

Barrett Adolescent Centre Commission of Inquiry

BARRETT ADOLESCENT CENTRE COMMISSION OF INQUIRY

Commissions of Inquiry Act 1950
Section 5(1)(b)

STATEMENT OF MARIE BENNETT

Name of Witness:	Marie Lorraine Bennett
Date of birth:	[REDACTED]
Current address:	[REDACTED]
Occupation:	Retired
Contact details (phone/email):	[REDACTED]
Date and place of statement:	The Gap QLD 4061 13/10/2015
Statement taken by:	Rachel Cornes and Emily Vale

I MARIE LORRAINE BENNETT make oath and state as follows:

1. Since its opening in 1982 until around 1996, I held the position of Nursing Supervisor at the Barrett Adolescent Centre ("**BAC**").
2. I first became aware of the Barrett Adolescent Centre Commission of Inquiry ("**the Commission**") from my son who had heard about the Commission on the radio and then contacted me. I have since read about the Commission in the newspaper.
3. On 15 September 2015, I contacted the Commission because I considered that I may have information of assistance to the Commission, regarding the history of the BAC.
4. On the morning of Thursday, 1 October 2015, I attended the Commission Rooms at level 10, 179 North Quay, where I spoke with Commission staff.
5. During this meeting I was shown a copy of the Commission's Terms of Reference. There are no documents in my custody or control that are relevant to the Terms of Reference.
6. I held a nursing certificate (gained in 1968) and Bachelor of Nursing (gained in 1993) and worked as a registered psychiatric nurse for approximately 49 years (between the years 1968 and 2009).

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Barrett Adolescent Centre - Brisbane - 1981 to 1982

7. I am currently retired.

Commencing employment at the BAC

8. Prior to my commencement at the BAC, I held the following positions:
- (a) Registered Nurse at Larundal Psychiatric Hospital in Melbourne for 13 years.
 - (b) Registered Nurse at the Royal Brisbane Hospital, Lowson House for 1 year 1978.
 - (c) Acting Supervisor at Lowson House, Royal Brisbane Hospital (a mental health facility) 1 year.
 - (d) Nursing Supervisor at Wolston Park Hospital (Wolston Park), working in its Acute Admission Area, from 1981 until around 1982 Wolston Park is an adult mental health facility.
9. During the period when I was working as Nursing Supervisor at Wolston Park, I was approached by the then Director of Nursing of Wolston Park, Ms Rosemary Gray. Ms Gray informed me that an adolescent unit was soon to be opened at the Barrett Centre, and because of my experience working with adolescents in Melbourne, I had been identified as an ideally qualified person to fill the position of Nursing Supervisor.
10. At that time, the Barrett Centre was a building comprised of several units, one of which was the admission centre for patients to be admitted to Wolston Park. I understood the adolescent centre was to operate out of a separate (but physically connected) section of the Barrett Centre.
11. Following my discussion with Ms Gray, I met with Dr Cary Breakey, who I learned was to be the Medical Director of the adolescent unit. I hit it off with Dr Breakey immediately. Having since worked with Dr Breakey for many years, I consider Dr Breakey to be the best child and adolescent psychiatrist I have ever met. During the period when I worked with Dr Breakey I observed him to be very charismatic and excellent with patients.

Establishment of the BAC

12. From subsequent discussions with Dr Breakey, I understood that the BAC was to operate as an in-patient facility and admit approximately 20 adolescent patients (approximately 10 girls and 10 boys) who had been identified by staff of the BAC as being the most severely psychiatrically disturbed.
13. The goal of the BAC was to assist patients to function as normally as possible, with a view to moving them out of the BAC. (On average, this took around six to 12 months.)

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Barred Admission Centre Commissioned Report

14. The role of the BAC was to create a therapeutic milieu and to provide an alternative for adolescent patients/children who would otherwise have most likely been admitted into an adult psychiatric ward in a hospital.
15. I was, and remain, of the opinion that adult psychiatric wards are not an appropriate model of care for adolescents. In my experience, placing adolescents in adult wards leads to those adolescents learning the maladaptive behaviours of the adults around them.
16. In around 1982, I was appointed and held the position of Nursing Supervisor at the BAC. I held this position for approximately 13 years, until 1996.
17. My key role and responsibilities as Nursing Supervisor included: Supervisor of nursing staff, fiscal management, rostering of nursing staff of unit, responsible to Director of Nursing, of Wolston Park Hospital.

Initial set-up of the BAC

18. As Nursing Supervisor, I was directly involved in the establishment and set-up of the BAC (together with Dr Breakey, Ms Gray and others).
19. In circumstances where it was intended that the BAC would operate as an in-patient facility, and having regard to the therapeutic milieu, Ms Gray and I were in agreement that the BAC would need to be staffed by approximately 23 Registered Nurses.
20. The reason for the large number of staff was because I considered that it was essential for nurses working at the BAC to be Registered Nurses who were permanently based at the BAC. This was necessary for the therapeutic milieu of the BAC and, specifically, continuity of care for patients of the BAC.
21. We proceeded to ask for volunteers from amongst the nursing staff at Wolston Park, being the adult mental health facility. It was important to me that the nurses had experience working as psychiatric nurses.
22. We also required that nurses working at the BAC be trained in family therapy and individual therapy. The reason for this was that nurses were tasked with treating the child as a whole, as well as their family.
23. It was decided that the BAC should operate with an education unit so that patients would not fall behind in their education and experience stress when transitioning back into mainstream schooling.

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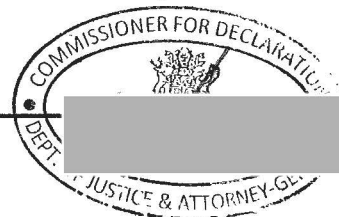
BAC (BAY AREA COMMUNITY) CENTER FOR YOUTH AND ADOLESCENTS

24. Ultimately, the operation of the BAC drew on staff from three units: nursing staff from Wolston Park, psychiatric staff and occupational therapists from the Division of Youth Welfare and Guidance, and teachers from the Education Department.
25. Once the staff had been selected, and prior to the opening of the BAC, we spent six weeks together team-building and determining/finalising our approach.
26. To assist in the creation of the therapeutic milieu, it was decided that nurses working at the BAC would be put in control of their own rosters and would not wear uniforms. It was agreed that each patient who was admitted to the BAC, would be assigned a primary nurse and that would be the nurse who the patient would go to on a daily basis. In the event the primary nurse was unavailable, then it was decided that I, as Nursing Supervisor, would fill in. I was consequently on-call 24 hours a day.
27. However, before the BAC could be opened, the Australian Workers' Union raised an objection with respect to the nurses' control over their own rosters. Following some negotiation, it was agreed that rather than operating the BAC as an in-patient facility, we would open the BAC as a day hospital only, for 12 months, to be operated by myself and two other nurses. The remaining nurses were consequently returned back to work on the main Wolston Park roster.
28. Sometime after the expiration of the 12 month period (in around 1983), I participated in the re-recruitment of the required additional (23) nursing staff from Wolston Park. The BAC subsequently began to receive in-patients and operate as an in-patient facility.

Operation and management of the BAC after commencement

29. During the entire period when I worked at the BAC, it was the practice that the BAC:
 - (a) would not accept patients with conduct disorders ('acting-out' patients);
 - (b) would accept only those patients who were identified by staff of the BAC as being severely psychiatrically disturbed; and
 - (c) would only accept patients aged between 13 and 17 years.
30. The rationale for this admission criteria was that:
 - (a) conduct disorder patients were considered to take up a lot of time, and the treatment approach would have needed to have been different to the therapeutic milieu that we sought to establish at the BAC; and

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Barrett Adolescent Unit - Commission of Inquiry

- (b) the age bracket of 13 to 17 years was the most vulnerable group and was most in need of the services of the BAC.

A 'normal day' at the BAC

31. While I was at the BAC, a 'normal day' would involve the patients waking by 8.00am, then coming to the dining room within the Barrett Centre (being the adult facility and part of Wolston Park) for breakfast. As I have stated above, the BAC was but one section of the larger Barrett Centre, which was used partly as an admission centre for patients of Wolston Park. Patients of the BAC would consequently mix with the adult patients during meal times (which I did not consider ideal).
32. After breakfast, staff and patients of the BAC would have a community meeting to discuss plans for the day and any problems the patients were having, before the patients attended school. The school was in another ward of the Barrett Centre. As best as I can remember, the patients attended class in hour intervals, with breaks for morning tea and lunch.
33. Staff of the BAC would organise outings and take those patients who were not visiting home, out for the weekends.
34. The patients slept in group dormitories, with individual rooms set aside for "time-outs".
35. The number of patients admitted to the BAC was restricted by the number of beds available. To take on more patients would have been difficult because of the high intensity of staff required to deal with adolescents. If more staff (and beds) had been available, the BAC could have admitted more patients.

Site of the BAC

36. My understanding is that the site at Wolston Park/Barrett Centre was the only option available at the time of the opening of the BAC.
37. I have always been of the opinion that Wolston Park was the wrong site for the BAC. The BAC should have been set up as an independent unit, rather than attached to a hospital, where it was necessarily restricted by the operation, staffing needs, and funding model of that hospital. For example, I had to fight for the patients of the BAC to receive an additional serving of milk each day, to have after they came out of school.
38. My impression was that the authorities of Wolston Park considered the BAC to be an "indulgent facility" by reason of its large staffing numbers and small patient/staff ratio. I struggled to make the nursing staff of Wolston Park understand that children have different needs to adults.



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39. In my capacity as Nursing Supervisor of the BAC, I attended administrative meetings from time to time at Wolston Park. Although I cannot recall specifically on what date these meetings were held, or who attended, I do recall that at some of these meetings, persons whose names I cannot recall, expressed the view to me that the BAC was a much indulged unit, and that they saw the BAC as depriving the Wolston Park rosters, of nurses.

My departure from the BAC

40. I ceased employment at the BAC in around 1996, at which time I transferred to work as Assistant Nursing Director in the Rehabilitation Unit of Wolston Park. From time to time, I acted in the position of Nursing Director, Wolston Park.
41. Mr Rick Collins (now deceased) took over from me as Acting Supervisor of Nursing at the BAC, followed by Mr Danny List.
42. Part of my motivation in leaving my position with the BAC was that I had been subject to ongoing pressure from Wolston Park to work in other areas of the hospital. As a result of this pressure, I found that I could not devote all of my time to the BAC, as I wanted to do. The BAC was also a very stressful unit to work in and, eventually, with the support of Dr Breakey, I decided that it was time for me to move on.

Involvement/continuing contact with BAC staff/patients once employment ceased

43. I did not have any direct involvement in the operations of the BAC after I moved to Wolston Park.
44. I did however continue to have contact with the relevant Nursing Supervisor of the BAC (i.e. Mr Collins or Mr List) at administrative meetings, which I attended in my capacity as Assistant Nursing Director, Wolston Park. I also remained friends with many of the nurses at the BAC and so heard from them, from time to time, about the operations of the BAC.
45. Although I cannot recall any dates or from whom specifically I learned this information or by what means, from this contact, I became aware of a number of changes being made with respect to the operations of the BAC. For example:
- (a) when I was working at the BAC, patients with anorexia were deliberately sent to a unit of the Royal Children's Hospital for "nourishing", rather than admitted to the BAC. These patients would only be admitted to the BAC following successful "nourishing", at which time the BAC would provide treatment for the patient's underlying psychiatric condition. However, in later years, I became aware that staff at the BAC were taking on responsibility for nourishing these patients as well. In my view, this was outside of the intended function/focus of the BAC;

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Barrett Adolescent Centre - Community Discharge Unit

- (b) conduct disorder patients were being admitted to the BAC, with there being more 'acting out' behaviour amongst patients, including some patients running away. I understood the BAC had, as a result, had to call on nursing staff of Wolston Park for assistance, which it never had done when I was there;
 - (c) the criteria for admission had been changed. When I was there, the BAC had accepted patients aged 13 to 17 only, however I learned that Dr Sadler was admitting 18 year olds. I did not consider 18 year olds to be within the intended focus group of the BAC;
 - (d) the level of experience required of nursing staff to work at the BAC was being eroded. I learned that Wolston Park were staffing the BAC with Enrolled Nurses (rather than Registered Nurses), as well as with staff untrained in adolescent psychiatric care and casuals for night shifts. Untrained staff can do a lot of damage. I understood these staff were getting burnt out because it is a difficult area to work in, and some staff were not dealing appropriately with the patients (in a provision of care sense) because they were untrained. Although I cannot recall from whom I learned this, on what date, or by what means, I am generally aware that at the time the BAC closed in early 2014, there were only two Nursing Supervisors there who I considered fully understood the BAC and its purpose, namely: Janette Collins and Lynnette Glubb.
46. I retired from nursing in 2000. In 2004, I returned to work briefly as a casual nurse, working night shifts at Wolston Park. Although I was asked to work casual shifts at the BAC, I chose not to do so. This was because my preference was for a forensic unit.
47. I ceased my casual position at Wolston Park in 2009 and have since been retired. I no longer hold my nursing registration.

Closure of the BAC

48. I heard about the intention to close the BAC in around early 2013 by which time the closure had already occurred.
49. I was not consulted about the decision to close the BAC. Nor would I expect to be consulted.
50. I was devastated when I heard of the closure of the BAC. The BAC was a specialised unit for patients aged 13 to 17 years with the most severe psychiatric illnesses. The need for this unit was, and still is, great.

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British Adolescent Centre for Psychological Therapy

51. I was also surprised by the decision to close the BAC. Although I cannot recall how I learned this information, or from whom, I recall becoming aware in around 2009 of a proposed transfer of the BAC facility to another site. I had thought that the move was still going ahead. I had never heard otherwise.
52. I have no knowledge of any of the arrangements made for the transition of patients out of the BAC, prior to its closure.
53. When I was working at the BAC, in order to assess whether a patient was ready to be discharged, staff of the BAC would examine a patient's coping behaviour, their relationship with their family, and family dynamics (which were examined by staff in family therapy).
54. In my experience, any transition for a patient of the BAC would have needed to have been gradual and would most likely have required approximately six months' for most patients.
55. Overall the BAC had a fairly good success rate of transitioning patients successfully back into the community. On rare occasions, some patients did come back to the BAC after having been discharged, and I am aware of one girl (whose name I cannot recall) who left and suicided three years after her discharge from the BAC. I do not recall the specific dates.
56. When I worked at Wolston Park I came across one or two former patients of the BAC (whose names I cannot recall), who had been admitted into the adult facility. This was disappointing to see.

ATHS ACT 1867 (DECLARATION)

I MARIE LORRAINE BENNETT do solemnly and sincerely declare that:

- (1) This written statement by me dated 13/09/2015 and contained in pages numbered 1 to 9 is true to the best of my knowledge and belief; and
- (2) I make this statement knowing that if it were admitted as evidence, I may be liable to prosecution for stating in it anything I know to be false.

And I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the *Oaths Act 1867*.

.....Signature

Taken and declared before me at WOLSTON PARK this 13 day of September 2015.

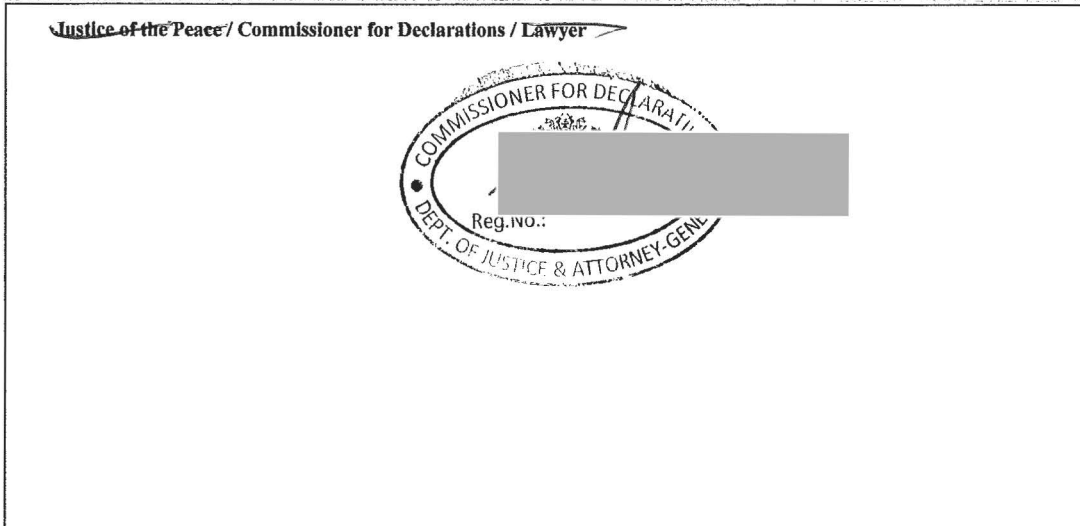
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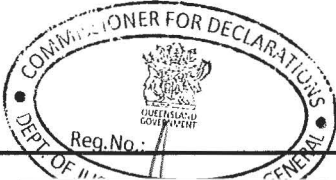

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