

In the matter of the *Commissions of Inquiry Act 1950*

Commissions of Inquiry Order (No.4) 2015

Barrett Adolescent Centre Commission of Inquiry

AFFIDAVIT

Dr Peter Ignatius Hilton Parry, of c/- Crown Law, 50 Ann Street Brisbane, Consultant Child and Adolescent Psychiatrist, solemnly and sincerely affirms and declares:

1. I have been provided with a Requirement to Give Information in a Written Statement dated 27 January 2016. **Exhibit A** to this affidavit is a copy of this notice.

Questions 1 & 2

Background and Experience

2. I am currently employed by Children's Health Queensland in the role of Medical Director, CYMHS Campus Services within the Lady Cilento Children's Hospital. I commenced in this role on 14 July 2014 at the Royal Children's Hospital and moved to the Lady Cilento Children's Hospital when it opened on 29 November 2014. **Exhibit B** to this affidavit is a copy of my curriculum vitae which outlines my full qualifications and employment history.
3. I was elected as a Fellow of the Royal Australian and New Zealand College of Psychiatrists in 1996.

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Deponent

A J.P., C.Déc., Solicitor

AFFIDAVIT

On behalf of the State of Queensland

Crown Solicitor
11th Floor, State Law Building
50 Ann Street
BRISBANE QLD 4000
TEL: [REDACTED]
Email: [REDACTED]

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4. Prior to my employment at the Lady Cilento Children's Hospital, I worked as a consultant child and adolescent psychiatrist with Children's Health Queensland based at Nundah community CYMHS but also provided tele-psychiatry and outreach services to Mount Isa and Longreach CYMHS's. I worked in this role from 26 September 2011 until 13 July 2014. I have continued to provide the tele-psychiatry outreach services to the Longreach CYMHS. **Exhibit C** to this affidavit is a copy of the role description relevant to my position with Children's Health Queensland at Nundah CYMHS.

Question 3

Lady Cilento Children's Hospital

5. I am the medical director of Child and Youth Mental Health Services (CYMHS) within the campus of the Lady Cilento Children's Hospital. These services comprise the following:
- (a) the adolescent mental health inpatient unit;
 - (b) the child mental health inpatient unit;
 - (c) the day program;
 - (d) the consultation liaison team; and
 - (e) the acute response team.
6. **Exhibit D** to this affidavit is a copy of the role description relevant to my current position at the Lady Cilento Children's Hospital.

Questions 4(a) & 4(b)

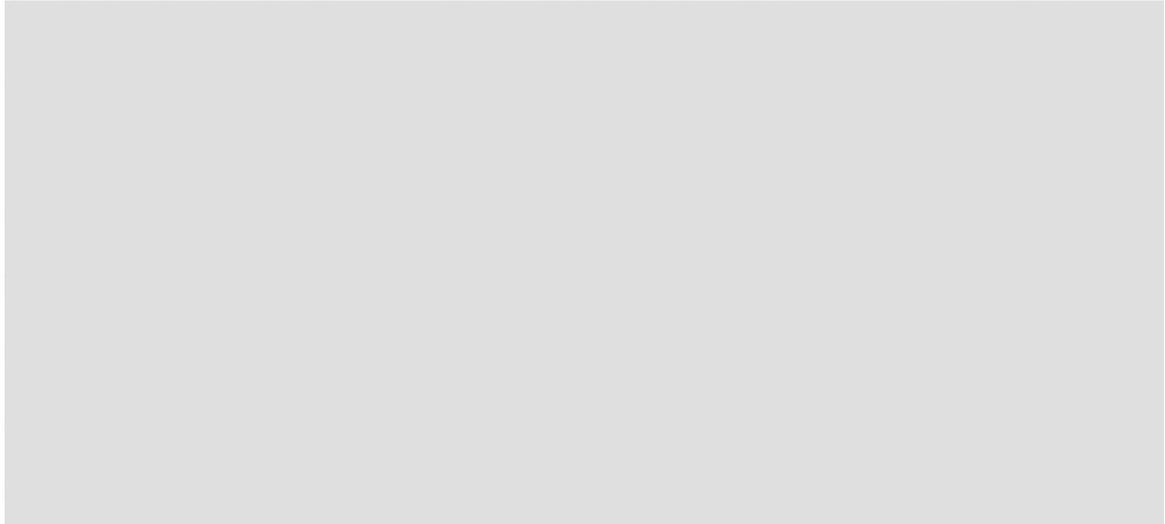
7. There is an adolescent mental health inpatient unit at the Lady Cilento Children's Hospital. The unit commenced operation on 29 November 2014. There are 11 beds in the adolescent inpatient unit.

Question 4(c)

8. All the beds within the adolescent mental health inpatient unit may be used as acute inpatient beds. Most referrals to the unit consist of young people in crisis who require admission to an inpatient mental health facility. For example, acute inpatients can include adolescents engaging in deliberate self-harm or suicidal behaviour, adolescents suffering from severe depression or acute psychosis, or adolescents with eating disorders who need to be on a refeeding program. It is not uncommon that all beds within the unit are filled with acute inpatients.
9. Patients with a schizophrenia type psychotic illness may require longer admissions. Until the acute psychosis settles they are generally considered acute patients, but after several months if recovery plateaus but has not achieved a level allowing discharge from the ward such patients could be considered "subacute".

Questions 5(a) and 5(b)

10. There are four beds at the Lady Cilento Children's Hospital for adolescent patients requiring extended treatment. Depending on the age of the patient, beds in the child mental health inpatient unit could theoretically be used for young adolescent subacute patients. The child unit is a 9 bed unit operating adjacent to the adolescent unit.
11. Only two patients have used the subacute beds. [REDACTED]

**Question 5(c)**

12. Patients must be under 18 years of age to be eligible for admission to the adolescent mental health inpatient unit. In circumstances where an existing subacute patient turns 18 and requires further treatment, the patient will not be discharged until they are well enough to receive treatment in the community, or a transfer to an adult inpatient unit can be facilitated without undue undermining of the patient's therapy and progress.

Question 5(d)

13. Given the very limited number of subacute patient referrals, and the limited number of acute inpatient beds, the 4 subacute beds are frequently used for patients requiring an acute admission to the adolescent mental health inpatient unit.

Question 5(e)

14. All 11 beds on the adolescent mental health inpatient unit can be used for acute admissions if there are no "subacute" category patients admitted. Therefore it is a complex task to calculate the exact number of times subacute beds have been used for acute admissions and the dates of such usage. To date, the overall average

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occupancy of the 11 beds in the adolescent unit has been 77%. However it is not uncommon that due to the acute pressure for beds all 11 beds are occupied. As stated in paragraph 11, only two patients have accessed subacute beds to date. The adolescent mental health inpatient unit has therefore had [REDACTED]

Questions 5(f) – 5(k)

15. Thus the number of acute patient beds possible was [REDACTED] 11 since then. If the question concerns how many times we had more than 7 acute patients in the unit (leaving less than 4 unoccupied beds that could theoretically have been used as subacute beds), then the calculation is complex. Every time we had either 8, 9, 10 or 11 patients then theoretically we could not have accommodated 4 subacute patients on those days. There would be many times we would have had 8 to 11 occupancy since [REDACTED]
16. Also when we are full to capacity at 11 beds at the Lady Cilento Children's Hospital, then there is a statewide admissions guidelines document that we follow which allows us to refer newly presenting patients to the Lady Cilento Children's Hospital on to other adolescent mental health inpatient units in South-East Qld (Robina, Logan, RBWH and Toowoomba hospitals). **Exhibit F** to this affidavit is a copy of this guideline.
17. I am not involved in any monitoring or checking the use of the subacute beds as I am not a member of the Statewide Assessment Panel. Under the draft model of service for the statewide subacute beds, referrals to the subacute beds now occur through

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the Statewide Assessment Panel chaired by Dr Michael Daubney. Monitoring and checking of use of subacute beds occurs via this panel. Details of subacute patient referrals are contained within **Exhibit E** of this affidavit.

18. I cannot recall taking part in minuted meetings about the development of the statewide subacute beds and its model of service. However I do recall having a number of informal meetings with Dr Michael Daubney, Dr Stephen Stathis and Ms Janelle Bowra in mid-2015. During these discussions I contributed various thoughts and ideas about the appropriate use of subacute beds and the types of patients that may or may not benefit from admission into a subacute bed. Generally speaking, the views that I expressed in these meetings are the views expressed in my answer to Question 6 of this affidavit. These have consistently been my views given my experience earlier in my career in South Australia.
19. As the campus medical director of CYMHS, I am aware there is a model of service for the subacute beds and a Statewide Assessment Panel protocol for the subacute beds. However I was not involved in the development or revision of these documents. I do not have a copy of the final model of service document. **Exhibit G** to this affidavit is a copy of the most recent draft model of service I have in my possession.
20. I have not been involved in the Statewide Assessment Panel. It was decided that the Lady Cilento Children's Hospital CYMHS Campus Director should not be on the panel due to potential conflicts of interest: i.e. possible bias in favour of patients on the Lady Cilento Children's Hospital inpatient units. Whereas the assessment panel was set up in order to openly and transparently assess patients from across Queensland on their merits, as the beds are for statewide use.

Question 6

21. In adolescent mental health, there are, broadly speaking, two different diagnostic categories of patients who have historically required extended treatment. In my opinion one group often benefits from lengthy inpatient admission, the other group is known to become more unwell with prolonged hospital admission. The first group are those with severe psychiatric illness such as chronic psychotic disorders. The second group are those adolescents with chronic suicidal, challenging or aggressive behaviours related to problems of personality development and complex developmental trauma. This latter group can regress in an inpatient setting with exacerbation of emotional and behavioural dysregulation. They can become ambivalently attached to the inpatient unit and to other patients and to staff – both wanting closeness and protection but fearing rejection and closeness at the same time. They can create disruption through emotional outbursts, and aggressive behaviour towards themselves and others. This can lead to a counter-therapeutic environment for themselves and other adolescents on the inpatient unit. Other patients on the unit with more acute problems and disorders may pick up unhealthy attitudes and behaviours such as self-harming techniques from this group. This group with chronic complex developmental trauma and borderline personality traits is best managed by brief admissions to an inpatient unit for stabilisation of acute crises. Thus the combination of this group of extended treatment patients with acute patients together on an inpatient unit is likely to be deleterious to both groups.
22. I worked for five years in a child and adolescent mental health inpatient unit in Adelaide where we ended up with a number of long term patients from the group with personality problems because of lack of accommodation at that time for them in the community. This led to dramatic worsening of their emotional and behavioural problems with a deleterious effect on the inpatient milieu and other patients on the

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unit. In 2000 I visited a number of adolescent mental health inpatient units whilst on a study trip to the United Kingdom. It was widely accepted practice to avoid having patients with chronic personality problems and self-harming behaviour on inpatient units with acute patients, apart from brief crisis admissions.

23. Also, in South Australia, they have 4 units of what are called "Rubys Reunification Program" accommodation. These units are therapeutic residential houses for young people at risk of homelessness. The age range is mainly early adolescence. These residential shelters are well staffed with well-trained youth workers and psychologists. There is a family therapy model with weekly family meetings. The adolescent spends part of each week at the family home, the ratio of time at the shelter and time at home varies depending on progress. In these cases there is usually a possibility that the family home environment can be salvaged. The definition of family home includes extended family.

24. The Youth Residential Units ("Youth Resis") in Queensland operate under a similar model.

better meet the needs of this patient population and their carers, rather than an admission into a subacute bed in a hospital.

Question 7

25. When treating non-acute inpatients, it is important to utilise day programs or have the patient outside the hospital most days, learning living skills and transport skills. It would certainly be a priority not to institutionalise that patient. It is a priority with acute patients to discharge them earlier rather than later so that they do not develop an unhealthy dependency. That discharge should be followed up quickly by outpatient treatment from other mental health providers.

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26. Ideally, extra resources are needed for subacute patients to undergo rehabilitation outside of the hospital. However, as I understand it, there is less funding (rehabilitation beds receive less per diem funding than acute beds in hospitals) available for subacute beds than there is for regular acute beds. If we have subacute patients in the adolescent mental health inpatient unit the normal resources of the unit must be used for their care. I would add that thus far there have only been two patients classified as subacute, so any treatment plans have yet to be well evolved.

Question 8

27. I am not in possession of any policies, procedures or protocols in relation to treating subacute patients other than a copy of the Statewide Assessment Panel protocol document. **Exhibit H** to this affidavit is a copy of that document.

Questions 9 & 10

28. I started clinical duties on the adolescent inpatient unit on 10 August 2015 (having transferred from working on the child mental health inpatient unit). Therefore I have not developed or worked with a treatment plan for a patient admitted to a subacute bed at the Lady Cilento Children's Hospital, so I cannot directly comment on what a typical day or week for such a patient might look like.
29. I did not develop care or treatment plans for patients who have been admitted to the subacute beds or any risk assessment document which would be prepared for those patients. The Lady Cilento Children's Hospital would have those records in its possession and control.

Question 11

30. Other than the unit at Lady Cilento Children's Hospital, the only beds that I understand are presently available for extended treatment of adolescent mental

health patients are at the Youth Resis that I refer to in paragraph 24. I am not aware of any other extended treatment/subacute hospital based adolescent mental health inpatient beds in Queensland.

All the facts affirmed in this affidavit are true to my knowledge and belief except as stated otherwise.

Affirmed by Dr Peter Parry on 4 February)
2016 at Brisbane in the presence of:)

)

[Redacted]

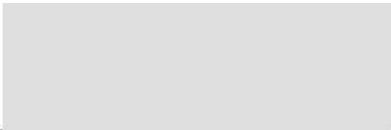
[Redacted]

A Justice of the Peace, C.Dec., Solicitor

In the matter of the *Commissions of Inquiry Act 1950*
Commissions of Inquiry Order (No.4) 2015
Barrett Adolescent Centre Commission of Inquiry

CERTIFICATE OF EXHIBIT

Exhibit A to H to the Affidavit of Dr Peter Parry affirmed on 4 February 2016.



Deponent



A.J.P. G. Dec., Solicitor

In the matter of the *Commissions of Inquiry Act 1950*

Commissions of Inquiry Order (No.4) 2015

Barrett Adolescent Centre Commission of Inquiry

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Barrett Adolescent Centre Commission of Inquiry

BARRETT ADOLESCENT CENTRE COMMISSION OF INQUIRY

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

REQUIREMENT TO GIVE INFORMATION IN A WRITTEN STATEMENT

To: Dr Peter Parry

Of: c/- Mr Paul Lack, Crown Law, by email to
[REDACTED]

I, the Honourable MARGARET WILSON QC, Commissioner, appointed pursuant to *Commissions of Inquiry Order (No. 4) 2015* to inquire into certain matters pertaining to the Barrett Adolescent Centre ("the Commission") require you to give a written statement to the Commission pursuant to section 5(1)(d) of the *Commissions of Inquiry Act 1950* in regard to your knowledge of the matters set out in the Schedule annexed hereto.

YOU MUST COMPLY WITH THIS REQUIREMENT BY:

Giving a written statement prepared either in affidavit form or verified as a statutory declaration under the *Oaths Act 1867* to the Commission on or before **4:00pm, Thursday 4 February 2016**, by delivering it to the Commission at Level 10, 179 North Quay, Brisbane.

A copy of the written statement must also be provided electronically either by: email at [REDACTED] (in the subject line please include "Requirement for Written Statement"); or via the Commission's website at www.barrettinquiry.qld.gov.au (confidential information should be provided via the Commission's secure website).

If you believe that you have a reasonable excuse for not complying with this notice, for the purposes of section 5(2)(b) of the *Commissions of Inquiry Act 1950* you will need to provide evidence to the Commission in that regard by the due date specified above.

DATED this 27th day of January 2016

[REDACTED]

The Hon Margaret Wilson QC
Commissioner
Barrett Adolescent Centre Commission of Inquiry



SCHEDULE

Introduction

1. Identify the positions and appointments (permanent, temporary or acting) you held in Queensland Health (QH) (including with the Child and Youth Mental Health Service) for the calendar years 2010 to 2016.
2. Supply details of your curriculum vitae, including your qualifications and experience,

Lady Cilento Children's Hospital

3. Explain your present role at Lady Cilento Children's Hospital (LCCH).
4. Is there an adolescent mental health inpatient unit at LCCH? If 'yes', please explain:
 - a. When that unit commenced its operation.
 - b. The number of beds in that unit.
 - c. The number of beds in that unit which are used as acute inpatient beds.
5. The Commission understands that four beds at the LCCH were allocated to, or intended for, mental health extended treatment adolescent patients and/or adolescents suffering from severe and persistent mental health problems who need extended treatment ("the subacute beds"). Is that correct and, if so, please explain:
 - a. Whether any of the subacute beds have in fact been used by any such patients.
 - b. If so, the number of subacute beds so used and the date or dates of their use.
 - c. Whether there is an 18-year-old cut off for eligibility for the subacute beds.



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- d. Whether any of the subacute beds have been used by other categories or types of patients and, if so, what categories or types of other patients have used those beds (e.g. acute mental health patients).
- e. If so, the number of subacute beds so used and the date or dates of that use.
- f. Whether any monitoring or checking of the use of the subacute beds has taken place.
- g. If so, please provide details and a copy (if in writing).
- h. Whether you are (or were) involved in developing or reviewing the model of service for the patients who are admitted to the subacute beds.
- i. If so, please explain your involvement and, if there is such a model of service, please provide a copy.
- j. Whether you are (or were) involved in the State-wide Assessment Panel (**Panel**), which the Commission understands prioritises and triages new referrals into the subacute beds.
- k. If so, please outline the extent of your involvement and provide copies of:
 - i. Any policies, procedures or protocols which the Panel follows when prioritising and triaging new referrals.
 - ii. Minutes or other documents from meetings of the Panel which considered patient referrals, including where applicable, the reasons given by the Panel for referring patients to the subacute beds or alternative services.

Treatment

6. In your opinion, is it inappropriate for acute adolescent mental health inpatients to be combined with extended treatment adolescent mental health inpatients in the same ward or unit? Please explain your answer and provide details of any particular



Barrett Adolescent Centre Commission of Inquiry

difficulties which have arisen (or are likely to arise) when treating acute adolescent mental health inpatients in the same ward as extended treatment adolescent mental health inpatients.

7. What is the difference between the treatment provided to patients occupying the subacute beds compared to patients occupying the acute beds?
8. Please provide copies of any policies, procedures or protocols which staff follow when treating patients occupying the subacute beds.
9. Describe your understanding of a typical:
 - a. Care or treatment plan for a patient admitted to the subacute beds at the LCCH.
 - b. Day and week for a patient admitted to the subacute beds at the LCCH.
10. Please provide copies of the care or treatment plans for the patients who have been admitted to the subacute beds, including any risk assessment documents which have been prepared for those patients.

General

11. To your knowledge, other than the LCCH, what beds are presently available in Queensland (whether occupied or not) for extended treatment adolescent mental health inpatients? And, when did those beds become available? And, which of those beds are being used for that purpose?
12. Outline and elaborate upon any other information and knowledge (and the source of that knowledge) you have relevant to the Commission's Terms of Reference.
13. Identify and exhibit all documents in your custody or control that are referred to in your witness statement.

Curriculum Vitae
(as per 1st February 2016)

PERSONAL INFORMATION

NAME: Dr Peter Ignatius Hilton PARRY

DATE OF BIRTH: [REDACTED]

CONTACT DETAILS: CYMHS, Ward 8b, Lady Cilento Children's Hospital, South Brisbane, Qld 4101, Australia.

phone: + [REDACTED] **fax:** + [REDACTED] **mob:** [REDACTED]
email: [REDACTED]

PROFESSIONAL TITLE: Consultant Child & Adolescent Psychiatrist

ACADEMIC STATUS: Senior Lecturer (University of Queensland); Visiting Senior Lecturer (Flinders University)

QUALIFICATIONS: MBBS, FRANZCP, Cert. Child & Adolescent Psychiatry (of the RANZCP).

CURRENT POSITION: Director Campus Services with Children's Health Queensland - Child & Youth Mental Health Service, LCCH, South Brisbane, Queensland.

QUALIFICATIONS OBTAINED

1998

Certificate [of membership of Faculty] **of Child & Adolescent Psychiatry** [of RANZCP] (Cert. Child & Adolescent Psychiatry).

1996

Elected as **fellow** to the **Royal Australian and New Zealand College of Psychiatrists** (FRANZCP).

1983

Graduated Adelaide University School of Medicine with **Bachelor of Medicine, Bachelor of Surgery** (MB,BS). Credit in Psychiatry.

1976

Matriculated in South Australia.

Short therapeutic skills certificate courses attended:

- "Eye Movement Desensitisation and Reprocessing (EMDR) – level one training" (Chris Lee & Graham Taylor), *14-15 April 2000, Adelaide, South Australia*
- "Mindfulness approaches for health professionals" (Mark Williams & Becca Crane) *20-22 June 2003, University of Wales, Bangor, Wales, UK*
- "Incredible Years child "Dina-school" training program" (Judy Hutchings), *August 2005, University of Wales, Bangor, Wales, UK*
- "Incredible Years Basic Parent Group leader training" (Judy Hutchings), *29-31 May 2006, Adelaide, South Australia*
- "Acceptance and Commitment Therapy (ACT) basic training" (Russell Harris), *14-15 March 2008, Adelaide, South Australia*

- “Yoga of the East and West: Integrating breath work and meditation into clinical practice” (American Psychiatric Association Annual Meeting CME Course: CO77), 20 May 2009, San Francisco, USA
- “Metabolic health and biomedical measurement trainers workshop” (Central Northern Adelaide Health Service, Mental Health Directorate), 1 July 2009, Glenside Hospital, Adelaide, South Australia
- “Acceptance and Commitment Therapy (ACT) for adolescents” (Heather Hayes), 17 September 2010, Brisbane, Queensland
- “Yoga of the East and West Experiential for stress, anxiety, PTSD, mass disasters, stress-related medical conditions, and more” (American Psychiatric Association Annual Meeting CME Course: 5311), 5 May 2014, New York, USA
- “Non-Violent Crisis Intervention (NVC) training”, 7 October 2015, Herston, Brisbane, Queensland
- “Clinical Leadership Series: Mastering difficult colleague interactions”, 14 October 2014, Cognitive Institute, Milton, Brisbane, Queensland
- “Leading reliability improvement for safer healthcare”, 1 May 2015, Cognitive Institute, Milton, Brisbane, Queensland

DETAILED PRACTISING HISTORY

Current:

From 14 July 2014 to present

CONSULTANT CHILD & ADOLESCENT PSYCHIATRIST. Children’s Health Queensland-CYMHS in Brisbane. **Director of Campus Services** (inpatient services, day patient services, consultation-liaison psychiatry, acute response service). Based at Child & Family Therapy Unit, Royal Children’s Hospital, Herston until 29 Nov 2014. Based at new Qld Children’s Hospital (Lady Cilento Children’s Hospital), South Brisbane from 29 Nov 2014. The LCCH is a large paediatric hospital combining the now merged Mater Children’s Hospital and Royal Children’s Hospital plus an increase of 25% in bed numbers. My role is as the clinical director for the 24hr acute response team, 9-bed child mental health inpatient unit (including direct consultant care to this ward up to August 2015), 11-bed adolescent mental health inpatient unit (including direct consultant care to this ward since August 2015), day patient service and consultation-liaison service.

Also providing e-CYMHS tele-psychiatry and outreach services to Mt Isa CYMHS until December 2014 and Longreach CYMHS (ongoing). Provide supervision and teaching to psychiatric registrars and medical students. Have senior lecturer status with the University of Queensland. Teaching to psychiatric registrars and medical students. Supervising a senior registrar for his RANZCP research project. I retain a visiting senior lecturer status with Flinders University in South Australia.

Previous:

From 26 September 2011 to 14 July 2014

CONSULTANT CHILD & ADOLESCENT PSYCHIATRIST. Children’s Health Queensland-CYMHS in Brisbane, based at Nundah Community CYMHS team with also providing e-CYMHS tele-psychiatry and outreach services to Mt Isa CYMHS and Longreach CYMHS. Provide supervision and teaching to psychiatric registrars and medical students. Have Senior Lecturer status with the University of Queensland. Teaching to psychiatric registrars and medical students.

January 2007 to September 2011

CONSULTANT CHILD & ADOLESCENT PSYCHIATRIST. SAHS-CAMHS in Adelaide, based at Marion Community CAMHS team under auspices of Flinders Medical

Centre, with previous visiting to Mt Barker Community CAMHS team in the Adelaide Hills and Kangaroo Island and currently Riverland CAMHS in Berri. Continuing private practice visits to Clare in mid north of South Australia. Participation in the statewide consultant child & adolescent psychiatrist on-call roster. Supervision and teaching commitments to both psychiatric registrars and medical students. Status of Senior Lecturer with Dept of Psychiatry, Flinders University. Acting director of Marion CAMHS 11 Jan 2010 to 28 Feb 2010.

December 2004 to January 2007

CONSULTANT CHILD & ADOLESCENT PSYCHIATRIST. Recommended work with Division of Mental Health, Women's and Children's Hospital, North Adelaide, South Australia after 18 months leave to the UK. Role as Consultant Child & Adolescent Psychiatrist to Eastern CAMHS community team and the Behaviour Intervention Service in Adelaide's eastern suburbs of Paradise and Campbelltown. Cover provided to Western CAMHS community team in Port Adelaide once per week. Monthly private practice visits to Clare Medical Centre in mid north of South Australia. Status of Clinical Lecturer with Dept. of Psychiatry, University of Adelaide. Supervision and teaching commitments to both psychiatric registrars and medical students.

June 2003 to November 2004

LOCUM CONSULTANT CHILD & ADOLESCENT PSYCHIATRIST. Took leave without pay from the Women's and Children's Hospital, Adelaide, South Australia to do a long term locum with the North-West Wales NHS Trust at Talarfon Child and Adolescent Mental Health Service (CAMHS), Bangor, Gwynedd, Wales. Private practice in the form of monthly visit to Aran Hall school for children with learning disabilities and challenging behaviours in Rhydymain, Gwynedd, Wales.

February 1999 to May 2003

CONSULTANT CHILD & ADOLESCENT PSYCHIATRIST. Following long service leave (January 1999), commenced work in Consultation-Liaison Psychiatry at the Department of Psychological Medicine, Women's and Children's Hospital, North Adelaide. Also responsible for the assessment and management of children with disruptive behaviour disorders on the Inpatient Unit, Boylan ward.

From September 2000 to December 2000 Acting Medical Unit Head of Boylan ward, the only designated inpatient paediatric psychiatric facility for South Australia. Medical Unit Head from December 2000 to May 2003. The role involved clinical and administrative management of a busy 15 bed unit [average 374 admissions per year] taking ages 5 to 18 year olds from a catchment of 1.3 million South Australians, and to some extent young people from the Northern Territory. As part of this role, and in the planning of a future purpose built unit, I made site visits to similar units in Australia and the UK.

Continue to visit Berri in the east of South Australia for Southern CAMHS as a VMO one day per month.

Status of Clinical Lecturer with the University of Adelaide Department of Psychiatry. Teaching and supervision of Psychiatry Registrars, teaching sessions to Paediatric Registrars and Resident Medical Officers.

March 1996 to January 1999.

CONSULTANT PSYCHIATRIST/CONSULTANT CHILD & ADOLESCENT PSYCHIATRIST. Completed the second year of the training for the faculty of Child and Adolescent Psychiatry. From March 1996 at Morphett Vale CAMHS community clinic, from August 1996 to February 1997 at Flinders Medical Centre in southern part of Adelaide with the Consultation and Liaison Psychiatry team to the Paediatric ward and other relevant departments of FMC. From March 1997 to December 1998, associated with

the Moods Disorder Unit for Young People at Southern CAMHS [Commonwealth funded pilot research and clinical unit]. Regular visits to country CAMHS clinics at Murray Bridge and Berri.

From August to December 1998 worked 4 Visiting Medical Specialist sessions per week to In-patient psychiatric services at the Womens' and Childrens' Hospital, North Adelaide. At the same time reduced time to 0.6FTE as Staff Specialist to continue with duties at Southern CAMHS including Mood Disorders Unit and visiting service to Berri.

Teaching of medical students and supervision and teaching of psychiatric registrars. Full Academic Status [level B: Lecturer] at Flinders University.

February 1995 to March 1996

SENIOR PSYCHIATRIC REGISTRAR. Trainee in Child and Adolescent Psychiatry, combined with final (elective) year of the RANZCP training program. Employed by Southern CAMHS based at Flinders Medical Centre, Bedford Park, South Australia. Worked at Flinders Medical Centre til August 1995 in consultation-liaison psychiatry to the paediatric unit. Working in community child and adolescent psychiatry at Morphett Vale CAMHS clinic from August 1995 to March 1996. Teaching of medical students and supervision of junior psychiatric registrar; status of Clinical Tutor at Flinders University.

February 1990 to February 1995

PSYCHIATRIC REGISTRAR. Employed by Glenside Hospital, Glenside, South Australia. Included experience in adult general psychiatry, child and adolescent psychiatry, psychogeriatrics, consultation-liaison psychiatry and rehabilitation psychiatry. Supervision and teaching of medical students; status of Clinical Tutor at Flinders University.

January 1992 to February 1994

LOCUM WORK AS GENERAL PRACTITIONER. Minimal amount of after hours part-time work.

Late 1994 to early 1997

VISITING MEDICAL OFFICER, ARMY RESERVE. Occasional sessional work as medical officer for Army Reserve recruitment medicals, Adelaide.

March 1989 to February 1990

RESIDENT MEDICAL OFFICER. Employed by the Queen Elizabeth Hospital, Woodville, South Australia as an RMO in palliative care with the Western Hospice Care Service.

January 1987 to March 1989

GENERAL PRACTICE. General Practice in South Australia including regular sessions at the Hindmarsh Medical Clinic, but also locum work at numerous general practices as well as after hours work. This included 9 weeks country general practice at Roxby Downs.

These 2 years also included one month at the Royal Adelaide Hospital Casualty dept. and the Sexually Transmitted Diseases clinic, North Tce., Adelaide.

March 1984 to January 1987

MEDICAL OFFICER, ROYAL AUSTRALIAN NAVY. Rank of Surgeon-Lieutenant. Two years at the naval air base, HMAS Albatross, Nowra, New South Wales. One year with the sea going fleet based in Sydney.

March 1983 to March 1984

INTERN. Internship at the Royal Adelaide Hospital, South Australia.

MEDICAL LICENSES

Registered with Medical Board of South Australia from 1983 (registration number 9277; specialist registration number 2998). As of 1 Oct. 2010 registered with the Medical Board of Australia (general and specialist registration; number: MED0001386546). Was also registered with the General Medical Council (UK) from 20 June 2003 to 2009 (GMC reference number: 6070455).

I have completed the Medical Board of Australia's online training module "Supervision of international medical graduates" on 7 January 2016.

CLINICAL/PROCEDURAL SKILLS

Competent in full range of skills of a child & adolescent psychiatrist: biopsychosocial psychiatric assessment of children and adolescents with emotional, behavioural and mental disorders in context of developmental, family and other environmental factors; psychodynamic, supportive, cognitive-behavioural, play-based psychotherapies; also parent-child dyadic and family therapy modalities; clinical leadership and collaborative therapeutic roles within the multidisciplinary team; liaison with relevant other health providers and care agencies; supervision of trainee psychiatrists; teaching to trainee psychiatrists, medical students, general practitioners and allied health staff; awareness of public health systems and policies and quality assurance measures; research and publishing papers in the psychiatric literature; advocacy for services e.g. the Incredible Years Parenting Program in South Australia; managerial duties as in current position.

RESEARCH ACTIVITIES

As the Part II of the RANZCP examination, I completed a dissertation in Child and Adolescent Psychiatry entitled "Perceptions of parenting in a community sample of year 7 primary school students with disruptive behaviour disorders."

In 2006 (pilot) and 2007 (formal) I surveyed attitudes regarding the diagnosis of bipolar disorder in the paediatric age group, amongst fellows of Faculty of Child & Adolescent Psychiatry of the RANZCP.

In March 2009 commenced a Ph.D. at Flinders University titled "Paediatric bipolar disorder: is it a culture-bound syndrome of the USA?" I have researched the topic and published papers as below. The completion of the Ph.D. thesis is due by March 2017.

PUBLICATIONS

Non-peer reviewed journals/newsletters

Parry P. A locum year in Wales. *Bulletin of the Faculty of Child & Adolescent Psychiatry (RANZCP)*, February 2006.

Parry P. Don't judge a paper by its abstract. *Healthy Skepticism October 2006 eNewsletter*: <http://healthyskepticism.org/news/InternationalOct06.php>

Parry P. 'Incredible Years' debuts in SA. *Bulletin of the Faculty of Child & Adolescent Psychiatry (RANZCP)*, March 2007.

Parry P. Paediatric bipolar affective disorder survey results. *Bulletin of the Faculty of Child & Adolescent Psychiatry (RANZCP)*, May 2007.

Parry P. Results of the survey of Faculty of Child & Adolescent Psychiatry members' views on paediatric bipolar disorder. *Bulletin of the Faculty of Child & Adolescent Psychiatry (RANZCP)*, November 2008.

Parry P. Short article regarding psychiatry profession's relationship with the pharmaceutical industry "Your Say" section of *RANZCP e-Bulletin*, June 2009.

Parry P. Internal company documents regarding 3 antipsychotics. *Healthy Scepticism International News*, December 2009. Available at URL: <http://www.healthyskepticism.org/global/news/int/hsin2009-12>

Parry P. IACAPAP 2010 Beijing: An Australian perspective. *Bulletin of the International Association of Child & Adolescent Psychiatry & Allied Professions (IACAPAP)*, No. 26, July 2010.

Parry P. Diagnostic labels and kids: A call for context. *Clinical Psychiatry News* 22nd February 2012. Available at URL: <http://www.clinicalpsychiatrynews.com/views/commentaries/single-article/diagnostic-labels-and-kids-a-call-for-context/5783d363fe.html>

Parry P. The 'AllTrials' campaign and petition. "Your Say" section of *RANZCP e-Bulletin "Psyche"*, November 2013.

Parry P. Child & Adolescent Psychiatry. *Flinders Psychology Careers Guide* 2nd Edition, of the *Flinders Psychology Students' Association (FPSA)*, Flinders University, May 2015.

Publications in the media and invited publications in online blogs

Parry P. Medicating our children. *ABC Unleashed*, 1 October 2009. Available at URL: <http://www.abc.net.au/unleashed/stories/s2701780.htm>

Parry P. "Evidence-based medicine" or "Marketing-based medicine". *Croakey health blog of Crikey* 1 March 2010. available at URL: <http://blogs.crikey.com.au/croakey/2010/03/01/evidence-based-medicine-or-marketing-based-medicine/>

Rosenlicht N, Parry P. Listening to profits. *Inside Story*, 12 May 2010. Available at URL: <http://inside.org.au/listening-to-profits/>

Parry P. The Geography of Pediatric Bipolar Disorder Part I. *Psychology Today* 27th May 2012. Available at URL: <http://www.psychologytoday.com/blog/your-child-does-not-have-bipolar-disorder/201205/the-geography-pediatric-bipolar-disorder>

Parry P. The Geography of Pediatric Bipolar Disorder Part II. *Psychology Today* 27th May 2012. Available at URL: <http://www.psychologytoday.com/blog/your-child-does-not-have-bipolar-disorder/201206/the-geography-pediatric-bipolar-disorder-part>

Parry P. Childhood bipolar disorder: The view from abroad. *Family Dysfunction and Mental Health Blog* July 2012. Available at URL: <http://davidmallenmd.blogspot.de/2012/07/childhood-bipolar-disorder-view-from.html>

Parry P. Psychiatric labels and kids: benefits, side-effects and confusion. *The Conversation* 25 October 2012. Available at URL: <http://theconversation.edu.au/psychiatric-labels-and-kids-benefits-side-effects-and-confusion-9702>

Parry P. Making all clinical data public is vital for better medical care. *The Conversation* 1 November 2013. Available at URL: <https://theconversation.com/making-all-clinical-data-public-is-vital-for-better-medical-care-19755>

Bardoe, B. 'All Trials', Marketing Based Medicine, and the fight for clinical transparency. December 2013. (Interview with Dr Peter Parry). *i2p (Information to Pharmacists)* Available at URL: <http://i2p.com.au/article/%E2%80%98all-trials%E2%80%99-marketing-based-medicine-and-fight-clinical-transparency>

Parry P. A case of pediatric bipolar misdiagnosis grown up. *Psychology Today* 27th May 2014. Available at URL: <https://www.psychologytoday.com/blog/your-child-does-not-have-bipolar-disorder/201405/case-pediatric-bipolar-misdiagnosis-grown>

Gotzsche P, Jureidini J, Parry P. Professor Gotzsche to deliver a powerful critique of psychiatry. *Croakey* 15 January 2015. Available at URL: <http://blogs.crikey.com.au/croakey/2015/01/18/professor-peter-gotzsche-to-deliver-a-powerful-critique-of-psychiatry/>

Parry P. The difficulties doctors face in diagnosing autism. *The Conversation* 29 January 2016. Available at URL: <https://theconversation.com/making-all-clinical-data-public-is-vital-for-better-medical-care-19755>

I have been interviewed and quoted on matters to do with pharmaceutical industry- medicine relations and child & adolescent psychiatry in articles in the *Medical Observer*, *Sydney Morning Herald*, the *Adelaide Advertiser*, and *The Australian*.

Letters in peer reviewed journals

Parry PI. A simple theory for the genesis of the belief in an association between the full moon and exacerbation of psychiatric disorder. *Australian and New Zealand Journal of Psychiatry* 1999; 33: 445-6.

Jureidini JN, Tonkin AL, Parry PI, Menkes DB, Mansfield PR, Doecke CJ. Concerns about the TADS study. *Rapid response on BMJ.com* (25 September 2004) to Jeanne Lenzer "Journalists on Prozac" *British Medical Journal* 2004; 329: 748.

Parry P, Allison S, Jureidini J, McEvoy P, Ward S, Callary J, Hein S et al. Paediatric bipolar disorder is a controversial diagnosis. *Australian and New Zealand Journal of Psychiatry* 2008; 42: 91.

Parry P, Allison S. Correspondence: Paediatric Bipolar Disorder. *Australasian Psychiatry* 2008; 16: 293.

Parry PI. Commercial and non-commercial "championing" of medications. *Australian and New Zealand Journal of Psychiatry* 2010; 44: 585.

Spielmanns GI, Parry PI. Reply to Jacobs. *Journal of Bioethical Inquiry* 2010; 7: 289-290.

Jureidini JN, Parry PI, Houen CM, Battersby MW. Bipolar disorder supplement needed broader perspective. *Medical Journal of Australia* 2011; 194(6):326.

Parry PI, Spielmanns GI. The paradigm shift from marketing-based medicine to evidence-based medicine. *Rapid Response* (3 Mar 2011) to Godlee F. Goodbye PubMed, hello raw data. *BMJ* 2011;

342:d212 <http://www.bmj.com/rapid-response/2011/11/03/paradigm-shift-marketing-based-medicine-evidence-based-medicine>

Allen DM, Parry PI, Purssey R, Spielmans GI, Jureidini J, Rosenlicht NZ, Healy D, Feinberg I. BRIDGE study warrants critique. *Archives of General Psychiatry* 2012; 69(6):643-645. <http://archpsyc.jamanetwork.com/article.aspx?articleid=1171953>

Parry PI. On 'Your Child Does NOT Have Bipolar Disorder'. *Journal of the American Academy of Child & Adolescent Psychiatry* 2012; 51(11):1218-1219.

Parry PI, Richards LM-E. Reasons for stark discrepancy in pediatric bipolar diagnoses between the USA and UK/Australia. *Journal of the American Academy of Child & Adolescent Psychiatry* 2014; 53(11):1234-1235.

Book reviews in peer reviewed journals

Parry P. Book Review: "Your child does NOT have bipolar disorder: How bad science and good public relations created the diagnosis." by Stuart Kaplan, Praeger, Santa Barbara 2011. *Australasian Psychiatry* 2011; 19(5):446-7.

Articles in peer reviewed journals

Parry P, Allison S. Pre-pubertal paediatric bipolar disorder: a controversy from America. *Australasian Psychiatry* 2008; 16: 80-84.

Parry P, Furber G, Allison S. The paediatric bipolar hypothesis: the view from Australia and New Zealand. *Child and Adolescent Mental Health* 2009; 14: 140-147.

Parry PI. Cough Disorder: an allegory on DSM-IV. *Medical Journal of Australia* 2009; 191: 674-676. https://www.mja.com.au/journal/2009/191/11/cough-disorder-allegory-dsm-iv?0=ip_login_no_cache%3D348e38a4501e5aee51053a92425d5505

Spielmans GI, Parry PI. From evidence-based medicine to marketing-based medicine: the evidence from internal industry documents. *Journal of Bioethical Inquiry* 2010; 7: 13-29.

Dignam P, Parry PI, Berk M. Detached from attachment: neurobiology and phenomenology have a human face. *Acta Neuropsychiatrica* 2010; 22: 202-206.

Parry P. Early diagnosis of adolescent psychosis. *Paediatrics and Child Health in General Practice* 2010; Vol 10; August: 20-22. (note: a second version of this article – without subeditor's changes – was published in the September 2011 issue).

Parry P. A commentary on "Editor's perspective: Do antidepressants work in kids?" *The Carlat Child Psychiatry Report* 1(4): 3,6. October 2010.

Levin EC, Parry PI. Conflict of interest as a possible factor in the rise of pediatric bipolar disorder. *Adolescent Psychiatry* 2011; 1: 61-66.

Tsai AC, Rosenlicht NZ, Jureidini JN, Parry PI, Spielmans GI, Healy D. Aripiprazole in the maintenance treatment of bipolar disorder: a critical review of the evidence and its dissemination into the scientific literature. *Public Library of Science Medicine* 2011; 8(5): e1000434.

Parry PI, Levin EC. Pediatric bipolar disorder in an era of “mindless” psychiatry. *Journal of Trauma and Dissociation* 2012; 13:51-68.
<http://www.tandfonline.com/doi/pdf/10.1080/15299732.2011.597826>

Raven M, Parry PI. Psychotropic marketing practices and problems: Implications for DSM-5. *Journal of Nervous and Mental Disease* 2012; 200(6):512-516.

Parry P. Pediatric bipolar disorder: A sceptical, mainstream, non-US perspective. *The Carlat Child Psychiatry Report* 3(6&7): 4. December 2012.

Basu S, Parry PI. The Autism Spectrum Disorder “Epidemic”: Need for Biopsychosocial Formulation. *Australian and New Zealand Journal of Psychiatry* 2013; 47(12):1116-1118.

Parry P. Biologism in psychiatry: a young man's experience of pediatric bipolar disorder. *Journal of Clinical Medicine* 2014; 3:334-347. <http://www.mdpi.com/2077-0383/3/2/334>

Parry PI, Allison S, Bastianpillai T. Reification of the paediatric bipolar hypothesis in the USA. *The Lancet Psychiatry* published online 1 December 2014; [http://dx.doi.org/10.1016/S2215-0366\(14\)00075-3](http://dx.doi.org/10.1016/S2215-0366(14)00075-3)

Invited Book Chapter

Parry PI. Paediatric bipolar disorder: Are attachment and trauma factors considered? In *Bipolar disorder: a portrait of a complex mood disorder*. Jarrett Barnhill (Ed.) ISBN 978-953-308-7-9 InTech, Rijeka, 2012. http://cdn.intechopen.com/pdfs/29393/InTech-Paediatric_bipolar_disorder_are_attachment_and_trauma_factors_considered.pdf

Harper G, Parry P, Ng J, Seshadri S. Psychopharmacology for Children and Adolescents: A Paradigm Shift. In *Asian Society of Child and Adolescent Psychiatry (ASCAP) e-textbook of child and adolescent psychiatry*, first edition, 2015. *in press*

CONFERENCE PRESENTATIONS

I have presented findings from my dissertation at the following conferences:

- Second National Conference on Child and Adolescent Mental Health 20-23 Nov 1996 Melbourne, Australia Poster Presentation.
- RANZCP faculty of Child and Adolescent Psychiatry 10th Annual Meeting 17-20 Sep 1997 Bali, Indonesia Oral Presentation and participation in Panel Discussion.

Other conference presentations:

- Out of the Blues: Depression in young people, the agenda for the future, Conference, 6-7 November 1998, Adelaide, Australia. Oral Presentation: “Establishing a therapeutic relationship with an adolescent in crisis.”
- Seventh European Conference on Traumatic Stress, 26-29 May 2001, Edinburgh, Scotland. Poster Presentation: “Insights that hold true. Winnicott, Klein et al in the case of a 7 yr old boy with conduct disorder treated by play based psychotherapy.”
- Third International Conference on Child & Adolescent Mental Health, 11-15 June 2002, Brisbane, Australia. Poster Presentation: “The wild boy in playtherapy - reflections on Winnicott, Klein and others in the case of a 7 year old boy with conduct disorder treated through playtherapy.”

- Everybody's Business – 2 years on, Conference, 17th September 2003, Bangor University, Wales. Oral Presentation: "Depression in childhood and adolescence."
- Inaugural Conference on Disease Mongering, 11-13 April 2006, Newcastle, New South Wales. Oral Presentation: "Rewriting scientific abstracts to support disease mongering."
- Parenting Imperatives II – 2nd National Parenting Conference, 25-27 May 2006, Adelaide, Australia. Oral Presentation: "Parenting in the history of psychology/psychiatry".
- RANZCP Faculty of Child & Adolescent Psychiatry annual meeting, 10-13 October 2007, Hobart, Australia. Oral Presentation: "Paediatric bipolar disorder – a controversy from America".
- RANZCP Faculty of Child & Adolescent Psychiatry annual meeting, 10-13 October 2007, Hobart, Australia. Oral Presentation: "A year of the 'Incredible Years' parenting program in South Australia".
- RANZCP Congress, 26-29 May 2008, Melbourne, Australia. Oral Presentation: "Paediatric bipolar disorder – a controversy from America".
- RANZCP Congress, 26-29 May 2008, Melbourne, Australia. Oral Presentation: "Australian & New Zealand child & adolescent psychiatrists' views on the prevalence of paediatric bipolar disorder (PBD) and views regarding high rates of PBD in the USA."
- RANZCP Faculty of Child & Adolescent Psychiatry annual meeting, 13-16 October 2008, Port Douglas, Australia. Oral Presentation: "Australian & New Zealand child & adolescent psychiatrists' views on paediatric bipolar disorder (PBD)".
- American Psychiatric Association annual meeting, 16-21 May 2009, San Francisco, USA. Symposium (I was chair and one of the speakers): "Pediatric bipolar disorder: a critical look at an American phenomenon."
- RANZCP Congress, 24-28 May 2009, Adelaide, Australia. Oral Presentation: "What do the Zyprexa documents tell us about industry sponsored CME?"
- RANZCP Faculty of Child & Adolescent Psychiatry annual meeting, 6-9 September 2009, Queenstown, New Zealand. Poster Presentation: "What do internal industry documents suggest about sponsored drug trials?"
- Blackdog Institute conference: Child and Adolescent Bipolar Disorder, 8 October 2009. Oral presentation (invited speaker): "Paediatric bipolar disorder: issues and controversies." Slides available at URL: <http://www.blackdoginstitute.org.au/docs/PaediatricbipolarorderacontroversyfromtheUSA.pdf>
- Australasian Society for Bipolar Disorders conference, 22-24 October 2009, Brisbane, Australia. Oral presentation: "Paediatric bipolar disorder: the view from Australia and New Zealand."
- Australasian Society for Bipolar Disorders conference, 22-24 October 2009, Brisbane, Australia. Poster presentation: "Attachment theory and trauma in the paediatric bipolar disorder literature."
- American Academy of Child & Adolescent Psychiatry annual meeting, 27 October – 1 November 2009, Honolulu, Hawai'i. Poster presentation: "Paediatric bipolar disorder: the view from Australia and New Zealand."
- RANZCP Congress, 2-6 May 2010, Auckland, New Zealand. Workshop: "Cough Disorder – an allegory on DSM-IV."
- International Association for Child & Adolescent Psychiatry and Allied Professions 19th World Congress, 2-6 June 2010, Beijing, China. Oral presentation: "Detached from attachment: problems with current psychiatric nosology."

- International Association for Child & Adolescent Psychiatry and Allied Professions 19th World Congress, 2-6 June 2010, Beijing, China. Oral presentation: “Child & adolescent psychiatry: which paradigm?”
- International Association for Child & Adolescent Psychiatry and Allied Professions 19th World Congress, 2-6 June 2010, Beijing, China. Poster presentation: “What do internal industry documents suggest about sponsored drug trials?”
- RANZCP Faculty of Child & Adolescent Psychiatry annual meeting, 8-10 October 2010, Barossa Valley, Australia. Oral Presentation: “Cough Disorder – problems with psychiatric nosology.” in symposium: “Responding to epidemics in child psychiatry.”
- Pacific Rim College of Psychiatrists’ Scientific Meeting, 28-30 October 2010, Brisbane, Australia. Oral Presentation: “Cough disorder – an allegory on the problems with DSM.” in symposium: “Psychiatry’s paradigm problem – DSM fundamentalism and its consequences.”
- EPS Global International Neuroscience Conference, 9-11 July 2011, Nanjing, China. Oral Presentation: “Paediatric Bipolar Disorder – a controversial diagnosis.”
- International Association for Child & Adolescent Psychiatry and Allied Professions 20th World Congress, 21-25 July 2012, Paris, France. Poster presentation: “Are attachment and trauma factors considered in the Paediatric Bipolar Disorder literature?”
- American Psychiatric Association annual meeting, 18-22 May 2013, San Francisco, USA. Oral presentation: “Pediatric bipolar disorder or Disruptive Mood Dysregulation Disorder: But where’s the trauma? Are attachment and trauma considered in PBD and DMDD?”
- American Psychiatric Association annual meeting, 3-7 May 2014, New York City, USA. Oral Presentation and Symposium Panellist: “Global mental health and critical perspectives in psychiatry: beyond biopsychiatry – the Australasian perspective.”
- *Keynote Speaker:* Neurodevelopmental & Behavioural Paediatrics Society of Australasia (NBPSA) annual meeting 6-8 June 2014, Brisbane, Australia. “Pitfalls of using the DSM: problems with psychiatric nosology.”
- International Association for Child & Adolescent Psychiatry and Allied Professions 21st World Congress, 11-15 August, Durban, South Africa. Oral presentation: “International (non) acceptance of the diagnosis Paediatric Bipolar Disorder.”
- RANZCP Faculty of Child & Adolescent Psychiatry annual meeting, 8-11 October 2014, Gold Coast, Australia. Oral presentation: “AllTrials: to find the truth in medical research.”
- Royal Brisbane & Women’s Hospital annual “The Symposium” conference, 13-15 October 2014, Brisbane, Australia. “Psychiatric diagnosis: answers, educated guesses or good questions.”
- RANZCP Congress, 3-7 May 2015, Brisbane, Australia. Poster Presentation: “The AllTrials Campaign: Why the College should reconsider signing the petition.”

ONLINE MULTI-MEDIA and RADIO INTERVIEWS

- Late May 2003: Interviewed on live talk-back radio in Bali, Indonesia – in the “Mental Health Hour” – a show run on Radio Bali by the psychiatrists from Udayana University – about child development and parenting style.
- 16th February 2014: Interviewed on Radio 4BC, Brisbane, Qld, Australia in the “Health and Well-Being” with interviewer John Scott: “Depression in teenagers and young people.”
- 7 July 2014: Mental Health Academy Youtube Channel: “Evidence-Based Medicine (EBM) or Marketing-Based Medicine (MBM) – Evidence from Internal Industry Documents and How the

'AllTrials' Campaign can restore EBM." Available at URL:

https://www.youtube.com/watch?v=AXS_oIEzeTw

- 2nd May 2014: Interviewed on SiriusXM81 Doctor Radio, New York City, USA in "Child Psychiatry & Parenting Show: *About Our Kids.*" with interviewers A/Prof Jesse Shatkin and Dr Alexandra Barzvi. Discussed child psychiatry in Australia versus USA, parenting issues and diagnosis of paediatric bipolar disorder.
- 31st October 2015: Mental Health Academy, Fortitude Valley, Qld: annual Mental Health Summit Webinar: "Adolescent depression – a biopsychosocial approach."

TEACHING SEMINARS & GRAND ROUNDS

- 17 Jul 1996: SAPMEA [South Australian Postgraduate Medical Education Association] seminar for GP's: "Assessment and Management of Disruptive Behaviour Disorders".
- 27-28 Jul 1996: SAPMEA weekend country seminar in Child & Adolescent Psychiatry: I was one of two main speakers - lecture and workshop format.
- 16 Jul 1997: Seminar to staff of Marion dept of Family and Community Services, SA regarding assessment of depression in children and adolescents.
- 16-17 Aug 1997: FMC GP Mental Health Update weekend, Repat Hospital Daw Pk SA: Slide Presentation on "Assessment and Management of the Depressed and/or Suicidal Adolescent".
- 3 Sep 1997: Presentation to teachers at the Hub Learning Centre, Aberfoyle Hub, SA regarding assessment of depression in children and adolescents.
- 2 April 1998: FMC GP evening seminar, Repat Hospital Daw Pk SA: "Assessment and Management of Disruptive Behaviour Disorders in Children and Adolescents".
- 2 Jun 1998: SAPMEA GP Refresher week 1998: "Teenage Blues; assessment and management of mood disorder in adolescence".
- 12 June 1998: Seminar presentation to Speech Pathology Association of SA: "Attention Deficit Hyperactivity Disorder: a Child Psychiatry perspective".
- 22 August 1998: Riverland Division of GP, Berri SA, Mental Health Seminar: "Interviewing Adolescents in Crisis".
- 31 March 1999: Rural Health Seminars via telemedicine from WCH: "Disruptive Behaviour Disorders".
- WCH GP refresher week March 2000, lecture: "Adolescent Depression"
- Flinders University Postgrad. Course in Child and Adolescent Mental Health 1999 and 2000 tutorials: "Disruptive Behaviour Disorders".
- South Australian Psychiatry Training: annual series of 3 or 4 lectures in "Developmental Psychology" 1998 to 2002.
- 1996 to 2000: annual lecture in "Human Life cycle Part I" to Flinders Medical Centre medical students.
- annual lecture 1999 to 2002: Diploma in Child Health course of WCH, lecture: "Crisis intervention in Adolescents"
- 2000 to 2002: annual lectures to Paediatric registrars at WCH introduction to child and adolescent psychiatry.
- July 2000: half day seminar on Child and Adolescent Psychiatry, Fiji School of Medicine, Suva, Fiji.
- 6th September 2000: WCH "Positive Parenting" public lecture under auspices of Child Protection Service.
- May 2001: tutorial to psychiatry registrars Glasgow, Scotland - developmental psychology.
- 21st September 2002: Lecture "PTSD in children" at Riverland division of General Practice & Vietnam Veterans Association day seminar, Renmark, Sth Australia.

- May 2003: two day seminar on child & adolescent psychiatry and developmental psychology to psychiatry department, Udayana University, Denpasar, Bali, Indonesia. Also site visits throughout week with the Balinese mental health services and was invited guest speaker with a translator for mental health hour talk-back radio in Bali.
- 2003 to 2004: half day seminars on developmental psychology to clinical psychology students Bangor University, Wales, social work students Coleg Menai, Llangefni, Wales, briefer seminar to staff, Ty Llewelyn forensic psychiatric service, Llanfairfechan, Wales.
- 2003 to 2004: half day tutorials to each medical student rotation: "Introduction to child & adolescent psychiatry", Ysbyty Gwynedd, Bangor, Wales.
- 28th May 2004: tutorial "ADHD – it's nature and usefulness as a construct" – to Educational psychologists of Gwynedd and Anglesey education department, Wales.
- 18th June 2004: tutorial "Depression in childhood and adolescence" to therapy staff National Society for Prevention of Cruelty to Children, Parc Menai, Bangor, Wales.
- 7th July 2004: half day seminar on developmental psychology to social services staff, Llangefni, Anglesey, Wales.
- 1st February 2005: tutorial "Assessment in Child and Adolescent Psychiatry" to psychiatric registrars, WCH, North Adelaide.
- 2005 & 2006: half day tutorials to each medical student rotation: "Introduction to child & adolescent psychiatry", Eastern CAMHS, Paradise, South Australia.
- 9th February 2007: evening seminar to GPs: "Management of adolescent mental health issues", Mid-North Division of General Practice, Clare Valley, South Australia.
- October & November 2007: Medical student teaching for Flinders University: tutorials on clinical assessment skills in psychiatry, lecture on developmental psychology "Human Lifecycle part I", lecture on introduction to child & adolescent psychiatry.
- October & November 2007: Lectures "Paediatric bipolar disorder – a controversy from America" to Dept Psychiatry and Dept Paediatrics and CAMHS at Flinders Medical Centre, GPs at Clare Medical Centre."
- February 2008: Tutorial on developmental psychology to psychiatry trainees at Women's and Children's Hospital, Adelaide.
- 7th March 2008: evening seminar to GPs: "'Has he got ADHD doctor?' - Assessment and management of ADHD", Mid-North Division of General Practice, Clare Valley, South Australia.
- 7th May 2008: Grand Round, Women's and Children's Hospital, North Adelaide: "Paediatric bipolar disorder – a controversy from America".
- 27th May 2008: Lecture to advanced trainees in child & adolescent psychiatry, 'Mindful', Repatriation hospital, Heidelberg, Melbourne, Victoria: "Paediatric bipolar disorder – a controversy from America."
- August 2008: half day seminar on introduction to child & adolescent psychiatry and developmental psychology to psychiatric registrars, Ysbyty Gwynedd, Bangor, Wales.
- 22nd August 2008: Psychiatry grand round, Ysbyty Gwynedd, Bangor, Wales: "Paediatric bipolar disorder – a controversy from America."
- 8th October 2008: Psychiatry grand round, Cumberland hospital, Westmead, Sydney, NSW: "Paediatric bipolar disorder – a controversy from America."
- 21st October 2008: Lecture to advanced trainees in child & adolescent psychiatry, Women's and Children's Hospital, North Adelaide, Sth Australia: "Paediatric bipolar disorder – a controversy from America" and "ANZ child & adolescent psychiatrists views of PBD".
- 2008: Medical student teaching for Flinders University: tutorials on clinical assessment skills in psychiatry, lecture on developmental psychology "Human Lifecycle part I" to 1st year students, lecture on introduction to child & adolescent psychiatry to 4th year students.
- 24th February 2009: Psychology and Health Forum, Adelaide: "Paediatric bipolar disorder – a controversial diagnosis from the USA."

- 27th February 2009: Grand round, Mater Child & Youth Mental Health Service, Brisbane: "Paediatric bipolar disorder – a controversial diagnosis from the USA."
- 30th April 2009: half day teaching seminar to Masters level psychology students, University of South Australia, Adelaide: "Child and adolescent depression."
- 6th May 2009: Psychiatry Grand round, Margaret Tobin Centre, Flinders Medical Centre, Adelaide: "What do the 'Zyprexa documents' suggest about industry sponsored CME?"
- 18th May 2009: Psychiatry grand round, Alta Bates Medical Centre, UCLA Berkeley, California, USA: "Paediatric bipolar disorder – a controversial diagnosis from the USA."
- 20th May 2009: Northern Californian branch child & adolescent psychiatry, evening meeting, San Francisco, USA: "Child psychiatry training and practice in Australia and New Zealand."
- 5th June 2009: Redbank House grand round, Westmead Children's Hospital, Sydney: "Paediatric bipolar disorder – a controversial diagnosis from the USA."
- 31st July 2009: Pfizer Bipolar disorders update day conference (invited speaker), Chloe's Restaurant, Kent Town, Adelaide: "Paediatric bipolar disorder – a controversial diagnosis from the USA."
- 17th September 2009: Paediatric grand round, Flinders Medical Centre, Adelaide: "Breathing relaxation techniques and how to get children, adolescents and family to do them."
- 29th September 2009: Grand round, Barwon Health, Geelong Hospital, VIC.: "Paediatric bipolar disorder – a controversial diagnosis from the USA."
- 24th November 2009: Panel re "Generation Rx" film screening by Evatt Foundation, "Big Picture series" at NSW Parliament House, Sydney. Transcript available at URL: <http://evatt.org.au/publications/papers/228.html>
- 2009: Medical student teaching for Flinders University: lecture on developmental psychology "Human Lifecycle part I" to 1st year students (expanded to 3 hours), lecture on introduction to child & adolescent psychiatry to 4th year students.
- 2009: SAHS-CAMHS professional development, Flinders Medical Centre: Organised and gave 5 afternoon workshops during the year on "Developmental Psychology", including arranging 2 guest speakers.
- 25th February 2010: evening seminar to GPs: "From 'Evidence-based medicine' to 'Marketing-based medicine': Evidence from internal industry documents.", Mid-North Division of General Practice, Clare Valley, South Australia.
- 21st June 2010: Psychiatry grand round, Noarlunga Hospital, Adelaide: "From 'Evidence-based medicine' to 'Marketing-based medicine': Evidence from internal industry documents."
- 5th August 2010: Paediatric grand round, Flinders Medical Centre, Adelaide: "Assessment and management of aggressive/disruptive kids."
- 16th September 2010: Child & Adolescent Psychiatry lunchtime seminar, Royal Brisbane Hospital, Brisbane: "Detached from attachment: problems with psychiatric nosology."
- 27th September 2010: Psychiatry grand round, Flinders Medical Centre, Adelaide: "Detached from attachment: problems with psychiatric nosology."
- 1st December 2010: Mental Health Professionals Network: Webinar; an interdisciplinary case study panel discussion: "Adolescent mental health: depression, suicidality and cyber-bullying." Part 1. Available at URL: <http://www.mhpn.org.au/Resources/Webinar/AdolescentmentalhealthPart1.aspx>
- 21st January 2011: Workshop at Sitaram Bhartia Institute of Science & Research, New Delhi: "Psychiatry's paradigm problem".
- 1st March 2011: Mental Health Professionals Network: Webinar; an interdisciplinary case study panel discussion: "Adolescent mental health: depression, suicidality and cyber-bullying." Part 2. Available at URL: <http://www.mhpn.org.au/Resources/Webinar/AdolescentmentalhealthPart2.aspx>
- 28th March 2011: All of SAHS-CAMHS training day, Marion CAMHS: " 'Natural Antidepressants'-Therapeutic Lifestyle Changes (TLCs) and how to market them to children, adolescents and families".

- 12th April 2011: Riverland Paediatric Mental Health in the Emergency Department Seminar, Berri hotel, Berri, South Australia: “Early psychosis in the ED”.
- 5th May 2011: Paediatric grand round, Flinders Medical Centre, Adelaide: “Post Traumatic Stress Disorder”.
- 8th August 2011: Country CAMHS team, seminar, CAMHS Mt Barker, South Australia: “Natural Antidepressants: breath work and lifestyle factors”.
- 13th December 2011: CYMHS/Brisbane Metro North Social Workers: “Natural Antidepressants: breath work and lifestyle factors”.
- 9th February 2012: Mental health Professionals Network, Perinatal and Infant Mental Health Network, Prince Charles Hospital, Brisbane: “Use of Therapeutic Lifestyle Changes as a tool in the management of depression across the lifespan”.
- 15th February 2012: Nundah Cottages/Future Families staff, Nundah Cottages, Nundah, Brisbane: “Natural Antidepressants: breath work and lifestyle factors”.
- 7th March 2012: Paediatrics Grand Round, Royal Children’s Hospital, Herston, Brisbane: “Paediatric Bipolar Disorder in an Era of ‘Mindless Psychiatry’”.
- 16th March 2012: Keyskills training for CYMHS staff, Spring Hill, Brisbane: “Non-suicidal self injury” (presenting on behalf of Prof Graham Martin).
- 27th March 2012: Evolve Therapeutic Services, Enoggera, Brisbane: “Natural Antidepressants: breath work and lifestyle factors”.
- 29th May 2012: Qld Faculty of Child & Adolescent Psychiatry grand round, Spring Hill, Brisbane: “From Evidence-Based Medicine to Marketing-Based Medicine: Evidence from Internal Industry Documents.”
- 13th August 2012: Postgraduate Psychiatry Training Program, Hergest Unit, Ysbyty Gwynedd, North Wales, U.K.: “Use of Therapeutic Lifestyle Changes as a tool in the management of depression across the lifespan”.
- 4th October 2012: Pine Rivers CYMHS, Brisbane: “Natural Antidepressants: breath work and lifestyle factors”.
- 10th October 2012: Keyskills training for CYMHS staff, Spring Hill, Brisbane: “Natural Antidepressants: breath work and lifestyle factors”.
- 19th March 2013: Lecture to child & adolescent psychiatry basic trainees, Spring Hill, Brisbane: “Psychiatric Nosology and its controversies.”
- 10th April 2013: Lecture to first year psychiatry trainees, Princess Alexandra Hospital, Brisbane: “Diagnosis and classification in psychiatry.”
- 4th June 2013: Lecture to senior child psychiatry trainees, New York University Medical College, Langone Child Study Center, One Park Ave, NYC, USA: “Cough Disorder: controversies in psychiatric nosology.”
- 23rd July 2013: Mental health and school education staff, Mt Isa, Qld: “Diagnosis in child psychiatry and its pitfalls.”
- 6th August 2013: University of Queensland 1st year medical students lectures, St Lucia campus: “Developmental psychology” and “Suicide prevention”.
- 8th August 2013: University of Queensland 1st year medical students lectures, Ipswich campus: “Developmental psychology” and “Suicide prevention”.
- 3rd September 2013: Caboolture CYMHS: “Natural Antidepressants: breath work and lifestyle factors”.
- 4th September 2013: Keyskills training for CYMHS staff, Queensland – videotaped for future Keyskills: “Natural Antidepressants: breath work and lifestyle factors”.
- 17th September 2013: Mental health and school education staff, Mt Isa, Qld: “Developmental psychology, part I.”
- 19th September 2013: Brisbane Metro Interagency Network, Royal Children’s Hospital, Herston, Brisbane: “Paediatric bipolar disorder – a controversy from the USA.”

- 24th September 2013: Psychiatry registrars, Spring Hill, Brisbane: "Evidence-based medicine to marketing-based medicine: Evidence from internal industry documents."
- 26th November 2013: Mental health and school education staff, Mt Isa, Qld: "Developmental psychology, part II."
- 25th February 2014: Psychiatry registrars, Spring Hill, Brisbane: "Evidence-based medicine to marketing-based medicine: Evidence from internal industry documents."
- 6th March 2014: Lectures to Medical students, Flinders Medical Centre, SA (pre-recorded): "Developmental psychology."
- 12th March 2014: Paediatrics Grand Round, Royal Children's Hospital, Herston, Brisbane: "From Marketing-Based Medicine (MBM) to Evidence-Based Medicine (EBM): Why the 'AllTrials' Campaign is Vital to EBM."
- 18th March 2014: Mental health staff, school teachers, Mt Isa, Qld.: "Developmental psychology, part III."
- 27th March 2014: Psychiatry Grand Round, The Prince Charles Hospital, Brisbane: "From Marketing-Based Medicine (MBM) to Evidence-Based Medicine (EBM): Why the 'AllTrials' Campaign is Vital to EBM."
- 9th April 2014: Lecture to first year psychiatry trainees, Princess Alexandra Hospital, Brisbane: "Diagnosis and classification in psychiatry."
- 2nd May 2014: Grand Round, New York University Langone Child Study Center, One Park Ave, New York City, USA: "Evidence-based medicine to marketing-based medicine: Evidence from internal industry documents."
<https://nyuchildstudies.veomed.net/video/evidence-based-medicine-marketing-based-medicine-0#overlay-context=nyu-child-study-center-nyulmc>
- 6th May 2014: Lecture to senior child psychiatry trainees, New York University Medical College, Langone Child Study Center, One Park Ave, NYC, USA: "Cough Disorder: controversies in psychiatric nosology."
- 10th June 2014: Lecture to *Health Ethics And Law (HEAL)*, UQ Medical School, Herston, Brisbane: "Paediatric bipolar disorder in an era of 'mindless psychiatry'" http://www.qldheal.com/June_2014_presentation.html
- 16th June 2014: Medicare Local Central Adelaide & Hills evening seminar, Grand Chifley, South Tce, Adelaide: "Treatment of depression: non-drug treatments and referral options."
- 23 June 2014: Mental health staff, school guidance officers, GP's, Longreach Hospital, Qld.: "'Natural antidepressants': psychoeducation for therapeutic lifestyle change."
- 26th August 2014: University of Queensland 1st year medical students lectures, St Lucia campus: "Developmental psychology" and "Suicide prevention".
- 28th August 2014: University of Queensland 1st year medical students lectures, Ipswich campus: "Developmental psychology" and "Suicide prevention".
- 2nd September 2014: Qld Faculty of Child & Adolescent Psychiatry grand round, Herston, Brisbane: "Natural antidepressants: psychoeducation for therapeutic lifestyle changes."
- 3rd September 2014: Paediatrics Grand Round, Royal Children's Hospital, Herston, Brisbane: "DSM-5: why the controversy?"
- 18th September 2014: Tutorial for paediatric registrars and junior consultants, Emergency Department, Royal Children's Hospital, Herston, Qld. "Assessment and acute management in child & adolescent psychiatry".
- 23rd September 2014: Psychiatry registrars (basic term in child psychiatry), Herston, Brisbane: "Evidence-based medicine to marketing-based medicine: Evidence from internal industry documents."
- 21st October 2014: Advanced child psychiatry trainees, Herston, Brisbane: "Psychiatric nosology and its side-effects."
- 28th October 2014: Brisbane Metro Interagency Network, Royal Children's Hospital, Herston, Brisbane: "'Natural antidepressants': psychoeducation for therapeutic lifestyle change."

- 24th January 2015: LCCH CYMHS department, journal club: “‘Natural antidepressants’: psychoeducation for therapeutic lifestyle change.”
- 10th February 2015: Psychiatry registrars (basic term in child psychiatry), Herston, Brisbane: “Inpatient child and adolescent psychiatry.”
- 17th February 2015: Australian College of Children and Young People’s Nurses, Greek Club, South Brisbane: “Detached from attachment, taken out of context: What place psychiatric diagnosis?”
- 27th February 2015: LCCH CYMHS department, journal club: “Debrief from Prof Gotzsche’s paediatric grand round: So what place medication?”
- 24th March 2015: Psychiatry registrars (basic term in child psychiatry), Herston, Brisbane: “Evidence-based medicine to marketing-based medicine: Evidence from internal industry documents.”
- 26th March 2015: CYMHS Acute Response Team planning day, South Brisbane: “Diagnostic case formulation.”
- 1st April 2015: Lecture to first year psychiatry trainees, Princess Alexandra Hospital, Brisbane: “Diagnosis and classification in psychiatry.”
- 15th April 2015: Paediatrics Grand Round, Queensland Children’s Hospital (LCCH), South Brisbane: “Natural antidepressants” – evolutionary biology & neurophysiology psychoeducation for patients and families.”
- 15th May 2015: Keyskills training for CYMHS staff, Children’s Health Queensland: “Natural Antidepressants: breath work and lifestyle factors”.
- 10th June 2015: Teaching and Mental Health Series, Education Qld, Yeronga State School, Yeronga, Queensland: “Adolescent Depression: a biopsychosocial approach.”
- 14th July 2015: Psychiatry Grand Round, Royal Brisbane & Women’s Hospital, Herston, Qld: “The conflictual history of psychiatric nosology.”
- 3rd August 2015: Lecture: Psychology students, Bangor University, Wales, UK: “Natural Antidepressants: Therapeutic lifestyle changes (TLC’s) for anxiety and depression.”
- 4th September 2015: Paediatric registrars/RMO’s, LCCH, South Brisbane: “Psychopharmacology.”
- 11th September 2015: Paediatric registrars/RMO’s, LCCH, South Brisbane: “Interviewing techniques with children, adolescents and their families.”
- 24th September 2015: CYMHS Acute Response Team staff, LCCH, South Brisbane: “Psychoeducation on neurophysiology of stress, anxiety and depression for patients and families.”
- 22nd October 2015: Keyskills training for CYMHS staff, Children’s Health Queensland, South Brisbane: “Engaging and assessing adolescents”.
- 22nd January 2016: CHQ-CYMHS Grand Round, South Brisbane: “Study 329 and questions about SSRIs in Paediatric Age Range”.

COMMITTEE WORK AND SIMILAR

- As Medical Unit Head of Boylan Ward at the Women’s and Children’s Hospital, North Adelaide, South Australia from 2000 to 2003 I was on committee to draft medication guidelines for inpatient child & adolescent psychiatry and behaviour management guidelines. I also was on a committee for the redesign of the inpatient unit. As part of this I undertook a study tour of 10 British inpatient child & adolescent psychiatric units plus visited interstate inpatient units in Australia and reported back to the executive of CAMHS at the WCH.
- During my locum visits to the CAMHS clinic in Bangor, North Wales, I and the part-time team-leader and one of the nurse therapists drafted a submission to the mental health directorate of Wales, as to why the CAMHS service needed twice as many workers as it had. We based this on guidelines and the literature on service needs. This submission received a very favourable

response and a year later the service was funding increased from 12 FTE to 22 FTE CAMHS staff.

- In 2005 I discussed the need for an evidence-based parenting program to be used by CAMHS services in South Australia, based on my observations of the "Incredible Years" parenting program used in Wales, UK, during my locum there. I negotiated with the Mental Health Unit of SA Health and obtained a grant of \$8,000 to facilitate training of CAMHS workers in South Australia by a Prof Hutchings from North Wales. This later led to the establishment of the "Incredible Years" parenting program across CAMHS services throughout the state of South Australia. I remained active in the committee overseeing this through to 2008.
- In September-November 2013 I was involved in the Brisbane Metro North Medicare Local project to prepare a "Map of Medicine" guidelines for GPs regarding the assessment and management of ADHD/disruptive behaviour in children and youth.

POSITIONS HELD

President of the Adelaide Medical Students Society, 1981, involved convening a national conference of the Australian Medical Students Association.

Examiner RANZCP: first year examinations 26th July 2000, clinical examinations 19-22 October 2005, member of the case histories examination committee from early 2007 to November 2010.

Editorial board member, *The Carlat Child Psychiatry Report*, since March 2010 to present.

Crikey Health and Medical Panel member, advisory role with:
<http://blogs.crikey.com.au/croakey/about/> since March 2010 to present.

I have peer reviewed manuscripts for the journals: *Child and Adolescent Mental Health*, *Australasian Psychiatry*, *Advances in Mental Health*, the *Australian and New Zealand Journal of Psychiatry* and *Journal of Paediatrics and Child Health*.

**Job ad reference:****Role title:**

Staff Specialist Child and Youth Mental Health Service

Status:

Permanent/Full-time

(Permanent/Temporary)**(Full-time/ Part-Time)****(Casual)****Unit/Branch:**

Child and Youth Mental Health Service

Hospital and Health Service:

Children's Health Queensland Hospital and Health Service

Location:

Brisbane

Note: Please refer to About the Children's Health Services section of this document for further information regarding the location of this role.

Classification level:

Senior Medical Officers - L18-L29

*Note: Following recommendations outlined in the **Queensland Government Blueprint for Better Health Care** work is currently underway to introduce contracts for senior medical officers (SMOs) and visiting medical officers (VMOs) throughout Queensland Health. These new contracts are scheduled to be signed by the end of April 2014 and commence on 1 July 2014 for both VMOs and SMOs who choose to sign. Your employment will be regulated by the Medical Officers (Queensland Health) Certified Agreement (No. 3) 2012 while it is in force until such time as you elect to sign a contract and this contract comes into effect.*

Salary level:**Closing date:****Contact:**

Stephen Stathis, Medical Director CYMHS CHQ HHS

Telephone:**Online applications:**www.health.qld.gov.au/workforus or www.smartjobs.qld.gov.au**Fax application:****Post application:****Deliver application:**

About our organisation

Queensland Health's purpose is to provide safe, sustainable, efficient, quality and responsive health services for all Queenslanders. Children's Health Queensland Hospital and Health Service (CHQ HHS) has adopted the **five core values** that guide our behaviour:

- **Caring for People:** We will show due regard for the contribution and diversity of all staff and treat all patients and consumers, carers and their families with professionalism and respect.
- **Leadership:** We will exercise leadership in the delivery of health services and in the broader health system by communicating vision, aligning strategy with delivering outcomes, taking responsibility, supporting appropriate governance and demonstrating commitment and consideration for people.

To find out more about Queensland Health, visit www.health.qld.gov.au

- **Partnership:** Working collaboratively and respectfully with other service providers and partners is fundamental to our success.
- **Accountability, efficiency and effectiveness:** We will measure and communicate our performance to the community and governments. We will use this information to inform ways to improve our services and manage public resources effectively, efficiently and economically.
- **Innovation:** We value creativity. We are open to new ideas and different approaches and seek to continually improve our services through our contributions to, and support of, evidence, innovation and research.

Purpose

The Staff Specialist of CYMHS CHQ will:

- Provide high quality specialist tertiary child and adolescent psychiatry services to community child and youth mental health services within the CHQ HHS and designated outreach via eCYMHS telepsychiatry services, or as directed by the Medical Director, CYMHS CHQ HHS.

Your key responsibilities

You will fulfil the accountabilities of this role in accordance with Queensland Health's core values, as outlined below.

PEOPLE

- Role model positive workplace behaviour and comply with the QH code of conduct.
- Participate in and contribute to effective orientation and onboarding.
- Provide training and supervision of junior staff in line with the requirements of CHQ and relevant professional and regulatory bodies.
- Participate in performance appraisal and staff development processes within the service.
- Promote and develop a multidisciplinary team using well-developed professional and interpersonal skills, fostering and promoting an environment of participation and collaboration for service developments, improvements and innovations.
- Actively contribute to a positive workplace culture within the Service which encourages and recognises high performance, builds leadership capabilities and supports staff to maximise their health and wellbeing.

SERVICE

- Undertake clinical responsibilities including on call, providing patient care, liaison with other units and referring hospitals, and maintaining appropriate records and confidentiality, including obtaining and documenting consent.
- Provide ethical decision making and effective issues management and communication in the achievement of organisational goals, ensuring issues are resolved effectively and in a timely manner.
- Model positive leadership behaviours and contribute to the health service and professional community and affairs.
- Actively participate in the delivery of contemporary, evidence-based, multidisciplinary models of care, inclusive of inpatient, outpatient, outreach and tele-health.
- Actively promote and model family-centred-care principles and practices in the delivery of services. Involve consumers in design and evaluation of services.
- Provide effective and timely communication and consultation processes within the service, and with families, referring clinicians and other health services.
- Actively explore and implement alternatives to hospital admission where clinically appropriate.

SAFETY AND QUALITY

- Ensure compliance with contemporary healthcare safety and quality standards and participate in CHQ assurance processes including Accreditation.
- Participate in clinical governance activities including attendance at departmental meetings, audit and peer review, monitoring of processes and outcomes of care.

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- Actively contribute to the delivery on the Children's Health Queensland Patient Safety and Quality Improvement Strategy as it applies to your clinical service.
- Model a 'just' approach to staff, promoting open and honest identification of hazards and incidents, and taking action to address quality and safety gaps.
- Participate in relevant peer service benchmarking and use relevant data to drive continuous improvement.
- Minimise unjustified variation in care and drive increased reliability and consistency of clinical services through the use of standard operating procedures, procedures, care pathways, and appropriate training, assessment and coaching of staff.
- Actively engage in early identification and resolution of patient/family and staff complaints using open disclosure principles.

VALUE

- Participate in the annual planning cycle for your service including the development of annual plans, implementation activities and review of performance against budget, activity and quality.
- Explore innovative ways to improve value for money services.
- Maximise revenue through participation in private practice scheme.

RESEARCH

- Participate in both formal and informal departmental research and education activities.
- Use research evidence to improve practice and care outcomes.

Reporting

Director CYMHS CHQ Communities, or as directed by the Medical Director CYMHS CHQ.

Staffing and Budgetary Responsibilities

- This position has no formal financial or human resource delegations.
- As a senior medical staff member, you are expected to participate in the supervision, management and assessment/feedback of junior medical staff assigned to you.

Qualifications/ Professional registration/ Other requirements

- Current registration with/or eligible for registration with AHPRA (Australian Health Practitioner Regulation Agency), as a specialist in psychiatry, and possessing a Certificate in Child and Adolescent Psychiatry of the Royal Australian and New Zealand College of Psychiatrists.
- Appointment to this position is dependent upon written confirmation of a Scope of Clinical Practice (SOCP) from the Executive Director of Medical Services. The candidate will be required to provide appropriately validated documents for credentialing purposes.

Are you the right person for the job?

You will be assessed on your ability to demonstrate the following key attributes. Within the context of the responsibilities described above, the ideal applicant will be someone who can demonstrate the following:

- You will hold appropriate qualifications and current experience in Child and Adolescent Psychiatry at a level appropriate for provision of tertiary level services.
- You will have a track record of academic and professional excellence through your contribution in areas including research, teaching or relevant professional peer leadership.
- You will be a team player, and will be recognised for your abilities to work together with staff from various professional disciplines and to build effective and cohesive teams.
- You will be an exceptional communicator; able to adjust your communication style for the audience and with a high levels of emotional intelligence.

How to apply

Please provide the following information to the panel to assess your suitability:

- **Complete Attachment A – Resume Template** (no more than 4 pages. Should you wish to provide a more extensive employment history, you may do so in a separate attachment. Please ensure you use the same format as outlined in Attachment A).

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Please include two referees that can attest to your performance and conduct in the workplace. By providing the names and contact details of your referee/s, you consent for these people to be contacted by the selection panel.

- **Complete Attachment B – Application Template.** Please provide a brief summary of no more than 2 pages addressing how your skills, experience and knowledge meet the requirements of the role listed under "Are you the right person for the job" in the context of the "key responsibilities" of the role.

Additional Information for Applicants

- All relevant health professionals (including registered nurses and medical officers) who in the course of their duties formulate a reasonable suspicion that a child or youth has been abused or neglected in their home/community environment, have a legislative and a duty of care obligation to immediately report such concerns to Child Safety Services, Department of Communities.
- Pre-employment screening, including criminal history and disciplinary history checks, may be undertaken on persons recommended for employment. Roles providing health, counselling and support services mainly to children will require a Blue Card.
- A minimum probation period of three (3) months may apply for permanent appointments.
- All newly appointed applicants who have been employed as a lobbyist in the previous two (2) years are required to provide a disclosure to the Director-General within one (1) month of taking up the appointment in accordance with the Disclosure of Previous Employment as a Lobbyist policy.
- Travel may be a requirement.
- Applications will remain current for twelve (12) months and may be considered for other vacancies which may include an alternative employment basis (temporary, full time, part time).

About Children's Health Queensland

South East Queensland is Australia's fastest-growing region, attracting an average of 55,000 new residents each year over the past two decades. As population grows, so too does the demand for health services. The development of CHQ is responding to this increasing demand by providing a state-wide network of children's services.

Children's Health Queensland provides:

- Paediatric services to its local community
- Tertiary paediatric services at the Royal Children's Hospital (Brisbane)
- Child and Youth Mental Health Services
- Community Child, Youth and Family Health Service
- Outreach children's specialist services across Queensland
- Implementation and support for new and enhanced emergency, inpatient and ambulatory children's services in Greater Metropolitan Brisbane
- Paediatric education and research

At the heart of the philosophy for CHQ is the recognition that the family is the constant in a child or youth's life. The concept of family-centred care has been embraced. Family-centred care is about building partnerships between families and health professionals. This partnership trusts and values the role families play in ensuring the health and well being of the child or youth and that emotional, social and developmental support are integral components of care.

About Child and Youth Mental Health Service

The Integrated Child and Youth Mental Health Service (CYMHS) provides complex secondary and tertiary level health care. CYMHS offers specialised mental health services for families with children and young people who experience severe and complex mental health problems, and

To find out more about Queensland Health, visit www.health.qld.gov.au