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12 May 2016

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Contact

Dear Mr Hill

Barrett Commission of Inquiry

We refer to your letter dated 28 April 2016 regarding a further submission from received by the Commission on 22 April 2016 and the further statement of dated 28 April 2016.

In our submission, the further submission by ought not be accepted by the Commission for the following reasons:

1. The Commissioner stated on 12 April 2016 that she did not want any submissions, written or oral, to go beyond the end of that week, ie beyond 15 April 2016[1].
2. No other party has been afforded the opportunity to make further written submission to the Commission.
3. The matters dealt with in the oral submissions to which now seeks to respond, are not 'new' matters. The oral submissions dealt only with matters which had been the subject of oral or written evidence. provided numerous written statements and submissions, and gave oral evidence. These matters could, and should properly, have been dealt with in those. It is said submissions arise out of oral submissions by Counsel for WMHHS. They do not. They deal with matters which were before the Commission from an early time and were the subject of evidence in the hearings, although these submissions now seek to make additional assertions in respect of those matters, or they raise new issues, such as complaints about Mr Springborg's statement in Parliament, which were not addressed by Counsel for WMHHS in oral submissions and were not ventilated in the evidence.
4. Whilst we appreciate the Commission seeking the parties' response on the matters raised, a written response is not adequate to afford natural justice or to allow a proper opportunity to address the issues. For example, whilst each of Ms Dwyer, Ms Kelly, Dr Stathis and Ms Adamson may have evidence to provide in relation to the meetings referred to by , submissions do not afford the parties the

[1] T27-99

opportunity to cross-examine on any such matters. For example, our client has no opportunity to cross-examine, and it appears will have no opportunity to otherwise respond to, any matters which Dr Stathis or Ms Adamson may have to say about the meetings. Likewise those representing Dr Stathis and Ms Adamson will have no such opportunity in respect of Ms Dwyer or Ms Kelly.

5. The process affords no opportunity to cross-examine [redacted] in relation to the meetings. For example, Ms Dwyer has instructed us that the meeting on 30 August 2013 lasted over two hours. Your letter refers to three brief dot points and seeks a response to those. The dot points are highly selective and not representative of the meeting overall. There is now no opportunity for our client or Dr Stathis to adduce evidence as to the many other matters canvassed at the meeting nor is there any opportunity to put same to [redacted]

6. The submission contains a large amount of unsubstantiated hearsay. For example:

   a. In relation to the meeting on 30 August 2013, [redacted] 'Alison and my understanding' of the messages delivered. Ms Earls has given no such evidence.

   b. In relation to the SWAERTI meeting at which [redacted] presented, [redacted] states that 'it was our great concern ...' and 'our understanding was ...'. [redacted] has given no such evidence.

   c. In the second paragraph on page 3, [redacted] states that 'this was the reason myself and [redacted] were so concerned ...'. No [redacted] has given such evidence.

The further statement is of no probative weight. It was provided in circumstances where [redacted] was invited to depart from [redacted] sworn evidence with no opportunity accorded to any party to test [redacted] evidence.

In the above circumstances, we object to the submission and further statement of [redacted] [redacted] being received. Should it be received, the matters outlined in paragraphs 4 and 5 above are such that it should be accorded no weight.

In relation to the specific matters raised in your letter dated 28 April 2016, and noting that in the time allowed it is impractical to do more than provide a submission in response, we advise as follows:

Page 1 of the Submission:

At the time of Ms Dwyer's radio interview on 8 August 2013, WMHHS was of the understanding that the new models of service would be developed and implemented over the period up to and around early 2014.

The evidence of Ms Kelly was that as at July 2013, the focus of the MHAODB was on a YPARC and she stated:

> *My understanding at that point in time was that the YPARC model, Dr Kingswell believed could be tendered for and put in place by January 2014*[2]

[2] Transcript T11-98

That is supported by contemporaneous documentation, specifically:

(a) A file note of a meeting on 8 July 2013 between representatives of WMHHS and Dr Kingswell[3] which records:

> *BK indicated limited capacity to engage in BAC project in short term and that focus of MHAODB is Y-PARC service planning and implementation in Metro South by January 2014. Tenders to be called 16 July 2013. $1.8m funding for Y-PARC sourced from QPMH (originally intended for now ceased Redlands Adolescent Extended Treatment Unit.) Potentially a second Y-PARC in Cairns into the future.*
>
> *Y-PARC will be supra District, 16-24y target group, NGO and clinical partnership service model. Accessible to large proportion of adolescent target group of BAC.*
>
> *SK noted potential for issues given no formal communications yet re outcome of ECRG process despite Y-PARC tenders being called, however the development of Y-PARC would support the board requirement of an alternate service available.*

The file note records that Ms Kelly was to update Ms Dwyer regarding the meeting. Ms Kelly instructs that she did so.

(b) Minutes of a Barrett Adolescent Strategy meeting on 23 July 2013 between representatives of WMHHS including Ms Dwyer, representatives of Childrens Health Queensland HHS and Dr Kingswell[4] which record:

> *DG approval to dedicate $2m recurrent from the ceased Redlands build toward a YPARC service as a pilot site (new to Qld). YPARC model = 16-25yo age group, inpatient beds delivered by NGO with daily in-reach by mental health clinicians, short term admissions, 6-8 beds, delivered on hospital campus.*
>
> *...*
>
> *BK has confidence in procurement timeline to open YPARC service by January 2014. Longer term plan will consider a second YPARC site in North Qld.*

At around that time, Dr Sadler was seeking to consider whether Logan Hospital could serve as an alternative site.

Ms Dwyer was not asked what, in August 2013, she expected would be the service options available at the time projected for closure of BAC. She was asked the following:

> *Can I just ask you what alternate service options were available as at August 2013 and then when Dr Brennan came on in September 2013? – As I said, there were service developments happening in the north of the state. There were also, I think, services – supportive services that we were looking at with a step-down service that was not in place in July but was recommended to be of value to some particular adolescents. There was also services that were starting to be developed. It was called a YPARC model that we were expecting that would occur in Brisbane South, as well. So I think that following the work of that group there were many other models, including – and I'm not going to get the name*

[3] WMS.1007.0090.001
[4] WMS.0012.0001.08307 (Exhibit SK16 to the Affidavit of Ms Kelly)

> *correctly right, but there was an assertive outreach model which was really based on a much more of a, you know, intensive service that would be caring for adolescents in the community. And so those were the models that were starting to emerge and be developed.*

It must be appreciated that her response is based on her recollection almost three years after the meeting and with very limited access to documents.

In short, as at 8 August 2013, Ms Dwyer believed, on the basis of information provided directly by Dr Kingswell, who was the senior departmental officer in a position to advise on the matter, that a YPARC would be operational by January 2014 and she was aware that assertive outreach models were being developed by CHQHHS. The timing being targeted for closure of BAC was January 2014, and the timing for commencement of the YPARC as advised to Ms Dwyer at that time, supported that the new service would be operational coincident with the closure of BAC. Those matters formed the factual foundation for her statement in the 4ZZZ interview.

At that time, no individual case planning had occurred regarding the needs of existing BAC patients. The statement made by Ms Dwyer reflected the position consistently put by WMHHS that it was intended there be no gap in service for those patients.

It became apparent later in 2013 that the YPARC would not proceed in that anticipated timeframe. However, by that time, through Dr Brennan's work with the assessment of the needs of existing individual BAC patients, it became apparent that those individuals could be safely and adequately managed within services available as at the time of their individual transitions or through wrap around services. Accordingly, delay/cessation of the YPARC (or other proposed future options) was not an impediment to the transition of the BAC patients.

Once all existing patients had been transitioned from BAC there was no reason to keep the facility operational, whether or not the new models being worked on by CHQHHS were completely operational, as there were no patients. Accordingly:

(a) The statements made by Ms Dwyer in the radio interview reflected WMHHS' intentions at that time and there was a sound factual foundation for the belief that the intention was deliverable.

(b) In the subsequent months, individual case assessments by Dr Brennan and her team identified the actual needs of the BAC patients.

(c) Circumstances which evolved thereafter, being the identification of the patient's actual needs and how they might be met, as well as refinement in the proposed new services, led to a different outcome, ie BAC ultimately was closed before all new models were 'up and running'.

(d) This was not to the detriment of any BAC patient.

Page 2 of the Submission

Ms Dwyer instructs us that the meeting lasted over two hours. In relation to the selective matters raised by

(a) Ms Dwyer does not agree that Dr Stathis gave a 'guarantee' that a Tier 3 service would be part of the future model. Her recollection is that Dr Stathis made statements to the effect that BAC was an outmoded model of service and he discussed the negative aspects of a single site model, such as dislocation and other challenges for patients from regional areas. Dr Stathis stated that the new services would be more contemporary. He talked about what a contemporary model would 'look like' including that services would not be a long term rehabilitation model based on inpatient care, rather the focus would be on services closer to home and that there needed to be accommodation options but that would not be rehabilitation based, ie what was envisaged was accommodation with mental health in-reach services and support via acute units where the patient's condition necessitated acute care. In Ms Dwyer's view, Dr Stathis made it clear that there would be a range of services.

(b) The proposition that 'the services in the new model would not be for BAC patients' is not correct. It is not that the then existing BAC patients were somehow to be excluded from the new services. The new services were to be, and are, available to any patient based on clinical need, as is evident from the fact that accommodated at the once it was operational, and arrangements were made for to access care through the new services established in if required. As at 30 August 2013, individual case planning to determine the specific needs of individual patients was in its early stages. As that case planning progressed and patient needs were identified, it became clear that the majority of the existing patients could be transitioned to alternative existing services, with a few requiring bespoke wrap-around services.

(c) Ms Dwyer has no specific recollection of what Dr Stathis told regarding contact with the carer representative, nor can WMHHS comment on what Ms Adamson may have later told However, the following should be noted:

   a. The role of the carer representative on the SWAERTI was to provide input from the perspective of a parent/carer of an adolescent with mental health needs. It was not to 'represent' BAC parents. There was no particular reason for the carer representative to meet with if the representative did not wish to do so.

   b. The carer representative agreed to be a member of the SWAERTI on condition of anonymity. It was the carer representative's decision that they did not wish to be identified to, or to interact with, any person outside the SWAERTI.

   c. It is difficult to understand the basis of complaint. was afforded the opportunity to present to the SWAERTI. also provided a written submission to it. It is unclear what further sought to achieve by having individual access to the carer representative, or why should feel any sense of entitlement to such access.

With no disrespect to intended, it should also be borne in mind that the views expressed by to the SWAERTI or in the submission to the SWAERTI should not be assumed to reflect a majority view of BAC parents/carers. In that regard:

(a) Whilst the invitation to present to the SWAERTI was extended to all BAC parent/carers, only attended.

(b) There is no evidence of what steps took, if any, to ascertain the views of other BAC parents/carers.

(c) It was the uncontested evidence of Dr Geppert, who is by training a child and adolescent clinical psychologist, that:

> *As a committee, we were not confident that the presentation necessarily represented the views of the broader parent community. As an example, the view expressed regarding the benefits of a young person being treated as an inpatient away from the home environment for long periods of time was not a view I had encountered amongst the majority of parents during my years of clinical practice nor was it a view expressed by clinician representatives on the SWAERTI.*[5]

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As outlined, the original intent was that the new services would be operational coincident with the closure of BAC to ensure that current BAC patients did not experience a gap in services. As assessment and implementation of discharge/transition of existing BAC patients progressed, as outlined above, it became apparent that those patients could be safely and appropriately discharged to the services operational at the time of individual discharges/transitions or with wrap around care.

Accordingly the underlying premise of the question, ie that the new services were never intended for BAC patients, is not accurate.

In relation to the presentation to parents on 10 December 2013 (not 11 December 2013), it should be noted that by that date, only a small number of inpatients remained at BAC and all day patients had either been transitioned or transition arrangements were well advanced.

Parent/carer representatives attended the presentation[6]. It may be inferred that the bulk of the parents were satisfied with arrangements in place for their adolescent.

Dr Geppert, Dr Stathis and Ms Adamson all gave evidence. The proposition that ‘it was not stated at the presentation on 11 December 2013 that the services were not for BAC patients’, was not put to any of them.

The position is as outlined above – it is not that the then existing BAC patients were somehow to be excluded from the new services. The new services were to be, and are, available to any patient based on clinical need, as is evident from the fact that accommodated at the once it was operational, and arrangements were made for to access care through the new services established in if required.

Page 6 of the Submission

[5] Statement of Dr Geppert, paragraph 14.7
[6] Statement of Dr Geppert, paragraph 9.2

One of the outcomes of the meeting on 30 August 2013 was that it highlighted for WMHHS that wanted greater communication form WMHHS. WMHHS took that on board, and one of the actions taken was to highlight the availability of the Consumer Advocate.

The position of the Consumer Advocate is to act as an independent advocate to ensure that the WMHHS Mental Health and Specialised Services Division at its most senior level ensures consumer participation and input. The position services all mental health services at The Park and was not specific to BAC.

The purpose for requesting that a parent wishing to contact the Consumer Advocate advise Ms Kelly, was so that Ms Kelly could pass on to the Consumer Advocate only the names of those parents wishing contact, rather than her providing a list of all parent/carer contacts to the Consumer Advocate, which may have been seen as a breach of confidentiality for parent/carers who did not wish to be contacted.

Again, no questions were asked of Ms Kelly or any other witness on this issue.

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As at 6 August 2013, individual case planning in respect of the transition needs of existing BAC patients had not commenced.

There was no necessity at that time for an assessment 'that existing mental health services would be adequate and/or clinically appropriate for the BAC patients' because:

(a) It was and remained the intention that BAC would not close unless and until adequate arrangements were made for the care of each individual BAC patient.

(b) It was envisaged that care additional to that available within existing mental health services may be required, and as envisaged by the ECGR report, these needs would be dealt with via wrap around services should alternative 'mainstream' services not be sufficient for particular patients' needs.

There was never a 'decision that the existing mental health services would be adequate and/or clinically appropriate for the needs of the BAC patients, and that there was no need for new mental health services to be developed to support the transition process'. Rather:

(a) Individual patient assessments by Dr Brennan and her team identified that the majority of existing BAC patients were suitable for transition to existing services and those patients were transitioned accordingly.

(b) Dr Brennan identified [7] for whom transition 'was always going to be difficult'. These were the kind of patients which the ECRG identified as requiring wrap around services, and those were provided.

Page 8 of the Submission

In Notices requiring Written Statements issued to a number of witnesses in October 2015, the Commission asked questions regarding the relevance of the National Standards for Mental Health Services to decisions made in respect of BAC.

[7] T20-37

Accordingly, Counsel Assisting clearly knew of and had access to the Standards from at least October 2015. Interpretation of the National Standards would be a matter properly for evidence from mental health clinicians and any one or more of the many clinicians who gave evidence to the Commission could have been asked about them. None were asked.

WMHHS is assessed by an external reviewer against the National Standards as a requirement of its Service Agreement. It has met that accreditation in each year since 2012.

Further issues

Page 2 paragraph number 4

This proposition was never put to Dr Brennan.

Page 3 final paragraph

The proposition that the holiday program, day program and Resi may only have been 'thought of' after a telephone call from her to Ms Dwyer on 4 November 2013 is entirely misconceived.

Evidence in relation to the reasons for WMHHS operating the holiday program, and for the day program are canvassed in the evidence already before the Commission[8]. In short, in the past the Barrett School had operated a holiday program however as the School ceased operations at The Park site at the close of the 2013 school year, it did not run a program over the 2013/14 Christmas/New Year period. For that reason, WMHHS operated the program. The day program was crafted in conjunction with the Resi coming on line, noting also that the Resi was established in Metro South and is not a WMHHS program. All of these initiatives were in train independently of any telephone call from [redacted] on 4 November 2013.

Page 4 paragraph 1

The proposition in the final sentence was never put to Dr Brennan.

Page 4 and 5

[redacted] now seeks to distance [redacted] from [redacted] own contemporaneous email confirming Ms Dwyer 'has always been accessible'. Ms Dwyer's instructions are that she provided her mobile telephone number to [redacted] and invited [redacted] to call [redacted] at any time with any concerns. [redacted] availed [redacted] of that opportunity on many occasions and Ms Dwyer was open and accessible to [redacted] at all times as sought.

Ms Dwyer rejects absolutely the proposition that the meeting on 25 November 2013, or any other meeting or communication to [redacted] was 'a deliberate strategy to shut down the advocacy' of [redacted] or others. No such proposition was put to any witness.

It was not put to Ms Dwyer that she was not accessible, nor did [redacted] resile from [redacted] contemporaneous email in [redacted] evidence.

Page 5 final paragraph

[8] Statement of Dr Geppert, paragraph 20

None of these matters were put to any witness. The serious slur that Ms Kelly 'knew what I was asking for but was being evasive' is without any substantiation, Ms Kelly was never asked about these issues, and this proposition was never put to her.

Page 6 'other communication'

In relation to comments such as that 'the term or process of transition was never actually explained what that would involve':

(a) The process of transition was different for every BAC patient, because it depended on the individual patient's circumstances.

(b) It would not have been appropriate to discuss with transition arrangements or processes for any adolescent other than their own adolescent.

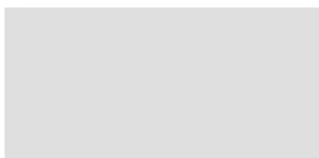
(c) was consulted and provided with adequate and appropriate information in relation to the

poses questions as to why particular services were not provided, for example to 'some young people who would need extra support after BAC closure'. was not an authorised contact person for any other family, and there was no legal or other basis on which WMHHS could or should have discussed with what options were being considered for adolescents other than To the extent that submission goes beyond concerns regarding the submission cannot be accepted.

Pages 7 and following

The submissions made have already been addressed in earlier submissions.

Yours faithfully



Julie Cameron
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