Queensland
Government

Crown Law

Department of
Justice and Attorney-General

Your ref:
Our ref: PLF/PRE052/2103
Contact: Paul Lack
Direct ph:
Direct fax:
Email:

6 May 2016

Mr Ashley Hill
Executive Director
Barrett Adolescent Centre Commission of Inquiry
Level 10, 179 North Quay
BRISBANE Q 4000

Dear Mr Hill

Barrett Adolescent Centre Commission of Inquiry – State Representation
Further State submissions

I refer to your letter dated 28 April 2016 and now **enclose** the State's submissions in response to the matters raised in your letter.

Please note that the enclosed submissions only respond to the specific questions in your letter. They do not generally responded to the further submissions and statement of . It has been assumed in preparing these submissions that the questions posed in your letter indicate those matters from the further submissions and statement of to which the Commission is minded to have regard. On that basis, it has been regarded as unnecessary to otherwise respond.

Would you please notify me if the above assumption is incorrect so that the State has the opportunity to respond more fully, if required.

Paul Lack
Director and Instructing Solicitor
Barrett Adolescent Centre Commission of Inquiry – State Representation
for **Crown Solicitor**

encl

State Law Building
50 Ann Street Brisbane
GPO Box 5221 Brisbane
Queensland 4001 Australia
DX 40121 Brisbane Uptown

ABN 13 846 673 994

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

SUPPLEMENTARY SUBMISSIONS ON BEHALF OF STATE OF QUEENSLAND IN RESPONSE TO SUBMISSIONS

Table of Contents

1. The issue

1. By letter dated 28 April 2016, the Barrett Adolescent Centre Commission of Inquiry (**Commission**) invited State of Queensland to respond to a number of '*matters of interest*' raised by a further (late) submission received from on Friday 22 April 2016. A further affidavit of was also provided with respect to the factual assertions contained in the Submissions.

2. Many of the questions posed in the letter from the Commission are premised on incorrect factual assumptions.

3. Before addressing each of the questions posed, insofar as they are relevant to State of Queensland, it should be noted, as previously submitted in the Supplementary Submissions on behalf of the State of Queensland dated 14 April 2016 that:

   (a) the responsibility for implementing the transition arrangements rested with West Moreton Hospital and Health Service (**West Moreton HHS**) with oversight from the West Moreton Hospital and Health Board;

   (b) the development of the new range of contemporary service options was and is being led by Children's Health Queensland Hospital and Health Service.

2. Ms Dwyer's statement on 4ZZZ

4. The State is unable to comment on the content of the radio interview as quoted by [redacted]

5. It ought be noted that this interview took place on 8 August 2013, that is two days after the closure announcement and before the first meeting of the SWAETRI Steering Committee on 26 August 2013.

6. The SWAETRI Project Plan and subsequent business case was in its infancy at this stage. The development of the AMHETI suite of services was evolving.

7. The Commission should exercise care when viewing the accuracy of statements by reference to information that only became available at a later time. At the time of the radio interview, Ms Dwyer would have had no knowledge of the subsequent events that passed, including:

   (a) the clinical views of Dr Brennan as to the appropriateness of bespoke transition plans for each Barrett Adolescent Centre (**BAC**) patient;

   (b) the views of the members of the SWAETRI Steering Committee about what new models ought be developed, and the likely timeframes for their development.

8. We note that Ms Dwyer was not questioned with respect to such matters.

3. Meeting Between [redacted] Associate Professor Stathis and others

9. With respect to page 2 of [redacted] submission, the letter from the Commission makes a number of statements, but poses no question with respect to those statements.

10. In response to the assertions, the State of Queensland notes:

   (a) a Tier 3 service was provided as part of the new model, that is the subacute beds initially at the Mater Children's Hospital and later at the Lady Cilento Children's Hospital;

(b) it was the AMHETI suite that involved '*a range of services*', rather than a single purpose-built facility;

(c) the assertion that the new model of services '*would not be for BAC patients*' is misleading. It should be noted that:

(i) it was also never explicitly communicated that the new suite of services were for the BAC patients. Those present at the meeting were not privy to the clinical needs of the BAC patients;

(ii) many of the BAC patients in fact required transfer to adult mental health services; and

(iii) the transition plans for a number of BAC patients included service elements from the new suite of services;

(d) in relation to the ability to contact the on the SWAETRI Steering Committee, it appears that the requested to remain anonymous. This issue was not explored with Associate Professor Stathis or Ms Adamson during their testimony. There can be no suggestion that either deliberately mislead Given the limited time available, no formal statements have, at this stage, been prepared on behalf of Associate Professor Stathis or Ms Adamson. If the Commission intends to make an adverse finding, State of Queensland requests an opportunity to provide further evidence with respect to this issue.

4. Timeframe for the new model of services

11. Implicit in the first question posed with respect to page 3 of submission, namely '*What was the impetus for the tight timeframe for the implementation of the new adolescent mental health services "if they were never intended for BAC patients"?*' is a criticism of the need to stand up new services in a timely fashion for members of the community other than BAC patients.

12. State of Queensland has previously provided extensive submissions outlining the considerable efforts of the many eminently qualified experts in providing not only a Tier 3 service, but a re-designed contemporary suite of services delivering a

comprehensive continuum of mental health services across the State for adolescents.[1]

13. Further, the question appears to have limited relevance to the Terms of Reference in that it would only apply to potential future BAC patients.

14. As noted in paragraph 10(c) above, it is misleading to suggest that the services were specifically '*not for BAC patients*'.

15. The services provided to BAC patients were bespoke services identified on the advice of Dr Brennan, and other agencies, as services that were appropriate to address the clinical needs of each individual patient.

16. As was noted in the Kotze/Skippen investigation report:

(a) at page 8, third and fourth bullet points:

- *Transitional care planning was led by a small multidisciplinary team of clinicians headed by the Acting Clinical Director BAC. Their task was enormous as they were required to review and supervise current care plans, manage incidents and crises, seek out information about service options that many times was not readily available, negotiate referrals, coordinate with the education staff and manage communication with patients and their families/carers. The team was dedicated to these tasks, with the day to day supervision of the young people undertaken by the Care Coordinators.*
- *The process of managing the transition of individual patients was centered on* ***individualised and comprehensive needs assessment (including mental health, health, educational/vocational, and housing/accommodation needs) and care planning****, extensive investigation to identify available and suitable services to provide coordinated care in community settings, iterative planning and collaboration with consumers and families and carers. (Refer Appendices C and D for transition planning evidence and detailed review.)*

(b) at page 9 – sub-dot points 1 & 2:

> *The young people were a very complex group with various combinations of developmental trauma, major psychiatric disorder and multiple comorbidities, high and fluctuating risk to self, major and pervasive functional disability, unstable accommodation options, learning disabilities, barriers to education and training, drug and alcohol misuse. In short, this was a cohort in the main characterised by high, complex and enduring clinical and support needs.*
>
> *Organising transitional care for such a complex group would have been a very significant challenge even under ideal conditions. Each very complex*

[1] See, for example, Chapter 5 of the submissions on behalf of State of Queensland dated 23 March 2016.

> *young person required **highly individualised care assessment and planning**. These are not the kind of individuals who readily 'fit' with service systems because of the scope and intensity of their needs. The model of care in existence at BAC had promoted prolonged inpatient care and the forthcoming closure required the rapid development of care pathways to community care.*

(c) at page 9 – main dot point 1:

> *The BAC team undertook **an exhaustive and meticulous process of clinical review and care planning with each individual young person's best interests at the core of the process**. Despite the pressure of a looming deadline, there was evidence that the first and critical emphasis of care was to establish and provide good clinical care including addressing physical health needs such as and diet/weight management. (Refer Appendix D – Patients and*

17. The following testimony of Associate Professor Kotze is also instructive on this issue:[2]

> *MS WILSON: In looking at the transition plans and then comparing that to the AMHETI services, it was your – it was your conclusion that you came to that the transition plans were quite bespoke, weren't they, for each of the individuals? They were, definitely. Definitely, yes.*
>
> *So addressing each of those individual needs? Yes, yes, definitely.*
>
> *So if the suite of services that you've had an opportunity to look at – if they were all up and running at the time, it would've made no difference to the transition plans because of the bespoke nature that each of these individuals ? Yeah. It might have been more significant when these kids were coming into the system many years ago.*

5. The consumer advocate at The Park

18. This is a question for Ms Kelly.

6. Adequacy of services for BAC patients

19. As was explored at length in the hearings and in the many affidavits and exhibits that have been provided to the Commission, every BAC patient had an individual transition plan developed to address their clinical needs.

20. Accordingly, the questions posed by the Commission with respect to page 7 of submissions are misguided and unhelpful.

[2] T23-56/L4-17.

21. There is no evidence that there was a single decision with respect to all BAC patients as to the adequacy of existing mental health services, nor should there be. It is entirely appropriate for such assessments to be made in each individual case having regard to the particular clinical needs of each BAC patient at the time of their transition.

22. Further, the '*Tier 3 service*', being the subacute beds, was available, should they have been required.

23. The Youth Resi at Greenslopes was also available by late February 2014, and

7. National standards

24. The National Standards for Mental Health Services 2010 is an appropriate document to benchmark the adequacy of care, support and services that were provided to BAC patients and their families under Term of Reference 3(e). It ought be read in conjunction with the HHS Service Agreement and relevant internal guideline documents from West Moreton HHS and receiving services.

25. The National Standards for Mental Health Services 2010 direct internal Hospital and Health Service (**HHS**) policy and guide accreditation of those HHSs.

26. All mental health services are expected to meet the National Standards for Mental Health. HHS Service Agreements direct mandatory compliance with the National Standards for Mental Health.

27. All HHS's are assessed during their Australian Council on Healthcare Standards accreditation against the National Standards for Mental Health.

28. Standard 3 relates to consumer and carer participation in the development, planning, delivery and evaluation of services.

29. As this Standard applies to the Commission, it is submitted that:

    (a) West Moreton HHS had processes in place to actively involve consumers and carers in the closure and transition of the BAC patients;

(b) there was frequent communication between West Moreton HHS and patients, families and staff of BAC; and

(c) there is no evidence to suggest that a consumer or carer's independent right to determine who will communicate their views was impinged.

30. Standard 7 relates to mental service respect, value and support for carers as this is related to the recovery of a patient with a mental illness.

31. There is no evidence to suggest that the Standard has not been complied with or that any dissatisfaction felt by families and carers, such as Parent, in any way affected the recovery of a BAC patient. Compliance with the Standard was never explored by the Commission.

32. Standard 10.6 provides that a mental health service will assist consumers to exit the service and ensure re-entry according to the consumer's needs.

33. The Commission received copious evidence about the bespoke transition plans developed for each BAC patient. There was un-contradicted clinical evidence that these bespoke transitional plans were appropriate. As such, all BAC patients were managed by mental health services in accordance with Standard 10.6.

8. *Carer's (Recognition) Act 2008*

34. The Queensland Carer's Charter is contained within the *Carer's (Recognition) Act 2008*. It provides statutory recognition of the role of carers. It contains a requirement for all health services to demonstrate respect and support for carers.

35. The Commission has been provided with no evidence of a failure to comply with this requirement.

36. It is submitted that [redacted] personal experience may differ from the position of West Moreton HHS and Children's Health Queensland HHS more broadly.

37. If the Commission intends to make an adverse finding with respect to this issue, State of Queensland requests an opportunity to provide further evidence with respect to this issue.

Elizabeth Wilson QC
Nicole Kefford
Janice Crawford

6 May 2016