

Oaths Act 1867
Statutory Declaration

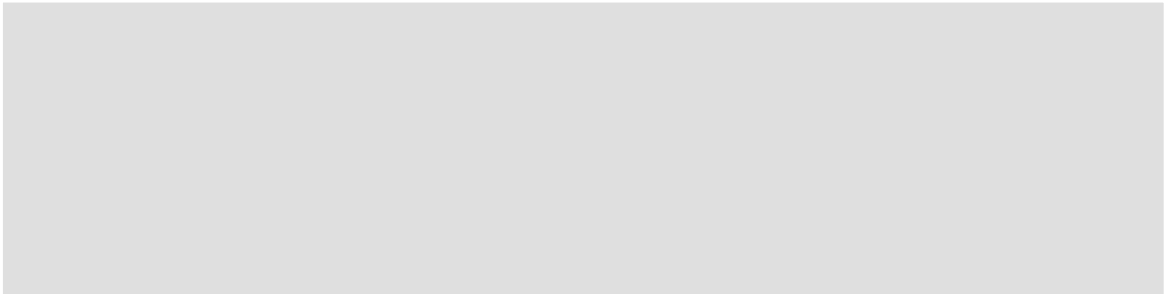
QUEENSLAND
TO WIT

I, **RAYMOND MORRICE CASH** c/- Suites 26-29 Silverton Place, 101 Wickham Terrace, Brisbane, in the State of Queensland do solemnly and sincerely declare as follows:

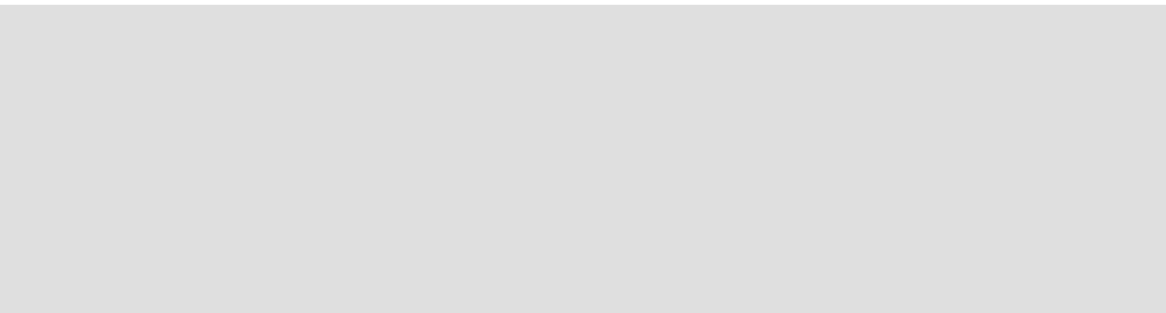
1. I am a Consultant Psychiatrist working both for Queensland Health and in private practice. I hold a Bachelor of Medicine and Bachelor of Surgery from the University of Queensland and am a fellow of the Royal Australian and New Zealand College of Psychiatrists ('RANZCP'). I hold general and specialist registration with the Medical Board of Australia. A true copy of my curriculum vitae is annexed hereto and marked 'A'.
2. This statutory declaration is provided in response to the 'Requirement to Give Information in a Written Statement' issued by the Honourable Margaret Wilson QC, Commissioner, Barrett Adolescent Centre Commission of Inquiry, pursuant to s5 of the *Commissions of Inquiry Act* 1950. The Commissioner's request is dated 10 December 2015.

Treating Practitioner's Report: Patient [REDACTED]

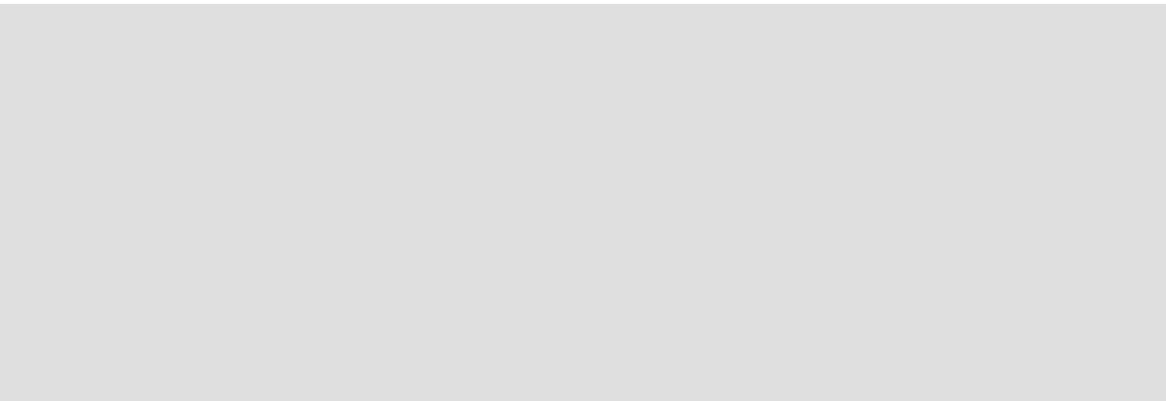
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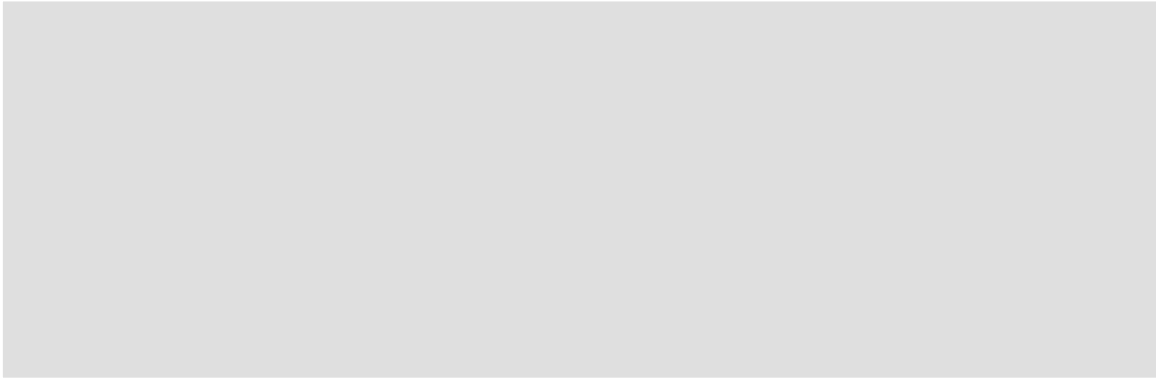


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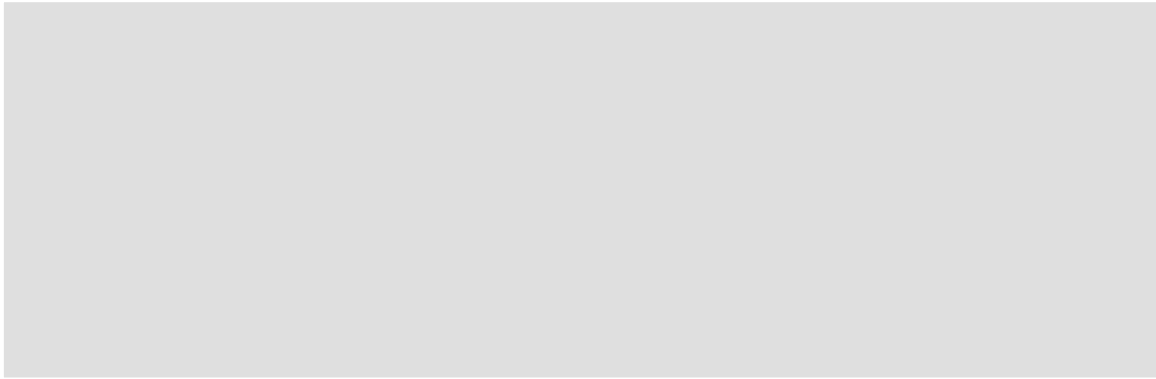


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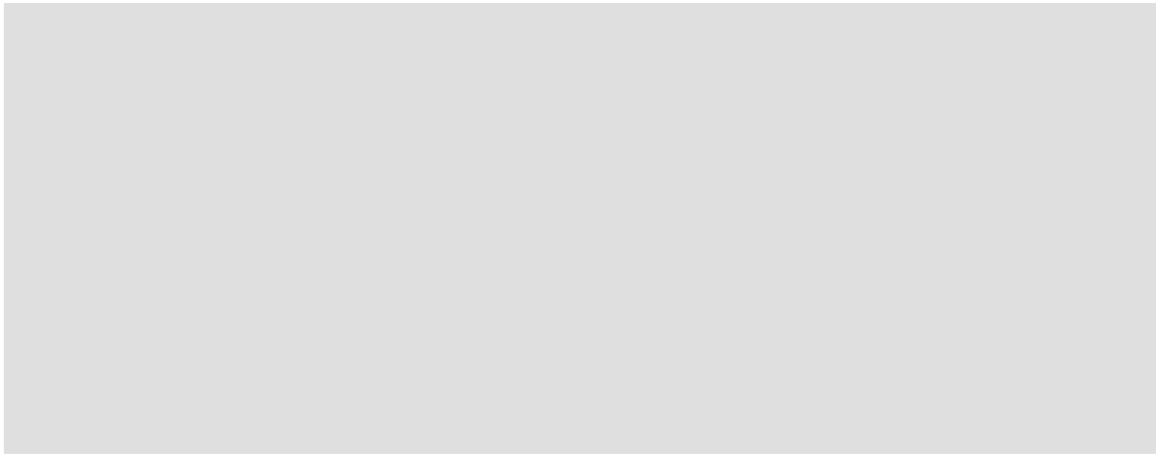




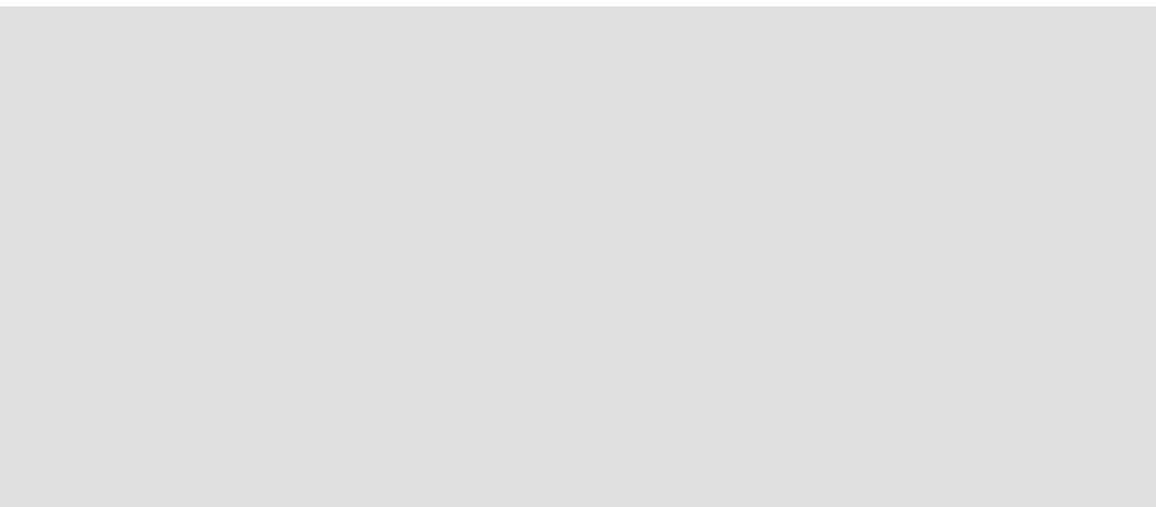
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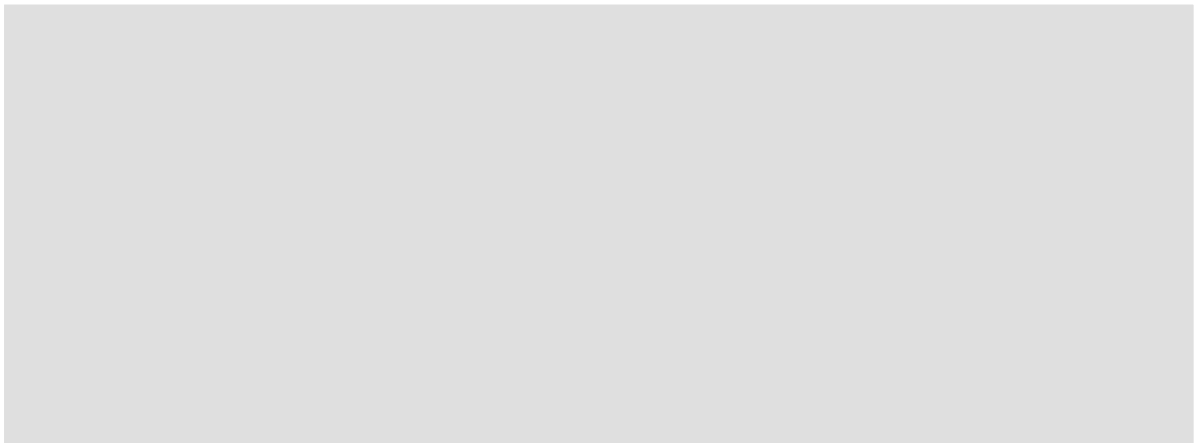


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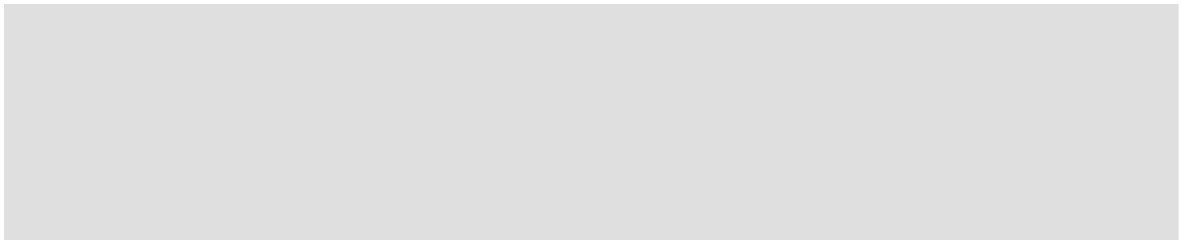


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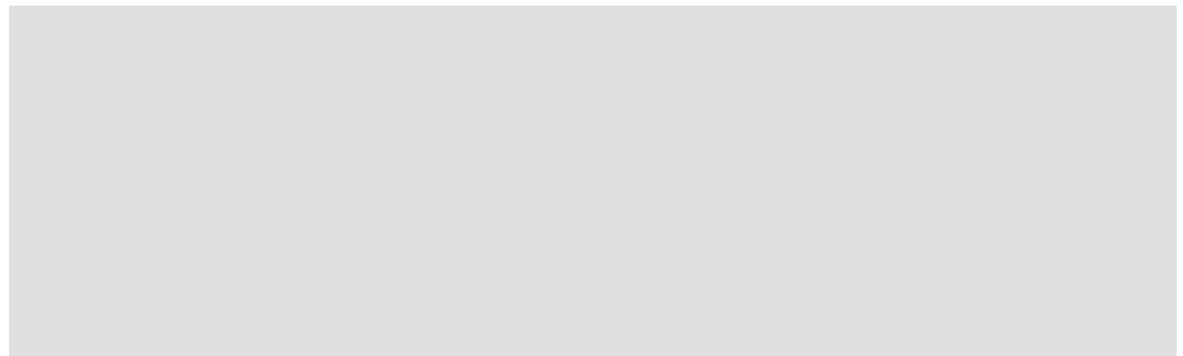




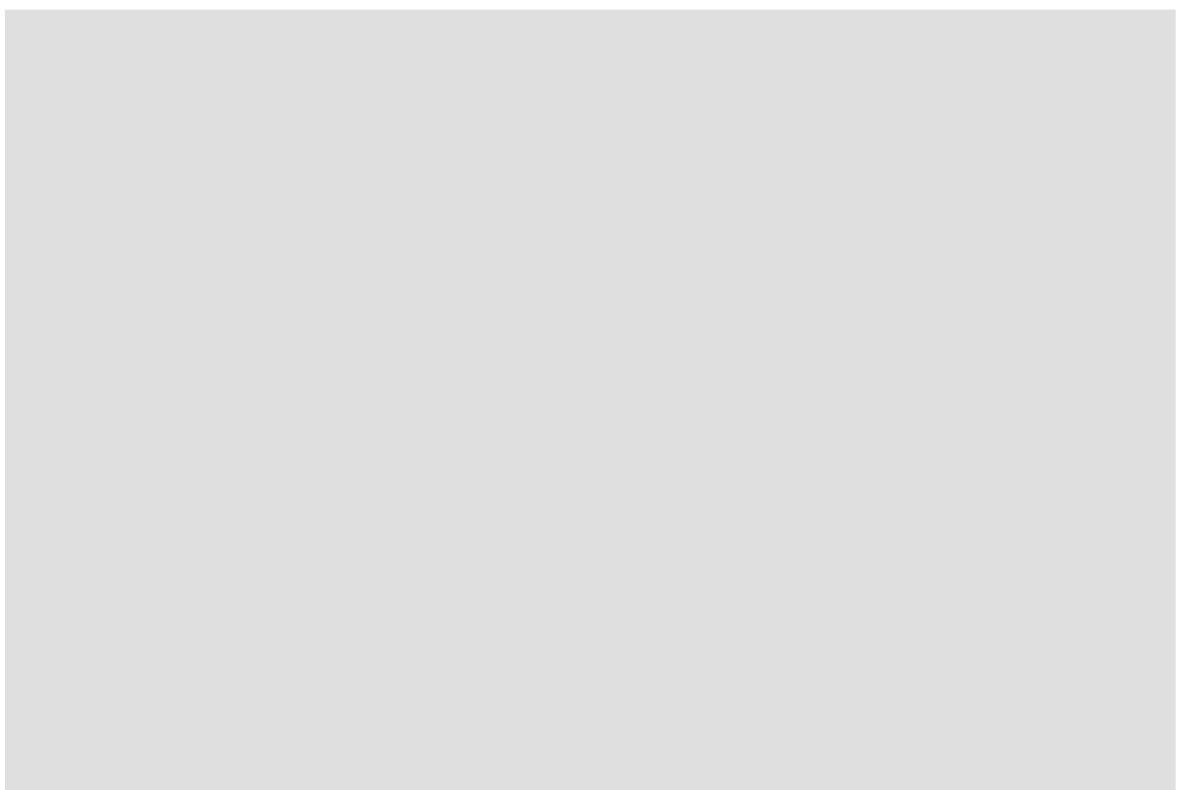
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11.



12.



13.

14.

Response to Specific Questions

Background and experience

15. In response to question 1, I repeat and rely on: paragraph 1 above; and my curriculum vitae annexed and marked 'A'.
16. In response to questions 2 and 3:
- (a) I am a psychiatrist who works both in public and private practice. I am currently 67 years old and over the past couple of years I have been gradually reducing my work in private practice. I still work full-time, but 4 of the 5 days of the working week, I work in public practice. I am a child and adolescent psychiatrist and all my public work is in child and adolescent psychiatry. I do see adult patients in my private practice.
 - (b) Over the years in my private practice I have seen the full range of psychiatric patients, except for patients with conditions usually associated with old age. As can be seen by my enclosed Curriculum Vitae, over the years I have worked in almost every aspect of public child and adolescent psychiatry and in my private practice I have taken on any child or adolescent patient sent to me.
 - (c) In recent years, one of my public jobs has been in a day program for Child and Youth Mental Health patients. This work started when the day program was located at the Mater Hospital, but has continued at the Lady Cilento Children's Hospital. Patients

seen at the day program are some of the most seriously psychiatrically ill young people in the state. They attend several days a week, usually for between six months and a year. They are patients whom community clinics feel they cannot handle or successfully treat. Some of the patients are step-down patients from the inpatient unit. In other words, I still have current experience handling patients with high levels of acuity. In the past I have worked in an inpatient unit, in fact I did all my child psychiatry training while working in an inpatient unit, was a full-time consultant in that unit for a couple of years and then a visiting consultant for several years after that. This was the Child and Family Therapy Unit of the Royal Children's Hospital and for a time when I worked there it was the only inpatient unit in the state except for Barrett Adolescent Centre.

Involvement with the Barrett Adolescent Centre generally

17. In response to question 4, from memory, I think [REDACTED]

[REDACTED]

[REDACTED] This, I think, is my only other involvement with the Barrett Adolescent Centre in recent years.

Referral of Patient [REDACTED]

18. In response to question 5:

(a) As noted previously, [REDACTED] was referred to me in [REDACTED]. Dr Trevor Sadler, then the psychiatrist running the Barrett Adolescent Unit, wrote me a referral letter. A copy of this letter is included in my clinical notes which have been produced to the Commission.

(b) [REDACTED]

(c) [REDACTED]

[REDACTED]

(d) [REDACTED]

(e) Apart from the letter of referral (see sub-paragraph (a) herein) and the letter regarding medications from a psychiatry registrar (see paragraph 23 (b)(ii) below) I did not receive copies of medical or other records from the Barrett Adolescent Centre.

19. In response to question 6:

(a) [REDACTED]

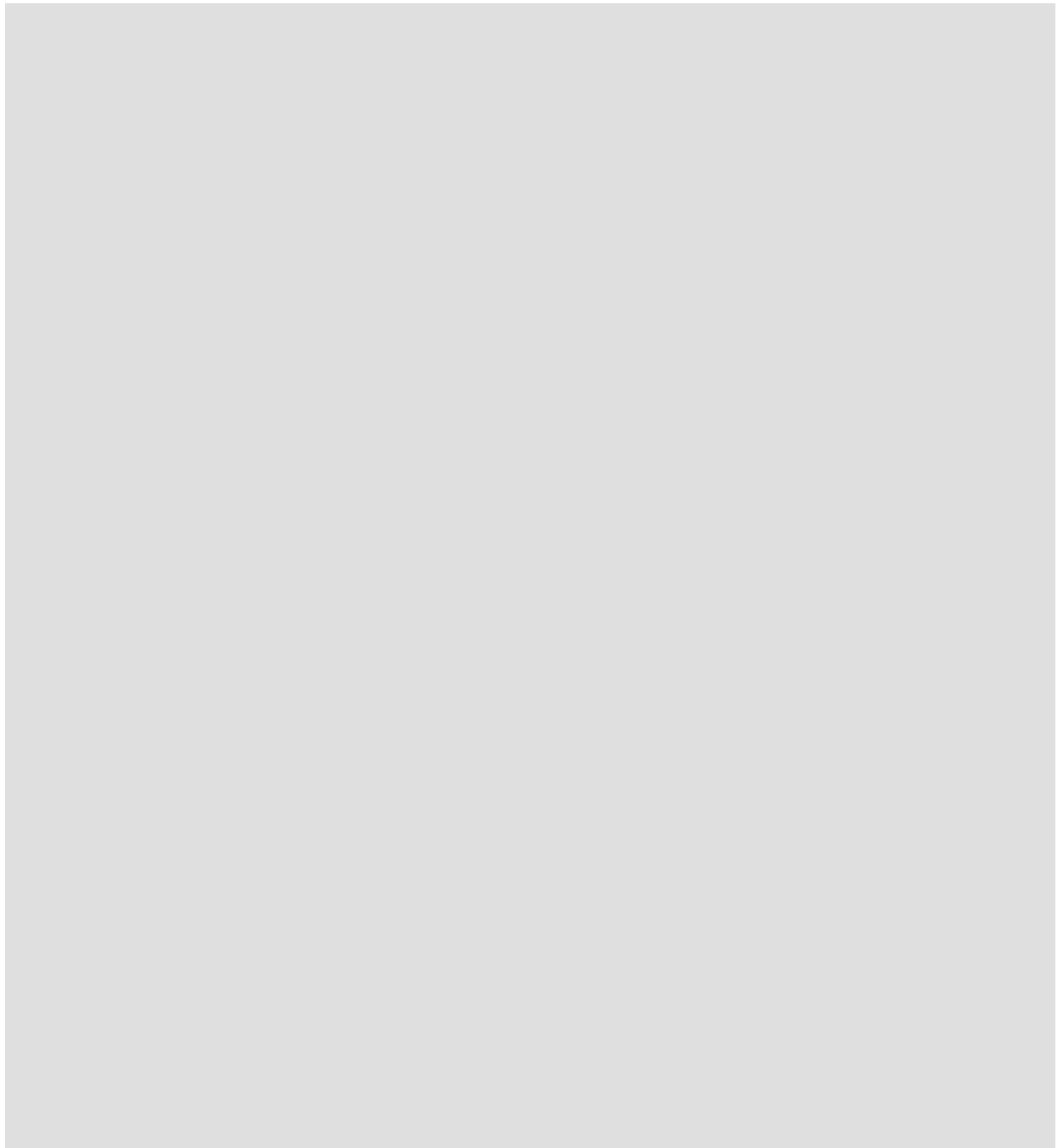
(b) As noted above, I agreed with Dr Sadler's diagnoses of [REDACTED]
[REDACTED]

20. In response to question 7:

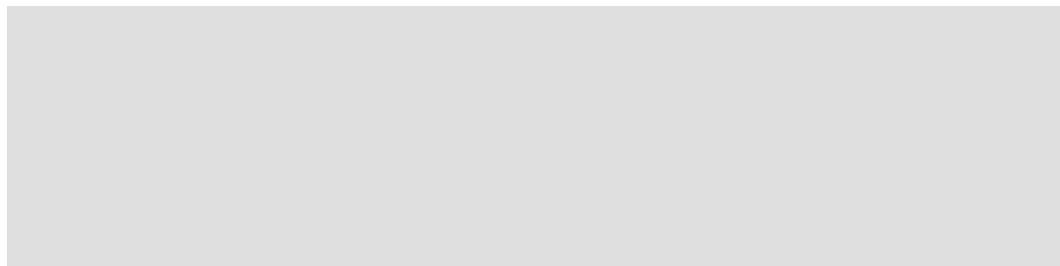
(a) In the early months when I was seeing [REDACTED] I did have some phone conversations with staff at the Barrett Adolescent Centre. As noted above, in recent years most of my work has not been in my private rooms, so the phone calls I responded to from staff at the Barrett Adolescent Centre were usually when I was away from my private rooms and I have no records of exactly when they occurred or exactly how many calls there were, but it would only have been 3 or 4 over the first twelve months or so. I would also, about once every 3-6 months, run into Dr Sadler at meetings, and on two occasions I can remember we had conversations about [REDACTED] but these were not conversations which occurred because of any current clinical issue about which we thought we needed to urgently speak.

21. In response to question 8:

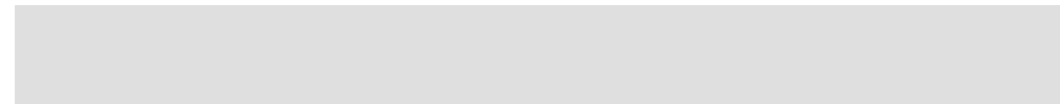
(a)



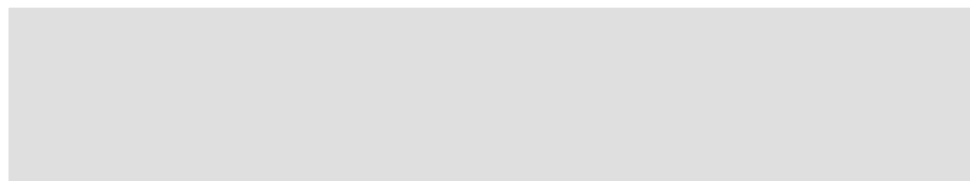
(b)



(c)



(i)



(ii) [Redacted]

(iii) [Redacted]

[Redacted]

(d) [Redacted]

Transitional arrangements

22. In response to questions 9(a) and 9(b), I repeat and rely on paragraphs 3-4, 18, 20 and 23(b)(ii) above.

23. In response to question 9(c):

(a) [Redacted]

(b) I would also note that:

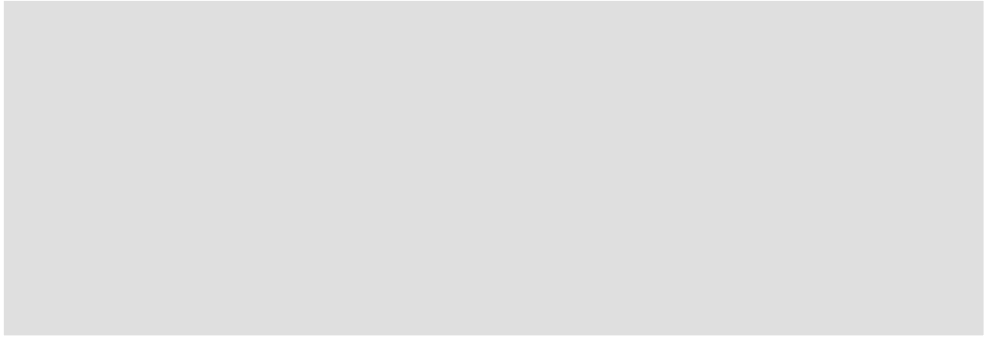
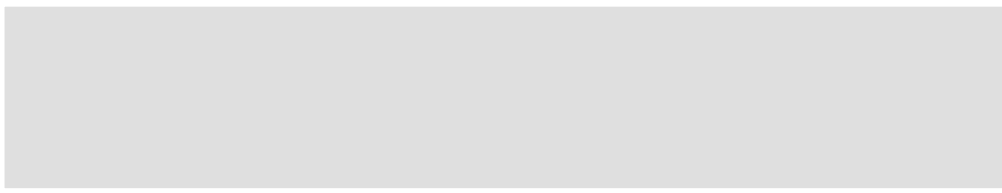
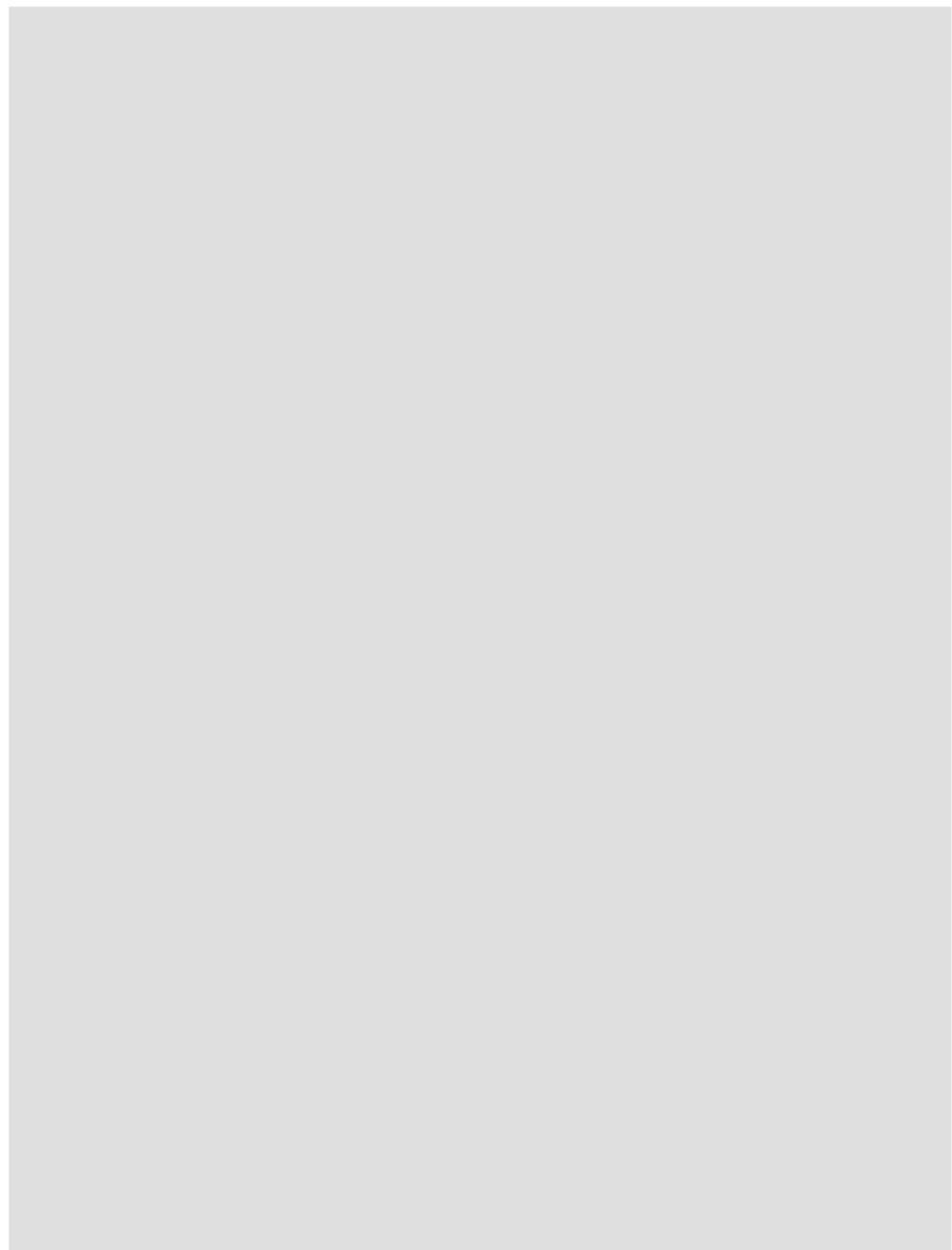
(i)

(ii)

(iii)

(iv)

(v)



24. In response to question 9(d), I did not have any concerns about the transitional care arrangements put in place for [REDACTED]. It was apparent to me, by the length of time that the Barrett Adolescent Centre day programme continued to provide support to [REDACTED] (even beyond [REDACTED] birthday), that a careful and cautious approach was taken in respect to [REDACTED] transition to community mental health services.
25. In response to question 9(e), I was not aware of any specific written transition plans for [REDACTED] (apart from the written referral to myself).
26. In response to question 9(f), I do not think [REDACTED] transition out of the Barrett Adolescent Centre was because of the closure of the Centre. [REDACTED] was referred to me because [REDACTED] was approaching [REDACTED].
27. In response to question 10:
- (a) One of the former Barrett patients who [REDACTED] was someone [REDACTED] thought of as a friend; [REDACTED] had friendly relationships with this [REDACTED] family as well. Following [REDACTED] then talked about the fact that Barrett had closed. [REDACTED] expressed to me [REDACTED] opinion that Barrett should not have closed, or that another facility needed to replace Barrett so that people who really need this type of help can find it.
 - (b) I had never had any discussions with [REDACTED] along these lines prior to this [REDACTED].
 - (c) Based on my discussions with [REDACTED] I think [REDACTED] would now include [REDACTED] as one of those patients who, at a certain stage of [REDACTED] life, needed a treatment facility like Barrett. As noted above, in Dr Sadler's referral letter to me, he commented that [REDACTED] had not engaged particularly well in therapy at Barrett and [REDACTED] did once tell me, the first time I met [REDACTED] that [REDACTED] did not think Barrett had helped [REDACTED] much. From my discussion with [REDACTED] I suspect [REDACTED] has now softened that opinion and would say that some of the programs at Barrett were no help to [REDACTED] but [REDACTED] is glad that Barrett existed and that [REDACTED] was able to attend, [REDACTED].
 - (d) At no time did [REDACTED] express any specific concerns, referable to [REDACTED] about the closure of the Barrett Adolescent Centre such that it was necessary for me to take any specific, or other, action.
28. In response to question 11, I repeat and rely on paragraphs 23(b) above and additionally say that [REDACTED] has also communicated with me via email when [REDACTED] has had specific concerns or issues that [REDACTED] wished to draw to my attention. Copies of these emails are included within my clinical notes which have been produced to the Commission.
29. In response to question 12, I repeat and rely on paragraphs 18, 20 and 23(b)(ii) above.

30. In response to question 13, I say that I have not referred [redacted] to any 'alternative' care providers. The referrals which I have made, to mainstream mental health services, are detailed at paragraph 21(c) above.

31. Question 14 has been answered above.

32. In response to question 15, I am aware of the Commission, however, most of my information comes from the media. I do not have any particular knowledge of the Commission's Terms of Reference.

33. Documents in my custody or control which are referred to in this statutory declaration have been noted and true copies have been annexed. Documents have been produced to the Commission, in accordance with the Commission's 'Requirement to Produce Documents' by way of separate letter.

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]
Declarer

Taken and declared before me at: Brisbane this 8th day of January 2016, before me:

[redacted]
.....
Christine Houston
Solicitor

Dr Ray Cash

M.B., B.S., F.R.A.N.Z.C.P.
CHILD AND ADULT PSYCHIATRIST
PROVIDER NO: 033032h

SUITES 26-29
SILVERTON PLACE
101 WICKHAM TERRACE
BRISBANE QLD 4000

CURRICULUM VITAE

Name: Raymond Morrice CASH

Date of Birth: [REDACTED]

Qualifications: M.B, B.S. University of Queensland
December 1971

F.R.A.N.Z.C.P.
March 1989

Admitted as Member of the Faculty of Child and Adolescent Psychiatry
of the R.A.N.Z.C.P.
May 1990

POSITIONS HELD:

1972	Junior Resident Medical Officer Mater Misericordiae Hospitals South Brisbane, Australia
February 1973 – October 1973	Psychiatric Registrar Wolston Park Hospital Wacol, Queensland, Australia
August 1974 – December 1977	Junior Lecturer Department of Physiology Guy's Hospital Medical School London, England
December 1977 – July 1978	Senior House Officer Department of Anaesthetics Guy's Hospital London, England
September 1978 – December 1983	Lecturer Department of Physiology Guy's Hospital Medical School London, England
January 1984 – December 1984	Psychiatry Registrar Royal Children's and Royal Brisbane Hospitals Brisbane, Queensland, Australia

POSITIONS HELD: (contd)

January 1985 – December 1985

Psychiatry Registrar
Wolston Park Hospital
Wacol, Queensland, Australia

January 1986 – December 1987

Temporary Clinical Lecturer
Department of Psychiatry
University of Queensland
Queensland, Australia

January 1988 – September 1988

Academic Fellow
Department of Psychiatry
University of Queensland
Queensland, Australia

October 1988 – March 1989

Senior Registrar
Child and Family Therapy Unit
Royal Children's Hospital
Herston, Queensland, Australia

March 1989 – October 1990

Consultant Psychiatrist (full-time)
Child and Family Therapy Unit
Royal Children's Hospital
Herston, Queensland, Australia

February 2007 – June 2009

Visiting Consultant in Child and Adolescent
Psychiatry, Northern Downs Child and Youth Mental
Health Service, Dalby, Queensland, Australia

January 1999 – February 2012

Visiting Consultant in Child and Adolescent Psychiatry
Fraser Coast Child and Youth Mental Health Service
Fraser Coast, Queensland, Australia

October 1990 – November 2015

Visiting Consultant in Child Psychiatry
Royal Children's Hospital and Brisbane North Health
District
Queensland, Australia

January 2010 – November 2015

Visiting Consultant in Child and Adolescent Psychiatry
Day Program
Mater Hospital, South Brisbane, Queensland, Australia

September 2012 – February 2015

Visiting Consultant in Child and Adolescent Psychiatry
Northern New South Wales Local Health District
New South Wales, Australia

October 1990 – Present	Private Practice in Child and Adult Psychiatry Wickham Terrace Brisbane, Queensland, Australia
January 1997 – Present	Visiting Consultant in Child and Adolescent Psychiatry Post Graduate Education and Training Centre Child and Youth Mental Health Services
November 2014 – Present	Visiting Consultant in Child and Adolescent Psychiatry Day Program, Lady Cilento Children's Hospital Evolve Therapeutic Services, Children's Health Service, Brisbane North

PUBLICATIONS

- Hunt JN, Cash RM, and Newland P (1975). *Energy density of food, gastric emptying and obesity*. Lancet 2: 905.
- Hunt JN, Cash RM, and Newland P (1978). *Energy density of food, gastric emptying and obesity*. Am. J. Clin. Nutr. 31: 5259.
- Cash RM, and Linden RWA (1979). *The effect of sympathetic stimulation on periodontal mechanoreceptor activity recorded in the trigeminal ganglion of cat*. J. Dent. Res. 59: D1 1839
- Cash RM, and Linden RWA (1981). *A combined morphological and electrophysiological study of periodontal mechanoreceptors in the cat*. J. Dent. Res. 60B: 1132.
- Cash RM, and Linden RWA (1981). *The site of mechanoreceptors in the periodontal ligament of the cat canine tooth*. J. Dent. Res. 60B: 1194
- Cash RM, and Linden RWA (1982). *Effects of sympathetic nerve stimulation on intra-oral mechanoreceptor activity in the cat*. J. Physiol. 329: 451-463.
- Cash RM, and Linden RWA (1982). *The distribution of mechanoreceptors in the periodontal ligament of the mandibular canine tooth of the cat*. J. Physiol. 330: 439-447.
- Sanders MR, Dadds MR, Johnstone B, Rebgetz M, Morrisson M. and Cash R. (1988). *Behavioural treatment of childhood depression; a therapist's manual*. Brisbane Behaviour Research and Therapy Centre.
- Sanders MR, Dadds MR, Johnstone B, and Cash RM (1990). *An observational analysis of the patterns of family interaction in depressed and conduct disordered children*. Proceedings of Association for Advancement of Behavioural Therapy, San Francisco.
- Sanders MR, Dadds MR, Johnstone B, and Cash RM (1992). *Childhood depression and child conduct disorder 1. Behavioural, affective and cognitive aspects of family problem solving interactions*. J. Abnormal Psychology. 101: 495-504.
- Raphael B, and Cash RM (1992). *Pathophysiology of Lightning Injuries: Psychopathology In Lightning Injuries: Electrical, Medical, and Legal Aspects by CJ Andrews, MA Cooper, M Darveniza and D Mackerras*. Published by CRC Press.

Armstrong KL, Van Haeringen AR, Dadds MR, and Cash RM (1998). *Sleep deprivation or post-natal depression in later infancy: separating the chicken from the egg*. J. Paediatrics and Child Health. Vol 34. 3:260-263.