Form 7A: Witness Statement

BARRETT ADOLESCENT CENTRE COMMISSION OF INQUIRY

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

STATEMENT OF DR CARY BREAKEY

Name of Witness:	**Dr Cary Breakey**
Date of birth:	[redacted]
Current address:	
Occupation:	**Semi-retired/part-time consultant**
Contact details (phone/email):	[redacted]
Date and place of statement:	**28 September 2015 at Brisbane**
Statement taken by:	

I **DR CARY BREAKEY** make oath and state as follows:

Introduction

1. I was the founding Medical Director of the Barrett Adolescent Centre (BAC). In or about August /September 2015, I heard through a number of sources, namely the media, Medical Colleagues and Associates and through Alison Earle, that there was to be a Commission of Inquiry into the BAC. Accordingly, I obtained a copy of and read the Terms of Reference for the Inquiry.

2. As I considered that I had information relevant to the Terms of Reference, in September 2015, I contacted the Commission to make myself available to provide as much information as I could to the best of my recollection (given the passage of time).

3. I then attended the Commission of Inquiry Rooms situated at level 10, 179 North Quay, on the morning of Thursday 24 September 2015 to speak to Commission staff. In order to prepare for this meeting, I made the notes attached as Appendix A to this statement. I also attempted to locate in my personal records, any documents that I may have still had in my possession. The only documents I was able to locate relevant to the Terms of Reference are referred to below, given the length of time that has past, other documents are no longer in my possession.

4. I hold a degree of Bachelor of Medicine and Surgery (M.B B.S) from Monash University. I am a Fellow of the Royal Australian and New Zealand College of General Practitioners, and hold a Diploma of Psychological Medicine (D.P.M.) University of Queensland.

5. I have practised as a child, adolescent and family psychiatrist since 1980, both as a government employee and as a private consultant. Though I am semi-retired, I have maintained current registration and locum on a semi-regular basis in Queensland Health services. My curriculum vitae is attached as Appendix B to this statement.

Establishment of BAC

6. Prior to 1983, there was no designated adolescent inpatient unit in Queensland. The only inpatient services for adolescents were child mental health units at the Royal Children's Hospital and the Mater Children's Hospital. The unit at the Royal Children's was originally called Courier Ward, subsequently named CAFTU. Whilst both of these facilities had inpatient beds and designated areas for children with metal health concerns, there was limited scope and capacity to care for the long term and ongoing needs of these children and their families and carers. These wards were short term wards.

7. The further difficulty with these wards was they only catered for children up to 13 or 14 years old. Adolescents did not fit into the paediatric service; nor were they accepted or was it appropriate that they be treated through adult services.

8. From my firsthand experience and observations I formed the opinion at this time that there was an obvious gap in inpatient psychiatric services catering for adolescents. The Division of Youth Welfare and Guidance at that time provided psychiatric services to Wilson Youth Hospital. However, this service did not adequately meet the need for adolescent inpatient services as it catered for delinquent children in the care and control of the Department of Children's Services.

9. Over preceding years, I had worked closely and extensively with Dr Alex Shearer, who was by the early 1980s, the Senior Medical Director of the Division of Youth Welfare and Guidance.

10. In or about 1981, Dr Shearer and I started exploring and researching what steps we could take to establish a specialised psychiatric inpatient unit for adolescents allowing for inpatient, outpatient and schooling facilities. This undertaking resulted in us making a series of written submission (a copy of which I have searched for but cannot find) to the Queensland Department of Health. Our efforts were ultimately rewarded because in or about late 1981/ early 1982, we were able to secure approval and subsequently funding for such a unit.

11. During this time Dr Shearer and I had considered where to locate the unit. I recall that we were offered a unit at Prince Charles Hospital at Chermside, space at Wynnum Hospital at Redlands and a ward at the Barrett Centre, located within the grounds of the Wolston Park Hospital (now the Park – Centre for Mental Health, Treatment, Research and Education). The Barrett Centre (an adult service) had gone through the deinstitutionalisation process of the early 1980s and had an empty ward. Ultimately, for the reasons discussed below, we selected the location at the Barrett Centre and rejected the other alternatives.

12. The reason that we rejected the Prince Charles Hospitals was because it was located near busy roads, and I was concerned about the suicide risk for vulnerable young patients being near such a flow of traffic. At Redlands, there was a proposal at the time to close the Wynnum Hospital. The local community was opposed to this. I considered that it would be difficult to establish an adolescent mental health facility, which are typically negatively perceived by the community, in a hospital which the community did not wish to be closed. Wynnum Hospital was also quite remote.

13. It was my opinion at the time (and it remains my opinion to this day) that the Barrett Centre was reasonably accessible, and the opening of an adolescent mental health facility would not result in adverse reaction from the local community given that they were already accustomed to the adult mental health facilities at Wolston Park Hospital. The hospital grounds were massive, which allowed us to give the patients their space, and there was access to various facilities at Wolston Park, such as a carpentry workshop and the Basil Stafford Pool. While the grounds were near a train line, there was enough distance to allow us to locate a patient before they reached the railway station. This suicide risk had been well recognised before there were adolescents at Wolston Park.

14. A crucial component of our accepted submission had been an onsite school facility at the unit for attendance by patients only. Dr Shearer and I consulted extensively with Education Department, who were keen to designate such a facility as a Special School as part of the unit. The Barrett Centre was also an excellent location for such a school.

15. Ultimately then the decision was reached that the unit would be located at the Barrett Centre and so the BAC came to be.

16. Right from the outset of its establishment, I considered it imperative for the young adolescent's well- being and for the BAC to work effectively, that there be continuity of and specialised training for the staff at the BAC. To this end, I negotiated with the nursing union to obtain a variation of the employment conditions of nursing staff. Previously at Wolston Park, there had been a pool of nursing staff who moved throughout the hospital. Such an arrangement would not provide the necessary support and care we desired for the young adolescents who would be attending the BAC.

17. Initially, the BAC opened I recall sometime in 1982, as a day patient service. This gave me the opportunity to recruit and train staff before the inpatient services opened approximately 12 months later in 1983.

Operations of BAC

18. In my role as Medical Director of BAC, I was assisted by a team of professional staff including a junior psychiatrist, registrars, occupational therapists, a social worker, psychologists and a part time speech therapist. The nursing staff and hotel services staff (who handled the day-to-day running of BAC, including catering) were provided by Wolston Park.

19. Dr Shearer and I decided that a 15 bed inpatient service was ideal for BAC to work effectively. We decided that BAC could also manage a further (approximately 10) day patients, I was of the view that a larger group of inpatients would be unmanageable in terms of the therapeutic milieu (using the way the patients interacted as part of their therapy). This is a view I have maintained through to today.

20. The nominal age for admission into BAC was 13 to 18, but our focus was on maturity and developmental level rather than age. BAC admitted patients that had been assisted elsewhere, including local child guidance services, Mater Children's Hospital, Royal Children's Hospital and private services. Many patients were referred via the school service. Initially, we committed to assessing patients within 24 hours to determine whether BAC could admit them, but this became unrealistic once the waiting list began to grow.

21. Adolescents with a variety of psychiatric conditions were patients of the BAC. These included those with schizophrenia, anorexia nervosa, depression and bipolar mood disorder, social anxiety and suicidal depression. A significant proportion were admitted for clarification of diagnoses. The BAC would admit acting out children (those who were aggressive or had committed offences) if there was an identifiable mental health driver for their conduct.

22. There was no consistent gender breakdown of the inpatients. However, we tried to keep a somewhat representative balance.

23. The adolescents had little contact with the adults at Wolston Park, other than sharing a dining room in the presence of the BAC staff. As far as I am aware, there were never any major incidents arising from the shared use of the dining room.

24. As well as attending the BAC Special School during the day, patients would participate in a variety of activities, including cooking, sports, walks, therapeutic groups and social skills groups. The BAC would utilise the skills or interests of staff members. For example, one staff member ran a photography group. The patients would also be engaged in 'ordinary' activities that they would do at home, such as going to the store to pick up pizzas or movies.

25. A critical part of a patients' treatment was their reintegration into their family, school, and socially appropriate activities as part of their treatment programme. The philosophy of the BAC was that a patient was being transitioned out from the day they arrived as appropriate to their needs and with cognisance of waiting list pressure. The Day Programme was a critical part of this reintegration.

26. I continued as the Medical Director of BAC, both full and part time, until 1989. I have maintained contact and have been directly involved with the BAC as the predominant locum cover for Dr Trevor Sadler since he took over the directorship in 1989. I have worked in close association with Dr Trevor Sadler for over 27 years and I have always had the upmost respect and admiration for, and total confidence in, Dr Sadler.

27. Each time I visited the BAC as a locum over the last ten years, I observed the ongoing deterioration of the building, and on my last visit as a locum in July 2013, I considered that the BAC was quite noticeably in need of refurbishment. Education dept facilities were well supported. However, I never considered at any stage that the needs of the young adolescents were not being met.

Planned relocation

28. In 2009, I became aware of a plan to resite BAC adjacent to the Redlands Hospital. On 21 July 2009, I wrote to Paul Lucas the then Minister for Health to explain why originally the old Wynnum Hospital site had been rejected and that the Wolston Park site had been selected due to considered matters such as accessibility, environment and community acceptance, as I have outlined earlier above. My letter to Paul Lucas is attached as Appendix C to this statement.

29. On 16 March 2010, I received a response from Cameron Crowther, Principal Advisor to the Deputy Premier and Minister for Health which I have attached as Appendix D to this statement. This letter states that considerable consultation with stakeholders had been conducted and that the relocation would be going ahead.

Closure of BAC

30. I did not hear much more about the relocation and I am uncertain of why this did not occur. I then became aware of the potential closure of BAC in 2012 when Dr Brett McDermott made his statement to the Child Protection Commission of Inquiry.

31. I was not consulted about the decision being made to close the BAC.

32. On 9 November 2009, I also wrote to Lawrence Springborg to express my concern over the threatened closure of BAC. This letter is attached as Appendix E to this statement. One of the purposes of this letter was that I wanted to make it understood by the decision makers that the reasons being given for the closure were flawed, For example on of the reason I understood was low average bed occupancy. This in my view reflected a lack of understanding of the necessary model for recovery in child and adolescent mental health which involves reintegration as discussed above. I also expressed concern over the lack of consultation evidenced by the fact that the principal of the BAC Special School had only become aware of the threatened closure when contacted by the media.

33. On 22 November 2012, I wrote to Mr Springborg's Office Manager, Colleen Miller. In this correspondence I referred to public statements made by West Moreton Health and Hospital Board chief executive Lesley Dwyer which suggested that the options being considered by working groups only included placement in acute units. I was by my correspondence keen to outline what were in my view the negative implications of this approach. This letter is attached as Appendix F to this statement.

34. In December 2012, I met with Anastasia Palaszczuk and Joanne Miller, along with one of BAC's patients and one or two parents. Ms Palaszczuk expressed a desire to visit BAC. The following week, Lawrence Springborg and Annastacia Palaszczuk and associated staffers visited BAC. I was present at this visit.

35. By late 2012, West Moreton Health had formed the Barrett Adolescent Centre Planning Group, which including Leanne Geppert, Leslie Dwyer, Sharon Kelly, Bill Kingswell, Dr Sadler and a representative from a public relations firm. In mid to late 2012, I acted as Dr Sadler's proxy while he was overseas. I attended three or four meetings in mid to late December. The brief for the committee was to close BAC. After the first meeting, I realised and brought to the committee's notice that summaries of the meeting were 'Actions from the previous meeting', not formal minutes as I would have expected, and I requested that dissenting comments be recorded in notes of the meetings. I do not have a copy of these meeting notes.

36. I also acted as Dr Sadler's proxy in the initial meeting(s) of the Expert Clinical Reference Group, but this was really just the formation phase.

37. On 24 April 2013, I again wrote to Lawrence Springborg to register my anxieties on the urgent time-frame for decision-making with regard to the closure of the BAC. I understood that the basis for relocating the BAC was that secure forensic specialty services for adult patients would be operational by mid-2013. In this letter, attached as Appendix G to this statement, I expressed my observations that there had never been any threats or incidents arising from the location of forensic patients alongside BAC, and that the need for community-based services close to consumers was not applicable to a super-specialised service like the BAC. I also acknowledged that whilst long admissions period in the BAC were expensive, Over many years, Dr Sadler and I had both been trying to rally Health department support for an attached facility either in "The Park" grounds or separately in the community as a secure next-step for inpatients, to expedite the transition process.

38. Despite my distress at the process of Dr Sadler being stood down, because all the patients and some of the families were familiar with me, I emailed Sharon Kelly and offered to resume the role of A/Director at BAC. My offer of assistance was declined with appropriate politeness. Because of a change of computer hard drives, I am unable to access copies of these emails at this time.

.Opinion

39. In my view, the model of long-term inpatient care coupled with an onsite school offered by BAC until its closure is the most effective model care for adolescents with at the severe end of mental health issues, who had already exhausted existing safe community options. As far as I am aware, from BAC's opening in 1983 to its closure, no patient had committed suicide within six months of being discharged.

40. I am aware that there was a significant waiting list for BAC. However, I do not consider that a larger facility should be opened because a larger group of inpatients would be unmanageable, as discussed above. Of course several more centres such as the BAC situated in a number of locations including regional Queensland would in my view be preferable.

41. My understanding and direct experience of the staffing of the BAC in the later years was that there was not enough continuity of staff, particularly with the nursing staff at the BAC. Continuity as I have said above is incredibly important as this allows the patients to feel safe and comfortable with the nursing staff, and gives the nurses the opportunity to develop an understanding of their patients.

42. Given my direct involvement in BAC since its inception, in my opinion the reasoning behind the closure is flawed for the following reasons:

(a) There is no more contemporary model that is effective in treating this group of adolescents. By the time patients reached BAC, almost all had recurrent failed admissions to acute units. These units did not have the capacity to care for the patients, and could not provide an opportunity for the patients to become comfortable with staff in a two week period. And many of these patients were (or were seen) as disruptive to the management of other patients in these units

(b) The risk of harm from forensic patients is not a valid concern as Security Patients were sited at Wolston Park along with BAC since 1983 with far less monitoring capacity than today, with no threats or incidents arising.

(c) While the building has deteriorated, it could be refurbished relatively cheaply rather than relocating or closing BAC.

(d) Average bed occupancy is an inappropriate measure of utility of this kind of facility, given the importance of reintegrating patients into the community as part of their treatment. When patients were on, for example, weekend leave as part of this process, this would be recorded as 'empty beds', despite the fact that BAC staff would still be fully responsible for their care and often acutely involved counselling patient or parents per phone or often visiting families or facilitating return to the unit.

Witness Signature:

~~Justice of the Peace / Commissioner for Declarations~~ / Lawyer

OATHS ACT 1867 (DECLARATION)

I [INSERT FULL NAME OF WITNESS HERE] do solemnly and sincerely declare that:

(1) This written statement by me dated 29 September 2015 and contained in pages numbered 1 to 9 is true to the best of my knowledge and belief: and

(2) I make this statement knowing that if it were admitted as evidence, I may be liable to prosecution for stating in it anything I know to be false.

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

..... [redacted] .....Signature

Taken and declared before me at Fremantle this 29th day of September 2015.

Taken By ..... [redacted] .....

Justice of the Peace / Commissioner for Declarations / Lawyer Margaret Nesta Gallagher

[redacted] .....

Witness Signature:

[redacted] .....

~~Justice of the Peace / Commissioner for Declarations /~~ Lawyer

Received by Dr Cary Brearley 24.09.15.

History/Establishment:
Prior to 1983, no designated adolescent unit in Qld, younger patients, up to 13-14-15yrs in RCH and Mater . 16-17s a problem, 18s to adult .
Never acute service but committed to review kids admitted within 24 hrs, then most thru YW&G/CYMHS. ?Unique in Oz with 24/7,7/7, with Day-programme and own special school.
Never enough beds/waiting list issues (- balance for colleagues between envy and need to utilise the service)
From the 90s, acute units developed – RBH, Robina, Logan – so BAC became able to take kids with more prior assessment from these, and proportions of more disturbed/distressed kids increased.
From 2000s, increased morbidity in more kids, ?most already had multiple –

- admissions to acute units
- failed DCS placements
- parental abuse/ neglect/ abandonment episodes
- education failures/refusals/expulsions/withdrawals

so more complex in all areas of adolescent functioning and development. Hence many not ready to cope with transition to Adult services at 18yrs. BAC model from inception stressed "13-18" based on maturity, not chronology.

Issues : There were recurrent threats to BAC's future from ?mid-2000s, and the planned relocation to Redlands (another Ministerial letter), and then the disclosure in Nov 2012 of imminent closure end-Dec 2012.
Because of this instability, during this period there was a progressive loss of experienced staff, increased appointments on short-term contracts, and then a destabiling work-force with agency and WMHHS staff (reducing the therapeutic capacity and probably extending admission lengths). This was noticeable by myself during locum periods.
Dr Sadler had planned overseas leave during this now-critical period (which would have been known at least to WMHHS administration). I was BACs locum acting/Director in his absence, patients, families and staff were very distressed, and fortunately the closure was delayed,

Reasons given for the closure:

- It is not considered a "contemporary model"
- It is on the grounds of a forensic facility
- It is in an old building.
- It is not evidenced based
- Low occupancy rates.
- Need for services to be closer to where young people live.

Last from 4NMHP like previous incarnations aimed at adult MHS managing psychoses and PDs.
Each of these criteria was easily refuted, but clear evidence was ignored.

In the a/Dir role , I was Dr Sadler's proxy in the Barrett Adolescent Centre Planning Group – the brief for which was to close BAC. I subsequently realised and brought to the committee's notice that summaries of the meeting were as "Actions from previous meeting" – not formal minutes as I would have expected, and requested that dissenting comments should be recorded in notes of the meeting. I was also his proxy in the initial meeting(s) of the Expert Clinical Reference Group_Barrett Adolescent Centre (which sensibly subsequently recognised the need for a BAC-type unit)
Issues of Dr Sadler's suspension over a relatively minor matter, with inappropriate management by WMHHS, involvement of MHB, and the Minister's announcement in Parliament and the press. Usually would precipitate only local investigation. — My offer to cover in Dr S. absence rejected
?No suicides in 30+ years – 3 in 6/12. New unit ?how

Recvd by Dr Breakey 24.09.15.

Dr Cary Breakey

M.B B.S.(Mon), 1969; FRACGP, 1977; DPM,(Qld) 1979.

Curriculum Vitae (Summary)

Signed True and Correct: **Date: 12 September 2015**

NB. As I am retired after a long career in all areas of psychiatry in Qld, I only work intermittently generally in response to colleagues request for locum cover in areas of need whilst on leave.

Mar-Sept 2015
- Visiting Senior Consultant Psychiatrist, Logan CYMHS Clinic, Metro South HSD

June 2014- Feb 2015
- Acting Clinical Director, Child & Youth Mental Health Service,
  Darling Downs Health Service District

2013
Locum positions ranging two weeks to one month:
- Acting Director, Barrett Adolescent Centre, Wolston Park Hospital, Wacol, Qld.
- Locum Senior Consultant Psychiatrist, Central Queensland CYMHS

2001-2012
Locum positions ranging two weeks to nine months:
- Acting Clinical Director, Child & Youth Mental Health Service,
  Darling Downs Health Service District
- Visiting Senior Consultant Psychiatrist, Ipswich CYMHS Clinic
- Visiting Senior Consultant Psychiatrist, Maroochydore CYMHS Clinic
- Visiting Senior Consultant Psychiatrist, Logan CYMHS Clinic, & Adolescent Ward 2A LH
- Visiting Senior Consultant Psychiatrist, Inpatient Unit, Mater Childrens Hospital, Brisbane
- Senior Consultant Psychiatrist, Alice Springs Mental Health Service
- Acting Director, Gold Coast CYMHS. Robina.
- Visiting Senior Consultant Psychiatrist, Gold Coast CYMHS, Robina Inpatient Unit.
- Acting Director, Barrett Adolescent Centre, Wolston Park Hospital, Wacol, Qld.
- Visiting Senior Consultant Psychiatrist, Evolve Therapeutic Services, Logan & Gold Coast

1996 - 2001 (Retired)
- Visiting Senior Consultant Psychiatrist, Redcliffe-Caboolture CYMHS Clinic
- Private Consultant Psychiatrist Practice – Wickham Tce, Brisbane & Buderim

1993-1996
- Visiting Senior Consultant Psychiatrist, Sunshine Coast Region
  Maroochydore Child & Youth Mental Health Service (CYMHS) Clinic
- Private Consultant Psychiatrist Practice – Wickham Tce, Brisbane & Buderim

1991-1993
- Visiting Consultant Psychiatrist, West Moreton Region
  Ipswich Child Guidance Clinic
  Inala Child Guidance Clinic
- Consultant Psychiatrist, Visiting Child Psychiatry Service, Central Qld Region
- Private Consultant Psychiatrist Practice – Wickham Tce, Brisbane

1989-1991
Jan : A/Senior Medical Director (SMD), Div. Y W & G.(part-time) Qld Dept of Health

1988
Mar : Part-time Medical Director, BAC.

Sessional Consultant Psychiatrist, Mater Children's Hosp. (Ongoing to 1997)
Private Consultant Psychiatrist Practice (ongoing to 2001)

1987 As below plus :
Jun : Acting Psychiatrist-in-charge, Child Psychiatry Unit, Mater Children's Hosp. Brisbane,
Dec : Consultant Psychiatrist, Mental Health Services, Northern Territory.
1984
Medical Director, BAC, cont.
- Acting Senior Medical Director, Y W & G. 3/12
- Visiting Consultant Child Psychiatrist, Rockhampton region

1983
Mar : Founding Medical Director, Barrett Adolescent Centre, (BAC).
1982-1983 As below plus:
Oct-Apr: Acting Director of Child Psychiatry, Courier Ward RCH.
1981
May : Medical Director, Institute of Child Guidance, Y W & G.
- Vis. Cons.Psychiatrist: Oncology Unit, RCH
Courier Ward, RCH.
- Vis. Family Therapy Supervisor, Toowoomba Institute of Child Guidance.

1980
Jan : Registration as Specialist Psychiatrist, Medical Board of Queensland.
Consultant Psychiatrist, Division of Youth Welfare & Guidance.
Concurrent appointments:
- Visiting Consultant Psychiatrist, Paediatric Oncology Clinic, Royal Children's Hospital
- Visiting Supervising Psychiatrist, Townsville Institute of Child Guidance.

Received Dr Breakey 24.04.15.

EXHIBIT 27

WIT.900.002.0013

[redacted]

Dr Cary Breakey

C .E. Breakey (Medical) Pty. Ltd.
A.B.N.12 063 281 890
Prov. no: 003088AB

M.B., B.S. (Mon), F.R.A.C.G.P., D.P.M. (Qld)
Child, Adolescent, and Family Psychiatry

Phone: [redacted]
Fax:

Postal Address: [redacted]

July 21, 2009

cpy to Heron Graves

The Honourable Paul Lucas,
Deputy Premier and Minister for Health,
PO Box 48,
Brisbane QLD 4001

Dear sir,

Re: **Resiting of Barrett Adolescent Centre**

I have just become aware of a plan to resite Barrett Adolescent Centre (BAC) adjacent to the Redlands Hospital. You and your staff may not be aware that part of the old Wynnum Hospital site was considered and rejected in the initial planning for the development of Queensland's first adolescent in-patient unit in the early 1980s. I am concerned that some of the problems initially identified with this site still apply to the new plan and currently may not be being given due recognition. There would be comprehensive details of this planning in your departmental archives.

As the psychiatrist involved with the establishment of the adolescent in-patient service with Dr Gordon Urquhart, Director of Mental Health Services (the then-equivalent of your current position), and Dr Alex Shearer, Senior Medical Director, Division of Youth Welfare & Guidance (now CYMHS) and as the subsequent founding Director of BAC, I was actively involved in the evaluation of possible sites for a unit.

My memory is, and I am sure your records would confirm, of the following major issues which led to the rejection of Wynnum hospital and selection of the Wolston Park site:

Accessibility, especially by public transport, for patients, families and staff:

Many BAC patients, then and now, attend as day-patients, enrolled at BAC Special School, either before admission, or in transition back to their normal life. As well, unfortunately many of BAC patient's families have limited resources, or disabilities, precluding driving their own vehicle – involvement of their family with BAC is critical to helping restore these adolescents back to normal functioning – any impediment to this involvement reduces the chance of a good outcome. Though I appreciate public transport to the Redlands area has upgraded since my evaluation in 1980, this remains a major access concern, with the planned site a bus trip from the railway station.

Environment and Community Acceptance:

Unfortunately the community has little tolerance, even today, of psychiatrically distressed people, but particularly adolescents. Whilst noisy acting-out, abscondings, and suicidal behaviours are fortunately not too common, their impact on the residents surrounding BAC are negligible because of distance and the long-standing recognition of the Wolston Park complex as a "mental hospital". Similarly, train drivers on the Wacol-Goodna stretch were already adapted (with significant anxiety) to the risk of suicide attempts.

(The surrounding "bush" at BAC is lightly-timbered golf courses, providing space where adolescents could be supervised from a distance without risk, and easily spotted if absconded, compared to the very dense bush of the planned Redland site.)

I understand there are concerns re the increasing forensic population planned for the Park complex – when BAC was established, Wolston Park Hospital complex (WPH) was Queensland's only venue for the most disturbed security patients, and Osler House the only secure female area, so many "dangerous" patients were held in other locked wards on the campus. Even with the limited security available then compared with today, there were never any untoward incidents.

Experienced Staff Availabilty:
The WPH area has long developed a pool of experienced mental health professionals, living in surrounding areas, or with easy access already identified.

Whilst there are many more staff experienced in adolescent psychiatry available now, inpatient units with their inherent additional stresses have limited attraction, so I anticipate problems with staffing a unit so far from the existing site.

Whilst admitting to a strong professional, and personal attachment to BAC and its model, I wish to register my concerns that the planned change in venue, with the associated staff, patient, and perhaps even model, changes, will put this service at risk. BAC has cared effectively for some of Queensland's most disturbed adolescents for over twenty-five years, without a tragedy, or even scandals, adverse media publicity, or coronial inquiry criticism. It would be sad for adolescents and their families for Queensland Health to lose that unblemished record.

Yours sincerely,

Ccs: Dr Michael Reid, Director-General, Queensland Health, PO Box 48, Brisbane QLD 4001.
Dr Aaron Groves, Director of Mental Health, Queensland Health, PO Box 48, Brisbane QLD 4001.

Received by Dr Breakey 24.09.09

EXHIBIT 27

[redacted]

Queensland Government

Office of the **Minister for Health**

MI164394
MO: 09000389

Dr Cary Breakey
Child, Adolescent, and Family Psychiatry
[redacted]

Dear Dr Breakey

I write in response to your letter dated 24 July 2009, regarding the relocation of the Adolescent Extended Treatment Centre. The Deputy Premier has asked that I respond on his behalf and apologise for the delay.

I am advised by Dr David Theile, Chief Executive Officer, Metro South Health Service District that the Adolescent Extended Treatment Centre, currently known as the Barrett Adolescent Centre is located at The Park, Centre for Mental Health, Wacol. This facility was built in approximately 1978. This facility was not a purpose built adolescent Unit and has been the subject of ongoing concern.

These concerns were recognised and a Site Evaluation subgroup was established to explore options associated with the relocation of this Centre. It was this subgroup who determined that land available adjacent to the Redland Hospital was available and would be suitable as the preferred site for relocation.

It is anticipated that construction will commence around December 2010 with the commissioning of the facility expected to occur between August 2011 and October 2011.

Dr Theile further advises that there has been considerable consultation with stakeholders regarding the relocation of the Centre. Consumers and staff currently located within the Wacol Centre were initially consulted on 17 November 2008 and again on 20 February 2009. In addition, a carer's survey was conducted between 20 February 2009 and 10 March 2009 and there have been a number of meetings held with various stakeholders, including staff from the Department of Education, Training and the Arts.

Once the relocation process is completed the new centre will offer 24-hour inpatient care for adolescents with high acuity in a safe, structured, highly supervised and supportive environment. In addition, there will be a less intensive care in a day program. The facility will enable the development of programs to improve transition of adolescents to the community.

19th Floor State Health Building
147-163 Charlotte Street Brisbane
GPO Box 48 Brisbane
Queensland 4001 Australia
Telephone [redacted]
Facsimile [redacted]

The relocation of this Centre further evidences the commitment of the Government to invest in new and upgraded mental health inpatient services as identified in the *Queensland Plan for Mental Health 2007-2017*.

Should you have any queries regarding my advice to you, Associate Professor David Crompton, Executive Director, Mental Health, Metro South Health Service District, will be pleased to assist you and can be contacted on telephone [redacted]

Yours sincerely

[redacted]

CAMERON CROWTHER
Principal Advisor to the
Deputy Premier and Minister for Health

Queensland Government

Office of the **Minister for Health**

MI164394
MO: 09000389

Dr Cary Breakey
Child, Adolescent, and Family Psychiatry
[redacted]

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These concerns were recognised and a Site Evaluation subgroup was established to explore options associated with the relocation of this Centre. It was this subgroup who determined that land available adjacent to the Redland Hospital was available and would be suitable as the preferred site for relocation.

It is anticipated that construction will commence around December 2010 with the commissioning of the facility expected to occur between August 2011 and October 2011.

Dr Theile further advises that there has been considerable consultation with stakeholders regarding the relocation of the Centre. Consumers and staff currently located within the Wacol Centre were initially consulted on 17 November 2008 and again on 20 February 2009. In addition, a carer's survey was conducted between 20 February 2009 and 10 March 2009 and there have been a number of meetings held with various stakeholders, including staff from the Department of Education, Training and the Arts.

Once the relocation process is completed the new centre will offer 24-hour inpatient care for adolescents with high acuity in a safe, structured, highly supervised and supportive environment. In addition, there will be a less intensive care in a day program. The facility will enable the development of programs to improve transition of adolescents to the community.

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The relocation of this Centre further evidences the commitment of the Government to invest in new and upgraded mental health inpatient services as identified in the *Queensland Plan for Mental Health 2007-2017*.

Should you have any queries regarding my advice to you, Associate Professor David Crompton, Executive Director, Mental Health, Metro South Health Service District, will be pleased to assist you and can be contacted on telephone [redacted]

Yours sincerely

[redacted]

CAMERON CROWTHER
Principal Advisor to the
Deputy Premier and Minister for Health

Queensland Government

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Postage Paid Australia

Dr Cary Breakey
Child, Adolescent and Family Psychiatrist
[redacted]

EXHIBIT 27 Received by Dr Breakey 24.09.15.

[redacted]

Dr Cary Breakey
M.B., B.S. (Mon), F.R.A.C.G.P., D.P.M. (Qld)
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9 November 2012

The Honourable Lawrence Springborg MP
Minister for Health
Level 19, State Health Building
147-163 Charlotte Street
BRISBANE QLD 4000.

Dear Mr Springborg,

Re: **ABC News Report: Threatened Closure of Barrett Adolescent Centre**

You may remember meeting Dr Trevor Sadler and myself at the formal opening of Yannanda, Toowoomba's Adolescent inpatient psychiatry unit. We discussed our strong concerns about the inappropriateness of the proposed resiting of the Barrett Adolescent Centre (BAC) to Redlands.

Your speech at Yannanda demonstrated a warm and clear awareness of the issues of Child & Adolescent Mental Health (C&AMH). So I was very surprised when I became aware of the threatened imminent closure of BAC. I am assuming that you have approved this as part of cost-cutting measures of your government but am concerned that the advice from your Department may not be reliable or insightful.

As you know this unit looks after seriously ill teenagers who have already exhausted all other options for appropriate treatment in both community and acute inpatient units. An appalling lack of knowledge of her own district services was demonstrated by the spokesperson for West Moreton DHS last night (08/11) on ABC News who suggested that "modern" approaches dealt with these patients in their community – BAC works vigorously with the patient's family, extended families and all community ties to reintegrate the adolescents back to a normal life.

Ironically it appears this process has contributed to its threatened demise. The reason given for the closure, as I understand it after discussion with Dr Sadler last night, is the low average bed occupancy, and hence assumed resource/money wastage. This reflects a lack of understanding (unfortunately also prevalent in my adult psychiatry colleagues) of the necessary developmental model for recovery in C&AMH which involves reintegration of the adolescent into their family, school, and socially appropriate activities as part of their treatment programme. This requires coordinated planning of "leaves" which are then recorded as "empty beds" and dramatically affect "average" bed numbers whilst BAC staff are still fully responsible for their care. They are actively supporting the patient, and family, etc, and dealing with issues to help all who are concerned with the child, benefit from the leave-time. This is very different from ordinary hospital-care (though many C&A psychiatrists are pleased to see this beginning to happen in some adult mental health units).

My previous experience in administration has me very conscious of the potential for underlying conflicts between bureaucracy and government, and the ways that departmental information can be presented for particular outcomes. I am concerned that the BAC closure may be being described in minimalist terms when the closure has serious and possibly tragic effects for patients and families, as well as loss of an experienced and valuable resource for Queensland.

A further issue you may need to be aware of is the interdepartmental relationship with the Education Dept who provide the BAC Special School. After the ABC programme I contacted Dr Sadler who said the School Principal had only become aware of the threatened closure when contacted by media yesterday. I worry that this is a further demonstration of either lack of knowledge of their own facilities, or of appropriate protocols

This is clearly just a brief summary of my concerns, which I would be happy to discuss/expand in any ways you think may be useful.

Yours sincerely,

Received Dr Breakey 24.09.15

EXHIBIT 27

[redacted]

Dr Cary Breakey

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22 November 2012

The Honourable Lawrence Springborg MP
Minister for Health
Level 19, State Health Building
147-163 Charlotte Street
BRISBANE QLD 4000.

Attn: Colleen Miller, Office Manager

Dear Ms Miller,

Re: **Planned Closure of Barrett Adolescent Centre (BAC)**

Thank you for your response and Mr Springborg's referral to Dr Mary Corbett, Chairperson, WMHHB. I look forward to her response.

However, my reason for approaching the Minister rather than directly to WMHHB was particularly because the BAC unit is a State-wide specialty service and its closure has major implications outside of West Moreton, and the brief and interests of the WWHYHB.

As quoted in the Brisbane Times – (http://www.brisbanetimes.com.au/queensland/school-closure-a-really-dangerous-idea-20121121-29q8c.html#ixzz2DB7M5aWa)

-West Moreton Health and Hospital Board chief executive Lesley Dwyer this week said no final decision had been made and that working groups with clinical consultants and parents had been formed to examine options.

-Ms Dwyer said places for them would be found in short-term mental health units in hospitals in Brisbane, Townsville and Toowoomba.

These statements are mutually inconsistent in that "options" to be considered by the working groups only include placement in short-term (acute) units.

This has major implications for these units as –

- BAC patients have almost all already had at least several admissions to short-term units without resolution of their problems and hence referral and admission to BAC
- Acute units by design cannot offer the range of activities and interventions necessary for these patients and do not have fully integrated schools
- Though MHAODD occupancy figures indicate vacancies and infer capacity, in practice this is loaded by patients on short-term leave for reintegration into families and those beds are **not** available. Currently these units are regularly full and adolescents have to be accommodated at often long distances from home and family, and that is without the current BAC patients being spread amongst the acute units.

I assume that other HHBs are aware of the WWHHB plan but there has been no notification of the management of the acute units of this plan via their Boards.

Thanking you for your consideration of this additional information, yours sincerely,

Dr Cary Breakey

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24 April 2013

The Honourable Lawrence Springborg MP
Minister for Health
Level 19, State Health Building
147-163 Charlotte Street
BRISBANE QLD 4000.

Dear Mr Springborg,

Re: ?**Update on Closure of Barrett Adolescent Centre (BAC)**

Firstly I would like to thank you for your visit to BAC last December when I was locum Acting/Director in Dr Trevor Sadler's absence – your visit was valued by both staff and patients with the appreciation that decisions about BAC would be considered at the highest level, and not made arbitrarily by district or bureaucratic fiat. Many of the BAC adolescents have had abusive and /or neglectful experiences in being poorly parented, and are hence reluctant to trust but your calm paternal demeanor, particularly going to the effort of walking through the ward with them, was very reassuring and therapeutic for them.

This letter though is to register my anxieties on the urgent time-frame for decision-making. At the time of my involvement in the initial planning committee processes and establishment of the expert reference group to plan the model of service delivery to the BAC patient profile, there was an assumption that the secure forensic specialty services would be operational by mid-year. This was identified as the main reason BAC could no longer be located on the Park campus. If this still applies, planning for current and referral patients is required urgently and needs communication to all Queensland mental health services, for whom any change has major implications. From my long experience I do not think risk of harm from forensic patients is a valid concern as Security Patients were sited there along with BAC from its inception in1983 with far less monitoring capacity than exists today, with no threats or incidents arising

As well, there seems to have been a focus on the Federal mental health plan encouraging community-based services close to consumers – this is essential, but hardly applicable to a super-specialised service like BAC – adult medicine would not entertain the thought of shutting down a heart or liver transplant service just because it could not be delivered locally in a provincial city. Often because mental health interventions do not involve expensive equipment and technology, the special experience, expertise and commitment of the staff on which outcomes are dependent, are not recognized.

It will surprise me if the expert panel can develop a safe model that doesn't include some long-term inpatient care for the relatively small number of extremely disturbed and distressed adolescents that BAC cares for. My "evidence" for this is the constant referral to BAC of adolescents (unfortunately more than can be accommodated) for whom all other services have not been able to adequately help, and these agencies recognise the benefits of a period at BAC. I appreciate that long admission periods in BAC are expensive, but your departmental records will show Dr Sadler and I have been requesting support for "half-way house", or now called "step-down", facilities attached to the BAC service for many years. This could significantly increase throughput and functionally make more beds available per year.

For the long-term, I read with interest your "Blueprint for better healthcare in Queensland". Two key components of the Blueprint may provide a path to provide adequate care through having a dedicated inpatient component, assuming as I do, that is important in the opinion of the Expert Clinical Reference Group.

-The first component is the principle of Contestability. Barrett staff have proposed a number of

initiatives in both the current Centre and for the redevelopment which would have managed more patients with the same resources. As a former Consultant in both Mater and Queensland Health Hospitals, I was aware that clinicians can focus more of their time on clinical work in the Mater, because of streamlined administration. In fact the Mater already provides precedent for providing publicly funded beds for Child and Youth Mental Health inpatient beds. St Vincent's operated the Adolescent Mental Health Unit at Robina when it initially opened. In the United Kingdom, the Huntercombe and Priory Groups as well as St Andrews at Northampton are private companies providing a significant number of predominantly publically funded beds, as well as private beds for adolescents. These often offer specialised services for adolescents of the type that would be admitted to Barrett.

-The second component is that of Infrastructure and Assets being provided by the private sector. I am aware of an estimate from a private company for the plans for redevelopment of Barrett that was about half of the estimate of Capital Works.

Both of these offer an alternative path for an inpatient service as part of a long-term plan. Could I ask you to consider that if the Expert Clinical Reference Group considers an inpatient service is necessary, that both of these components are adequately considered by the Strategic Planning Group and the West Moreton Health and Hospital Service? An adequate exploration of these components would take twelve months or more, I would imagine, to secure expressions of interest, the funding and an appropriate site, and not solve the acute problem.

I appreciate the concerns about an adolescent unit being on the same site as a forensic facility. However, evidently patients from the high secure unit have various types of leave, which places them in the general community anyway. Also there are evidently no concerns from the local neighborhood about the perceived change in risk, which I would have thought was greater than at BAC, with 24hr staffing and hospital security.

As I noted above there have not been any incidents of risk from other Park patients to the BAC adolescents in the past, but am acutely aware of the risk of death or severe injury to the adolescents by their own hand, if they are not cared for in a unit like BAC.

Thank you again for your consideration of these issues and my concerns, which I would be happy to discuss/expand in any ways you think may be useful.

Yours sincerely,