

BARRETT ADOLESCENT CENTRE COMMISSION OF INQUIRY

*Commissions of Inquiry Act 1950
Section 5(1)(d)*

STATEMENT OF TREVOR BRUCE SADLER

Name of Witness:	Trevor Bruce Sadler
Date of birth:	[REDACTED]
Current address:	[REDACTED]
Occupation:	Psychiatrist
Contact details (phone/email):	[REDACTED]
Date and place of statement:	26 February 2016 and Brisbane
Statement taken by:	K & L Gates

I **Trevor Bruce Sadler** make oath and state as follows:

1. This statement is supplementary to my statements sworn 11 December 2015, 12 February 2016 and 17 February 2016.

Transition post 6 August 2013

2. At the time of the announcement of the closure, the only alternative services available were acute inpatient beds and a possible day-program on the north-side of Brisbane (although there was no readily available site). Other community services for example, CYMHS community clinics and Headspace were not sufficient as stand-alone services for the BAC cohort for the reasons noted in paragraph 262 of my statement sworn 11 December 2015 and paragraph 65 of my statement sworn 12 February 2016. I was aware of a residential facility in Cairns however, that facility was also unsuitable for adolescents referred to BAC.
3. At this point SWAETRIG was being set up. I was a member of it. As events unfolded this group did not end up having the initial meeting until 24 August 2013. It is my recollection that the meeting could not be held earlier as Ms Krause was overseas. It was planned that SWAETRIG would establish working groups to facilitate the transition. Much to my frustration these groups were not established until 9 September 2013. I was on both the Service Options Implementation Working Group and the BAC Consumer Transition

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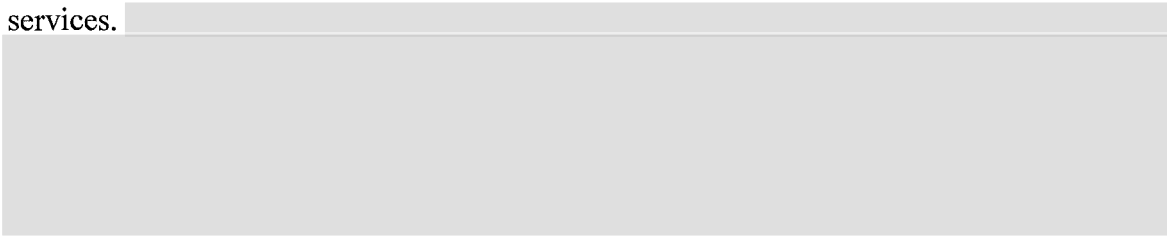
Working Group. I thought my participation in these groups was an essential platform for me to advocate for the adolescents at BAC. These groups were intended to drive the transition process and develop the necessary new services.

4. By this time it was readily apparent to me that as at the time of closure of BAC appropriate services would not be available for the adolescents. Against this background, the approach I had intended to advocate for was developing an interim service which utilised either returning the adolescents to their homes or living in supported accommodation or if necessary, admission to an acute adolescent in-patient facility, all with access to a day-rehabilitation program staffed by some former BAC staff as well as others. The two key elements that I felt needed to be maintained were a rehabilitation program and continued relationships with staff that they knew and trusted.
5. In addition to having a position on the two groups referred to above, I recall speaking to Stephen Stathis in early September 2013 to request a position on the Financial and Workforce Planning Working Group. This would have provided an even stronger platform to advocate for interim services, as well as funding for the development of other alternative services. Having said this, I was somewhat concerned that these three working groups had the potential to operate independently of one another.
6. My standing down unfortunately took place prior to any meetings of any of these working groups. In these circumstances I was not given the opportunity to advocate for an interim service for the BAC adolescents, as I had planned.
7. The challenges BAC encountered and the steps taken towards transition between the announcement of the closure and my standing down are detailed in paragraphs 250 to 255 of my statement sworn 11 December 2015. It is important to emphasise that the closure announcement in August 2013 destabilised many of the adolescents and staff and considerable time was devoted to attempts to defuse crises and restore stability. It is important to understand that at the time of my standing down the groups had not met to consider new service options for some of the adolescents to transition to.

Dr Brennan's statement dated 27 January 2016

8. Dr Anne Brennan has made a number of observations in her statement sworn 27 January 2016. It should be noted that BAC as at the date Dr Anne Brennan was appointed in September 2013, was not representative of the operation of BAC under normal circumstances.
9. As to paragraph 3(a) of Dr Brennan's statement, concerns by adolescents for the welfare and health of education staff was not evident when I left. I imagine their position became increasingly unclear as the closure became more imminent. It is my observation that education staff often had different boundaries than health staff, by virtue of the nature of their profession. Before I was stood down in September 2013, I had discussed appropriate and inappropriate boundaries with education staff. However, they were a different

department over which I did not have line management. I would have held a similar discussion with health staff if it had come to my attention that this was occurring. I am unaware of the investigation referred to. I reiterate that by September 2013, there was a lot of instability in relation to nursing staff. In particular there were many casual nurses and nurses of short term contracts of between three and six months. Many of those staff had little experience with adolescents. I had not noticed a breakdown of the relationship between health and education staff prior to my standing down.

10. As to paragraph 3(b) of Dr Brennan's statement, as I have explained in my earlier statements, I was also concerned about the length of stay for some adolescents. There were numerous contributing factors to this, many of which were out of my control and some of which impacted on the effectiveness of the treatment being provided. These are detailed in my statement sworn 11 December 2015. In some cases there was a lack of alternative services.

11. As to paragraph 3(e) and paragraph 19(a) of Dr Brennan's statement, there was a folder containing details of referring agencies and the alternative services that were available. It is my recollection that it was green in colour and was kept in the nurses' station. A list of services may also have been maintained on the West Moreton HHS "G:" drive in the sub-directory "Barrett Adol". This issue is further addressed in paragraph 41 of my statement sworn 12 February 2016. I am disappointed to hear that Dr Brennan was required to resort to the White Pages or Yellow Pages to find contact details for local services. There were comprehensive notes available for each adolescent from each discipline prepared for the Care Planning Workshops. These notes summarised the interventions and progress of adolescents over the previous three months.
12. As to paragraph 4 of Dr Brennan's statement, from 2012, when the closure of BAC was first raised, BAC suffered losses of specialist staff. Staffing issues were exacerbated by a decision of management to redeploy staff in The Park from units that would close to units which were to remain open. I agree that by the time Dr Brennan took over that family therapy was far from ideal. It was a concern I also had by that time. David Ward left BAC in early 2013. After Mr Ward left, I requested his position be filled with at least a 0.5 Family Therapist to ensure we had a staff member with those skills. A replacement social worker did not commence until late May 2013. She did not engage with many families.
13. Mr Ward was also responsible for some individual therapy at BAC. Ashleigh Trinder was a psychologist employed at the BAC however, she remained in a state of uncertainty as to whether her contract was to be terminated or renewed. Ms Trinder was unsure whether to commence such treatment in circumstances where she may not be available to assist the

adolescent through the duration of the treatment. The contract of Ms Georgia Watkins-Allen, psychologist was terminated in April 2013.

- 14. As to Dr Brennan’s concern that liaison with communities of origin seemed to be lacking, this was correct in some cases. There were some adolescents who were making the decision to transition to places other than their community of origin while others had previous unsuccessful interactions with local services. This was addressed on a case by case basis. I have otherwise detailed in my statement sworn 12 February 2016, BAC’s ongoing contact with referring agencies.
- 15. As to paragraph 6 of Dr Brennan’s statement, it is regretful that she considered her role would be to simply look after the adolescents until they had moved to the new service. The challenges we encountered and the steps taken towards transition are detailed above and in paragraphs 250 to 255 of my statement sworn 11 December 2015. It is important to emphasise that the closure announcement in August 2013 destabilised many of the adolescents and considerable time was devoted to attempts to defuse crises and restore stability. Dr Brennan would have been unaware of my intentions to advocate for an interim service as a necessary part of transition.
- 16. As to paragraph 19(c) of Dr Brennan’s statement, I have read Exhibit 248, which I understand was provided by Ms Rankin. Without reading the voluminous records for each of the adolescents referred to, the information contained in Exhibit 248 accords with my recollection. [REDACTED]

- 17. As to paragraph 19(e) of Dr Brennan’s statement, she is quite correct that the provision of individual and family therapy had waned after the future of BAC became increasingly uncertain. [REDACTED]

- 18. [REDACTED]. I reiterate that in 2013, BAC struggled to provide individual therapy for every adolescent. This was largely because of the resignation of one staff member and the termination of the contract of one other. [REDACTED]

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Dr Kingswell

22. I was disappointed to learn that in evidence Dr Kingswell described BAC as a failing institution. He does not practise in adolescent psychiatry and I had very limited involvement with him. While he may have worked at The Park for a number of years, he was in no way involved in the treatment of the BAC adolescents. On no occasion did he discuss with me the treatment approaches and other services offered at BAC.
23. I consider his description of BAC as a dangerous and violent place to be misplaced and inflammatory. Many of the adolescents at BAC had high rates of self-harm and this was the very reason they had been referred to BAC, as they could not be managed in the community. Over the life of BAC there were a small group of aggressive adolescents which prompted the McDermott (2003) and Walter (2009) reviews and the recommendations of those reports to enhance the safety of the BAC were implemented. Exhibit K to my statement sworn 12 February 2016 is a document outlining the steps taken in response to the 2003 review. It should also be borne in mind that some adolescents at BAC had lived in homes with strong domestic violence and had experienced physical abuse however, in spite of this, many of these adolescents were not aggressive whilst being treated at BAC.

24. Dr Kingswell also observed that patients of BAC emerged from the centre with none of the skills they came in with. Again, this displays a lack of knowledge in respect of the functional and developmental impairments suffered by many of the adolescents prior to their admission to BAC as a result of the severity of their symptoms. As explained in paragraph 46 of my statement sworn 11 December 2015, I undertook a review in November 2012 of adolescents admitted to BAC from 2007 to 2011. This revealed that 98% had disengaged from their educational networks for at least six months prior to admission, 90% had no face to face contact with peers, 83% had disengaged from community networks and 35% had tenuous family networks. He also implied that skills were not developed for the adolescents at BAC and that the adolescents would not perform daily tasks. This is simply not correct and is addressed in my earlier statements and in particular, paragraph 213 of my statement sworn 11 December 2015. I observed most adolescents leave BAC with far more skill than when they had arrived.

Miscellaneous matters

25. I understand that Ms Dwyer gave evidence to the effect that the BAC model of care did not have a focus on rehabilitation and discharge. This observation indicates to me a lack of understanding of the treatment and care provided.
26. As to the circumstances of my standing down, it was Dr Kingswell's understanding that there was no doubt that the incidents had occurred. This is not correct. [REDACTED]
27. I note that two nurses have raised issues in relation to the conduct of a nurse, Peter Kop. I had no line management over him or any other nursing staff. They were under the supervision of the Director of Nursing. While at times I disagreed with some of the decisions made by senior nursing management, I have always respected the position of the Director of Nursing.
28. On no occasion have I ever performed or attempted to perform a ritual which has been described as "laying of hands" or anything similar.

This is a supplementary statement provided at the request of the Commission.

OATHS ACT 1867 (DECLARATION)

I Trevor Bruce Sadler do solemnly and sincerely declare that:


- (1) This written statement by me dated 26 February 2016 and contained in pages numbered 1 to 7 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 TWENTY-SIXTH..... this 26th day of February 2016.

Taken By.....
Justice of the Peace / Commissioner for Declarations / Lawyer

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Trevor Sadler

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Justice of the Peace / Commissioner for Declarations / Lawyer