

**IN THE MATTER OF THE BARRETT ADOLESCENT
CENTRE**

COMMISSION OF INQUIRY

**Amended Final Joint Written Submissions from [REDACTED]
[REDACTED] Relating to Terms of
Reference**

Summary

1.

[REDACTED]

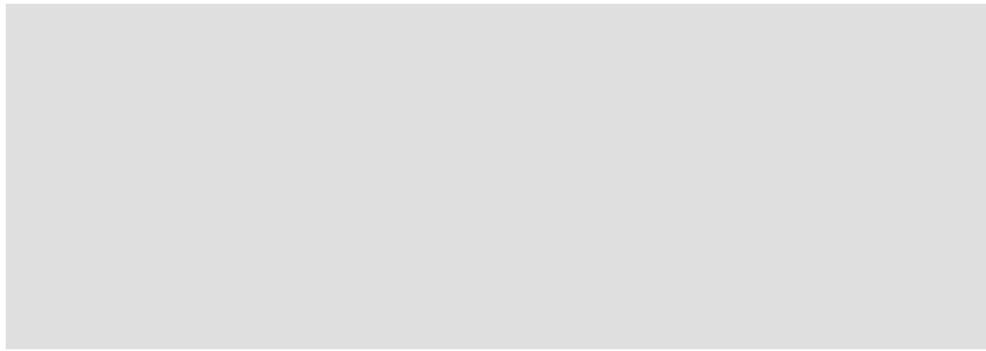
2.

[REDACTED]

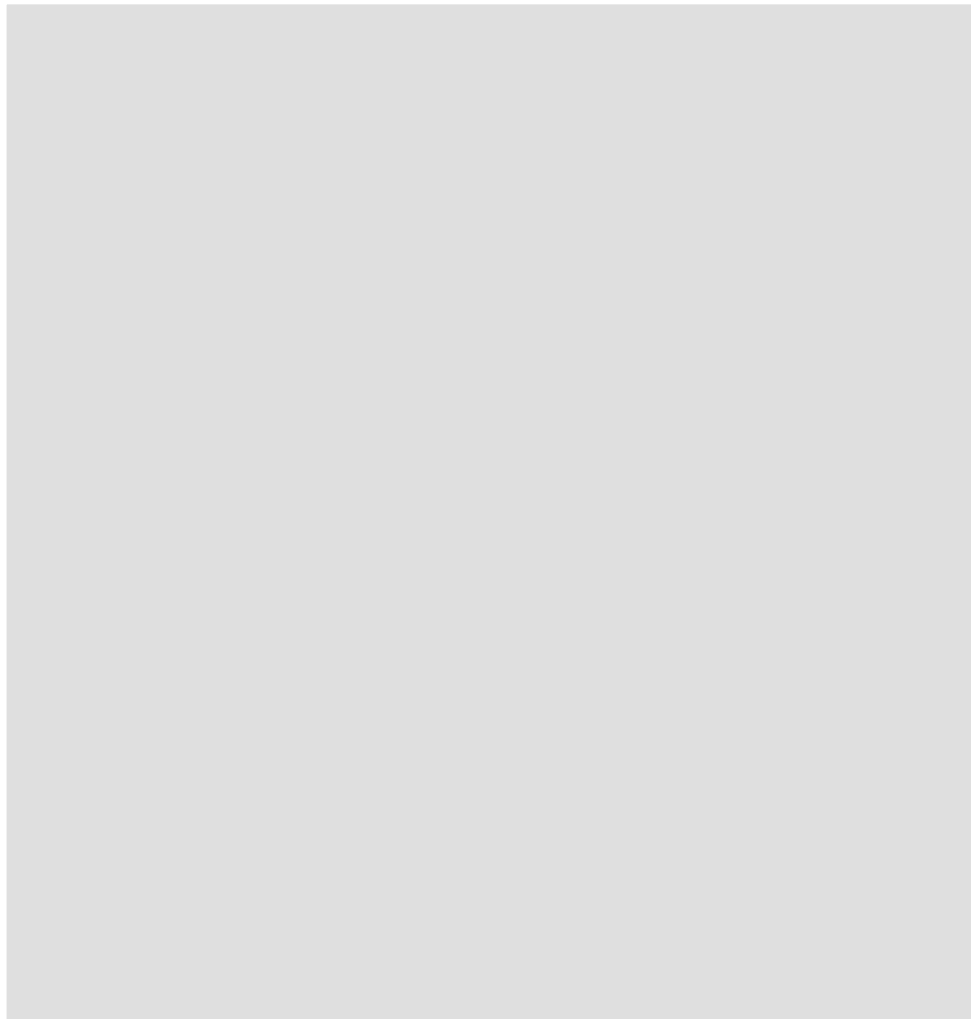
¹ Statement of [REDACTED] 21 October 2015; [EXH.00153 and PAR/001.001.0001].

² WMS.9000.0018.001250.

³ Statement of [REDACTED] 19 October 2015; [EXH.00159 and PAR.001.003.0001].



3.



4. Dr Trevor Sadler worked as a Consultant Psychiatrist at the BAC between December 1996 and September 2013. He had assessed and treated approximately one thousand adolescents in various outpatient settings by the time he had left the BAC.⁷ BAC was established in 1982 in buildings of the Wolston Park Hospital. Until 1990, it was integrated with Child Guidance Clinics (later CYMHS) throughout Queensland. It

⁴ WMS.9000.0018.001295.

⁵ Statement of [REDACTED], 21 October 2015; [EXH.00150 and PAR.001.002.0001].

⁶ WMS.9000.0018.001352.

⁷ DTZ.900.001.003.

could treat 20 adolescents at one time, including both day patients and inpatients. When it was initially opened, there were sixteen inpatient beds, however, the beds were reduced to fifteen in the 1990s.

5. Dr Sadler states that the BAC provided a State-wide service available to Queensland adolescents aged 13 to 17 years at the time of admission, with severe and complex mental illness who⁸:

- 5.1 Had previously received a range of less restrictive interventions with specialist services in adolescent mental health, but still had persisting symptoms of their mental illness and consequent functional and developmental impairment;

- 5.2 Were likely to benefit from the range of clinical interventions offered at BAC; and

- 5.3 Required extended and intensive clinical interventions ranging from day patient admission to an inpatient admission.

6. Diagnostic criteria alone did not distinguish the adolescent who was likely to benefit from admission to the BAC. It was the combination of severe and complex mental illness, together with impairment, sometimes family factors, and the potential to benefit from multiple multimodal intensive interventions provided at the BAC.

7. At some time after 2008, a decision was made by Queensland Health to replace the Barrett Centre with a more modern facility to be built at the Redlands Hospital.⁹ The Redlands Hospital option was planned and investigated. The planning for this option developed over a number of years. Various employees of the BAC, including Dr Sadler and Vanessa Clayworth, were consulted in respect of the prospective development at Redlands. Money ceased being spent on the upkeep of the BAC, with the knowledge that the patients were to transition out of the BAC in due course to Redlands.

⁸ DTZ.900.001.0010.

⁹ See generally submissions of Assisting Counsel, paragraphs 177 and following.

8. On 26 March 2012, the LNP was elected as government in Queensland. Campbell Newman became Premier. Lawrence Springborg became the Minister for Health.
9. Unbeknown to [REDACTED] and Dr Sadler, in May 2012, discussions amongst senior executives in Queensland Health occurred relating to the future of the Redlands project. Dr Bill Kingswell, the Chief Executive Officer of Mental Health in Queensland, in conjunction with other Queensland Health Executives, were looking at measures to reduce the Queensland Health budget by \$100,000,000.00. The project at Redlands was in the vicinity of \$20,000,000.00 and earmarked for closure. By 7 August 2012, the decision had been made to scrap the Redlands project.
10. In late 2012, Dr Sadler became aware that the Redlands project was not to proceed and that the BAC was to be closed. Dr Sadler had serious concerns about the future of the patients at BAC. He contacted colleagues, including Professor Bruce McDermott. Professor McDermott mentioned the closure during the Queensland Child Protection Commission of Inquiry.¹⁰
11. Parents, caregivers and other members of the public were shocked at the discovery that the BAC was to be closed. Initial suggestions were that it may close as early as December 2012, however, this date range appeared to be erroneous. Concerned parents and friends formed the "Save the Barrett" Group and online petition was formed.
12. By early 2013, Queensland Health recommended that an Expert Clinical Reference Group ("ECRG") review the decision to close the BAC and make recommendations about appropriate care options in the future for adolescents with severe mental health problems. Dr Sadler was part of the ECRG and one parent was also appointed to the Group. In about May 2013, the ECRG made several recommendations, including that a "Tier 3" service should be provided, which included a facility for extended care. There is no reference to the term "subacute" in the ECRG report.

¹⁰ Affidavit of Professor McDermott, 10 November 2015.

13. Despite the recommendations of the ECRG, a decision was made to close the BAC. The decision was announced on 6 August 2013 by Lawrence Springborg.
14. On 6 August 2013, West Moreton Hospital & Health Service and Children's Health Queensland Hospital and Health Service advised in a Queensland Government Media Statement¹¹:

West Moreton Hospital and Health Service Chief Executive Lesley Dwyer and Children's Health Queensland Chief Executive, Dr Peter Steer, today said adolescents requiring extended mental health treatment and rehabilitation will receive services through a new range of contemporary service options from early 2014. Ms Dwyer said the young people who were receiving care from Barrett Adolescent Centre at that time, would be supported to transition to other contemporary care options that best meet their individual needs... Dr Steer said as part of its State-wide role to provide healthcare for Queensland's children, Children's Health Queensland would provide the governance for any new model of care. "This means that we will work closely with West Moreton HHS, as well as other hospital and health services and non-government agencies to ensure there are new service options in place by early 2014," Dr Steer said.

15. On ~~6~~⁷ August 2013, Lawrence Springborg said during the course of an interview with ABC Radio ~~the first session of the 54th Parliament~~¹²:

LS - It is true that sometime by early 2014 that centre will be closing as we actually come up with a range of new options to actually deliver those services to people closer to their own home or right in their own home town. But we do understand that there will need to be acute inpatient type options for youth. At the moment you've only got 1 and that's at the Barrett and they have done an exception good job its an aging facility wont be able to function much beyond this year because it is in the middle of adult mental health facility which is going to be expanded and of course that carries with it some risks and also an expert clinician panel will be made up of clinicians from within Queensland and also outside of the state plus a resident and residents parent or a former residents parent will be providing advice to us and the other thing about it is that it is going to be auspiced in the future, youth mental health in Queensland under statewide childrens health service which is the statewide body to look after childrens health so we can actually make sure we get a statewide approach to this.

ABC – So just to be clear Minister come the end of 2013 the Barrett Adolescent Centre will close.

LS – Probably early, well we expect to have the options available to people in early 2014 and the transition will start some time in the early part of 2014 as we build up services in other areas around the state.

ABC - And will you guarantee that there will be services in other parts of the state that provide residential care because

LS – Absolutely

¹¹ DSS.001.001.289.

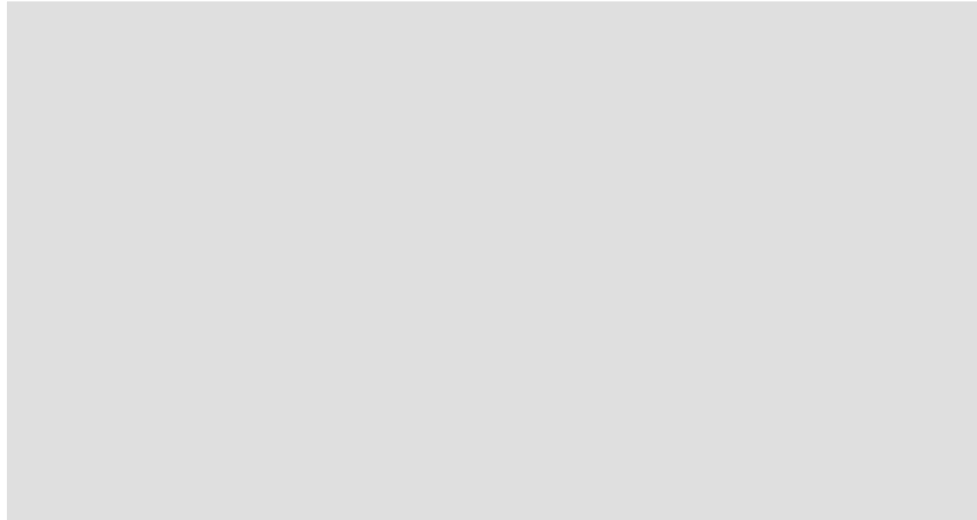
¹² QHD.00060010222~~DSS.001.001.295.~~

~~Anyone in Queensland who can say today that we have properly and adequately met the needs of young people with complex mental health needs by the utilisation of the current system is absolutely ignoring the fact that it is falling short of what we need. That expert panel is working towards a final decision on the model of care for the early part of 2014 and the transition of those young people into that particular model of care which may involve in-patient, complex treatment and support from the Department of Education for the educational needs of those young people with complex mental health needs. I can assure this House that none of these young clients currently there will be left in the lurch. They will be properly accommodated and looked after, and there will be additional capacity for others.~~

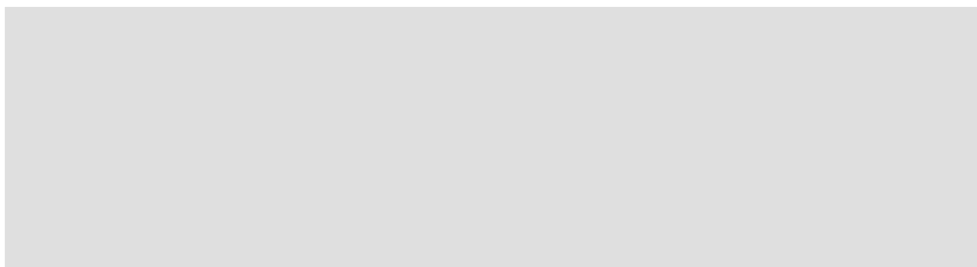
16. Many of the parents and carers of the children at the BAC believed that their children would be transitioned into the new models of care that were being proposed.
17. But the new models of care and the transitioning of the patients were two different matters. Dr Stephen Stathis candidly conceded in his evidence that it would be “impossible” to transition the patients at BAC into the full suite of new models of care within a period of five months. Although there was no finalised prospective date for closure, all indications were that closure was to be by the end of 2013 or early 2014.
18. [REDACTED] explained that the parents, carers and children were in a state of confusion as to the services that were proposed to be offered. It was only in August/September of 2013 that [REDACTED] became aware that there was a disconnection between the new models of service and the transition arrangements: that the children currently at the BAC would not take advantage of the new models of care but, to the contrary, would be transitioned into a myriad of different arrangements.
19. During the course of 2013, when it became clear that the BAC would not continue, a number of the staff that had been present at the BAC for many years commenced to seek alternative options for employment. The change in staff was distressing for the patients. The uncertainty relating to future arrangements was distressing for parents, carers, staff, patients and Dr Sadler. The capacity to “transition” patients in an optimal way was decreasing as time progressed as the patients themselves were suffering from significant distress.
20. On 10 September 2013, Dr Sadler was stood down from his position as Clinical Director. Dr Sadler had been the treating Psychiatrist for each of the inpatients. He was the treating Psychiatrist for [REDACTED]
[REDACTED] The standing down of Dr Sadler created

more distress at a critical time for the transition of the patients. The WMHHS directed staff not to contact Dr Sadler under any circumstances. An Acting Clinical Director, Dr Anne Brennan, was appointed to effect the transition arrangements.

21.



22.



23. [REDACTED] was ultimately transitioned to alternative accommodation, but had difficulty settling down. [REDACTED] ultimately returned to live with [REDACTED]

24.



25.



26.



27. The new models of service are yet to be finalised.

Transition Arrangements

Terms of Reference 3(d), 3(e) and 3(f)

28. [REDACTED] ("the FAM") submit:

28.1 The transition arrangements for [REDACTED] were inadequate;

- 28.2 The prospects of success for transition were compromised by the timeframe imposed on transition arrangements;
- 28.3 [REDACTED] were not in a sufficient state of “wellness” for the transition to occur within the relevant timeframe;
- 28.4 The [REDACTED] of Dr Sadler created an atmosphere of crisis, causing levels of elevated stress and hopelessness;
- 28.5 The change in staff, interruption to treatment and general uncertain about their future impacted significantly on the capacity of [REDACTED] to transition (or transfer, in the case of [REDACTED] into new accommodation and care arrangements;
- 28.6 The care, support and services that were provided to [REDACTED] and their families was inadequate.

Transition Generally

29. The FAM adopts the submissions of Assisting Counsel at paragraphs 278 to 490 and paragraphs 678 to 711 insofar as they apply to [REDACTED] and make the following additional observations.
30. At paragraph 293, Assisting Counsel identify that no satisfactory explanation emerges from the evidence as to why, despite the numerous previous assistance, families, patients and staff were not provided with the promised updates and, indeed, were virtually give no notice that the BAC was to close;
31. The information that was provided to the patients, prior to and after 6 August 2013, was contradictory and confusing. The patients and their families were advised that the ECRG would be investigating issues associated with longer term mental health care and making recommendations. As noted in *Fast Facts Two*¹³, in December 2012, no final decision on BAC had been made.
32. By 6 August 2013, when the announcement that the BAC would close, the messages that were being delivered to the patients and families

¹³ Dated 11 December 2012, Exhibit 100, [WMS.9000.0025.00001] at [.00020].

were unclear. The extract of the media statement at paragraph 14 above by the West Moreton Hospital and Health Service and Children's Health Queensland Hospital and Health Service *implied* that the current cohort of patients at the BAC would be transitioned into new services as part of the "new model of care".

33. The statement of the Health Minister at paragraph 15 confirms this view.
34. The evidence of [REDACTED] in this respect is significant¹⁴:

So at that point in time – at least, in early August, your understanding was what?

--- Well, according – according to that, that I knew that the ECRG had completed its process. I had – I think at that stage I had seen the planning group recommendations at that stage. There was talk about wrap-around care. And – and, I guess, even – there was just inconsistencies. The wrap-around care that was mentioned – there was no mention in the planning group's process that any of the new services would actually be for the Barrett patients. And when I went back through the Fast Facts, I think it was the – perhaps, one – well, one of the Fast Facts – and I think it was around about August – it actually said that the adolescents that required extended treatment and rehabilitation would receive that from new services in 2014 and that Barrett adolescent patients would receive care from other contemporary services. It wasn't until – and at that time I – that distinction didn't stand out for me. It subsequent to receiving that at the time that I believed – that I realised that they were – that West Moreton and the other agencies or departments involved were specifying then that the Barrett Adolescent Centre young people weren't going to receive services from any of the new services that were about to be developed. And in terms of the timeline as well, from the Fast Facts that were given, I think the SWAETRI really had only had about one meeting at that stage and I just couldn't see how they could decide on model, recruit, find locations and do all those things by January 14. So that's why I started being concerned that the new services were going to be a long way off.

35. The experience of [REDACTED] reflected the experience of other patients and families.
36. The lack of certainty and clarity surrounding the transition arrangements was a component of the transition that was inadequate.
37. At paragraph 310 of the submissions of Assisting Counsel, it was noted that Dr Sadler's evidence was that the Minister's announcement on 6 August 2013 was the first time that he became aware that the BAC would not be moving to another location and that all the patients would be transitioned out and the BAC would be closed. However, other models of care or potential locations were still being investigated as late

¹⁴ T22.31.25.

as September 2013 when Dr Sadler and others attended at the Logan Hospital with the view to investigating whether it was a suitable location to transfer patients from the BAC.

38. Assisting Counsel identifies the impact and effect of Dr Sadler's sudden departure at paragraphs 352 to 371. Dr Sadler was the treating Psychiatrist for the majority of patients. His removal from the BAC at such a critical time was damaging to the patients. No serious consideration appears to have been given to the consequences to the patients, their families and the transition process. Moreover, the knowledge and expertise possessed by Dr Sadler was lost to the transition process. Despite his willingness to assist and Dr Brennan's desire to have him provide a handover, no arrangement was made to ensure that his knowledge and expertise was taken advantage of during the transition process.
39. At paragraph 376, Assisting Counsel identifies the relevant members of the Transition Panel. Other than Vanessa Clayworth, Sue Daniels and the representative from the BAC School, none of the core panel had a long association with the patients or their illnesses and had only been appointed around the time of the creation of the Panel. Given the severity of the patients conditions, in particular, [REDACTED] the lack of expertise was likely to be problematic in effecting a successful transition.
40. At paragraph 399, Assisting Counsel notes that Associate Professor Beth Kotze's written evidence confirmed that the atmosphere of crisis was mitigated by the proactive clinical review and expert enactment of Clinical Care Plans for the effective consumers, the appointment of a Senior Clinical Leader (Dr Brennan) who provided clear and personal leadership.
41. Associate Professor Kotze *did not* interview the parents of the patients for reasons explained in her evidence. The value of her opinion about the adequacy of the transition process, insofar as it related to the provision of information and assistance to the parents, many of whom were fulfilling a substantial role in the transition arrangements, must be regarded as significantly compromised given her absence of interviews in that respect.

42. As noted by Assisting Counsel at paragraphs 693 to 697, the concerns of the patients' families in relation to lack of communication, frustration, inconsistent and unrealistic messages and the failure to provide the parents with a documented Transition Plan were all matters that led to an inadequate transition process.
43. As to paragraph 416, the FAM submit that the evidence of the WMHHS Executives and Directors of Psychiatric Services demonstrated a lack of understanding generally of adolescent mental illness and the role that the BAC played in caring for, stabilising and transitioning those adolescents into the broader community.

[REDACTED]

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¹⁵ Witness Statement of Vanessa Clayworth, [WMS.9000.0018.001352], Discharge document.

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
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54. In addition, there was little “cross-tapering” with  after the departure of Dr Sadler.

55. The FAM submit that the lack of communication with  during the course of the transition was an inadequacy in the transition arrangement.



56.



54.1




¹⁶ [WMS.9000.0018.001259]

54.2



54.3

54.4



57.



55.1



55.2

Closure Decision

¹⁷ T23.49.30.

Terms of Reference 3(a), 3(b) and 3(c)

58. The FAM adopt the submissions of Assisting Counsel at paragraphs 119 to 277 and add the following comments:

56.1 At paragraph 303, Assisting Counsel identifies that Dr Cleary explained his understanding of wrap-around services and that he considered wrap-around care for individual BAC patients was the subject of a substantial body of work undertaken within the hospital and health service. The fact that many of those services were not available at the time of the transition arrangements suggests that Dr Cleary's understanding of the term "wrap-around service" did not reflect the view of others.

Models of Care*Terms of Reference 3(g) and 3(h)*

59. The FAM adopt the submissions of Assisting Counsel at paragraphs 13 to 116 and adopt and reinforce the findings of the ECRG as being an appropriate model of care for an extended treatment facility for adolescents with serious mental illness.