NOTICE

This statement contains information the publication of which is prohibited by an order made by the Commissioner of the Barrett Adolescent Centre Commission of Inquiry on 15 October 2015.

Document	Paragraph containing information the publication of which is prohibited
QNU.001.001.0001 Mara Kochardy statement	23(a); 24(a)-(g); 26(b); 28(b)-(c); 30(a).

OATHS ACT 1867

STATUTORY DECLARATION

QUEENSLAND
TO WIT

I, **Mara Kochardy**, c/o Roberts & Kane Solicitors, level 4, 239 George St, Brisbane in the State of Queensland do solemnly and sincerely declare that:

The following statement is provided in response to a notice I received from the Barrett Adolescent Centre Commission of Inquiry requiring me to give information in a written statement in regard to my knowledge of matters set out in the Schedule annexed to the notice.

Response to Schedule of Questions

1. **Outline your professional qualifications and provide a copy of your current or most recent curriculum vitae.**

   (a) I am registered to practice as a nurse with the Nursing and Midwifery Board of Australia. I have been a registered nurse since 2008.

   (b) I hold a Bachelor of Nursing (2008) and a Master of Mental Health Nursing (2011) from the University of Queensland.

   (c) I first commenced employment as a registered nurse in the area of mental health nursing at The Park in January 2009 where I undertook a 12 month Transition to Mental Health Nursing Program.

   (d) In early 2012 I commenced a three month contract of employment to work as a registered nurse in the Barrett Adolescent Centre (BAC). The contract of employment was reviewed and extended every three months until the BAC closed in January 2014.

   (e) Attached and marked [[QNU.001.001.0018]] is a copy of my curriculum vitae.

Signed: ....

2. **We understand that you were a nurse involved in some way with providing care at the Barrett Adolescent Centre (BAC). What was your positon or job title? On what basis and by whom were you employed? Was this employment on a permanent, full time, part time, casual or some other basis?**

   (a) I was initially contracted to work for three months as a registered nurse (RN) at the BAC on a full time basis by the West Moreton Hospital and Health Service (WMHHS) in early 2012. I remained employed under a contract of employment I ceased employment at the BAC on 5 January 2014.

   (b) During my employment at the BAC I acted in the role of Clinical Nurse (CN) for extended periods.

   (c) I was an acting CN in the BAC for 5 months from 5 August 2013 to 5 January 2014.

3. **How many shifts did you carry out per week?**

   (a) During my employment at the BAC I worked 10 shifts per fortnight.

4. **How long were you employed at the BAC? Did you occupy the same position for the entire period or did your job description or duties and responsibilities change over time? If so, explain the changes.**

   (a) I was employed at the BAC for approximately 2 years. I finished at the BAC on 5 January 2014, a couple of weeks before it closed.

   (b) I initially occupied the position of RN and then held the position of acting CN for an extended period of time.

   (c) The CN is usually the nurse in charge of a shift which involves supervision, support and management of the nursing staff as well as providing clinical care to patients.

5. **What were your duties and responsibilities during your employment at the BAC?**

   (a) As an RN my duties and responsibilities were:

i. to provide special care to adolescent patients who experienced post traumatic shock and/or diagnosed with eating disorders, personality disorders and trauma;

ii. to ensure adolescent patients maintained a healthy diet and performed activities of daily living;

iii. to organise activities and supervise adolescent patients during excursions into the community;

iv. to liaise with families to provide progress reports on their child's condition and wellbeing;

v. to act as CN on charge of a shift;

vi. to liaise with emergency services such as the Queensland Police Service and Queensland Ambulance Service;

vii. to advocate for patients and their families;

viii. to preceptor new nursing staff to mental health nursing;

ix. to provide education to patients and their families;

x. to attend case review meetings; and

xi. to compile and refine individual care plans in consultation with members of the multi-disciplinary team.

(b) In addition to my role as RN I was appointed Care Coordinator for a number of adolescent patients in the BAC. . The responsibilities of a Care Coordinator included:

i. informing the multidisciplinary team of any issues concerning the care of the patient;

ii. maintaining and improving a therapeutic relationship with the patient as well as continually assessing and monitoring the patients mental state;

iii. communicating with the patient's family/carers to give updates on progress, ask for opinions and feedback on care given and to plan care for the coming week;

iv. ensuring the prescribed treatments for the patient are implemented in a timely manner;

v. assisting the patient to work towards an individual recovery plan with achievable goals;

vi. monitoring the progress of agreed actions;

vii. liaising with members of the multidisciplinary team;

viii. completing a weekly summary for the patient using the clinical files, handover report book and input from the team; and

ix. updating the patient management plan in collaboration with the multi-disciplinary team. This was then used as a management guide for staff

6. What were the reporting systems in place at the BAC during your employment? Who did you report to?

(a) During week days I reported any concerns I held for the patients to the Nurse Unit Manager (NUM) and if I was not in charge of the shift to the CN in charge. There was no NUM rostered on the weekends or after hours and in those circumstances I reported to the CN in charge of the shift or directly to Dr Sadler the consultant psychiatrist.

(b) A handover report was given by a CN or senior RN on each shift. The handover report provided a means of communicating to the next shift the events of the previous shift.

(c) As Care Coordinator I reported to the weekly Case Conference about the patient/s allocated to me. If the patient's Care Coordinator was not on duty and I was allocated

the care of the patient on that shift, I would attend the Case Conference to report on the patient.

(d) I reported information to the members of the multidisciplinary team, for example, to teachers, social workers and treating team.

(e) I communicated information to the patient's family by providing progress reports.

(f) Under the *Child Safety Act* there is a mandatory requirement for nurses to report concerns about child abuse.

7. What record systems did you use to record the carrying out of your tasks?

(a) At least once a shift, I documented in the progress notes of each patient's clinical record the care I provided to the patient during the shift.

(b) As previously mentioned, I prepared a weekly summary about the patient I was allocated as Care Coordinator which was presented at the weekly Case Conference. The weekly summary was uploaded onto the electronic database Child & Youth Mental Health Services [CIMHA] and filed in the patient's clinical record.

(c) If I was in charge of a shift I recorded information about the patient which occurred on the shift in a handover report book.

(d) If an incident occurred on a shift concerning a patient or staff member, an incident report is completed.

(e) If a clinical incident occurred on a shift, for example, a patient self-harming, a PRIME Clinical Incident report is logged onto an electronic system.

8. What on average was the number of patients that you provided care for?

(a) On average I was allocated 3 to 4 patients to care for on a shift.

(b) The allocation of patients to staff was dependent on the acuity of the patient and the level of experience of the nurse.

(c) It was not uncommon to have involvement with all the patients in the BAC on any given shift not just those patients allocated to you.

9. Describe how you went about your care of BAC patients on a day to day basis.

(a) On an early shift (7:00am to 3:00pm) on weekdays I went about caring for BAC patients as follows:

i. on arrival at the BAC the early shift nursing staff received handover from the CN on the early shift. The CN would then:

(1) allocate patients to nurses. If a patient was placed on Category Red this required 1:1 nursing, that is, one nurse dedicated to care for the patient for the whole shift. The nurse was required to constantly observe the patient;

(2) allocate a nurse as Clinic Nurse to attend to medications and wound dressings;

(3) allocate nurses to visual observations (it was usual for each nurse to be allocated a 1 or 2 hourly block of visual observations of patients); and

(4) allocate nurses to meal supervision,

ii. after handover, the patients were rounded up for medications to be administered and we had to make sure the medications were swallowed;

iii. at breakfast, some children required supervision with meals;

iv. after breakfast, the patients had showers and got ready for school;

v. the patients went off to school at about 9:30 am. While at school, the visual observations of the patients were carried out by the nurse allocated to the task;

vi. the patients returned to the BAC at about 10.30 am for morning tea. The patients who required supervision with meals were supervised. They then returned to school at 11:00 am until lunchtime;

vii. they had lunch around 12 midday and returned to school at 1:00 pm until 3:00 pm;

viii. prior to finishing the shift at 3:00 pm, I would document in the patient's clinical record; and

ix. handover to the next shift was given by the CN to oncoming CN at about 2.30 pm. The CN on the late shift commenced their shift half an hour earlier than the rest of the staff.

(b) On a late shift (3:00 pm to 11 pm), the nursing staff would receive handover from the CN of rostered on their shift. The same allocations of Clinic Nurse, visual observations and patients to nurses and meal supervisors occurred on the late shift.

(c) Up until mealtime at 5:00 pm, the patients were occupied with activities such as excursions to movies or restaurants and craft activities. It was usually a time when the staff would talk to the patients about their day and how they were feeling. The nursing staff would often talk to the patients' parents, usually by telephone, as they would telephone after school to talk to their child.

(d) The Clinic Nurse would attend to medications and wound dressings. The other staff would continue to monitor the patients to ensure their medications were swallowed and supervise them during afternoon tea, dinner and supper.

(e) The patients were readied for bed at 9:00 pm.

(f) The late shift tended to be the busiest shift for the nursing staff as there was more time to spend with the patients as they weren't at school.

(g) Prior to the shift finishing at 11 pm, I would document in the patients' clinical record.

(h) Handover to the night shift was usually given by a senior RN as the afternoon shift CN finished at 10:30 pm.

(i) No CNs were rostered on night duty and there was no patient allocation on night shift.

The visual observations of patients continued overnight.

(j) The main focus of the night shift was to ensure the patients remained safe overnight and deal with problems as they arose.

(k) I rarely worked night shifts.

(l) The main difference on the weekends related to the patients not attending school and therefore more activities took place to keep them occupied. Some of the patients were permitted to have weekend leave and on some occasions the nursing staff may have escorted to patients to their weekend leave.

(m) During both early and late shifts, the nursing staff liaised with other team members such as occupational therapist, social worker, dietician and other allied staff.

(n) Nursing staff also attended the ward meetings on a Friday and Case Conferences on a Monday.

10. Describe the state of the BAC facilities during the period of your employment at the BAC.

(a) The facilities were ageing but clean.

(b) The roof leaked at the Nurses' station. There was a problem with possums in the roof and when it rained the possum urine would leak onto the floor.

(c) Any defects with the building which posed a safety issue for patients or staff were promptly attended to.

11. Describe briefly your experience and observations of the operations and management of the BAC during the time of your involvement or employment.

(a) There was an acting Nurse Unit Manager (NUM) at the BAC when I first started in early 2012 as the NUM had retired just prior to my commencement. I believe the acting NUM was Susan Daniel.

(b) There was a succession of acting NUMs in the BAC. I believe there were 3 or 4 acting in this position until it closed in January 2014. Because of this, I believe that the BAC lacked nursing leadership at a time when strong leadership was required. I am not critical of those who acted in the role and believe they did the best they could.

(c) By the time acting NUM Dyer was appointed (in the latter half of 2103), there was a considerable lack of experienced adolescent mental health nurses in the BAC which led to frustration for me. I did not consider myself to be very experienced in the area having only worked there for 12 to 18 months but I was acting as a CN in charge of shifts with inexperienced staff. The NUM was my direct line manager so if I had problems this is the person to whom I reported. Despite his experience as a manager and a mental health nurse, I was reluctant to approach him to assist me as he had very little experience in this particular area of nursing.

(d) Rather than seeking advice from the NUM, I would contact Dr Sadler, the Director of the BAC. He was always approachable and contactable. He knew the patients and of course, was a very experienced practitioner on whose advice I could depend.

(e) Then Dr Sadler left the BAC in the transition period after the closure decision was made. The loss of Dr Sadler at this time created even more instability in the team and placed more pressure on the staff who remained.

12. When did you first become aware of the intention to close the BAC?

(a) When I first started at the BAC in early 2012 there was talk of it being relocated to Redlands. I was later told that the relocation would not be going ahead due to a koala problem which meant that development approval was declined.

(b) I didn't think it would close I thought it would be relocated somewhere else.

(c) The first I heard of it closing was in September 2013 after I returned from holidays. I heard about the closure from another staff member.

13. How was the closure decision communicated to staff of the BAC?

(a) I was not formally notified of the closure decision and am unaware as to how the decision was communicated to the other staff of the BAC.

(b) I believe that acting NUM Vanessa Clayworth may have told me about the closure decision.

14. Were the staff of the BAC offered any explanation or reason for the decision to close the BAC? If so, what were the bases of the closure decision as communicated to staff of the BAC?

(a) I recall attending a meeting at the BAC which was held by senior management of WMHHS to inform nursing and teaching staff about the reasons for closure. We were told that:

i. the model of care used in the BAC was outdated, in particular, that adolescents should be treated closer to their families and communities;

ii. there was no more money to operate the BAC or build another facility; and

iii. the buildings were in such poor repair that the BAC could not continue in the current facility.

15. Were you consulted about the intention to close the BAC and were your views or opinions sought in relation to the likely impact of the closure?

(a) No, I was not consulted about the intention to close the BAC and my views or opinions were not sought in relation to the likely impact of closure.

16. If you were consulted – what were your views?

(a) If I had been consulted I would have expressed my concern about the lack of appropriate facilities and support in the communities for the BAC patients. In addition, I was concerned about the view that these adolescent patients were best placed closer to their families. Some of the families were in no position to provide

support to their children due to their own level of dysfunction which meant that those patients would have little or no chance of receiving appropriate treatment or support.

17. What if any knowledge do you have in relation to the termination of Dr Sadler?

(a)

(b) I first heard about Dr Sadler being suspended when Vanessa Clayworth told me.

(c) I was not told that he was terminated. I found out that he was to be replaced by Dr Anne Brennan. I don't recall who told me. I thought his absence was temporary

18. What, if any, knowledge do you have about the employment of Dr Anne Brennan?

(a) I was aware that Dr Anne Brennan was employed to replace Dr Sadler until he returned.

19. Were you involved in the planning of the transitional arrangements of the BAC patients associated with the closure of the BAC? If so what was your involvement?

(a) I was not involved in the planning of the transitional arrangements of the BAC patients associated with the closure of the BAC as I was not part of the transitional planning team.

20. Were you involved in the care of any BAC patients who were part of the transitional arrangements? If so, what was your involvement?

(a) I was involved in the care of all the BAC patients who were transitioned.

(b) The Registered and Clinical Nurses involvement with the patients did not change after the closure decision was made. I continued to care for all the patients being transitioned in the same way as best I could.

Signed:

21. Were you consulted about an appropriate timeframe for the transitioning of patients of the BAC? If so, elaborate on these consultations.

(a) I was not consulted about an appropriate timeframe for the transitioning of patients of the BAC.

22. Was there an administrative or other deadline imposed for the transitions? If so, what was the deadline date? Was the deadline date different for each patient?

(a) At around the time I was informed of the decision to close the BAC, it was not communicated to me that there was a particular closing date.

(b) Sometime later Dr Brennan told me that it would be closing on 26 January 2014, which was 2 to 3 weeks before I was due to cease employment at the BAC.

(c) I was not involved in the planning but as far as I was aware the transition dates for each patient were different.

(d) There was a sense of urgency to place the patients somewhere.

23. Were you involved in the carrying out of the transitional care arrangements for the any of the BAC patients? Were you consulted in relation to the transitional arrangements for the patients?

(a) I was involved in carrying out transitional care arrangements for

(b) I was not consulted about the transitional arrangements. I was updated from time to time about the progress of the transitional plans.

24. Describe the transitional arrangements that you were involved in and for whom those arrangements were made. Did you consult with patients, their families or carers about the transitional arrangements?

[redacted]

Confidential

25. What timeframes were you given (and by whom) for the carrying out of the transitional arrangements? How did these timeframes compare with the usual timeframes within which you operated when a patient was being transitioned out of the BAC?

(a) I was not given any timeframes for the carrying out of the transitional arrangement.

[redacted]

(b) The transitioning of the BAC patients after the closure decision seemed rushed. There was a sense of urgency.

26. Were the transitional care arrangements tailored to the individual needs and care requirements of each patient?

(a) I was not privy to the specifics of the transitional care arrangements or how it was done.

(b) Confidential

(c) From this I believed they were thinking about his individual needs and care requirements.

27. If so, did the transition plans developed for individual patients adequately take into consideration patient care, patient support, patient safety, the health of each patient, the education/ vocational needs of each patient, the housing or accommodation needs of each patient, service quality and the needs of the families of each patient?

(a) As I was not involved in developing the transition plans I am not best placed to say what was taken into consideration.

28. When did your involvement with the transitional arrangements of each patient in your care cease?

(a) My involvement ceased when I finished at the BAC on 5 January 2014.

(b) Confidential

(c)

Confidential

(d)

29. Were there any challenges associated with organising transitional care for the patients at BAC? What were those challenges?

(a) I was not involved in organising transitional care for the patients at BAC.

30. What are your observations of the effect of the closure decision on the inpatients and outpatients of the BAC, their families, carers, friends and staff of the BAC?

(a) When the decision to close the BAC was made the mood changed overnight. The patients became more volatile – there were more instances of self-harm, expressions of suicidal intent and suicide attempts.

(b) Some patients expressed anger, despair and feeling of hopelessness.

(c) The families were shocked and very worried about their children's future. Some family members became more demanding asking for answers about what would happen to their children when it closed. We did not have any answers as we were in the dark too.

(d) The staff were also shocked.

(e) The acuity of the patients increased as did the parents demands. Our workload increased while the skill mix was slowly declining due to experienced staff members leaving and being replaced with casual staff. Around the time the decision was made to close the BAC we lost an occupational therapist, a psychologist and a social worker. Only the social worker was replaced.

(f) The staff were stressed. They were worried about their future employment and the future well-being of the patients. They were upset for the distress caused to the patients. Some staff members would cry to relieve their own distress. I believe there

was an increase in sick leave taken by staff.

31. Explain what (if any) contact you have had with any former BAC patients or their families, carers or friend following the closure of the BAC.

(a) Apart from inadvertently seeing one of the patients at the Roma Street Railway Station after the BAC closed, I have had no contact with the former patients or families, carers or friends.

32. What provision, if any, was made for the re-deployment or redundancy of staff of the BAC after the closure decision? And after the transition arrangements had been finalised?

(a) I do not know what provision was made, if any, for the re-deployment or redundancy of staff of the BAC after the closure decision and after transition arrangements had been finalised as I was not a permanent employee having worked at the BAC under a contract of employment.

(b) Re-deployment and redundancy was only offered to permanent staff.

33. Explain what (if any) support was offered and or provided to you between the announcement of the closure decision on 6 August 2013 up to and including the final day of your involvement with the transitional arrangements.

(a) I received support from Dr Brennan and acting Community Liaison Vanessa Clayworth and also from the other nursing staff of the BAC.

(b) I don't recall any offers of support being made to me by management.

34. Provide any information you have in relation to your experience with the operation and management of the BAC following the closure decision.

(a) Refer to my response at paragraph 11.

35. Provide any information you have in relation to your experience with the operation and management of the BAC at the time of the transitional arrangements.

(a) Refer to my response at paragraph 11.

36. Outline and elaborate upon any other information or knowledge (and the source of that knowledge) that you have relevant to the Commission's Terms of Reference.

(a) At this stage I have no further information to provide.

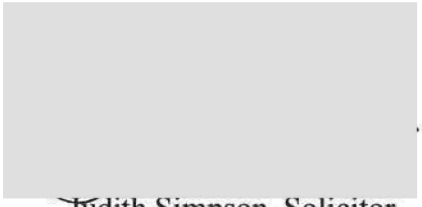
37. Identify and exhibit all documents in your custody or control that are referred to in your witness statement.

(a) I have attached a copy of my curriculum vitae to my statement at [[QNU.001.001.0018]], and to the best of my knowledge I have no other documents in my custody or control relevant to the terms of reference.

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

Mara Kochardy

Taken and declared before me at Brisbane this 29th day of October 2015



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Judith Simpson, Solicitor

Mara Kochardy

Résumé

Background

I have six years' experience in a variety of mental health settings including Forensic, Rehabilitation, Acute Adult and Adolescent Mental Health. During this time I have also obtained a Masters in Mental Health Nursing. Although I enjoyed all these clinical areas I found I had a special interest in Adolescent Mental Health. I have worked at Barrett Adolescent Centre where I gained invaluable experience. I worked as acting clinical nurse for extended periods during this time often under conditions which were volatile. At the beginning of January 2014 I accepted a permanent position with the Royal Brisbane and Women's Hospital Acute Adolescent team. I am confident that I have developed a strong knowledge and skills base that will enable me to continue making a valued contribution within Adolescent Mental Health. My referees will confirm, I feel sure, that I am a highly competent and capable mental health professional.

Career Objective

My objective is to consolidate my professional knowledge and skills in the role of Clinical Nurse which I will find rewarding. I am definitely intent upon building a solid career in Adolescent Mental Health, a clinical area for which I have a strong aptitude.

Personality Snapshot

I am a quietly confident, calm and composed person. I work steadily towards achieving my goals in life, and could accurately be described as a consistent, stable and reliable person. Having come to mental health nursing as a mature-age student, my career decision was based on solid reflection and self-knowledge. I believe I am known as an approachable and co-operative colleague who works well as part of a multidisciplinary team.

Key Strengths

- →ı Diverse experience in various clinical settings at The Park (including Barrett Adolescent Centre), Ipswich Acute Mental Health together, and Royal Brisbane and Women's Hospital Acute Adolescent Centre.
- →ı The flexibility to quickly adapt to changing situations that require quick thinking and sound decision making in the best interest of positive client outcomes
- →ı A strong knowledge and clinical skills base that is firmly grounded in evidence-based practice
- →ı Proven ability to capably manage aggressive and challenging behaviours in a way that is consistent with contemporary trends in behaviour management
- →ı The confidence to work independently to manage a client caseload
- →ı The communication and interpersonal skills to be an effective member of a multidisciplinary team
- →ı Personal qualities of initiative, resilience and resourcefulness
- →ı A strong aptitude for and interest in coaching and mentoring novice nurses (coupled with insight into undergraduate nurses' attitudes towards mental health acquired through my postgraduate research)

  Proven ability to provide leadership in challenging situations.

Professional Qualifications

Master of Mental Health Nursing
The University of Queensland
Scholarship recipient, Royal College of Nurses
Conferred November 2011

Bachelor of Nursing
The University of Queensland
Conferred 2008

Professional Development
Transition to Mental Health Nursing, The Park, 2009
Preceptorship training 2013
Eating Disorder Workshop 2014
Sensory Room training 2014
Currently in process of competing mental health nurse credentialing
Aggressive Behaviour Management 2014
CIMHA training 2014
Authorised Mental Health Practitioner 2015

Professional Memberships
- Member of the Australian College of Mental Health Nurses

Nursing Career Summary

Dates	Employer	Positions
2014	**Queensland Health**	**Registered Nurse, Grade 5** Royal Brisbane Hospital Acute Adolescent Unit
2009-2013	**Queensland Health** West Moreton Health Service District The Park, Wacol	**Registered Nurse, Grade 5** Extended Treatment & Rehabilitation Unit High Dependency Unit, Ipswich Acute Mental Health Daintree High Secure Unit Franklin High Secure Unit Tambourine High Secure Unit Bandicoot Medium Secure Unit Barrett Adolescent Centre
2005 - 2008	**Queensland Health** Ipswich Hospital	· Assistant in Nursing Dementia/General Wards

Current Position Profile

Registered Nurse, Grade 5
Queensland Health
January 2009 - Present

Following successful completion of the Transition to Mental Health Nursing Program I was offered and accepted a two-year contract during which I undertook postgraduate studies in Mental Health at Masters level.

Current Position Profile *Cont'd*

Key Responsibilities – Extended Treatment and Rehabilitation Unit

- Perform the function of Care Coordinator for a client who has complex mental health needs
- In consultation with members of the multidisciplinary team, compile and refine the individual care plan
- Administer medication as charted
- Make referrals to external specialists as required
- Accompany the client to external appointments and act as advocate
- Liaise with family and community groups

Key Responsibilities - High Dependency Unit, Ipswich Acute Mental Health

- Coordinated the High Dependence Unit on rotation
- Provided nursing interventions as appropriate in accordance with evidence-based practice
- Administered medication as charted
- Performed ECGs and provided wound care management
- Effectively managed aggressive and challenging behaviours using least restrictive alternatives
- Admitted, assessed and discharged patients
- Liaised with Queensland Police Officers regarding involuntary admissions
- Entered patient information into CIMHA
- Completed documentation and participated in handovers

Key Responsibilities – Daintree, Franklin and Tambourine High Secure Unit

- Provided care for forensic patients to meet their special needs in both male and mixed wards
- Ensured adherence to Limited Community Treatment Orders
- Ensured that patients appropriately managed activities of daily living
- Managed aggressive behaviours in accordance with least restrictive alternatives
- Administered medication
- Liaised with psychiatrists and psychologists
- Prepared care plans in consultation with colleagues
- Attended Mental Health Review Tribunal meetings with clients and families
- Attended family meetings as a member of the Treatment Team

Note: My responsibilities within Bandicoot Medium Secure Unit were similar to those within the High Secure Units.

Key Responsibilities – Barrett Adolescent Centre

- Acted as care co-ordinator for a number of adolescents with complex needs (required an ability to establish rapport and trust with young people)
- Provided special care to clients who had experienced post traumatic shock and/or were diagnosed with eating disorders, personality disorders and trauma
- Ensured that clients maintained a healthy diet and performed activities of daily living
- Organised activities and supervised clients during excursions into the community
- Liaised with families to provide updated information on their children's progress and wellness
- Held the position of Acting Clinical Nurse for an extended period of time
- Liaised with emergency services such as police and ambulance
- Acted as advocate for patients and their families
- Provided preceptorship for those new to mental health nursing
- Provided education to patients and families
- Attended case review meetings
- In consultation with members of the multi-disciplinary team compiled and refined the individual care plan

Key Responsibilities – RBWH Acute Adolescent Ward

- Collaborate with nurses to adjust safety and wellness interventions in responses to changes in patents mental health
- Effectively manage aggressive and challenging behaviours using less restrictive practices
- Assesse and reviewed patient risks
- Provided wound care management
- Report and document incidents using PRIME
- Maintain appropriate documentation of the health management of clients for professional, clinical and legal purposes.
- Facilitate emergency responses and codes
- Prepare work environment and check equipment to ensure a safe and patient care focused working environment.
- Work with clients to assist them to manage activities of daily living
- Provide ethical decision making as part of my daily care to clients.
- Comply with all relevant legislation and mental health nursing standards of care
- Act as preceptor to novice nurses
- In the position of Acting Clinical Nurse co-ordinated shift and gave support to colleagues when needed
- Act as advocate for patients and family