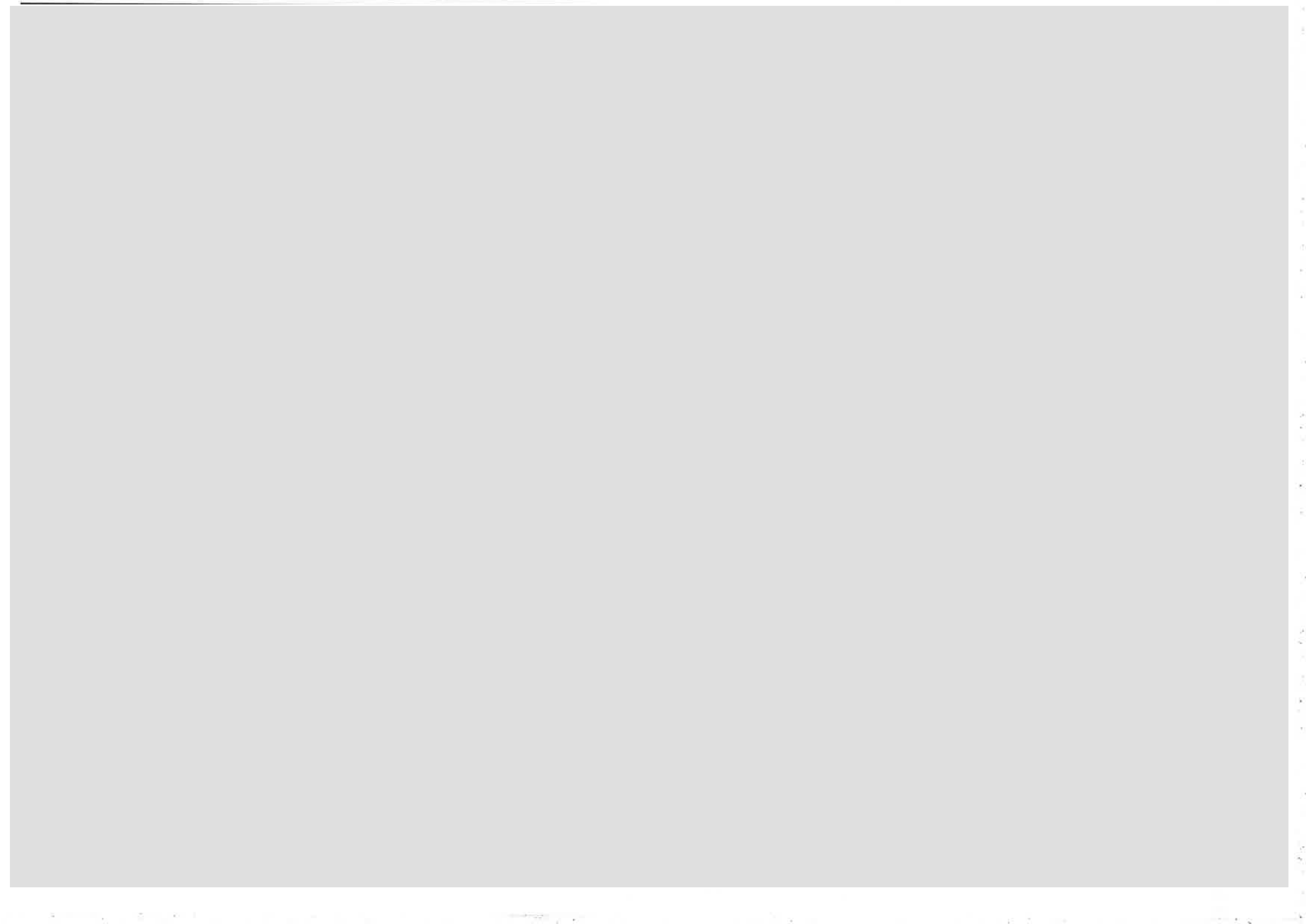
**USB FILE INDEX**  
**Investigation under the Hospital and Health Boards Act 2011**  
**Barrett Adolescent Centre**

FOLDER/SUB FOLDER NAME	SUMMARY OF FILES
<b>Comms Plan and Strategy</b>	
	Various documents relating to communication including West Moreton Communication Plan, Communication Strategy and issue management
<b>Communication with Parents</b>	
Mixed patient emails	Various emails regarding contact with parents
Patient information session	Includes documents relating to a parent information session held on 11 December 2013 with special guest Dr Sandra Radovini who talked about service models from Victoria.
	Includes letters and emails sent to parents regarding transition. Also includes phone log of conversations held between Sharon Kelly, Executive Director of Mental Health and Specialised Services and parents across a two day period from 8 November 2013
<b>Communication with Staff</b>	
	Includes various documents relating to communication with staff including official staff communiques between October and December 2013.
<b>General Communication and Corro</b>	
Aftercare corro	Various correspondence with external stakeholder Aftercare - provider of residential care facilities
Commissioner for Children and Young People	Correspondence with the Commissioner for Children and Young People regarding closure
Community Corro	Letters, emails and ministerial responses to concerned community members
Education Queensland Corro	Various correspondence with Education Queensland regarding closure
Estimates	Estimates briefings re closure and suicides of former patients
Executive Corro	Various correspondence with Health Service Chief Executives and Clinical Directors
Mental Health Commissioner Corro	Correspondence with the Mental Health Commissioner regarding closure
Ministerial and DG Briefs	Various briefing notes for the Minister for Health and Director General of the Department of Health.
Parents Carers Families Fast Facts Newsletters	Fast Fact newsletters designed to give regular updates to parents and stakeholders. Various dates between November 2012 and December 2013.
Possible Parliamentary Questions	Various possible parliamentary questions relating to the Centre's closure
Sharron Kelly emails	Various emails and documents of Ms Sharon Kelly, Executive Director Mental Health and Specialised Services, West Moreton
<b>Media and Public Announcements</b>	
BAC Announcement Finals	Media Statement of Children's Health Queensland Chief Executive Dr Peter Steer and West Moreton Hospital and Health Service Chief Executive Lesley Dwyer re closure of the West Moreton media responses for ABC and Griffith University, Interviews of Minister of Health Lawrence Springborg and Sharon Kelly, Executive Director, Mental Health and Specialised Services, speaking notes and media protocols
Media	
<b>Medical Records</b>	

<i>Transition Planning Documents</i>	
<b>BAC Holiday Program</b>	Information regarding the Centre's holiday program for December 2013 including parent consent forms and program schedules.
<b>BAC Panel Meeting Schedule</b>	Includes patient discharge dates and panel meeting schedule
<b>Individual transition package planning</b>	Transition guides, community contact information for selected inpatients and day patients as well as patient specific emails regarding transition planning
<b>Mixed patient emails</b>	Includes various emails regarding patient transition planning
<b>Transition Panel Status Reports</b>	Details about admission date, when transition plan developed and proposed discharge dates - reporting periods October 2013 through January 2014
<b>Transition meetings file notes &amp; updates</b>	Includes consumer updates, risk summaries, transition care planning meeting agendas and discussion, file notes and various emails regarding care planning
<i>West Moreton Project Governance</i>	
<b>Barrett Weekly Update Meetings</b>	Includes minutes and agendas from West Moreton Management Committee meetings. Various dates between September 2013 and January 2014. Risk registers included.
<b>Board Papers</b>	Board Agenda Papers providing West Moreton's board with updates around closure and planning. Various dates between April 2013 and 20 December 2013
<b>Project</b>	Includes files relating to the closure project plan, status reports and site visits to facilities in Victoria to review alternative models of adolescent extended treatment and rehabilitation

















Details of relevant clinicians and staff of Centre between 6 August 2013 and January 2014				Comments
First Name	Surname	Position at Centre	Current Position	
Adrian	Walder	CN	CN Child & Youth Mental Health, IMHS WMHHS	Term Date: 09.03.2014
Vanessa	Clayworth	RN Adol	Headspace Wooloongabba	
Matthew	Beswick	RN Adol	RN Mental Health Unit, IMHS WMHHS	
Mara	Kochardy	RN Cas	RN Adolescent Mental Health, Royal Brisbane and Women's Hospital	
Peta-Louise	Yorke	RN Adol	RN Adolescent Mental Health, Royal Brisbane and Women's Hospital	Term Date: 13.07.2014 Term Date: 09.03.2014
Susan	Daniel	CN Com Liaison	Not known	
Rosangela	Richardson	RN Adol	Not known	
Lourdes	Wong	RN Adol	RN Mental Health Unit, IMHS WMHHS	
Maree	Sheraton	RN Adol	Not known	Term Date: 09.03.2014
Peter	Kop	RN Adol	RN Central Resource Unit, The Park WMHHS	
Kerrie	Armstrong	RN Adol	Not known	
Henry	Tooman	RN Cas	RN Mental Health Casual, Royal Brisbane and Women's Hospital	
Stephen	Saull	RN Adol	RN Tambourine, The Park WMHHS	Term Date: 23.03.2014
Molra	Macleod	RN Adol	RN Brisbane Correctional Centre, WMHHS	
Kimberley	Sadler	RN Adol	Not known	
Daisy	Aclan	RN Cas	RN Central Resource Unit, The Park WMHHS	
Brenton	Page	RN Adol	RN Central Resource Unit Casual, The Park WMHHS	Term Date: 09.03.2014
Liam	Huxter	RN Adol	Not known	
Victoria	Young	RN HS Daintree/Franklin	RN Franklin, The Park WMHHS	
Roderick	Archer	RN 7C Ips	RN MAPU, Ipswich Hospital WMHHS	
Jamie	Barber	RN Grad Adol	RN Graduate, The Park WMHHS	
Genae	Rance	RN Grad Adol	RN Graduate Cassowary, The Park WMHHS	
Reeta	Singh	RN Grad Adol	RN Grad Dip, Mental Health Unit, IMHS WMHHS	
Elaine	Ramsey	AO3 Ward Admin	Ward Administrator (Daintree), The Park WMHHS	
Anne	Brennan	Clinical Director who took over care of patients (11/09/13)	Childrens Health Queensland	Term Date: 15.06.2014
Trevor	Sadler	VMO Psych Adol (former Clinical Director)	Mater Childrens Hospital (inpatient unit)	
Kli...	Hoang	OT Leisure	HP3 Psychologist, Mental Health Child Safety, Royal Children's Hospital	
Megan	Hayes	OT Like Skills	HP3 Psychologist, Mental Health Child Safety, Royal Children's Hospital	
Carol	Hughes	Social Worker IMHS	HP4 Social Worker, IMHS WMHHS	Term Date: 06.04.2014 Term Date: 31.12.2013
Danielle	Corbett	Psychologist Senior	Psychology Consultants	
Ashleigh	Trinder	Psychologist Senior	Headspace Wooloongabba	
Angela	Clarke	Speech Pathologist Consult	HP5 Speech Pathologist, The Park WMHHS	
Anita	McDermott		Enrolled Nurse, EFTRU, The Park WMHHS	According to Payroll Services records, employee has never been allocated to position within Barrett Adolescent Unit since 11.11.2012. Employee was Concurrent - Also Enrolled Nurse (Casual) IMHS WMHHS 05.08.2013 to 15.09.2014 (BAU) 12.08.2013 to 25.08.2013 (BAU) 05.08.2013 to 02.02.2014 (BAU) Term Date: 09.08.2013
Amelia	Jones		Enrolled Nurse, Adolescent Mental Health, Royal Brisbane and Children's Hospital (26.05.2014 to 14.09.2014)	
Alyssia	Censori		Enrolled Nurse (Casual) The Park WMHHS	
Lucinda	Burton	RN Adolescent	RN Adolescent Mental Health, Royal Brisbane and Women's Health	
Delwyn	Gainford	Ward Administrator	Ward Administrator (Daintree), The Park WMHHS	
Thomas	Pellet	Registrar Adolescent	Medical Registrar Mental Health, Prince Charles Hospital	
Kate	Partridge	OT Life Skills	Not known	





## BAC Strategic Update/Progress 20/11/13

### Communication

1. Personal ph call by Sharon to each BAC parent/carer last week
2. Personal letter to each parent going out today from Sharon
3. Ongoing Fact Sheets fortnightly – one being prepared today will have high level details re transition service plan
4. Consumer Advocate as decided by each parent
5. Parent submission and verbal presentation completed.
6. Anne Brennan meets with [REDACTED] weekly every Thursday re clinical issues
7. Very large majority of corro on time re turnaround – all in consultation with CHQ and DETE as relevant
8. Dr Sandra Radovini visit (Director of Mindful, Victoria) – mid December. Meet with BAC parents/carers and separate session with BAC staff. Discuss Victorian service provision for this cohort. CHQ will also provide new service option plan to the parents that day for their input. Also organising a professional dinner with key stakeholders and CYMHS psychiatry faculty members.

### **Recommended to commence:**

- ✓ Leanne to have personal contact with Premiers office SDLO about each request from their office – already phoned the Director and they would appreciate this type of contact
- ✓ Next Fact Sheet due tomorrow
- ✓ Joint Media Statement WM and CHQ – announce transitional services (cannot do this in detail until DG approved procurement, but can provide info in Fact Sheet at high level)
- ✓ Engage Naomi in each weekly BAC update mtg and revisit communications plan
- ✓ Consider weekly update t/conf (30mins) by Sharon and Leanne with BAC parents/consumers (not clinical) – aim to share info and address miscommunications. Voluntary participation.
- ✓ Need firm agreement with CHQ that all meetings with BAC parents/carers/staff needs to also include equivalent officer from WM HHS

### Waitlists Consumers

1. First waitlist transitional Panel cancelled last week due to high clinical need on ward. Mtg rescheduled today 1pm.
2. Waitlist - [REDACTED]
3. Vanessa has already commenced contacting all HHSs and discussing current service input (as above) and consumer need. Have today allocated additional senior clinical staff member to support Vanessa in completing this work more rapidly and to liaise with HHSs and with parents/carers as relevant – discussed with Anne Brennan.

### Board

1. Board paper drafted and presentation at next meeting.
2. Query opportunity to bring Anne Brennan and Elisabeth Hoehn to meet Board next week?
3. Will provide fast turnaround on Board corro.

### Transition Services

1. Update provided by email today – progressing rapidly
2. Clinical governance presents a challenge – Anne Brennan unsure if she is willing to take this role on (has been asked to go away and return with decision). Has been discussed with Stephen Stathis.
3. Additional bed based option discussed with Stephen Stathis – 2 beds allocated at Mater as interim for higher acuity extended patients. Prof Brett McDermott (Mater) given support in principle.

### Therapeutic Support for BAC parents

1. Risks raised by clinical staff – potential it will be perceived by BAC parents that they are the problem, unclear who has capacity and skill to provide the service, additional potential to create splitting, unclear how it will align with clinical care of adolescent. Senior clinician been tasked today with planning the options for consideration.

### Workforce

1. Mtg scheduled with Alan Millward and MHSS clinical seniors for next week to discuss formal application for VRs to DoH, and to finalise draft implementation plan re change process.

## West Moreton Hospital and Health Service Communication Strategy

# Barrett Adolescent Centre

### **Announcement about the way forward**

It was announced by the Honourable Lawrence Springborg, Minister for Health on 6 August, 2013 that adolescents requiring extended mental health treatment and rehabilitation will receive services through a new range of contemporary service options from early 2014. Young people receiving care from the Barrett Adolescent Centre (BAC) at that time will be supported to transition to other contemporary service options that best meet their individual needs. Children's Health Queensland will assume governance for any new service options that are implemented, as part of its statewide role in providing healthcare for Queensland's children.

### **Who has been consulted about the recommendations of the Expert Clinical Reference Group?**

The announcement came following careful consideration of the seven recommendations from the Expert Clinical Reference Group (ECRG), and further consultation with a range of stakeholders. West Moreton Hospital and Health Service have consulted in an ongoing way with the Minister for Health and Department of Health, the Queensland Mental Health Commissioner, the Department of Education Training and Employment, and Children's Health Queensland. These are some of the key stakeholders that will continue to support the next stage of implementation for statewide adolescent extended treatment and rehabilitation service options.

### **What is the next step?**

An implementation Steering Committee will convene for the first time on 26 August 2013, chaired by Children's Health Queensland. Membership will include a consumer representative, carer representative, senior multidisciplinary clinician representation of public child and youth mental health services across the State, non government organisation representation, and a representative from the Department of Health. Communication with stakeholders will continue to be a priority throughout this next phase of the strategy.

### **How can we get the best outcomes in the time frame we have?**

This strategy does not begin when the Steering Committee meets next week. A substantial amount of preparation and planning has been ongoing since the ECRG began work in December 2012. The seven ECRG recommendations will now provide a comprehensive foundation for the next phase of the strategy. This is about implementing the work already done by the ECRG, and focussing our efforts on the final stages of the strategy so we are ready to deliver new service options by early 2014.

### **What about the current consumers and staff of the Barrett Adolescent Centre?**

It remains a priority for West Moreton Hospital and Health Service to focus on providing support and information to the adolescents, their families and the staff of the BAC. There will be no gap to service provision for the young people currently receiving care from BAC.

Date: Monday, 25 August 2014



**Rowdy PR**

# Communication Plan

**Project:** Barrett Adolescent Centre

**Prepared by:** Naomi Ford, Rowdy PR

**Date:** 20 November 2012

**Version control:**

Version	Date	Author	Comments
V0.1	20/11/12	Naomi Ford	First draft comms plan
V0.2			
V0.3			

**Approvals & Endorsements:****Endorse****Signature:****Name:****Position:****Date:****Contact No:****Signature:****Name:****Position:****Date:****Contact No:****Approve****Signature:****Name:****Position:****Date:****Contact No:****Signature:****Name:****Position:****Date:****Contact No:**

## Background

- Barrett Adolescent Centre (BAC) is located within The Park – Centre for Mental Health (The Park) and provides a state wide service of extended treatment and rehabilitation for up to 15 adolescents with severe and complex mental health disorders.
- As part of the Queensland Plan for Mental Health 2007-2017, a capital allocation had been approved to rebuild BAC in a new location as:
  - 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, the Park 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. It was to be commissioned in 2014. Due to environmental and other issues, the Project could not proceed and has now ceased.
- The capital allocation previously attached to the rebuild has been reallocated to other capital priorities and funding is currently no longer available for a rebuild of BAC.
- It has become imperative that:
  - alternative contemporary model(s) of care be developed to replace the services currently provided by BAC and
  - an implementation plan be developed to achieve the alternative model(s) of care.

## Communication objectives

- Ensure stakeholders understand the vision and objectives of the BAC project.
- Promote alternative contemporary model of care for Queensland adolescents.
- Gain and sustain support of key stakeholders and influencers who play a critical role in this project's success.
- Create ownership of, and support for, the BAC project within WMHHS staff.
- Increase the community's understanding of the BAC project.
- Use existing effective communication channels and forums to deliver key communication wherever possible.
- Devise new communication channels and forums to deliver key communication where possible.
- Encourage effective communication and feedback from stakeholders.
- Manage expectations and reduce negative or speculative information.

## Communication principles

- Communication with all stakeholders is based on honesty and transparency
- Information is easily accessed by all stakeholders
- Communication is responsive and flexible to stakeholder feedback
- Speaks with 'one voice' to stakeholders

## Communication environment

Public health care in Queensland (including WMHHS) has undergone significant change over the past 18+ months. As a result, staff morale and the public image of public health care in Queensland has been on a downward trend. This appears to be improving however there are still a number of challenges facing the HHS and Queensland Health as the system manager including:

- Managing community expectations and perceptions.
- Population growth and increased demand necessitates substantial increase in all aspects of health service capacity, including increased bed numbers and increased elective surgery services
- Workforce shortages across health professions.
- Recruiting and retaining clinical staff given overall shortages, competition from other states and countries and the private sector.
- Creating a work environment which rewards quality in service, innovation, and fosters teaching and research to attract and retain staff.
- Developing new models of providing care and reconfiguring services with less reliance on the hospital and acute setting and more emphasis on patients being managed in the community setting.
- Managing outcomes and resources when individual patient care may be provided in different locations and sectors.
- Ensuring and demonstrating that our health service is safe and of high quality.
- Improving access to the health system for Aboriginal and Torres Strait Islander people and people disadvantaged by language, disability and geographic isolation.
- Recruiting skilled, professional staff.
- Changed funding model for HHS'.

## Stakeholder groups

### *Internal stakeholders:*

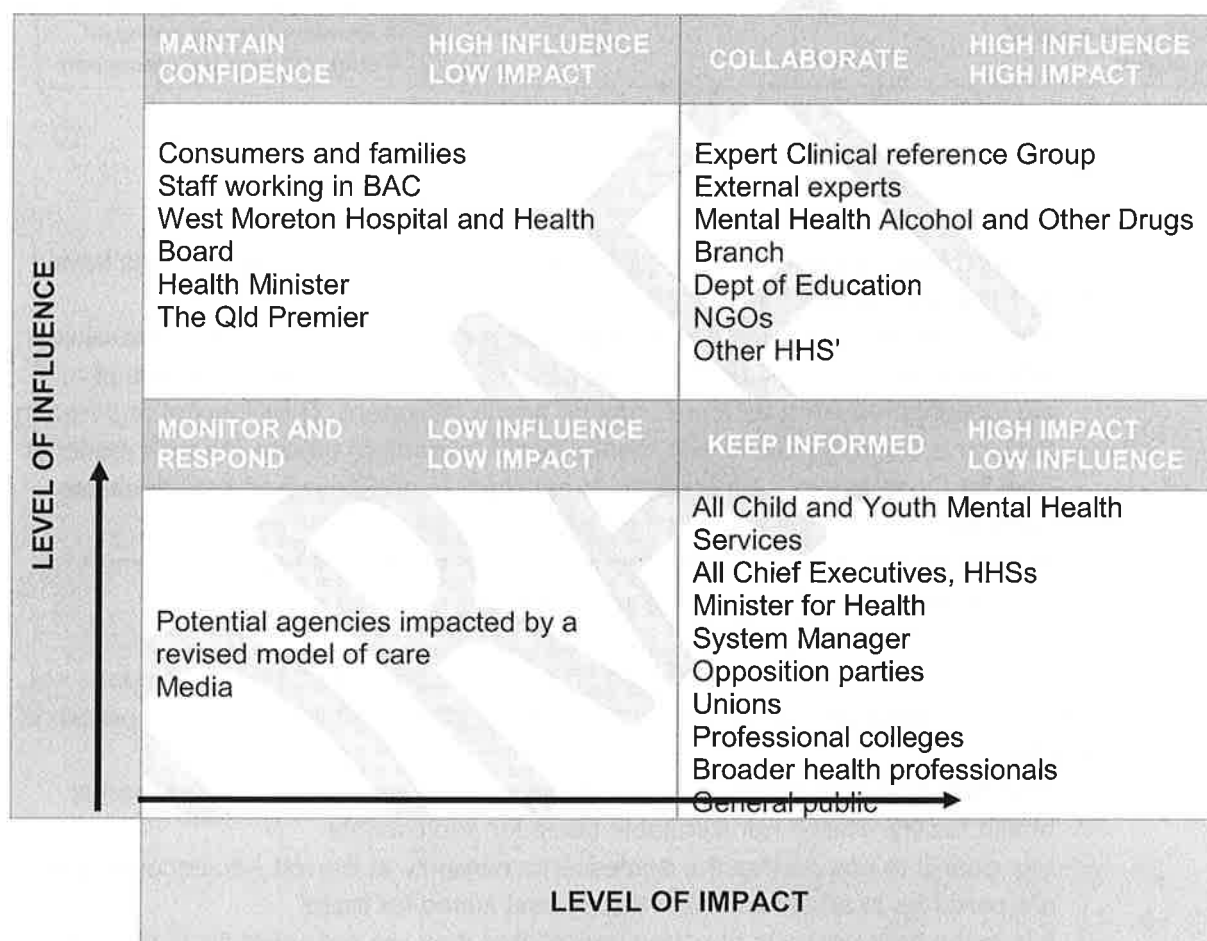
- WMHHS Board, Executive and Senior Management Team
- Clinicians, other staff and management working within WMHHS
- Health Minister and key advisors
- Queensland Health Director-General, Deputy Directors-General and Executive Directors
- Senior Heads of Department
- Education Queensland
- Education Minister
- Director-General Education Queensland

### *External stakeholders:*

- The Premier and other Queensland Government Ministers
- Media
- Existing and potential patients of BAC
- General public
- Broader health professionals including GPs

- Australian Medical Association
- Members of Parliament
- Local Governments
- Opposition parties
- Relevant unions
- Professional colleges
- Other Hospital and Health Services
- Non-government organisations

### Stakeholder analysis



### Communication risks and issues

Risk	Probability (high/ med/ low)	Severity (high/ med/ low)	Consequence (high/ med/ low)	Communication actions to mitigate risk
Stakeholders are not kept adequately informed, leading to misinformation in	Med	High	High	Adhere to communication plan, including evaluation targets

Risk	Probability (high/ med/ low)	Severity (high/ med/ low)	Consequence (high/ med/ low)	Communication actions to mitigate risk
<i>public realm</i>				
<i>Stakeholders and issues are not scoped adequately and communication does not satisfy their concerns, leading to opposition to project</i>	<i>Med</i>	<i>High</i>	<i>High</i>	<i>Ensure stakeholder and issues thoroughly explored.</i>
<i>Political influence changes the scope of the project</i>	<i>Med</i>	<i>High</i>	<i>High</i>	<i>Keep Health Minister and Premier informed during all stages to help ensure support</i>

### Key messages

- West Moreton Hospital and Health Service is committed to ensuring adolescents have access to the mental health care they need.
  - West Moreton Hospital and Health Service is collaborating with an expert clinical reference group to ensure the model of care developed meets the needs of adolescents requiring extended mental health treatment. The Hospital and Health Service is working closely with mental health experts to ensure the 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 their needs they are kept up-to-date.
- Closure of the Barrett Adolescent Centre at The Park Centre for Mental Health does not mean the end of extended mental health treatment and rehabilitation for young people in Queensland.
  - The Park has expanded in its capacity as a high secure forensic adult mental health facility. This is not a suitable place for adolescents
  - Our 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 care.
  - 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.



## Communication tactics

Channel/tactic	Rationale
<b>Online and digital communication</b>	
Intranet (including spotlight) and Internet (new web pages and FAQs)	Low cost and a central repository for all project/program related information.
Internet new page(s) to HHS website including FAQs. Can emulate the Intranet page(s)	Low cost, engages both internal & external stakeholders
Social media (Twitter / Facebook)	Low cost, engages both internal & external stakeholders
<b>Internal communications</b>	
CE all staff emails / staff newsletter updates	Timely distribution from the CE re: key information (changes and updates)
E-alerts	Consider e-alerts to inform System Manager. May only be appropriate once new model of care has been determined.
Memos / letters and email to networks	Top down communications from CE on key information (changes and updates) about the project/program as they're about to roll out. These memos/ letters should be prepared for other HHS', NGOs etc.
Briefing note to Health Minister and System Manager	Bottom up communications on key information (changes and updates) about the project/program for noting or approval
<b>Face-to-face</b>	
Internal stakeholder briefings, trainings, meetings and focus groups	One-on-one engagement with key stakeholders such as BAC staff, Health Minister, other HHS' etc on project/program milestone activities prior to commencement.
External stakeholders briefings, meetings	Undertake a consultative approach with key stakeholders (e.g EQ, NGOs) to ensure messages align with stakeholder expectations.
<b>Marketing collateral</b>	
Fact sheet	Develop and distribute supporting collateral that explains, reinforces or triggers key project/program messages.
Mail out (letters)	
<b>Media</b>	
Media statements	

Channel/tactic	Rationale
Media conferences	
Community service announcements	
Social media (Twitter / Facebook)	

### Action plan internal and external stakeholders

Activity	Target audience	Issues / risks	Messages / content	Responsibility	Budget	When	Priority	Status
Responses to correspondence	BAC existing patients, staff, general public, politicians who have submitted correspondence on issue	Correspondence writer may go to media	Develop standard response regarding background of project, reasoning etc. However, ensure response is updated to reflect various phases of project.	WMHHS CE/ Executive Team	Nil	ASAP	High	done
Media holding statements	Media, general public, WMHHS staff	Media attention will provoke negative public perception of project if not responded to quickly	Key messages with focus on care being provided to young people	Rowdy PR	Nil	ASAP	Medium	done
Fact sheet	WMHHS staff, consumers, general public, media	Outdated / inaccurate information	As above. Should also include info on consumer concerns -- Info to come from Dr Cary Breakey	Rowdy PR, Project Lead, WMHHS online & marketing officer	Nil	1/12/12	Medium	
Briefing note to Minister & System Manager	Minister & Ministerial staff, Director-General	May not support recommendations	Outline scope of project, reasoning and discussions to be covered in meeting with BAC staff	WMHHS CE	Nil	W/C 26/11/12	High	
Internal stakeholder briefing	BAC staff, WMHHS mental health staff	BAC staff currently do not support project	Explain background for project, focus on key messages that youth will not miss	WMHHS CE	Nil	W/C 26/11/12	High	

Activity	Target audience	Issues / risks	Messages / content	Responsibility	Budget	When	Priority	Status
Internal stakeholder briefing	Health Minister & Ministerial staff	Want solution now	Update on project and outcome of staff briefing	WMHHS CE	Nil	4/12/12	Medium	
Planning - Online communication	WMHHS staff, general public	If information is not timely and accurate will create negative perception and media attention	Start planning for content. Outline scope of project, reasoning and proposed way forward. Must be regularly updated with project phase information	Rowdy PR, Project Lead, WMHHS online & marketing officer	Nil	1/12/12	Low	
Media conferences / community service announcements	Media, general public	Negative media stories	Stick to key messages	WMHHS CE, Rowdy PR	Nil	As required	Medium	
Go live- Online communication	WMHHS staff, general public	If information is not timely and accurate will create negative perception and media attention	Go live information	Rowdy PR, Project Lead, WMHHS online & marketing officer	Nil	Mid-January	Low	
Social media (consider using the System Manager's social media channels if WMHHS has none available)	All	Negative feedback; no staff to monitor social media channels	Stick to key messages, outline scope of project, reasoning and proposed way forward. Must be regularly updated with project phase information  Social media (consider using the System Manager's social media channels if WMHHS has none available)	WMHHS CE, Project Lead, WMHHS online & marketing officer	Nil	TBD	Low	

## Evaluation

Evaluation of this plan will involve feedback being sourced at each phase of the project to ascertain the effectiveness of communications. The main channels for gaining feedback are as follows:

- Feedback from staff on concerns and issues
- Feedback from management groups
- Staff forums
- Media analysis and tracking
- Meetings

This feedback will be used as the main driver for up-dating and continually improving the communication plan.

## **Issues management**

Issues management will form a critical part of the BAC communication plan and should be based on the following platforms:

### ***Prevention of public media issues wherever possible***

This can be achieved by:

- Avoiding the deliberate 'baiting' of likely opponents and instead focusing all information and communication on the positives of the BAC project and WMHHS.
- Providing tangible examples or explanations rather than playing the 'blame game'.
- Keeping focused on consistent delivery of key messages
- Factually answering all questions from media and opponents.
- Ensuring BAC staff and consumers are informed of the mechanisms available to address their concerns / issues, to avoid them going directly to the media with their concerns.

### ***Effective and timely management of issues as and when they arise***

This can be achieved by:

- Agreeing a process for issues management in the media with the Health Minister's and Premier's offices to ensure there are no obstacles to a fast and timely response.
- Preparing Q&As where possible for any significant issues that arise to ensure the HHS CE, Minister or Premier is prepared to answer all anticipated questions, and has a broad range of facts and figures at hand.
- Seek agreement with the HHS CE on a case-by-case basis which media inquiries the CE is prepared to respond to by interview, or via written statement.
- Preparing updated key messages for the HHS CE as issues flare to assist with responding to media inquiries.
- Ensuring all media inquiries that are issues-related are responded to quickly.
- Designating a suitable alternative spokesperson if the HHS CE is unavailable.



# Stakeholder Engagement Plan

**Project:** Barrett Adolescent Centre

**Prepared by:** Rowdy PR

**Date:** 1 December 2012

**Version control:**

Version	Date	Author	Comments
V0.1	1/12/12	Naomi Ford	First draft stakeholder engagement plan
V0.2			
V0.3			

**Approvals & Endorsements:****Endorse****Signature:****Name:****Position:****Date:****Contact No:****Signature:****Name:****Position:****Date:****Contact No:****Approve****Signature:****Name:****Position:****Date:****Contact No:****Signature:****Name:****Position:****Date:****Contact No:**

## **1. Barrett Adolescent Centre Project**

### **1.1 Background**

- Barrett Adolescent Centre (BAC) is located within The Park – Centre for Mental Health (The Park) and provides a state wide service of extended treatment and rehabilitation for up to 15 adolescents with severe and complex mental health disorders.
- As part of the Queensland Plan for Mental Health 2007-2017, a capital allocation had been approved to rebuild BAC in a new location as:
  - 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, the Park 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. It was to be commissioned in 2014. Due to environmental and other issues, the Project could not proceed and has now ceased.
- The capital allocation previously attached to the rebuild has been reallocated to other capital priorities and funding is currently no longer available for a rebuild of BAC.
- It has become imperative that:
  - alternative contemporary model(s) of care be developed to replace the services currently provided by BAC and
  - an implementation plan be developed to achieve the alternative model(s) of care.

### **1.2 Project objectives**

- Ensure stakeholders understand the vision and objectives of the BAC project.
- Communicate to stakeholders alternative contemporary models of care for Queensland adolescents.
- Increase the community's understanding of the BAC project.
- Encourage effective communication and feedback from stakeholders.

## **2. Stakeholder engagement objectives**

### **2.1 Stakeholder engagement objectives**

- Create ownership of, and support for, the BAC project within WMHHS staff.
- Increase the community's understanding of the BAC project.
- Gain support of new model of care by clinicians, consumers and their families.
- Communication with all stakeholders is based on honesty and transparency
- Information is easily accessed by all stakeholders
- Communication is responsive and flexible to stakeholder feedback

### **2.2 Strategic priorities**

West Moreton Hospital and Health Service (WMHHS) is a health-care community dedicated to improving the health of the population it serves. This stakeholder engagement plan links to three of the Hospital and Health Service's six strategic directions:

- Revitalise Services
- Innovate and Redesign
- Build Sustainable Services and Infrastructure

### **2.3 Stakeholder groups**

S1: Internal stakeholders:

- WMHHS Board, Executive and Senior Management Team
  - Clinicians, other staff and management working within WMHHS
  - Health Minister and key advisors
  - Queensland Health Director-General, Deputy Directors-General and Executive Directors
  - Senior Heads of Department
  - Existing BAC patients & families
  - Other Adolescent inpatient MH services
- 
- Education Queensland



- Education Minister
- Director-General Education Queensland

S2: External stakeholders:

- The Premier and other Queensland Government Ministers
- Media
- Potential patients of BAC
- General public
- Broader health professionals including GPs
- Australian Medical Association
- Members of Parliament
- Local Governments
- Opposition parties
- Relevant unions
- Professional colleges
- Other Hospital and Health Services
- Non-government organisations

## 2.3 Level of engagement

### 2.3.1 Level of engagement needed:

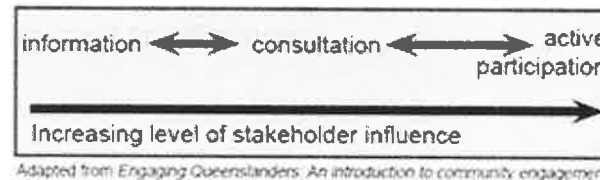
To be effective, this plan will require the following levels of engagement:

Engagement level	Stakeholder
<b>Information:</b> One-way relationship, where information is provided to stakeholders and the community.	S1 & S2: General community, media, WMHHS staff (other than BAC staff), consumers and families, AMA, Members of Parliament, Opposition parties,
<b>Consultation:</b> Two-way relationship, where community views are sought and there is an opportunity to influence the final outcome.	S1 & S2: BAC staff, consumers, relevant unions, other HHSs (including CEs), NGOs, System Manager, EQ

**Active participation:** Communities and individuals are actively involved in project decisions; the community can help manage the process of developing solutions; there are opportunities for shared agenda setting and deliberation on issues and solutions.

(incl DG and Minister for Education)  
S1: Clinicians (clinical reference group in particular),  
Minister for Health, WMHHS Board

### 2.3.2 Rationale:



## 3. Project risks

Risk Event and Impact	Likelihood	Severity	Risk rating	Treatment
Time frames in the gant chart are not met, leading to loss of confidence from stakeholders	Likely	Minor	Medium	Executive Sponsor EDMH&SS to closely oversight activities in gant chart to minimise this risk
Expert Clinical Reference Group do not agree on a preferred Model of Care, causing delays to the development of an implementation plan	Possible	Moderate	Medium	Input from external experts and reviewing evidence based models of care will minimise this risk
Preferred Model of Care cannot be endorsed, causing implementation delays	Possible	Major	High	Close collaboration between West Moreton HHS, other HHS and the System Manager will minimise this risk as existing resources, capacity etc will be confirmed
Communication of Project objectives, scope and progress is not effective, leading to stakeholder dissatisfaction	Possible	Moderate	Medium	Implementation of the communication plan will minimise this risk.

Endorsed Implementation plan is delayed, delaying stage 1 implementation for current BAC consumers	Likely	Moderate	High	Effective project management and broad stakeholder engagement with minimise this risk
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#### 4. Stakeholder and issues analysis

Stakeholder group	Issues	Primary stakeholders	Secondary stakeholders	Engagement need	Communication and engagement tools
<b>S1</b>	<ul style="list-style-type: none"> <li>• Opposed to closure of BAC</li> <li>• Lack of faith in WMHHS finding sustainable solution</li> <li>• High expectation on service delivery</li> <li>• Opposed to change</li> <li>• Want cost effective, statewide solution (Minister's office)</li> <li>• Solution must consider political ramifications.</li> </ul>	<ul style="list-style-type: none"> <li>• BAC staff</li> <li>• Office of the Minister</li> </ul>	<ul style="list-style-type: none"> <li>• Other WMHHS staff</li> <li>• System Manager</li> <li>• Education Qld</li> <li>• BAC patients &amp; families</li> </ul>	<ul style="list-style-type: none"> <li>• High level engagement required – information, consultation and active participation.</li> <li>• Need to be kept up-to-date regularly (weekly or fortnightly if possible)</li> <li>• Need to feel part of solution.</li> <li>• Garner support for project</li> <li>• Open &amp; honest communication</li> </ul>	<ul style="list-style-type: none"> <li>• Fact sheets</li> <li>• Newsletter updates</li> <li>• All staff emails</li> <li>• Face-to-face meetings/forums</li> <li>• Correspondence/letters</li> <li>• Intranet updates</li> <li>• Internet updates</li> <li>• E-alerts</li> <li>• Memos/briefing notes</li> </ul>

Stakeholder group	Issues	Primary stakeholders	Secondary stakeholders	Engagement need	Communication and engagement tools
	<ul style="list-style-type: none"> <li>Lack of understanding of need for change</li> </ul>				
S2	<ul style="list-style-type: none"> <li>Do not understand project</li> <li>Swayed by negative comment/inaccurate information</li> <li>Political ramifications</li> <li></li> </ul>	<ul style="list-style-type: none"> <li>Current BAC consumers &amp; their families</li> <li>Office of Premier</li> <li>Other HHS'</li> <li>Professional Colleges</li> <li>NGOs</li> </ul>	<ul style="list-style-type: none"> <li>Media</li> <li>General public</li> <li>AMA</li> <li>Relevant unions</li> <li>Local Governments</li> <li>Members of Parliament</li> </ul>	<ul style="list-style-type: none"> <li>Consultation (primary stakeholders)</li> <li>Information (secondary stakeholders)</li> <li>Create awareness &amp; understanding of project</li> <li><b>Open and honest communication</b></li> <li><b>Regular updates</b></li> </ul>	<ul style="list-style-type: none"> <li>Newsletters</li> <li>Fact sheets</li> <li>Media responses/releases</li> <li>Press conferences</li> <li>Internet updates</li> <li>Face-to-face meetings</li> <li>E-alerts</li> <li>Social media</li> <li>Letters/correspondence</li> <li>Memos/briefing notes</li> </ul>

#### 4.1 Communication and engagement tools

Tool/tactic	Rationale
<b>Online and digital communication</b>	
Intranet (including spotlight) and Internet (new web pages and FAQs)	Low cost and a central repository for all project/program related information.
Internet new page(s) to HHS website including FAQs. Can emulate the Intranet page(s)	Low cost, engages both internal & external stakeholders
Social media (Twitter / Facebook)	Low cost, engages both internal & external stakeholders
<b>Internal communications</b>	
CE all staff emails / staff newsletter updates	Timely distribution from the CE re: key information (changes and updates)
E-alerts	Consider e-alerts to inform System Manager. May only be appropriate once new model of care has been determined.
Memos / letters and email to networks	Top down communications from CE on key information (changes and updates) about the project/program as they're about to roll out. These memos/ letters should be prepared for other HHS', NGOs etc.
Briefing note to Health Minister and System Manager	Bottom up communications on key information (changes and updates) about the project/program for noting or approval
<b>Face-to-face</b>	
Internal stakeholder briefings, trainings, meetings and focus groups	One-on-one engagement with key stakeholders such as BAC staff, Health Minister, other HHS' etc on project/program milestone activities prior to commencement.
External stakeholders briefings, meetings	Undertake a consultative approach with key stakeholders (e.g EQ, NGOs) to ensure messages align

Tool/tactic	Rationale
<b>Marketing collateral</b>	with stakeholder expectations.
Fact sheet	Develop and distribute supporting collateral that explains, reinforces or triggers key project/program messages.
Mail out (letters)	
Media	
Media statements	
Media conferences	
Community service announcements	
Social media (Twitter / Facebook)	

## 5. Key messages

- M1: West Moreton Hospital and Health Service is committed to ensuring adolescents have access to the mental health care they need
- M1a: West Moreton Hospital and Health Service is collaborating with an expert clinical reference group to ensure the model of care developed meets the needs of adolescents requiring extended mental health treatment. The Hospital and Health Service is working closely with mental health experts to ensure the new model of care for Queensland's adolescents is appropriate and based on best available evidence.
- M1b: We will also work together with the community and mental health consumers to ensure their needs they are kept up-to-date.
- M2: Developing alternative models of care does not mean the end of longer term mental health treatment and rehabilitation for young people in Queensland.

- M2a: The Park has expanded in its capacity as a high secure forensic adult mental health facility. This is not a suitable place for adolescents
- M2b: Our goal is to ensure that the adolescents currently at Barrett Adolescent Centre are cared for in an environment that is best suited for them.
- M2c: 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.
- M2d: Queensland's youth will continue to receive the excellent mental health care that they have always received.
- M2e: We want adolescents to be able to receive the care they need as close to their home as possible.

## 6. Service standards

Activity	Service standard
<b>Response to inquiries</b>	
Telephone	Response within 48 hours of receipt.
Email	Response within 48 hours of receipt.
Media enquiries	Responses will meet all media deadlines.
Written correspondence	Response within 7 days of receipt.
Briefing notes	Response provided within allotted timeframe
<b>Information dissemination</b>	
Project team updates	Release monthly to list of agreed stakeholders.
BAC staff briefings	Monthly face-to-face forums with BAC staff
<b>Meeting procedures</b>	
Project team meetings	Record all meeting procedures and actions and distribute within a fortnight of meeting, to list of agreed stakeholders.



## 7. Action plan and budget

Project milestone and timing	Communication and engagement tools	Audience	Primary key message	Tasks	Responsibility	Timing and frequency	Budget
Planning	Briefing note	System manager; Health Minister; System Manager	M1, M1a, M1b, M2, M2a, M2b, M2c, M2d, M2e	Briefing note to be drafted	WMHHS CE	As needed	Nil
	Standard response to correspondence	General public	M1, M1a, M1b	Draft letter to be written	Rowdy PR	To be reviewed/updated in each project phase	Nil
	Fact Sheet/newsletters	BAC staff; current consumers & families; general public	M1, M1a, M1b	Draft fact sheet	Rowdy PR	Fortnightly	Nil
	Face-to-face briefing	BAC staff; Health Minister; System Manager	M1, M1a, M1b, M2, M2a, M2b, M2c, M2d, M2e	Talking points to be drafted	Rowdy PR; WMHHS CE	As required	Nil
	Intranet	WMHHS staff	M1, M1a, M1b	Text to be drafted; Fact sheet uploaded	Rowdy PR; WMHHS communication & engagement unit	As required	Nil
	Media response	Media; general public	M1, M1a, M1b	Standard response(s) to be prepared	Rowdy PR	As required	Nil
Scoping	Fact sheets/newsletters	BAC staff; current	M1, M1a, M1b + updates on	Draft fact sheet	Rowdy PR	Fortnightly (if possible)	Nil

Project milestone and timing	Communication and engagement tools	Audience	Primary key message	Tasks	Responsibility	Timing and frequency	Budget
		consumers & families; general public; Education Qld; System Manager; Health Minister; Other HHS'	expert reference group planning				
	Media responses	Media; general public	M1, M1a, M1b + updates on expert reference group planning	Responses to be drafted	Rowdy PR	As required	Nil
	Internet	Media; general public; BAC staff; consumers & families	Updates on planning group activities;	Text to be drafted	Rowdy PR; WMHHS communication & engagement unit	As required	Nil
	Intranet	WMHHS staff	Project updates	Text to be drafted	Rowdy PR; WMHHS communication & engagement unit	As required	Nil
	Face-to-face briefing	BAC staff; Health Minister; System Manager; Relevant HHS';	Project updates; garner support for current direction(s)	Talking points to be drafted	WMHHS CE; Rowdy PR	As required	Nil

Project milestone and timing	Communication and engagement tools	Audience	Primary key message	Tasks	Responsibility	Timing and frequency	Budget
Decision making	Social media (should be part of WMHHS' broader social media strategy, not singular project)	Education Qld General public, media, WMHHS staff; Other HHS' Education Qld	Project updates	Text to be written & comments to be moderated; must be responsive	WMHHS Communication & Engagement Unit; WMHHS CE (approvals)	As required	Nil
	Face-to-face forums	BAC staff; Health Minister; System Manager; Education Qld Media; general public	Communicate findings & recommendations; Garner support for preferred option	Talking points to be prepared	WMHHS CE; Rowdy PR	By end June 2013	Nil
	Media responses/media conferences	General public	Announce decision	Talking points to be prepared	WMHHS CE; Rowdy PR	When decision finalised – By end June 2013	Nil
	Internet	General public	Announce new model of care	Text to be drafted	WMHHS communication & engagement unit; Rowdy PR	By end June 2013	Nil
	Intranet	WMHHS staff; System Manager; Other HHS'	Announce new model of care	As above	As above	As above	Nil
	Newsletters	BAC staff; Health Minister; BAC consumers & their families; System Manager; General	Announce new model of care	As above	As above	As above	Nil

Project milestone and timing	Communication and engagement tools	Audience	Primary key message	Tasks	Responsibility	Timing and frequency	Budget
		public; media; WMHHS staff; Education Qld; Other HHS'					
	Community service announcements	General public	Benefits of new model of care	Text to be prepared	Rowdy PR	By end June 2013	Nil
	Social media <i>(should be part of WMHHS' broader social media strategy, not singular project)</i>	General public, media, WMHHS staff; Other HHS' Education Qld	Announce new model of care; promote benefits of new model of care	Text to be written & comments to be moderated; must be responsive			
	Correspondence	General public	New model of care & benefits of new model	Standard response to be prepared; Must be responsive	Rowdy PR; WMHHS CE	As required	Nil
	Memos/briefing notes	System manager; Health Minister	Communicate findings of investigation & make recommendations on solution; Garner support for preferred option	Write memo/briefing	WMHHS CE; Rowdy PR	By end June 2013	Nil

## 8. Evaluation

Objective	Evaluation	Who	When
Correspondence will be responded to within 7 days of receipt	Track letter distribution through phone calls to each facility within three working days of intended receipt	WMHHS admin support	Within three working days of intended receipt of letter
Evaluate volume and nature of stakeholder feedback	Prepare feedback log & manage distribution and collection of statistics a fortnight after each of the following project milestones: <ul style="list-style-type: none"> <li>• Planning</li> <li>• Scoping</li> <li>• Decision making</li> </ul>	Chris Thorburn	July 2013
Stakeholder feedback will be provided within 7 days	Track feedback through feedback log & correspondence to prepare responses; consider stakeholder survey at end of project to determine if happy with level of communication	Chris Thorburn; WMHHS admin support	Daily
Fact sheets / newsletter updates will be provided fortnightly	Consider stakeholder survey at end of project to determine if happy with level of communication; Project updates to be provided on regular basis using fact sheets and internal newsletters	Rowdy PR	Fortnightly
All media responses will meet media outlets' deadlines	Track media queries and response times; analyse data at end of project; Timely responses to be provided; Project Lead & WMHHS CE to be made available to approve responses as required.	Rowdy PR, WMHHS CE; Sharon Kelly	As required
Project key messages will appear in media articles 50% of the time	Media clip analysis	WMHHS communication & engagement unit	Daily

DRAFT

## Issues synopsis

### SITUATION ANALYSIS:

- Barrett Adolescent Centre (BAC) is located within The Park – Centre for Mental Health (The Park) and provides a state wide service of extended treatment and rehabilitation for up to 15 adolescents with severe and complex mental health disorders.
- As part of the Queensland Plan for Mental Health 2007-2017, a capital allocation had been approved to rebuild BAC in a new location as:
  - 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, the Park 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. It was to be commissioned in 2014. Due to environmental and other issues, the Project could not proceed and has now ceased.
- The capital allocation previously attached to the rebuild has been reallocated to other capital priorities and funding is currently no longer available for a rebuild of BAC.
- It has become imperative that:
  - alternative contemporary model(s) of care be developed to replace the services currently provided by BAC and
  - an implementation plan be developed to achieve the alternative model(s) of care.

### MEDIA PROGNOSIS

- This issue has already attracted significant negative media attention & will continue to do so for some time
- There is a perception that adolescents requiring longer term mental health treatment will no longer be able to access that treatment. There is also a perception that any other model other than BAC would be sub-standard.
- To reassure the community it is necessary to reiterate that care for these adolescents will continue and that any model of care put forward will be based on best practice and will provide patients with **at least** the same level of care currently provided.

### MAJOR ISSUES AND RESPONSES / FAQs

#### Has the expert clinical reference group made any recommendations?

The expert clinical reference group met for the last time on 24 April 2013, and has submitted their seven recommendations to the overarching Planning Group. These recommendations identify the key components and considerations for how Queensland can best meet the mental health

needs of adolescents requiring longer term care. These recommendations have also been considered by the West Moreton Hospital and Health Board, and other key stakeholders.

**Has a decision been made about the future of Barrett Adolescent Centre?**

It has been determined that a new statewide service model will be developed for adolescents requiring longer term mental health. Barrett Adolescent Centre will cease operations once this new model of care is in place.

**Who is developing this model of care?**

The model of care will be developed collaboratively with West Moreton Hospital and Health Service, Children's Health Queensland and the Department of Health.

**What will this model look like?**

It is likely that this model will comprise a variety of treatment options including inpatient care, individual and group therapy sessions. The new model of care will mean that adolescents can receive care closer to their homes rather than being admitted to a facility in Brisbane.

**What about the current BAC consumers?**

Current patients at BAC will continue to receive care at the centre until they are discharged into their home services or a new model of care has been determined.

**Are young people going to miss out?**

No. We want to make sure young mental health consumers receive the right treatment in the right place, at the right time. The adolescents currently admitted to Barrett Adolescent Centre will continue to receive the highest quality care that is most appropriate for them. The care for these young people and their families will continue to be a priority for West Moreton Hospital and Health Service.

**Is this just another budget cut ?**

No, this is not about cost cutting. All recurrent funding for Barrett's adolescent mental health care will continue well into the future and support a statewide model. This is also not about cutting beds or ceasing longer term mental health care for adolescents in Queensland. This is about delivering contemporary models of care for young mental health consumers in an environment that is safe for them. And in an environment that is closer to their homes.

**What about the school on site ?**

The education department is responsible for the school and will advise of their



## **CURRENT STATUS**

Media is aware of an impending decision regarding the future of Barrett Adolescent Centre.

## **KEY MESSAGES**

- Adolescents requiring longer term mental health treatment will continue to receive the same quality of care they require and have always received.
- No adolescent will miss out on the care they require.
- BAC will close at end of December 2013 when alternate services will become available.
- The Park is a high-secure adult mental health facility. As part of The Park, this means BAC is not an appropriate environment for the treatment of adolescents.

## **RECOMMENDED APPROACH**

- Media holding statement in the first instance
- Media statement announcing decision
- Media statements – progress updates
- FAQs
- Letters to stakeholders
- Standard Ministerial response
- Newsletter updates (continuing with Fast Facts)

**ATTACHMENTS**

1. Talking points
2. Media holding statement – no announcement
3. Media statement announcing decision
4. Letter – standard Ministerial response
5. Letter to stakeholders

**ATTACHMENT 1: TALKING POINTS L. DWYER FOR DISCUSSION WITH HEALTH MINISTER**

- As you know, things have changed. The Park is no longer a suitable location for an adolescent mental health inpatient service.
- The Park has expanded in its capacity as a high secure forensic adult mental health facility.
- This poses a risk for young people. 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.
- An alternative statewide service model is required
- There is significant patient/carer, community, mental health sector and media concern about a decision on the future of the BAC.
- A timely decision is paramount.
- Significant consultation has occurred with recommendations being put forward by an Expert Clinical Reference Group.
- West Moreton HHB considered 7 recommendations of the Expert Clinical Reference Group on 24 May 2013.
- Board approval to close BAC is dependent on alternative, appropriate service provisions for the adolescent target group.
- A communication plan has been developed
- There has been no public announcement about the future of BAC to date.
- Any announcement is dependent on your recommendation.
- The Department of Health is progressing planning for Youth Prevention and Recovery Care (Y-PARC) services to be established in Queensland by January 2014.

- This service would provide an alternative care option for the adolescent target group currently assessing BAC.
- A likely site for the first Y-PARC is Metro South HHS.
- Consultation about the proposed next stages of the strategy has been limited to Children's Health Queensland Chief Executive Dr Peter Steer, Deputy Director-General Dr Michael Cleary and Mental Health Alcohol and Other Drugs Executive Director Dr Bill Kingswell.
- Agreement has been reached that the strategy will be finalised through a partnership between West Moreton HHS, Children's Health Queensland and the Department of Health.
- It is proposed that BAC will close in December 2013.
- Discharge planning for current patients will commence immediately.
- No further admissions will be accepted to BAC.
- It is proposed that ongoing statewide service provision for mental health adolescent extended treatment and rehabilitation will become the responsibility of Children's Health Queensland, and planning will begin for the transition of current BAC operational funding form WMHHS (in line with patient discharge)

**ATTACHMENT 2: MEDIA HOLDING STATEMENT – NO ANNOUNCEMENT**

No decision about the future of Barrett Adolescent Centre has been made.

The Expert Clinical Reference Group has now concluded its investigation of options for a statewide model of care for young people requiring longer term mental health treatment.

The group has put forward seven recommendations for consideration, and these recommendations are now being considered by West Moreton Hospital and Health Service.

Our goal is to ensure no adolescent goes without the expert mental health care they require. Any decision made by the Health Service must take into account the need for a consistent, best-practice, statewide approach to caring for young people requiring longer term mental health treatment.

We must also consider the delivery of contemporary models of care for young mental health consumers in an environment that is safe for them and this may include partnerships with non-government organisations.

**ENDS**

### **ATTACHMENT 3: MEDIA HOLDING STATEMENT ANNOUNCING CHANGE**

West Moreton Hospital and Health Service is committed to ensuring no adolescent goes without the expert mental health care they required.

It has been determined that it is in the best interests of young people requiring longer term mental health treatment that Barrett Adolescent Centre (based at The Park Centre for Mental Health) close by end 2013.

However, I can assure consumers, their families and the community that closure of the Barrett Adolescent Centre will not mean the end of mental health care for young people in Queensland.

The decision to close Barrett Adolescent Centre follows thorough investigations by an Expert Clinical Reference Group which put forward seven recommendations for a statewide service for young people requiring longer term mental health.

West Moreton Hospital and Health Service has accepted all seven of the Expert Clinical Reference Group. The HHS will now work closely with other hospital and health services across the state, as well as other mental health care providers to develop a service that meets the needs of these young people.

Until this service has been developed, current Barrett Adolescent Centre consumers will continue to be provided with the care they require at Barrett.

Under a new statewide model of care, Queensland's youth will continue to receive the excellent mental health care that they have always received.

The Park is a high secure adult mental health facility. This is not a suitable place for adolescents.

Our goal now is to ensure our youth 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 care.

**ENDS**

**ATTACHMENT 4: LETTER – STANDARD MINISTERIAL RESPONSE**

Dear

Thank you for your letter/email dated xxx

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 they need.

Following considerable consultation and the consideration of the recommendations of an Expert Clinical Reference Group, it has been determined that the Barrett Adolescent Centre is no longer a suitable environment to care for young people requiring longer term mental health treatment. It is my intention to close the centre by the end of 2013 however, I am determined that Queensland's adolescents will continue to receive the care they need. To this end, I have directed the Department along with West Moreton Hospital and Health Service and Children's Health Queensland to develop a statewide model of care for these adolescents.

I can assure you that Queensland's youth will continue to receive the excellent mental health care that they have always received. No adolescent will miss out on the care they need and Barrett Adolescent Centre will not close unless a suitable statewide alternative has been developed. My Department and the health service will also work together with the community and mental health consumers to ensure they are kept up-to-date.

Once again I thank you for your correspondence. A copy of your email/letter has been forwarded to West Moreton Hospital and Health Service for information and consideration. Should you have further queries, please do not hesitate to contact [insert a contact email/phone for the project].

Yours sincerely

**ATTACHMENT 5: LETTER TO STAKEHOLDERS**

Dear

I am writing to advise the latest information regarding Barrett Adolescent Centre.

As you know considerable consultation and work has been undertaken by an Expert Clinical Reference Group since November 2012. The reference group put forward seven key recommendations and these have now been considered.

It has become clear, that Barrett Adolescent Centre is no longer an appropriate place to provide care for adolescents requiring longer term mental health treatment. The centre is located at The Park – Centre for Mental Health incorporating a high secure adult mental health facility and we believe this is not a safe environment for adolescents.

We are committed to ensuring Queensland's adolescents have access to the mental health care they need however, it is intended the Barrett Adolescent Centre will cease operations by end of 2013. We are determined to continue to provide adolescents with the care they require and will work with the Department of Health and Children's Health Queensland to develop a statewide model of care for these young people.

I can assure you that Queensland's youth will continue to receive the excellent mental health care that they have always received. No adolescent will miss out on the care they need and Barrett Adolescent Centre will not close unless a suitable statewide alternative has been developed.

We will continue to work together with you to ensure you are kept up-to-date. If you have any concerns please do not hesitate to contact us via [insert email address].

Yours sincerely



## West Moreton Hospital and Health Service

# Barrett Adolescent Centre Communication plan

September 2013 – February 2014

Developed by: Laura Johnson

Date: 30/09/2013

## 1 Overview

The *Barrett Adolescent Centre Communication plan* sets out the key communication activities required to raise awareness of the project and to educate and engage key stakeholders across the West Moreton community.

Barrett Adolescent Centre (BAC) is located within The Park – Centre for Mental Health (The Park), West Moreton Hospital and Health Service (WMHHS) and provides a state wide service of extended treatment and rehabilitation for up to 15 adolescents with severe and complex mental health disorders.

As part of the Queensland Plan for Mental Health 2007-2017, a capital allocation had been approved to rebuild BAC in a new location as:

- 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, the Park 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. It was to be commissioned in 2014. Due to environmental and other issues, the Project could not proceed and has now ceased.

The capital allocation previously attached to the rebuild has been reallocated to other capital priorities and funding is currently no longer available for a rebuild of BAC.

It has become imperative that:

- Alternative contemporary model(s) of care be developed to replace the services currently provided by BAC and
- An implementation plan will be developed to achieve the alternative model(s) of care.

This communication plan will be linked to the Children's Health Queensland (CHQ) Statewide Adolescent Extended Treatment and Rehabilitation Strategy.

## 2 Objectives

The communication plan objectives are to:

Communication Strategy

## West Moreton Hospital and Health Service

- Ensure stakeholders are aware of the implementation and understand the key impacts, benefits and outcomes of the project.
- Gain and maintain the support of key WMHHS stakeholders, decision makers and influencers during the implementation.
- Increase awareness of the timeframes, processes and milestones of the implementation.
- Engage key WMHHS stakeholders to become champions and advocates for communicating key messages about the project.
- Encourage effective communication and feedback from stakeholders.
- Manage expectations and reduce negative or speculative information.

### 3 Target audiences and stakeholders

This section identifies the primary and secondary audiences and key stakeholders

Note that internal project stakeholders, such as members of the project team, should be identified in the communication management section of the project plan.

#### **Primary Audiences:**

WMHHS Board, Executive and Senior Management Team

Clinicians, other staff and management working within WMHHS

Existing and potential patients of BAC

Families and Carers of patients at BAC

Health Minister and key advisors

Queensland Health Director-General, Deputy Directors-General and Executive Directors

Senior Heads of Department

Education Queensland

Education Minister

Director-General Education Queensland

#### **Key Stakeholders:**

##### **External**

The Premier and other Queensland Government Ministers

Media

General public

Broader health professionals including GPs

Australian Medical Association

Members of Parliament

Local Governments

Opposition parties

## West Moreton Hospital and Health Service

Relevant unions

Professional colleges

Other HHS's

Non-government organisations

### 4 Key Messages

Below are the high-level key messages for the stakeholders identified in the Stakeholder Analysis. These messages will be communicated in the early stages of the project implementation.

They will be updated and reviewed regularly during the lifecycle of the implementation phase and will change depending on the key implementation milestone, project schedule and stage of the implementation (see Communication action plan).

- WMHHS is committed to ensuring adolescents have access to the mental health care they need.
  - WMHHS is collaborating with an expert steering committee to ensure the model of care developed meets the needs of adolescents requiring extended mental health treatment. The HHS is working closely with mental health experts to ensure the 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 their needs they are kept up-to-date.
- Closure of the BAC at The Park does not mean the end of extended mental health treatment and rehabilitation for young people in Queensland.
  - The Park has expanded in its capacity as a high secure forensic adult mental health facility. This is not a suitable place for adolescents
  - Our goal is to ensure that the adolescents currently at BAC 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 care.
  - 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.

## West Moreton Hospital and Health Service

### 5 Communication action plan

The following communication action plan focuses on key milestones, outcomes, schedules or issues before and during the BAC Communication plan implementation and the tactics required to communicate messages to stakeholders.

Strategy	Target audience	Responsible Officer	Timing
Responses to correspondence	BAC Staff, Patients, Families and Carers, general public, politicians (who have submitted correspondence on an issue)	Project Officer (PO), BAC	Ongoing
Fact sheet (s)	BAC Staff, Patients, Families and Carers	PO, BAC and Administration Officer	Fortnightly (commencing 9 October 2013)
Staff Questionnaire	BAC Staff	PO, BAC	By the end October 2013
Media holding statements	Media, general public, WMHHS Staff, CHQ	WMHHS Communications and PO, BAC	As required
Briefing notes to Minister of Health and System Manager	Minister and Ministerial staff and Director-General	PO, BAC	As required
Media conferences/ community service announcements	Media, general public	WMHHS Communications and PO, BAC	As required

## West Moreton Hospital and Health Service

### 6 Budget

**Comment [J1]:** Do you want these sections completed?

*What is the total cost of this activity.*

*What is the breakdown of costs by component activity?*

*What is the source of funding and has it been approved?*

*Is this the optimal use of resources given all the available alternatives?*

*Is this an appropriate use of public monies?*

Activity	Medium	Budget	Notes

### 7 Evaluation and measurement

Evaluation of the Communication Plan will involve feedback being sourced during the implementation.

*How will this activity be measured against its objectives?*

*What methods, qualitative and/or quantitative, will be employed to assess the performance of the campaign?*

*What benchmark (eg results of previous similar or comparable activity) can we use to assess the success or otherwise of this activity?*

*Who will complete the evaluation?*

*When will the evaluation be carried out?*

*Will there be an evaluation report and who will do this?*

Channel	Measurement and how you will evaluate the measurement
Example: QHEPS Intranet site	Example: <ul style="list-style-type: none"> <li>Number of hits on QHEPS site</li> <li>Alignment of 'push' communications to number of hits on QHEPS site</li> </ul>





**From:** Anne Brennan  
**To:** Geppert, Leanne  
**CC:** Clayworth, Vanessa; Johnson, Laura  
**Date:** 11/1/2013 2:05 pm  
**Subject:** BAC parent support

Hi I have rung most parents in last 2 days.

There are many for whom face to face meetings are not easy to attend or who do not want one. There is therefore no need to circulate group re booking appointments with me. I will liaise with Laura and convene a family meeting for all the others. 10 at most but probably only 7.

Anne



**From:** Leanne Geppert  
**To:** [REDACTED]  
**CC:** Ingrid Adamson; Sharon Kelly  
**Date:** 11/4/2013 1:46 pm  
**Subject:** Follow up to update BAC parent email addresses

Dear [REDACTED]

I appreciated the opportunity to hear your perspective this morning at the Steering Committee, and was pleased to be able to meet you in person.

You commented in the meeting that there are several BAC parents who indicated to you that they did not receive the emailed letter inviting their submission to the development of service options. West Moreton HHS has been utilising the email addresses provided by families to BAC for all our correspondence, and we are keen to ensure these contact details are updated regularly so that all parents/carers are receiving the information we disseminate.

Dependent on the wishes of the relevant parents, would you mind letting us know the names and email contact details of the BAC parents/carers who have not been receiving our emails, or alternatively, invite them to directly contact Sharon Kelly, Executive Director of Mental Health & Specialised Services, West Moreton HHS on [REDACTED] so that we can update our lists.

Again, thank you for sharing your experiences and perspective this morning.

Regards

Leanne

**Dr Leanne Geppert**  
**A/Director of Strategy**  
**Mental Health & Specialised Services**

West Moreton Hospital and Health Service  
[REDACTED]

The Park - Centre for Mental Health

Administration Building, Cnr Ellerton Drive and Wolston Park Rd, Wacol, QLD 4076  
Locked Bag 500, Sumner Park BC, QLD 4074

[www.health.qld.gov.au](http://www.health.qld.gov.au) ( <http://www.health.qld.gov.au/> )

**From:** Leanne Geppert  
**To:** Laura Johnson  
**Date:** 10/25/2013 6:21 pm  
**Subject:** Fwd: Parents for Committee Meeting

Hi Laura  
pls save for our records, thanks, LG

**Dr Leanne Geppert**  
**A/Director of Strategy**  
**Mental Health & Specialised Services**

West Moreton Hospital and Health Service

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[www.health.qld.gov.au](http://www.health.qld.gov.au) ( <http://www.health.qld.gov.au/> )

>>> Ingrid Adamson 10/25/2013 2:44 pm >>>

Hello [REDACTED] and thank you for your email. I am really pleased that [REDACTED] are able to make the meeting.

In regard to your enquiry regarding teleconferencing, unfortunately we are unable to provide these facilities on this occasion.

Leanne has also informed me of your request to speak directly with the consumer and carer representatives on the Steering Committee. Due to our privacy principles, we are unable to provide contact details of Steering Committee members to parties outside of the Committee. The most appropriate way to raise matters with the Steering Committee is through me, as secretariat for the Committee, and I'd be more than happy to do this for you.

As I mentioned to you in an earlier email, I am preparing some information for the Steering Committee meeting on the 4th November. Would you please provide the email addresses, and contact phone numbers, of those parents attending, so that I can circulate this information prior to the meeting and speak with them regarding the process?

Thanks [REDACTED]  
Ingrid

>>> [REDACTED] 23/10/2013 10:40 am >>>

Good morning Ingrid,  
I can confirm that [REDACTED] will definitely be in attendance. One other [REDACTED] and a couple of others have not responded to emails yet – I don't have their phone numbers. Is it possible that we could arrange a teleconference hook-up if someone can't attend in person? I'll update you if I hear anything further today.

Regards,

**From:** Leanne Geppert  
**To:** Laura Johnson  
**Date:** 11/8/2013 5:44 pm  
**Subject:** Fwd: Re: contact with all BAC parents/carers

pls save

**Dr Leanne Geppert**  
**A/Director of Strategy**  
**Mental Health & Specialised Services**

West Moreton Hospital and Health Service

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Locked Bag 500, Sumner Park BC, QLD 4074

[www.health.qld.gov.au](http://www.health.qld.gov.au) ( <http://www.health.qld.gov.au/> )

>>> Elisabeth Hoehn 11/8/2013 6:20 am >>>

Hi Sharon

Thank you for the follow-up.

To add to the information:

School appears to be having a very concerted communication process happening, providing a 'splitting' contrast to that of health in the minds of the parents.

Elisabeth

>>> Sharon Kelly 11/7/2013 6:42 pm >>>

Hi,

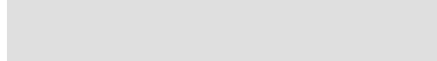
task nearing completion.

attached is the list with a column added that indicates the conversations had. Interestingly not all parents think they are not being communicated with.

Regards  
Sharon

Sharon Kelly  
Executive Director  
Mental Health and Specialised Services

**West Moreton Hospital and Health Service**

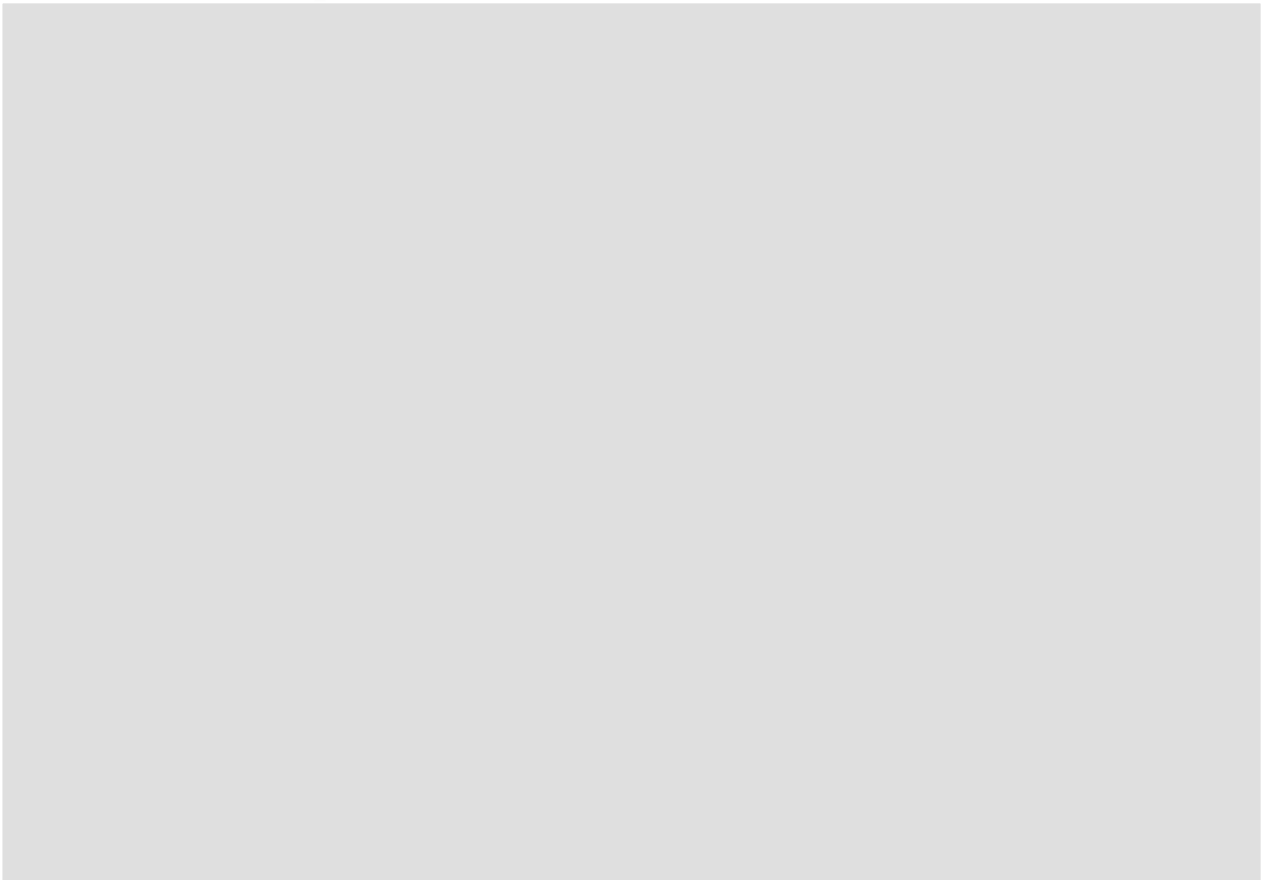


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**From:** MD09-WestMoreton-HSD  
**To:** Sdlo  
**CC:** CLO, WMH; Dwyer, Lesley; ED MH&SS  
**Date:** 10/11/2013 4:30 pm  
**Subject:** REPLY FURTHER INFORMATION REQUIRED\_MD0920130282\_DG071767\_ Request for advice - [REDACTED] - BAC - DUE COB Friday 11 October 2013

Good Afternoon Simone,

please see below response for further information from Ms Sharon Kelly - Executive Director Mental Health & Specialised Services - WMHHS. This response has been endorsed by A/CE WMHHS - Ms Linda Hardy:



The timing of transition (ie from early 2014 rather than from late 2014 )

all announcements have consistently identified early 2014 as the transition date, noting consultation and planning for transition commenced in November 2012.

it is noted that the facility is located on The Park, the statewide adult forensic mental health unit and will be fully operational by January 2014.

Staff departures from BAC

Staff have been advised that the current facility at The Park will close late January 2014, noting flexibility dependent on individual client needs within BAC at the time  
there has been no planned reductions in staffing, however where natural attrition has occurred over this time permanent positions have been filled through temporary long term health appointments  
there has been increased emphasis on senior clinical care during this transitions time through addition of senior Clinical roles  
WMHHS adheres to all appropriate HR processes as they relate to any change management and service changes

Regards  
Sharon

Sharon Kelly  
Executive Director  
Mental Health and Specialised Services

**West Moreton Hospital and Health Service**

Kind regards,  
Karen

Office of the Chief Executive (MD09)  
**West Moreton Hospital &  
Health Service**

>>> Sdlo 10/9/2013 10:14 am >>>

Hi Karen,

Thank you for this information.

I can't see in any of the advice where some of the dot points below are covered off, eq:

- The timing of transition (ie from early 2014 rather than from late 2014 )
- Staff departures from BAC

These issues don't seem to be addressed in the DG corro or the background document. As such, we still need EMAIL advice re the above by COB Friday please.

Thank you,  
Jess.

Jessica Martin

Director  
Departmental Liaison and Executive Support Unit  
Office of the Director-General  
19th Floor, QHB  
Department of Health  
[REDACTED]

>>> On 9/10/2013 at 9:17 AM, in message [REDACTED]  
MD09-WestMoreton-HSD wrote:

Good Morning Jessica,

Please see attached response to DG's Office in relation to [REDACTED] as requested.

This response was endorsed by A/CE - WMHHS Ms Linda Hardy, and has been sent back, as required to Aaron from the Director General's Office.

Please notify WMHHS if this response is suitable for your requirements, &/or if further information will be required.

Thanks,  
Karen

Kind regards,  
Karen

Office of the Chief Executive (MD09)  
**West Moreton Hospital &  
Health Service**  
[REDACTED]

>>> Sdlo 10/4/2013 10:52 am >>>  
Hi team.

[REDACTED] has written to the DG of DPC (along with many other recipients, below) regarding the BAC.



I see that you are responding to DG071767 and MI192646 re this same matter, and I see that DG071767 was due on 1 October. If it covers off on the dot points below, I'm happy to just receive a copy of the DG response so that I can provide advice to DPC. however if it doesn't, I'll need email advice against the points below by 11 October 2013.

Thank you,  
Jess.

Jessica Martin

Director  
Departmental Liaison and Executive Support Unit  
Office of the Director-General  
19th Floor, QHB  
Department of Health  
[REDACTED]

>>> On 4/10/2013 at 10:34 AM, in message  
[REDACTED]

Hi SDLO

We have received some further correspondence from [REDACTED] about BAC (this time to our DG) – which raises some new issues, including:

- The timing of transition (ie from early 2014 rather than from late 2014 )
- Staff departures from BAC
- Whether there will be an educational facility co-located with a new Tier 3 facility

Could you please seek some further advice to inform our DGs response, including in responses to the issues raised above, any further developments in relation to BAC since our last advice, the handling of the allegations, and any other information that is relevant to/necessary for the preparation of a response.

(Please note, DPC's draft Premier response to [REDACTED] has not been signed and sent as yet).

If this could be provided by 11 October 2013, that would be much appreciated.

Thanks for your help with this.

Regards

Louise  
[REDACTED]

From: DPC Correspondence

**Sent:** Monday, 23 September 2013 10:08 AM  
**To:** Kaytee Faulkner  
**Subject:** FW: COMPLAINT re: closure of Barrett Adolescent Centre

Hi Kaytee

Please register and assign to SHP for a DG response please.

Regards  
Jan

**Jan Hatton**

Manager, Executive Correspondence  
Executive Correspondence Unit  
Department of the Premier and Cabinet  
Level 4, Executive Building, 100 George Street Brisbane QLD  
PO Box 15185, City East QLD 4002

**Please consider the environment before printing this email**

**From:** Director General DPC  
**Sent:** Friday, 20 September 2013 3:45 PM  
**To:** DPC Correspondence  
**Subject:** FW: COMPLAINT re: closure of Barrett Adolescent Centre

ECU – for registration, allocation and necessary action please.

Thank you

**From:** [REDACTED]  
**Sent:** Wednesday, 18 September 2013 11:59 AM  
**To:** Director General DPC  
**Subject:** COMPLAINT re: closure of Barrett Adolescent Centre

Dear Sir,  
I wish to submit a complaint regarding the government's closure of the Barrett Adolescent Centre and School.

The grounds for the complaint range from how the fact of the closure came into the public domain - from a concerned doctor at the Child Protection Inquiry November 2012 and not through discussion and consultation with Barrett, young people, families and the community;

- the extremely poor (in most cases absent) consultation and provision of information to all involved;

- the failure of the government to accept the recommendation of the Expert Clinical Reference Group that

a Tier 3 facility be provided with a school, which recognises how critical it is to provide education integrated the treatment facility;

- ongoing failure to adequately inform parents and young people which is risking the recovery and mental health of the young people being treated at Barrett, causing immense distress to parents, and staff of the centre who's only focus is in trying to support these young people through their recovery;

- the rapidly reducing and unrealistic timeline for having alternative services in place for young people to transition to;

- the failure to recognise the short-sightedness of closing Barrett, which the minister has constantly said has 'done a good job', in that it will create a significant gap in mental health services for Queensland youth by failing to provide a Tier 3 service with a school.

I have attached copies of emails I have sent to the Minister for Health Lawrence Springborg, the Director-General of Queensland Health Ian Maynard, and the information supplied to West Moreton Health, the Mental Health Commissioner and the Commission for Children and Young People Queensland which outlines the basis for our opposition to the closure of Barrett.

I thank you for your consideration of this matter and look forward to your reply.  
Regards,

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## Parent Session – Wednesday 11 December 2013

Good morning and welcome.

Thank you for coming today, especially on such short notice.

I would like to note apologies from the parents and carers who could not make it today. \*Apologies also from Sharon Kelly, Executive Director, Mental Health and Specialised Services who is away unwell.

Today's session is an opportunity for parents and carers to hear from special guest Dr Sandra Radovini who will talk about service models from Victoria. Dr Radovini will not be providing an update or any input into what is happening with child and youth mental health services in Queensland – this is more of an opportunity to see how other jurisdictions are providing services to young people with complex and multiple mental health problems.

I will also be providing an update about the transition services currently being established by West Moreton Hospital and Health Service (HHS) (in conjunction with Aftercare and Children's Health Queensland).

I would also like to welcome Stephen Stathis and Ingrid Adamson from Children Health Queensland HHS who will be conducting some consultation on the future models of care for Queensland.

People are encouraged to ask questions, and make this more of an informal interaction today.

### Introduction for Dr Sandra Radovini

Dr Radovini is a consultant Psychiatrist with over 25 years clinical experience in Mental Health in the private and public sectors, metropolitan and rural settings and child, adolescent, youth and adult psychiatry.

Dr Radovini is the Director of Mindful – the Victorian state-wide teaching and training unit hosting postgraduate courses, professional forums, workshops, short courses for clinicians working in Child and Adolescent Health Services (CAMHS) as well as clinicians working in other sectors e.g. education, welfare, private practice.

In November 2011, Dr Radovini was appointed as the inaugural Clinical Director of **headspace** – National Youth Mental Health Foundation, a Commonwealth Government initiative designed to provide early access to mental health services for youth aged 12-25 years via **headspace** centres, e-headspace and school support programs.

From 2009 – 2011, Dr Radovini was the inaugural Chief Child Psychiatrist with the Victorian Government Department of Health. This position was created by the Minister for Mental Health as part of the Victorian Mental Health Reform Strategy to focus on the needs of children, young people and their families.

Dr Radovini was also the Consultant Child & Adolescent Psychiatrist with the Orygen Youth Health Intensive Mobile Youth Outreach Service (IMYOS) team for nine years. The IMYOS team works with high risk young people with multiple and complex needs and develops innovative ways of working with vulnerable young people and their families and carers. Dr Radovini has co-authored several papers describing the IMYOS model of care.

## **Proposed Schedule: Sandra Radovini** **Tuesday 10 and Wednesday 11 December 2013**

### **Details**

#### **Flight details**

Itinerary TBA (Bernice arranging)

**Accommodation** Grand Chancellor Brisbane, Spring Hill

#### **Intent:**

- 1 To share experiences and learnings associated with the models of care implemented in Victoria for adolescents with complex and multiple mental health problems:
  - Literature
  - Own professional experience and learnings with service models and as previous Chief Psychiatrist, Children and Adolescents
- 2 To provide professional comment on future service options as needed and planned by Children's Health Queensland.

#### **Out of Scope:**

Critique in a public setting of the current service provision of Adolescent Extended Treatment and Rehabilitation in Queensland.

#### **Costs:**

1. Travel for Sandra (flights, taxi costs, incidentals and meals) – West Moreton HHS
2. Accommodation for Sandra – CHQ
3. Tea/coffee/food at information events (excluding dinner) – West Moreton HHS

**Proposed Schedule: Sandra Radovini****Tuesday 10 and Wednesday 11 December 2013****Schedule:**

Date / Time	Event	Audience	Venue	Purpose	Cost	RSVPS
Tuesday 10 December 2013 <b>11am onwards</b>	Meeting	Judi Krause Stephen Stathis Ingrid Adamson	Spring Hill CYMHS Cnr Rogers & Water Street Spring Hill	Discuss the Qld proposed model of care for adolescent mental health services	Nil	
Tuesday 10 December 2013 <b>1:30pm to 2:15pm</b>	Meeting	Sharon Kelly Leanne Geppert	Office of Executive Director, MH&SS Admin Building The Park Centre for Mental Health Ellerton Drive, Wacol	Welcome and general discussion	Nil	
Tuesday 10 December 2013 <b>2:30pm to 3.30pm</b>	Professional Development - Information Session by Sandra Radovini	BAC Staff West Moreton CYMHS Staff	Dawson House Conference Room The Park Centre for Mental Health	To provide an opportunity for staff to hear about service delivery models from Victoria – CYMHS; complex care models for high risk adolescents; Take 2 Model of Service in Victoria.	Afternoon Tea to be provided by WM HHS – allowing informal discussion with Sandra following the presentation	
Tuesday 10 December 2013 <b>6:30pm</b>	Professional Development (Dinner) - Session by Sandra Radovini	College of Psychiatry Senior CYMHS Leaders from QH WM HHS, CHQ & MHAODB leaders	Era Bistro 102 Melbourne Street South Brisbane	Informal networking 20 min presentation with laptop/projector: Dr Sandra Radovini	\$65 per person (drinks excluded) – self funded	
Wednesday 11 December 2013 <b>10am to 12pm</b>	Information Session by Sandra Radovini, CHQ, WM	Parent/s and carer/s of young people from BAC	Anderson House Conference room The Park Centre for Mental Health	To provide an opportunity for parents and carers to hear about 1. service delivery models from Victoria;	Morning Tea to be provided by WM HHS	

**Proposed Schedule: Sandra Radovini****Tuesday 10 and Wednesday 11 December 2013**

	HHS			<ul style="list-style-type: none"><li>2. elements of CHQ new service options (consultation)</li><li>3. WM transitional service options</li></ul>		
				Media Statement		

# **Barrett Adolescent Parent Session**

**11 December 2013**



# Today...

1. Overview of the Transitional Service Options
2. Update from Children's Health Queensland on elements of the proposed future service options
3. Presentation – Dr Sandra Radovini (Victoria)

## Goals...

- Update on progression of work around future service options
- Opportunity to ask questions and provide input
- Hear about Victorian service models and their experience in caring for young people with complex mental health needs

# **WM HHS Transitional Service Options - an interim plan**

**Recovery oriented treatment and rehabilitation for young people (aged 16 – 21 years) with severe and persistent mental health problems**

## **Key Issues:**

- Imperative at all levels to ensure no gap to service delivery for BAC consumers and other young people in Qld
- Partnership service model – WM HHS, CHQ, Aftercare, Department of Health
- The interim options will be a pilot for the future service options
- Need to focus on individual, recovery–orientated packages of care, that reintegrate and reconnect young people to their communities, family, school/vocation and local mental health services
- Clinical safety and risk mitigation are key priorities
- Interface between QH and DETE is high priority – Alignment between QH and DETE model of service delivery

# WM HHS Transitional Service Options - 3 Phases

## Phase 1

### Activity Based Holiday Program

Site – The Park

16 December 2013 – 24 January 2014

#### Target population

Current BAC inpatients and day patients (as clinically safe and indicated)

Severe and persistent mental health problems – rehabilitation

Medium to high level of acuity

#### Referral Process

BAC Assessment and Referral

#### Overview of service / treatment

Activity and socialisation focus

Monday to Thursday school hours + parent session on Fridays

#### Staffing Required

Core staff:– Aftercare team (clinical and other) + BAC staff

#### Length of Program Delivery

Up to length of Christmas School Holidays 2013/14

#### Governance

WM HHS and Aftercare

# Phase 2

## West Moreton Transitional Service:

- Assertive Community Outreach Service
- Day Program
- Supported Accommodation
- Pursuing option for sub-acute inpatient beds

Site – To be confirmed (pursuing Greenslopes option)  
February 2014 commencement

## Target population

Current BAC inpatients and day patients 16y-21y

New patients meeting criteria from other HHSs – previously eligible for referral to BAC

Severe and persistent mental health problems – rehabilitation

Medium to high level of acuity

## Referral Process

CYMHS Assessment and Referral

State-wide Clinical Referral Panel

## Overview of service / treatment

Assertive Community Outreach Service: 5 days / extended hours

Delivered in least restrictive environment and utilising a recovery model – range of flexible outreach services for engagement, treatment & rehabilitation to assist young people to meet their developmental tasks in the context of recovery from mental health presentations

Day Program: Monday to Thursday school hours and school terms

Delivered in a therapeutic milieu – range of facilities in community

Individual, family and group therapeutic & rehabilitation programs

In-reach educational tutors + ongoing access to local school/vocation

Supported Accommodation: 7 days

Delivered in a therapeutic milieu – domestic style facility

In-reach CYMHS clinical team

## Staffing Required

Core staff:– Aftercare team (clinical and other) + identified CYMHS clinician/s

## Length of Program Delivery

ACOS & Day Program: Up to 12 months, Supported Accom: Up to 6 months

## Governance

Joint – CHQ, WMHHS, Aftercare

# Phase 3

**Transition to State-wide Adolescent Extended Treatment and Rehabilitation Services\***

\*Details to be defined via the Statewide AETR Strategy, under leadership of CHQ HHS

**Target population**

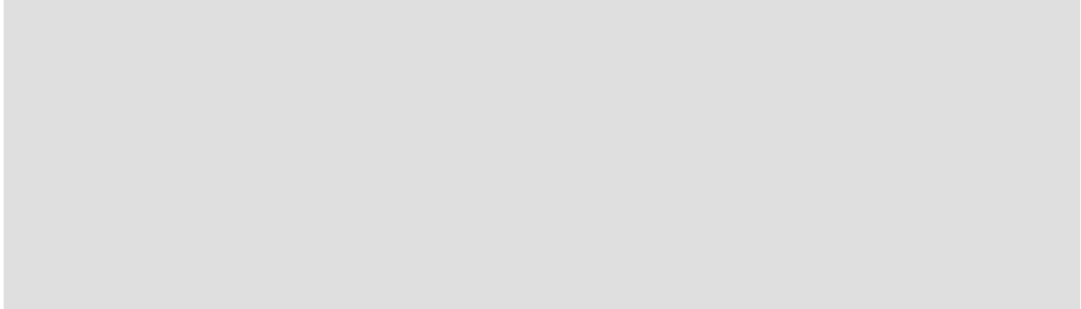
As per State-wide Adolescent Extended Treatment and Rehabilitation Strategy

**Governance**

CHQ HHS

**Steve Munro**

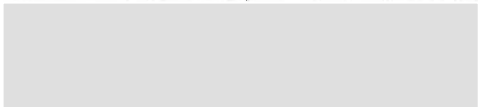
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**From:** Leanne Geppert  
**Sent:** Thursday 14 August 2014 12:29 pm  
**To:** Bernice Holland  
**Subject:** FW: Parent Invites for Sandra Radovini Session - Wednesday 10 December 2013  
**Attachments:** 

**Dr Leanne Geppert**  
**A/Director of Strategy**  
**Mental Health & Specialised Services**

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West Moreton Hospital and Health Service



The Park - Centre for Mental Health  
Administration Building, Cnr Ellerton Drive and Wolston Park Rd, Wacol, QLD 4076  
Locked Bag 500, Sumner Park BC, QLD 4074  
[www.health.qld.gov.au](http://www.health.qld.gov.au)

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**From:** Laura Johnson  
**Sent:** Thursday, 5 December 2013 4:23 PM  
**To:** Leanne Geppert  
**Cc:** Sharon Kelly; WM\_ED\_MH&SS  
**Subject:** Parent Invites for Sandra Radovini Session - Wednesday 10 December 2013

Hi Leanne,

Please find attached the personalised parent invites. I have also attached the current parent contact list.

Thank you  
Laura

**Laura Johnson**  
**Project Officer - Redevelopment**  
**Mental Health & Specialised Services**

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Dear [REDACTED]

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This session will incorporate a presentation from Children's Health Queensland around elements of the proposed future models of care, an update from West Moreton in regard to the Transition Service Options, as well as a presentation by a leading child and youth Psychiatrist from Victoria who has extensive experience in working with children and adolescents with complex and multiple mental health needs.

**Date:** Wednesday, 11 December 2013  
**Time:** 10.00am - 12.00pm  
**Location:** Anderson House  
The Park Centre for Mental Health

Attendance will be via RSVP to Laura Johnson

RSVP: Monday 9th December 2013 by 12 midday

[REDACTED]

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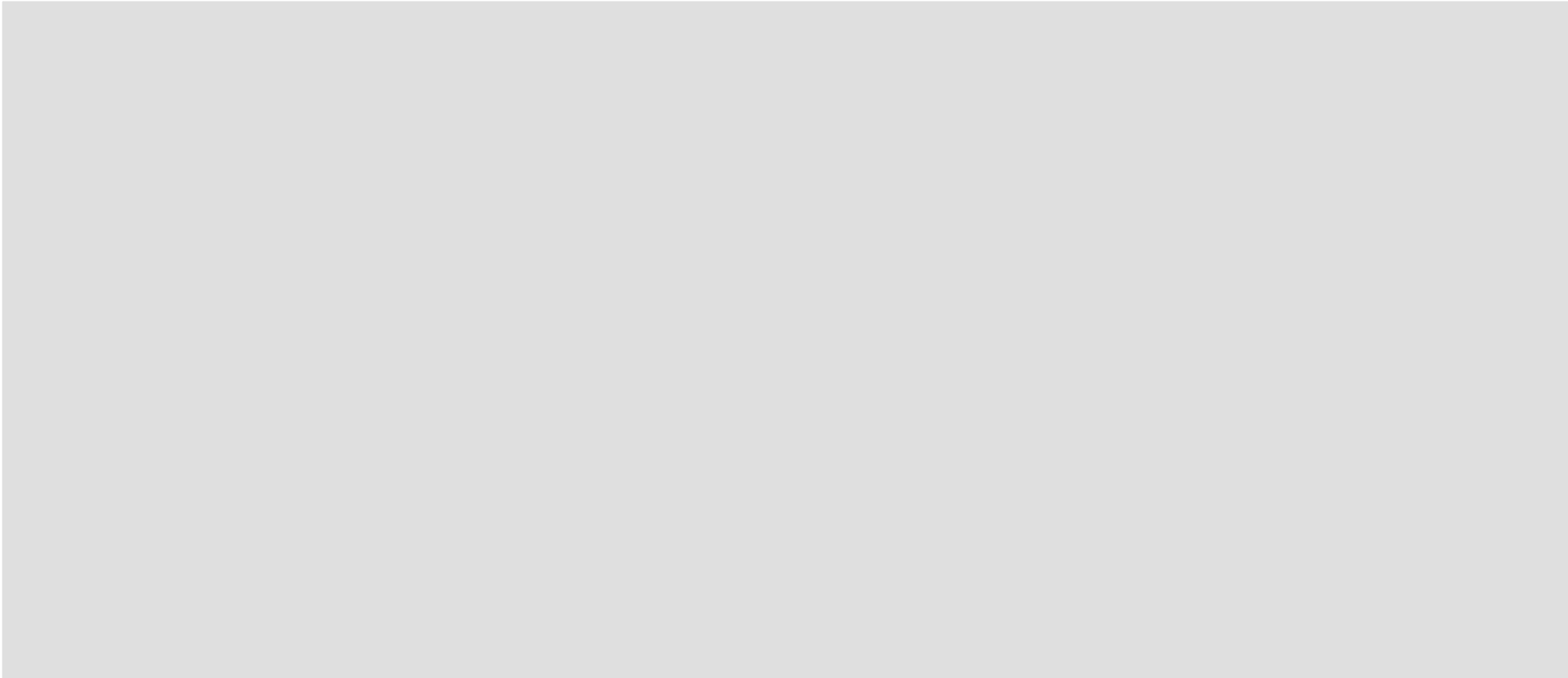
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**From:** Ingrid Adamson  
**To:** Laura Johnson  
**CC:** Leanne Geppert  
**Date:** 11/20/2013 12:44 pm  
**Subject:** Re: Parent and Carer Consultation on Future Models

Hi Laura - we are very keen to do this - perhaps we can speak to Leanne about this when we have Stephen and Deb on the phone at 1.30pm (after speaking with Lesley Dwyer)?

We were thinking that we could commence the session with an overview of the model and then have Sandra speak to why it works well in Victoria. We thought the same session could also be run with the staff.

Cheers  
Ingrid

>>> Laura Johnson 20/11/2013 12:12 pm >>>  
Hi Ingrid,

I have spoken with Leanne about CHQ conducting consultation with the parents and carers on the future models whilst we have them together for the Sandra Radovini session. Can you please confirm that CHQ are happy to still do this as we are currently preparing some information which we want to send out to the parents and carers. If you could please let me know today it would be greatly appreciated.

Thank you  
Laura

*Laura Johnson  
Project Officer - Redevelopment  
Mental Health & Specialised Services*

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RSVPs for Sandra Radovini Parent and Carer Information Session Wednesday 10  
December 2013

Name	Parent/Carer

Apologies:

Other attendees:  
Dr Anne Brennan  
Sharon Kelly  
Leanne Geppert  
Ingrid Adamson  
Stephen Stathis



**Queensland**  
Government

**West Moreton Hospital and Health Service**

Enquiries to: Chief Executive  
Telephone: [REDACTED]  
Facsimile: [REDACTED]  
Our Ref: CEC20130658

Dear Parents and Carers

The statewide project for the Adolescent Extended Treatment and Rehabilitation (SW AETR) Implementation Strategy has commenced under the governance of Children's Health Queensland. As part of the statewide project there is an overarching Steering Committee that has met three times since 26 August 2013 and working with the steering committee are two Working Groups and a Clinical Panel.

One working Group is focusing on the Service Options, building on the work that was completed by the Expert Clinical Reference Group earlier this year. The second working Group will focus on financial and staffing requirements for any future service models. Finally, the Clinical Panel will consist of a team of clinicians led by Dr Anne Brennan (A/Clinical Director of the Barrett Adolescent Centre) that focuses on identifying and supporting the ongoing care needs of and future options for the adolescents currently at Barrett or on the waiting list.

The SW AETR Service Options Implementation Working Group will be meeting for the first time tomorrow, 1 October 2013, when a forum will be held. A second forum is planned in a month's time. This Working Group comprises a range of multi-disciplinary clinicians and service leaders from statewide Child and Youth Mental Health Services (CYMHS), consumer and carer representation, and non government organisation representation.

I would like to invite you to (or you may wish to collectively as a group) prepare a written submission for the consideration of the Service Options Working group. Our aim is to ensure you have an opportunity to contribute to the development of the new service options moving forward. The key questions that we would appreciate you addressing in your submission are:

1. What components of the current services available in Queensland best meet the care requirements of adolescents with complex mental health needs?
2. What are the gaps that you see with the current mental health service options available in Queensland?
3. What opportunities are there for new and/or enhanced services for these adolescents in Queensland?
4. Are there any other comments you wish to make to the working group for their consideration?

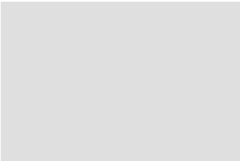
**Office**  
West Moreton Hospital and Health Service  
Ipswich Hospital  
Chelmsford Avenue  
Ipswich Qld 4305

**Postal**  
PO Box 73  
Ipswich Qld 4305

**Phone** [REDACTED] **Fax** [REDACTED]

This feedback will be valuable in providing insight into the planning of future service options for adolescent mental health extended treatment and rehabilitation. Please send your submission to Laura Johnson, Project Officer, Mental Health and Specialised Services, West Moreton Hospital and Health Service via [REDACTED] by Friday 18 October 2013. Your de-identified submission will be utilised by the SW AETR Service Options Implementation Working Group in their second Forum.

Yours sincerely



Lesley Dwyer  
**Chief Executive**  
**West Moreton Hospital and Health Service**  
30 September 2013



Queensland  
Government

**West Moreton Hospital and Health Service**

Enquiries to: Sharon Kelly  
Telephone: [redacted]  
Facsimile: [redacted]  
Our Ref: [redacted]

Dear insert parent name

I acknowledge there has been a lot of information about the process at the Barrett Adolescent Centre (BAC) and it is timely that I provide with an update.

The West Moreton Hospital and Health Service (WMHHS) is committed to ensuring that all young people have suitable and appropriate transition plans in place prior to the closing the BAC building. BAC will not be closing on 13 December 2013. The closure date of the end of January 2014 is a flexible date and will be responsive to the needs of young people and the service options available.

WMHHS have been consulting with parents and carers through this process, including parent and consumer representation on the Expert Clinical Reference Group (ECRG) which determined that alternative models of care were the best way to support adolescents requiring longer term mental health treatment into the future. To date parents and carers have received (via email) nine fact sheets (and or updates) on the BAC since the project began in November 2012. These fact sheets are also available from the WMHHS website <http://health.qld.gov.au/westmoreton/html/bac/default.asp>. Fact sheet and updates will continue to be provided to parents and carers by WMHHS. Also available from the website are copies of the frequently asked questions and the ECRG's recommendations (which were also posted to parents and carers).

WMHHS have endeavoured to ensure that all parents and carers are contacted about changes at BAC before they occur. WMHHS have held meetings with parents on a number of occasions and will continue to do so throughout this process. The treating team at BAC are keeping your adolescent informed about what is happening on a regular basis. The Clinical Director and Case Coordinators are your best point of contact regarding the healthcare of your adolescent and are available for you to contact via phone or email.

Additionally all current BAC parents and carers were invited by WMHHS to submit a written submission to the statewide project, expressing views and experiences regarding the current and future service options in Queensland for adolescents requiring extended treatment and rehabilitation. One collective parent submission was received from several BAC parents and carers. The parents and carers who contributed to the submission presented it to the Steering Committee of the Statewide Adolescent Extended Treatment and Rehabilitation Implementation Strategy on 4 November 2013.

I want to assure you that the closing of BAC is not a cost cutting exercise and that all funding for services provided by BAC will continue well into the future. It is not about cutting beds or ceasing longer term mental health care for adolescents in Queensland. It is about delivering contemporary models of care for young mental health consumers in an environment that is safe for them and where possible closer to their homes.

Furthermore The Park – Centre for Mental Health Treatment, Education and Research is not a safe environment for adolescents requiring longer term mental health care as it is expanding its capacity as a high secure forensic adult mental health facility (visit <http://www.health.qld.gov.au/forensicmentalhealth/community/qldsystm.asp> for information about forensic mental health in Queensland). Secondly the BAC buildings are ageing and are no longer able to support contemporary models of care for young people requiring longer term mental health treatment and rehabilitation.

If you have any further queries please do not hesitate to contact me on [redacted]  
or [redacted]

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Wolston Park Road,  
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**Postal**  
Locked Bag 500, Sumner Park  
BC, Qld 4074

**Phone** [redacted] **Fax** [redacted]

Yours sincerely

Sharon Kelly  
**Executive Director**  
**Mental Health and Specialised Services**  
**West Moreton Hospital and Health Service**  
/11/2013

Prepared by: Laura Johnson  
Project Officer  
MH&SS  
[REDACTED]  
04/10/2013

Submitted through: Dr Leanne Geppert  
Director  
MH&SS  
[REDACTED]  
/10/2013

Cleared by : Sharon Kelly  
Executive Director  
MH&SS  
[REDACTED]  
/10/2013

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BC, Qld 4074

**Phone**  
[REDACTED]

**Fax**  
[REDACTED]

**Steve Munro**

---

**From:** Anne Brennan  
**Sent:** Wednesday 15 January 2014 10:52 am  
**To:** Leanne Geppert  
**Cc:** Laura Johnson  
**Subject:** Parents of BAC consumers

Leanne

I have been following up with all families of discharged consumers to check on progress and ensure they are happy with new care arrangements.

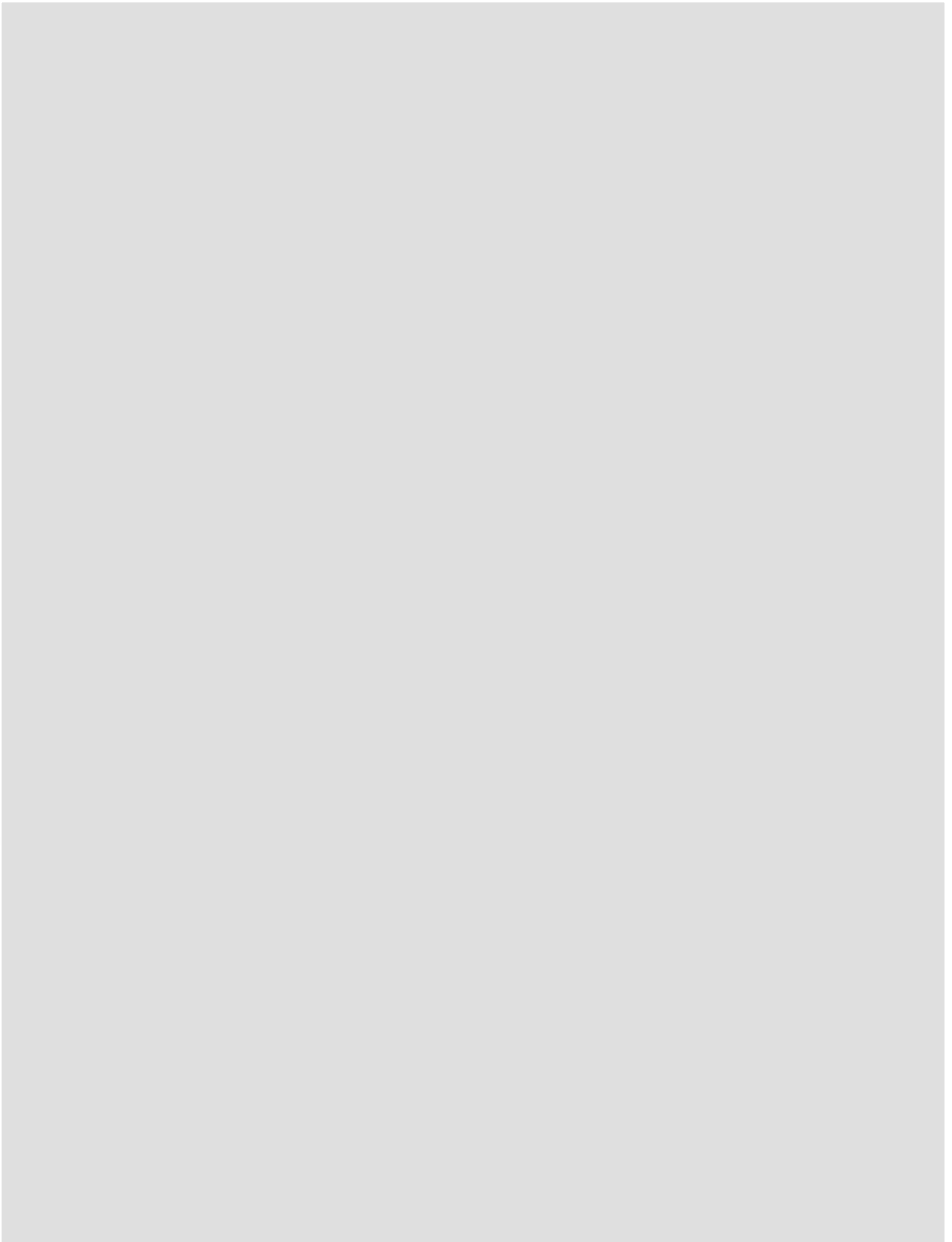
In November we met with Kathy Shapley regarding parent support. We have not had any further contact so I assume we are not duplicating her work.

Vanessa and Laura continue to work on wait list and you have update email re that work. Vanessa has not had input from Kathy since that initial meeting.

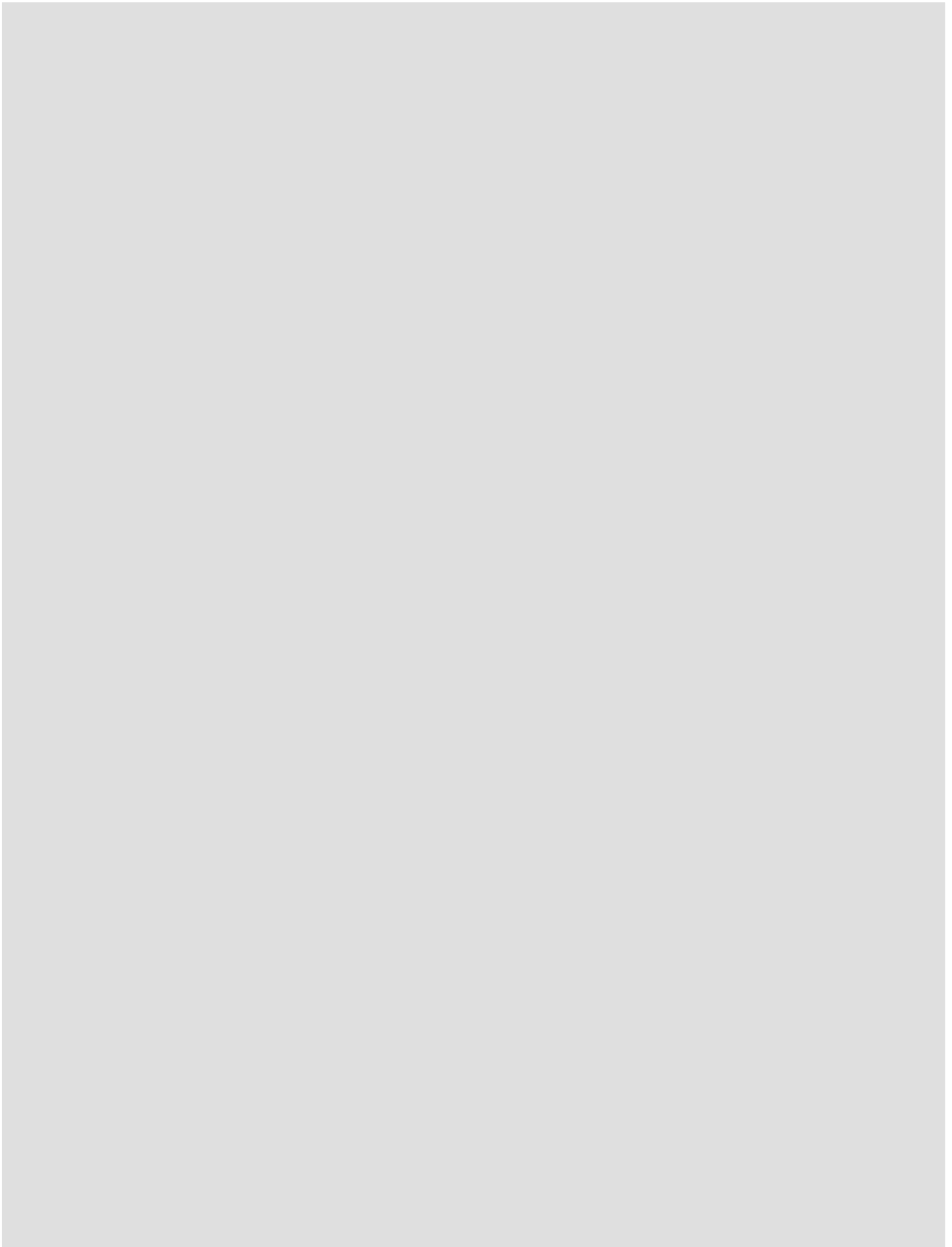
Please advise us if we are meant to liaise with Kathy.

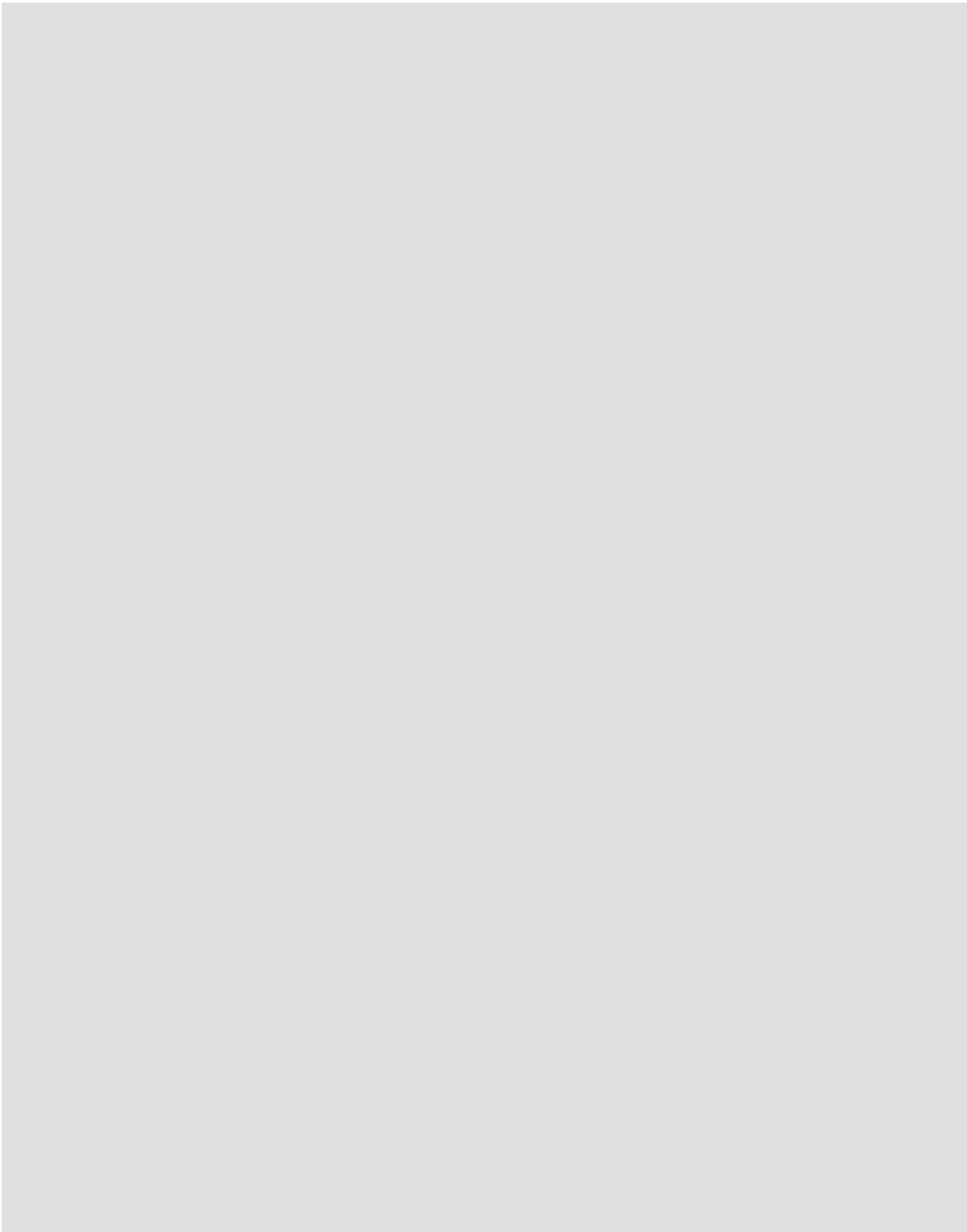
Anne

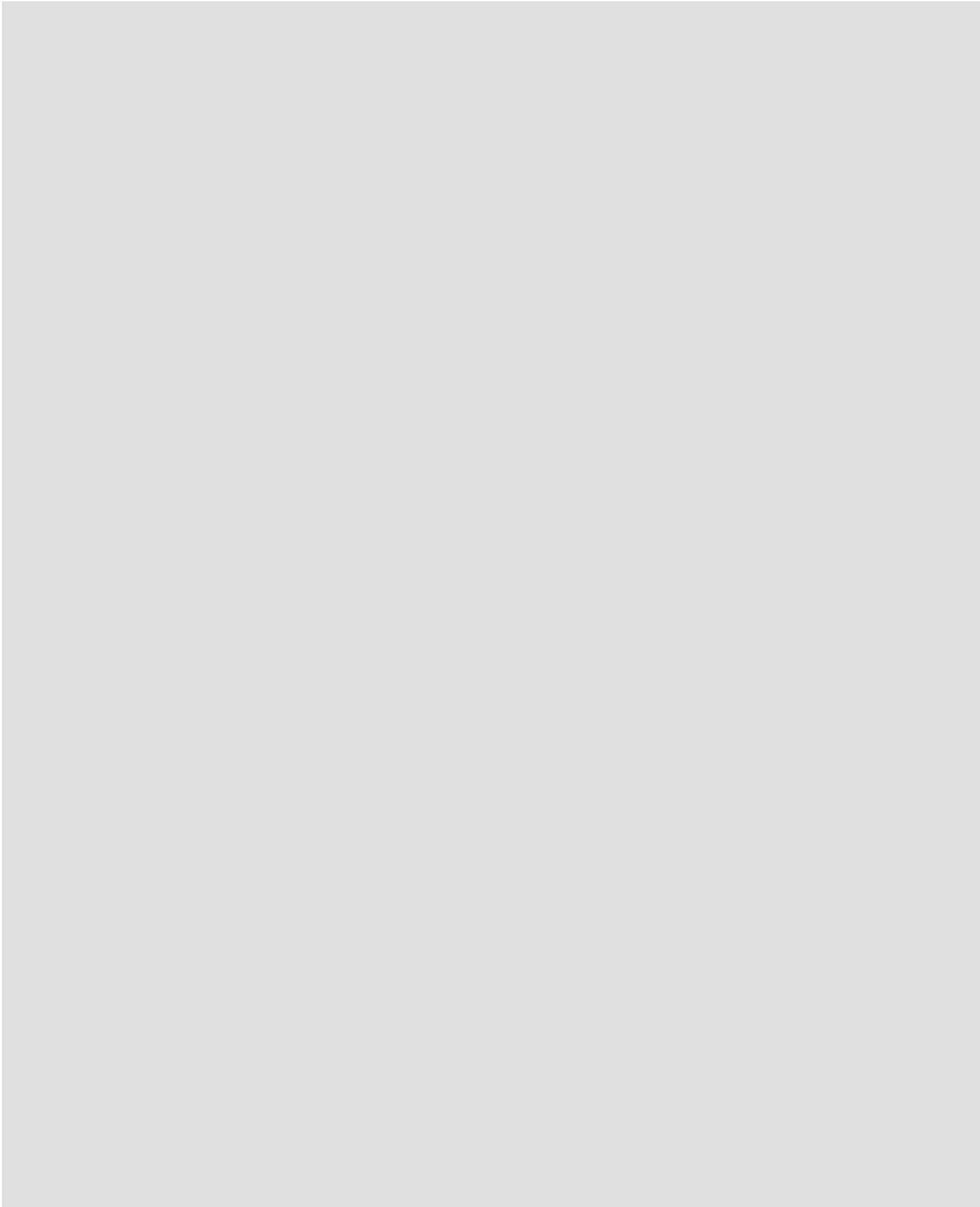
A/Clinical Director  
Barrett Adolescent Centre  
The Park-Centre for Mental Health  

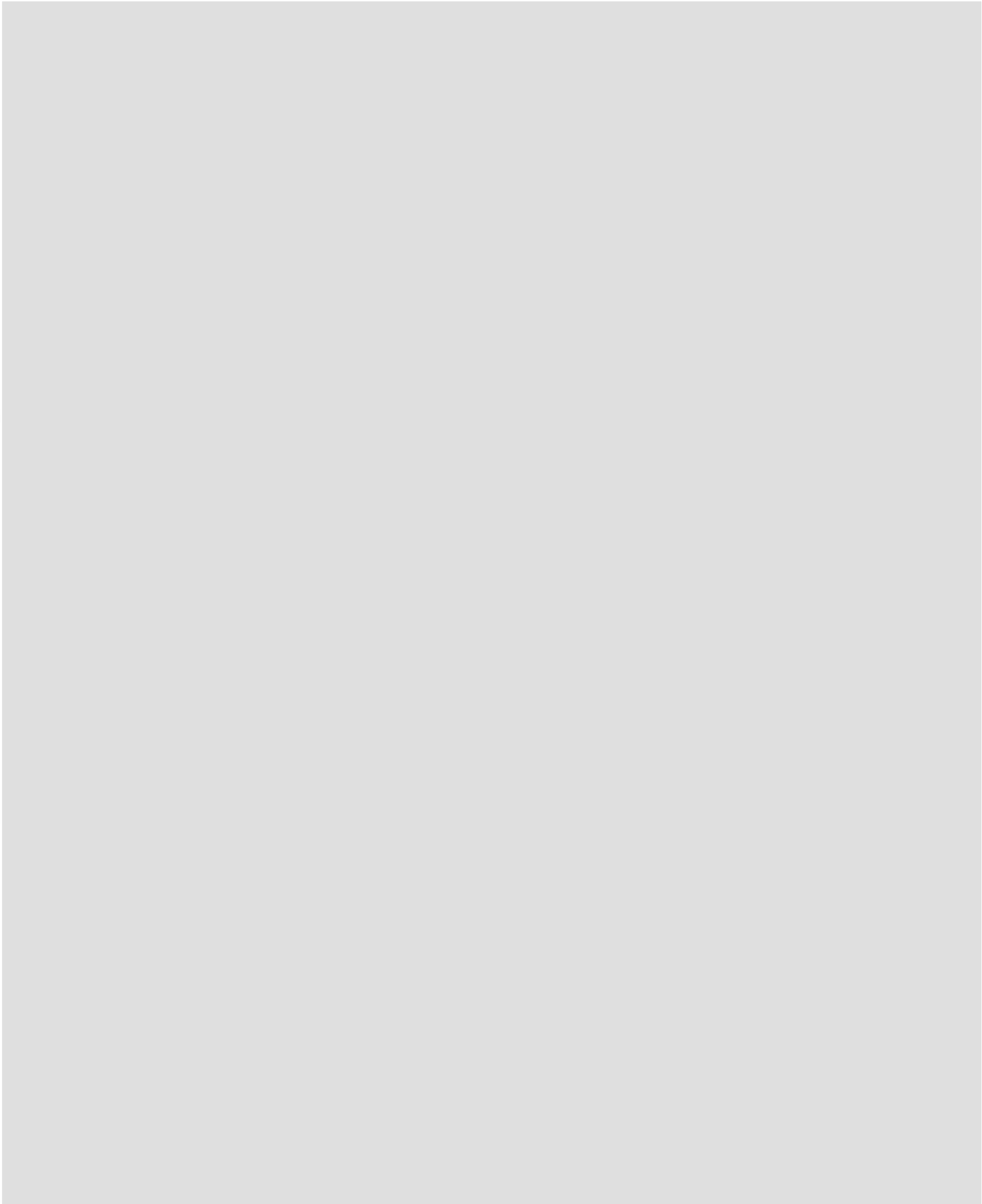



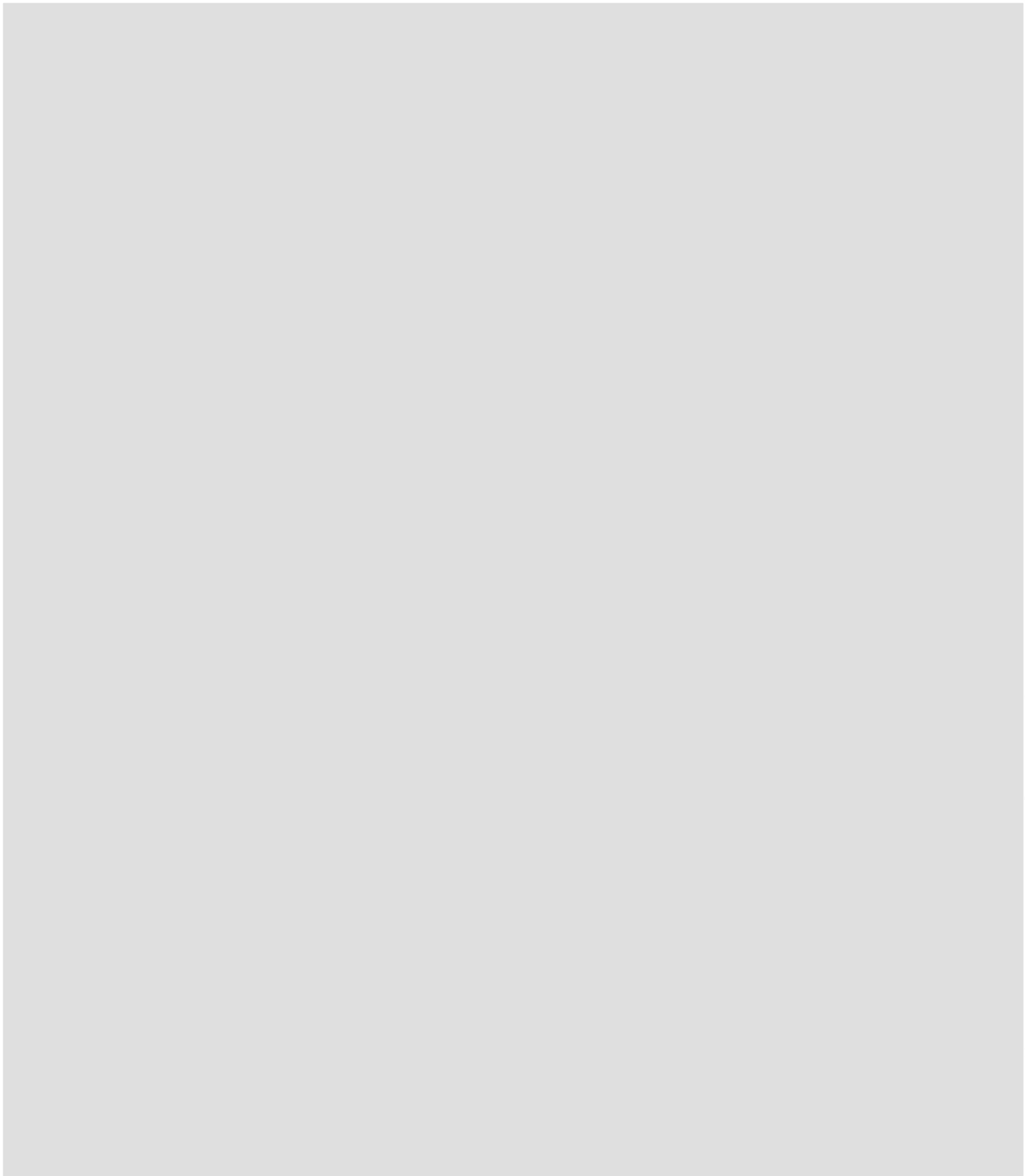


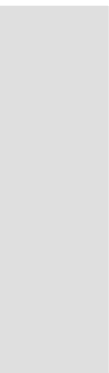










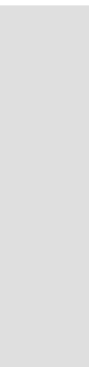


Hi Monica,

Thank you for your request for financial assistance of consumer [REDACTED] West Moreton, Children's Health Queensland and the Mental Health Alcohol and Other Drugs Branch have considered this request. A collective decision has been made that this request can not be supported at this time due there being no identified additional funds available.

Please do not hesitate to contact me if you wish to discuss further.

Kind regards  
Leanne Geppert







West Moreton Hospital and Health Service

Enquiries to:  
Telephone:  
Facsimile:  
Our Ref:

Sharon Kelly

Dear [REDACTED]

Thank you again for taking the time to speak with me last week. I acknowledge and value the perspective of your experiences with the Barrett Adolescent Centre (BAC).

In speaking with you I understand there has been a lot of information from a number of sources about the process and I felt it was appropriate for me to provide the update.

I recognise that you felt our service had not been as supportive as we could in linking in your [REDACTED] with appropriate adult services and there had been some mixed messages regarding accessing the psychologist. I understand [REDACTED] has been attending outpatient appointments and I hope that the clinical team have been able to give you some better details in the past week.

As I discussed with you, the West Moreton Hospital and Health Service (WMHHS) is committed to ensuring that all young people have suitable and appropriate transition plans in place prior to the closing of the BAC building. BAC will not be closing on 13 December 2013; this date simply relates to the completion of the regular school term. As previously noted, the closure date of the Barrett Adolescent Centre building is the end of January 2014. This is a flexible date that will be responsive to the needs of young people and the service options available. Importantly, we remain committed to ensuring that there will be no gap to services for BAC consumers.

I have endeavoured to ensure that you are contacted about changes at BAC before they occur and I and my colleagues have held meetings with parents and carers on a number of occasions and will continue to do so throughout this process. The treating team at BAC are keeping your adolescent informed about what is happening on a regular basis. The Clinical Director and Case Coordinators are your best point of contact regarding the healthcare of your adolescent and are available for you to contact via phone or email.

To date I trust you have received (via email) nine fact sheets (and or updates) on the BAC since the project began in November 2012. These fact sheets are also available from the WMHHS website <http://health.qld.gov.au/westmoreton/html/bac/default.asp>. Fact sheets and updates will continue to be provided to parents and carers by WMHHS until full transition has occurred. Also available from the website are copies of the frequently asked questions and the ECRG's recommendations.

.../2

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Postal  
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SUMNER PARK QLD 4074

I am aware that all current BAC parents and carers were invited by WMHHS to submit a written submission to the statewide project, expressing views and experiences regarding the current and future service options in Queensland for adolescents requiring extended treatment and rehabilitation. One collective parent submission was received from several BAC parents and carers. Some of the parents and carers who contributed to the submission presented it to the Steering Committee of the Statewide Adolescent Extended Treatment and Rehabilitation Implementation Strategy on 4 November 2013.

I want to assure you that the closing of BAC is not a cost cutting exercise and that all funding for services provided by BAC will continue well into the future. It is not about cutting beds or ceasing longer term mental health care for adolescents in Queensland. It is about delivering contemporary models of care for young mental health consumers in an environment that is safe for them and where possible closer to their homes.

If you have any further queries please do not hesitate to contact me on [REDACTED]

Yours sincerely

[REDACTED]  
Sharon Kelly  
**Executive Director**  
**Mental Health and Specialised Services**  
**West Moreton Hospital and Health Service**  
20/11/2013

Prepared by: Laura Johnson  
Project Officer  
MH&SS  
[REDACTED]  
20/11/2013

Submitted through: Dr Leanne Geppert  
Director  
MH&SS  
[REDACTED]  
20/11/2013

Cleared by: Sharon Kelly  
Executive Director  
MH&SS  
[REDACTED]  
20/11/2013

West Moreton Hospital and Health Service

## Information Session for Parents and Carers of Current BAC Young People

Dear [REDACTED]

West Moreton Hospital and Health Service invites you to an information session.

This session has been specifically designed for the parents/carers of young people currently attending BAC. To support each family's confidentiality, please note attendance is by direct invitation only.

This session will incorporate a presentation from Children's Health Queensland around elements of the proposed future models of care, an update from West Moreton in regard to the Transition Service Options, as well as a presentation by a leading child and youth Psychiatrist from Victoria who has extensive experience in working with children and adolescents with complex and multiple mental health needs.

**Date:** Wednesday, 11 December 2013  
**Time:** 10.00am - 12.00pm  
**Location:** Anderson House  
The Park Centre for Mental Health

**Attendance will be via RSVP to Laura Johnson**

**RSVP: Monday 9th December 2013 by 12 midday**

**Email:** [REDACTED]

**Phone** [REDACTED]

If you are interested in this session but are unable to attend The Park in person, please advise when you RSVP to discuss arranging other avenues where feasible.





Queensland  
Government

**West Moreton Hospital and Health Service**

Enquiries to:  
Telephone:  
Facsimile:  
Our Ref:

Sharon Kelly

Dear insert parent name

Thank you for taking the time to speak with me last week. It is unfortunate to hear that things are not going well. I would encourage you to contact the treating team at the Barrett Adolescent Centre (BAC) to discuss the transition plan for [REDACTED]

I understand there has been a lot of information about the process and it is timely that I provide with an update.

The West Moreton Hospital and Health Service (WMHHS) is committed to ensuring that all young people have suitable and appropriate transition plans in place prior to the closing the BAC building. BAC will not be closing on 13 December 2013. The closure date of the end of January 2014 is a flexible date and will be responsive to the needs of young people and the service options available.

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BC, Qld 4074

**Phone**

**Fax**

longer able to support contemporary models of care for young people requiring longer term mental health treatment and rehabilitation.

If you have any further queries please do not hesitate to contact me on [REDACTED]  
or ([REDACTED])

Yours sincerely

Sharon Kelly  
**Executive Director**  
**Mental Health and Specialised Services**  
**West Moreton Hospital and Health Service**  
/11/2013

Prepared by:

Laura Johnson  
Project Officer  
MH&SS  
[REDACTED]

04/10/2013

Submitted through:

Dr Leanne Geppert  
Director  
MH&SS  
[REDACTED]

/10/2013

Cleared by :

Sharon Kelly  
Executive Director  
MH&SS  
[REDACTED]

/10/2013

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