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

AFFIDAVIT

Janet Martin, of Butterfield Street, Herston in the State of Queensland, Acting Director of Clinical Governance, solemnly and sincerely affirms and declares:

1. I have been provided with a Requirement to Give Information in a Written Statement dated 8 January 2016. **Exhibit A** to this affidavit is a copy of this notice.

2. [redacted]

3. [redacted]

Background and Experience

4. I am currently employed in the role of Acting Director of Clinical Governance, Office of the Chief Psychiatrist, Mental Health Alcohol and Other Drugs Branch, Clinical Excellence Division, Department of Health. I have been employed in this role since September 2013.

5. **Exhibit B** to this affidavit is a copy of my current Curriculum Vitae which outlines my professional roles, qualifications and memberships.

6. My interest in Child and Adolescent Psychiatry has been from a policy and program management perspective, not a clinical perspective. I have never worked in a direct clinical role with children and adolescents. For example, commencing in 2005, I held the position of Principal Project Officer where I ran a project in relation to the

[redacted] [redacted]
Deponent A J.P., C.Dec., Solicitor

AFFIDAVIT

On behalf of the State of Queensland

Crown Solicitor
11th Floor, State Law Building
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implementation of specialist child and youth mental health teams providing intensive therapeutic interventions to children on child protection orders.

Acting Director of Clinical Governance, Office of the Chief Psychiatrist, Queensland Health

7. I am, as described above, employed in the role of Acting Director of Clinical Governance, Office of the Chief Psychiatrist, Mental Health Alcohol and Other Drugs Branch, Clinical Excellence Division, Department of Health and have been since September 2013.

8. The key responsibilities of my role as Acting Director of Clinical Governance include the following:

   (a) lead, supervise, and coordinate Statewide clinical governance activities initiated by the Mental Health Alcohol and Other Drugs Branch. Clinical Governance is the processes and practices designed to support health care providers to improve the quality of care, minimise risk to patients, and encourage continuous improvement in hospitals and health services. This may include clinical guidelines, clinical forms, monitoring and analysis of clinical incidents (including the current sentinel event review), benchmarking and key performance indicators, and training and education. In this role I:

      (i) Provide expert advice on clinical governance and related quality and safety issues to the Chief Psychiatrist, senior officers of the Department of Health, Hospital and Health Services and other government departments, and the Minister for Health;

      (ii) Establish and manage effective Statewide governance structures and committees pertaining to clinical governance;

      (iii) Provide expert advice and support to team leaders, clinicians, managers and service executive on clinical governance activities which will continually improve mental health alcohol and other drugs clinical practice and services according to best practice, state and national frameworks and standards;

      (iv) Oversee the preparation of documents including cabinet submissions, reports, information/discussion papers, briefs and correspondence (including Ministerial and Director-General correspondence);

(v) Represent the Branch, Department of Health and Queensland Health as required on state-wide and national committees; and

(vi) Contribute to the effective management of the Mental Health Alcohol and Other Drugs Branch and the Clinical Excellence Division by participating in planning and setting priorities for the Branch and Division and by adhering to relevant financial and quality management practices, legislative and departmental policies.

9. I report to the Chief Psychiatrist and am responsible for two teams – the Clinical Governance team and the Sentinel Events Review team.

10. **Exhibit C** to this affidavit is a copy of the Mental Health Alcohol and Other Drugs Branch governance chart.

11. I had no role or responsibilities with regards to the operation and/or management of the Barrett Adolescent Centre (BAC).

12. **Exhibit D** to this affidavit is a copy of my position description as Acting Director of Clinical Governance, Office of the Chief Psychiatrist. This position description is currently under review to more accurately reflect the roles and responsibilities required by the Department of Health since a significant restructure in 2012.

Transition Period – November 2012 to January 2014

13. I had no involvement in the identification or development of transition plans for specific patients who transitioned to alternative care arrangements in association with the closure of the BAC or anticipated closure, either before or after closure announcement in August 2013.

14. The involvement I had in relation to implementing transition arrangements for specific patients who transitioned to alternative care arrangements in association with the closure of the BAC or anticipated closure whether before or after closure announcement in August 2013, was limited to the administration and securing of funding

15. As aforementioned, I was involved in securing funds for [redacted]

16. [redacted]

17. [redacted]

18. [redacted]

19. [redacted]

[redacted] [redacted]

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24. [redacted]

25. [redacted]

26. [redacted]

27. [redacted]

28. [redacted]

29. [redacted]

30. [redacted]

31. I had no involvement regarding advice or assistance to staff of the BAC during the period November 2012 to January 2014 (transition period) for specific patients who transitioned to alternative care arrangements in association with the closure of the BAC or anticipated closure whether before or after closure announcement in August 2013.

32. I had no involvement regarding advice, reporting or assistance to and from the West Moreton Hospital and Health Service (West Moreton) during the transition period for specific patients who transitioned to alternative care arrangements in association with

[redacted] [redacted]

Deponent A J.P., C.Dec., Solicitor

the closure of the BAC or anticipated closure whether before or after closure announcement in August 2013.

33. All discussions that I have had with other relevant stakeholders are discussed above and are contained in **Exhibits E to I**.

34. [redacted]

Health Ombudsman Investigation

35. I was the Department of Health's contact for an investigation which was conducted by the Health Ombudsman in late 2014 to early 2015 into several matters related to the BAC and a report titled *Transitional Care for Adolescent Patients of the Barrett Adolescent Centre* dated 30 October 2014, which was commissioned under the Health Service Investigation provisions of the Hospital and Health Boards Act 2011 (Qld) (Transition Investigation Report).

36. My responsibility was to draft responses from the Director-General in relation to incoming correspondence from the Health Ombudsman as well as being the departmental point of contact for the Office of the Health Ombudsman if required. I had no role in relation to the Health Services Investigation.

37. I was involved in drafting a letter signed by Dr Michael Cleary, Acting Director-General, Queensland Health on 10 April 2015, responding to several Notices to Require Information which were issued by the Health Ombudsman. **Exhibit J** to this affidavit is a copy of this letter dated 10 April 2015.

38. I am unable to identify the [redacted] referred to in that letter and respectfully suggest that the question be put to Dr Leanne Geppert. When I received the letter from the Health Ombudsman, I recall that I telephoned Dr Geppert and asked about the number of patients. I recall that she said [redacted] I understood that number represented the young people who were inpatients of the BAC and were discharged [redacted] I am aware that there is documentation which identifies [redacted] however it is not within my role to access this information. In any event, whether that documentation identifies the young people Dr Geppert was referring to is a matter for her consideration.

39. I cannot respond to question 9(b) as I was not involved in the clinical care or transition planning of these patients.

40. I was not involved in the Health Service Investigation. The Transition Investigation Report was de-identified and I cannot say if the [redacted] referred to on page one of the letter dated 10 April 2015 relate to or overlap with the [redacted] whose transitional arrangements were reviewed in the report.

Department of Health: Guideline for the transition of care for young people receiving mental health services (the Guideline)

41. I am the 'Policy Custodian' of the Guideline. The 'Policy Custodian' has overarching responsibility for development of a statewide policy/guideline, obtaining the required approvals, and ensuring the policy is reviewed regularly to maintain its accuracy and relevance. In relation to developing the Guideline, I provided guidance to the Principal Project Officer in relation to the focus of the Guideline, supervised the drafting of the Guideline including the consultation process, approved the final draft for progression to the Mental Health Alcohol and Other Drugs Clinical Network (Clinical Network) for endorsement and progression to the Chief Psychiatrist and Executive Director Mental Health Alcohol and Other Drugs Branch for approval.

42. When the Transition Investigation Report was finalised it included a recommendation for a statewide policy. A briefing note was subsequently prepared for the Director-General. **Exhibit K** to this affidavit is a copy of that briefing note. I cannot now recall, but I think it is most likely that my instructions to develop the Guideline came from Dr Bill Kingswell.

The development of the Guideline

43. The Guideline was drafted by three policy officers:
    (a) Leanne Billing (January/February 2015);
    (b) Fleur Ward (March/April 2015);
    (c) Kay McLachlan-Murphy (May/June 2015 including consultation with key stakeholders).

44. Lynelle Wagner (September 2015) completed documentation for approval, however did not amend the draft Guideline.

45. Supervision was provided by Jackie Bartlett, Manager, Clinical Governance Team and myself as Director, Clinical Governance.

Process and key dates

46. 30 October 2014 – Transition Investigation Report finalised.

47. 5 November 2014 – Department of Health released the report.

48. The steps I took to action the development of the Guideline are outlined in points 49 to 63 below.

49. The recommendation of the Transition Investigation Report was considered, namely that the positive learnings identified in the report were distilled into "the development of a state policy (or review of the current transfer of care policy) that supports mental health transition for vulnerable young people" (p. 12).

50. I carefully reviewed the Transition Investigation Report and identified the learnings including:
    (a) Adequate transition planning including preparing the young person for transition (published literature, p. 5). Findings – the process of managing the transition of individual patients was centred on individualised and comprehensive needs assessment (including mental health, health, educational/vocational, and housing/accommodation needs) and care planning, extensive investigation to

identify available and suitable services to provide coordinated care in community settings, iterative planning and collaboration with consumers and families and carers (p. 8). The transition plans, without exception, were thorough and comprehensive (p. 9);

(b) Transition preparation requires an adequate period of planning and preparing the young person and carer(s) for transition (published literature, p. 5). Findings – there was a relatively long period of approximately 5 months to develop and enact the transition plans (p. 8);

(c) Findings – The process of communication and negotiation between the clinical team and the young person and their family/carers was careful, respectful, timely and maintained (p. 9);

(d) Good information transfer between teams (published literature, p. 5). Findings – numerous examples of the BAC staff working in a collaborative way with receiving agencies, as evidenced by the number of times young people were escorted to the other agencies, the detailed discussions and documentation in relation to risk management ...(p. 10);

(e) Continuity of care following transition (published literature, p. 5). Findings – numerous examples of the BAC staff working in a collaborative way with receiving agencies ... maintaining contact post-transfer of care and joint working by staff across the agencies (p. 10);

(f) The planning needs to take into account broad health and developmental transitions recognising the young person's developing maturity and changing health-seeking behaviours (published literature, p. 5). Findings – recognition of the impact of the young person's developmental stage and maturity on their health-seeking attitudes and behaviours (p. 10);

(g) It is better to undertake transitional care in the context of relative stability for the young person rather than crisis (published literature, p. 5). The process of transitional planning occurred in an atmosphere of crisis consequent to the announcement of the closure and the standing-down of the senior leader of the service in the context of an unrelated matter, with escalation of distress in a

number of the adolescents and staff of BAC. There appears to have been a contagion effect of distress and anxiety amongst the adolescents and an increase in incidents on the unit. However whilst the general atmosphere of crisis contributed to the complexity of the situation, it does not appear to have detrimentally affected the process of transitional care planning for the patients (p. 8).

51. I guided research conducted by the policy officer in relation to the contemporary evidence-base on transition of care for young people. Limited evidence was found which specifically related to the transition of care for young people with mental health problems.

52. Material considered by the policy officer and myself included:

(a) Care and transition planning for leaving care: Victorian Practice Framework, 2012. This focuses on the transition from care of child safety services.

(b) Transition Planning Guidelines for Infant, Child and Adolescent Mental Health/ Alcohol and Other Drugs Services 2014, New Zealand Ministry of Health. Principles include:

(i) A structured process that begins at entry;
(ii) Partnership with service users;
(iii) Family involvement;
(iv) Clear, effective and timely communication;
(v) A stepped care approach to service delivery; and
(vi) Shared decision making.

(c) Key Principles for Transition of Young People from Paediatric to Adult Health Care, Agency for Clinical Innovation and Trapeze, The Sydney Children's Hospitals Network, 2014. Principles include:

(i) A systematic and formalised transition process;
(ii) Early preparation;
(iii) Identification of a transition coordinator/facilitator;
(iv) Good communication;
(v) Individual transition plan;
(vi) Empower, engage and enable young people to self-manage; and
(vii) Follow up and evaluation.

(d) NSW Children and Adolescents - Inter-Facility Transfers policy directive - provides a framework to facilitate the safe and timely transfer of children and adolescents whose medical condition requires care at a different level from that of the presenting hospital.

(e) Coordinated Care for Vulnerable Young People Operational Framework Cairns LGA and Yarrabah Shire, CCYP Coordinated Care for Vulnerable Young People. The CCYP is comprised of government and non-government agencies committed to working in full cooperation. This is to promote an integrated system of care for effective and efficient delivery of services to meet the needs of vulnerable young people who reside in the Cairns Regional Council and Yarrabah Aboriginal Shire Council.

(f) The Children's Health Queensland Hospital and Health Service (Children's Health Queensland) guidelines for the transfer of young people to Adult Metro North Hospital and Health Service. Children's Health Queensland also hold complex care reviews where adult mental health counterparts are invited to start the process of transition.

(g) The Central Queensland Hospital and Health Service do not have guidelines however current practice involves a period of overlap (three months) where a Child and Youth Mental Health Services clinician identifies when a young person needs to transition to adult mental health services. Where possible a period of shared case management with an adult mental health clinician is negotiated to try and make the transition as seamless as possible.

(h) The Queensland Health mental health models of service (MOS) provide clear advice on how to deliver clinical mental health services within mental health service organisations. Currently under review.

53. A draft of the Guideline was prepared based on the literature review and learnings from the Transition Investigation Report.

54. On 5 May 2015, a memorandum from Associate Professor John Allan was provided to Chief Executives of Hospital and Health Services, copied to Executive and Clinical

Directors, Mental Health Alcohol and Other Drugs Services, the Chair of the Child and Youth Mental Health Clinical Group and the Chair of the Clinical Network requesting feedback on the draft guideline by 22 May 2015. **Exhibit L** to this affidavit is a copy of an email dated 5 May 2015 at 3:42pm attaching this memorandum.

55. Feedback was received from eight Hospital and Health Services. Three provided positive feedback on the guidelines with no changes recommended. Of the ten changes recommended, eight were fully actioned and two were partially actioned. Feedback and action taken is summarised in the table below:

Person and role	**Section Number**	**Comments**	**Subject matter**	**Comments**	**Actioned**
Anthony Falconer Deputy Director Medical Services Princess Alexandria Metro South	4.3.4 Good communication	Add in dot point It is essential that the transfer of care be either from one consultant to another consultant or from a consultant to a senior member of the receiving team that is taking over responsibility for ongoing care. The transfer details and process should not be delegated to junior members of the team.	Appropriate person for transfer of care	Comment better aligns with the role of the transitioning co-ordinator. A paragraph has been included based on the findings of the Report noting "*membership was sufficiently senior to facilitate authoritative decision making and action.*" Note insertion of sentence 'the transition coordinator must have sufficient seniority to facilitate authoritative decision making and action'	Partial
Christine McDougall Program Manager/ Nursing Director	4.3.2 Early preparation	Long lead in period but note caveat – comment only	Lead in time for transition – 6 months	Note only – no action required. Report noted BAC staff had five months to prepare and this did result in time pressure to ensure the transition process was handled thoroughly	N/A

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Person and role	Section Number	Comments	Subject matter	Comments	Actioned
Mental Health and AODS SWHHS				and with sufficient consultation with family/carers and service providers. In the federal government's policy on Transitioning youth in care to independence, the planning process is identified to commence at age approx. 15.5yrs.	
	4.3.2.4	Comment: transition itself is likely to precipitate a crisis and suggest that it is identified in the plan which service continue to case manage if this occurs	Transition plan preparation and identification of crisis	Sentence or two rewording the heightened risk and development of management strategies	Yes
	4.3.5.3 Individual transition plan	Comment: would it be appropriate at this point to develop a formal early warning signs with the young person so that they identify what they see as triggers and also to develop strategies with them. This would be a valuable tool to hand over to the receiving agency.	Individual transition strategies	The section on self-management covers the need for self-awareness and direction. Further paragraph added in encouraging young person to identify risks and implement their own actively self-management strategies. Included 'Transition can be a challenging time and may precipitate a crisis, so it is important to be	Yes

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Person and role	Section Number	Comments	Subject matter	Comments	Actioned
				aware of early warning signs of distress and develop corresponding management strategies. The young person, family or carer and the receiving service are to be made aware of these risks including signs of distress or deterioration in the young person's mental health'	
Michelle Edwards Carer Consultant GCH	4.3.5 Individual transition plan	Individual Transition plan the need for comprehensive assessment is recommended however the young person's social needs & relationships is not mentioned or sexuality	Individual transition challenges	Psychosocial and cultural needs has been added in as an area to consider in the development of the Individual Transition Plan.	Partial
Fraun Fierchinger Mount Isa Overall deemed a good document.	4.3.3 Identification of a local transition coordinator/facilitator	A transition coordinator should be identified as responsible for the planning and coordination of the transition process." I am wondering if this is saying that the co-ordinator needs to be a person separate from the young person's interdisciplinary	Role of transition co-ordinator	The requirement has been reworded to reflect the role of transitional co-ordinator rather than it being a complete position.	Yes

Deponent

A J.P., C.Dec., Solicitor

Person and role	Section Number	Comments	Subject matter	Comments	Actioned
		treatment team as I think that would not be necessary. It seems to me the functions of the co-coordinator as described would be best carried out by the treating team.			
	4.3.7.2 Follow up and evaluation	*Contact should be maintained with the young person from their original service post transition. This contact can be gradually reduced as the young person settles into their new environment.*" I think this should be modified to state "**If appropriate**" or "**as appropriate**" as not all young people will require that much ongoing support from the original team and too much contact once they have 'transitioned' might be counter-therapeutic.	Individual transition strategies	Changed to reflect contact should be maintained until transition has completed – to reflect the process.	Yes
	4.3.7.3 Follow up and evaluation	*Monitoring and evaluation of the young person's outcomes after transition is required to inform future planning.*" Is the	Transition monitoring	Monitoring here refers to after transition is affected. Monitoring and evaluation should also occur during the transition phase by	Yes

Deponent

A J.P., C.Dec., Solicitor

Person and role	Section Number	Comments	Subject matter	Comments	Actioned
		expectation that this will be done by the transferring service, the receiving service, or both? I would think the receiving service would be most appropriate		both services. Wording amended.	
Assoc Prof Brett Emerson Metro North	Background	Eating Disorder consumers need to be highlighted as primary diagnosis.	Background	included with the range of diagnoses identified.	Yes
	Principles and Planning elements	Dot-point three is recommend to be changed to: • pharmacological or therapy interventions	Individual transition strategies	Other has been replaced by 'therapeutic' under this dot point.	Yes
Stephen Stathis CY	No further comment	'I've reviewed the draft guidelines and am happy to endorse. I believe these will provide support and structure to the transition process for young people across Queensland.'		No action required	N/A
Kerrie Hayes Sunshine Coast	Guideline can be adapted to meet local need	Feedback provided by Dr Lilley states that "the document is well written and does not require any amendments. The SCHHS could adapt the content and strategies within our		No action required	N/A

Deponent

A J.P., ~~C.Dec., Solicitor~~

Person and role	Section Number	Comments	Subject matter	Comments	Actioned
		service to ensure safe transfer of care within."			
Shannon March Townsville	No further comments	'This guideline appears comprehensive and our service therefore does not have any specific feedback at this time.'		No action required	N/A
Jackie Bartlett	Transfer to adult care	Young persons at high risk due to a history of trauma, abuse or under the care of child safety, for instance in foster or other care, must take priority as clients within adult mental care services.	Transition occurrence	A sentence added at the end of the transitioning process section identifying the need to be particularly attentive to young persons who are identified under these risks.	Yes

56. In relation to the two recommended changes which were partially actioned:

(a) Anthony Falconer, Deputy Director Medical Services, Princess Alexandra Hospital, Metro South Hospital and Health Service recommended 'It is essential that the transfer of care be either from one consultant to another consultant or from a consultant to a senior member of the receiving team that is taking over responsibility for ongoing care. The transfer details and process should not be delegated to junior members of the team.' This was captured in the Guideline as 'the transition coordinator must have sufficient seniority to facilitate authoritative decision making and action'. Rationale – consultant Psychiatrists in community based services, particularly in rural and remote areas, are not necessarily the most knowledgeable about a young person's needs. Another senior member of staff may be more appropriate;

(b) Michelle Edwards, Carer Consultant, Gold Coast Hospital and Health Service noted that 'the need for comprehensive assessment is recommended however the young person's social needs and relationships is not mentioned or sexuality'. Psychosocial and cultural needs were added. Sexuality was not

added. Rationale – sexual health or sexuality includes physical, psychosocial and potentially cultural aspects, all of which are included in the Guideline.

57. On 5 June 2015, the draft Guideline was submitted to the Clinical Network for feedback. **Exhibit M** to this affidavit is a copy of the email requesting feedback dated 5 June 2015 and an email received from Jan Kealton (the Carer representative on the Clinical Network) dated 11 June 2015.

58. Feedback was also received (in tracked changes and comments) by the then Planning and Partnerships Unit, Mental Health Alcohol and Other Drugs Branch. Most tracked changes were accepted. One comment was accepted. The rationale for not accepting two comments is included in comments within the document at **Exhibit N** to this affidavit.

59. On 19 June 2015 the Guideline for the transition of care for young people receiving mental health services was recommended by the Clinical Network for approval at its meeting dated 19 June 2015. **Exhibit O** to this affidavit is a copy of these minutes.

60. On 6 August 2015, the Director-General wrote to the Health Ombudsman providing a copy of the draft Guideline. **Exhibit P** to this affidavit is a copy of this letter attaching the draft Guideline.

61. On 18 September 2015, the Guideline was submitted for approval to the Chief Psychiatrist, Associate Professor John Allan.

62. On 21 September 2015, the Executive Director, Mental Health Alcohol and Other Drugs Branch, Dr William Kingswell, approved the guideline for publishing to the Queensland Health website. **Exhibit Q** to this affidavit is a copy of the brief for approval (attaching the Guideline) dated 21 September 2015.

63. With respect, in relation to question 13, the Guideline states that 'the timing of transition, where possible, needs to avoid any crisis the young person may be experiencing', not as stated that it is best practice not to conduct the transition during an atmosphere of crisis. The guideline recognises the young person's clinical state as being an important factor in the timing of any transitions, as well as personal crises that the young person may be experiencing such as relationship breakdown or physical ill

health. The 'atmosphere of crisis' referred to in the Report specifically referred to 'the announcement of the closure and the standing-down of the senior leader of the service', not to clinical or personal crises experienced by an individual young person as referred to in the Guideline.

Key principles for Transition of Young People from Paediatric to Adult Health Care ("the ACI and Trapeze document")

64. The ACI and Trapeze document focuses on young people aged 14 to 25 years who have chronic health conditions which arose during childhood. Whilst the ACI and Trapeze document refers to chronic physical health conditions such as congenital cardiac disease, spina bifida and muscular dystrophy, the principles for supporting young people with chronic mental health conditions are very similar.

65. An article in international peer review journal Archives of Disease in Childhood by Suris, Michaud and Viner states that 'there are commonalties that cross disease categories and that, while there are issues that are specific to each disease, the commonalties can be used to increase the experience of the practitioner'. The authors also state that 'although this paper focuses mainly on the issue of somatic diseases, its content does apply to a large extent to any chronic condition, including mental illness and chronic disability'.

66. The reciprocal effect of the chronic condition and the development of the young person is similar for young people with chronic physical health conditions and those with chronic mental health conditions, and must be considered during any treatment and care planning, including during times of transition. For example, having any type of chronic health condition is likely to impact on a young person's identity and self-image, their peer and family relationships, and school attendance and educational achievement. In addition, issues such as a young person's ability to understand their illness / chronic condition, their ability to adhere to their treatment plan, and their ability to organise themselves, be independent and self-manage are all impacted on by issues of developmental maturity regardless of the type of chronic condition experienced.

67. The key principles identified in the ACI and Trapeze document were chosen as the preferred framework for the draft Guideline because they capture all of the learnings from the transition investigation as well as additional detail from the literature review

undertaken by the Mental Health Alcohol and Other Drugs Branch policy officer, as well as being contemporary (published in 2014) and based on systematic reviews of the literature ensuring that they are evidence-based.

68. I made the decision to use the ACI and Trapeze document as the framework for the Guideline. However, this decision was tested as the Guideline was subject to extensive consultation and approval by the Mental Health Alcohol and Other Drugs Clinical Network and senior management within the Mental Health Alcohol and Other Drugs Branch. As outlined previously there were no concerns raised during the consultation process in relation to the key principles from the ACI and Trapeze document.

69. The key principles from the ACI and Trapeze document were used as a framework only with the detail developed to reflect the findings of the report and additional information from the literature review. For example:

(a) A systematic and formal transition process – captured learnings from the transition investigation including the need to identify 'available and suitable services to provide coordinated care in community settings' (i.e. clear referral pathways). Also includes the need for local documented transition guidelines and policies;

(b) Early preparation – captured learnings from the transition investigation including 'transition preparation requires an adequate period of planning and preparing the young person and carer(s) for transition' and 'It is better to undertake transitional care in the context of relative stability for the young person rather than crisis';

(c) Identification of a transition coordinator/facilitator – the transition investigation noted that the Barrett Adolescent Centre Clinical Care Transition Panel included multidisciplinary senior clinicians responsible for patient care. The Guideline recommends a transition coordinator with 'sufficient seniority to facilitate authoritative decision making and action';

(d) Good communication - captured learnings from the transition investigation including the importance of collaboration and 'communication and negotiation between the clinical team and the young person and their family/carers was careful, respectful, timely and maintained';

(e) Individual transition plan - captured learnings from the transition investigation including individualized, thorough and comprehensive transition plans incorporating the young person's mental health, health, educational/ vocational, and housing/accommodation needs; identification of needs involves a comprehensive assessment;

(f) Empower, engage and enable young people to self-manage – captured learnings from the transition investigation including recognition of the importance of the 'impact of the young person's developmental stage and maturity on their health-seeking attitudes and behaviours';

(g) Follow up and evaluation - captured learnings from the transition investigation including the importance of continuity of care following transition including collaborative work with receiving agencies and 'maintaining contact post-transfer of care and joint working by staff across the agencies'.

A State policy vs Inter-district transfer documents

70. The decision to implement the Transition Investigation Report's recommendation by developing the Guideline as opposed to reviewing the Inter-district transfer documents was made by me based on:

(a) The Department of Health policy framework defines a policy as a high level, principles-based statement that communicates the department's intent as opposed to a guideline which provides 'advice on best practice and are intended to support decision making'. Department of Health policies are primarily limited to the operations of the Department such as financial management (e.g. corporate card), communication (e.g. use of social media) or governance (e.g. intellectual property). Furthermore, Department of Health policies can have mandatory application to the Department only, not the Hospital and Health Services.

(b) The Inter-district transfer documents commenced in 2010 with the intent to support transition of all mental health consumers, across the age range, between Queensland Health mental health services. The Inter-district transfer documents place a heavy emphasis on the practical transfer of clinical

documentation, issues related to mental health legislation (e.g. involuntary treatment or forensic orders), and bed availability/shortages. Whilst many of the learnings identified in the Report and high-level principles defined in the literature are mentioned in the Inter-district transfer documents, the documents are not comprehensive, the level of detail is insufficient and issues specific to the transfer of care for young people are not included.

(c) Several of the principles mentioned in the Inter-district transfer documents are included in the Guideline including:

(i) Services will work collaboratively;

(ii) Consumers and their carers will be engaged in the transition process;

(iii) Transfer may require a shared care arrangement for a period of time;

(iv) The consumer's recovery/care/treatment plan will determine the amount of time the transfer takes;

(v) Importance of good communication; and

(vi) Consideration of cultural needs.

71. The Guideline has been finalised. It was finalised on 21 September 2015.

72. Names of key stakeholders identified for consultation and involvement in the review process are identified in the emails dated 5 May 2015 and 5 June 2015 (**Exhibits L and M**).

73. The audit of the Guideline has not been completed.

All the facts affirmed in this affidavit are true to my knowledge and belief except as stated otherwise.

Affirmed by Janet Martin on 22 January 2016 at Brisbane in the presence of:)

[redacted]

[redacted]

A Justice of the Peace, C.Dec, Solicitor

JUSTICE OF THE PEACE (QUALIFIED) QUEENSLAND GOVERNMENT Reg.No.: 118609 DEPT. OF JUSTICE & ATTORNEY-GENERAL

In the matter of the *Commissions of Inquiry Act 1950*

Commissions of Inquiry Order (No.4) 2015

Barrett Adolescent Centre Commission of Inquiry

CERTIFICATE OF EXHIBIT

Exhibits A - Q to the Affidavit of Janet Martin affirmed on 22 January 2016.

[redacted]

Deponent

[redacted]

A J.P., ~~C.Dec., Solicitor~~

JUSTICE OF THE PEACE (QUALIFIED) CLERICUS SOVEREIGN Reg.No.: 118609 DEPT. OF JUSTICE & ATTORNEY-GENERAL

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INDEX TO EXHIBITS

Exhibit	Exhibit description	Page numbers
A	Notice	1 – 8
B	Curriculum Vitae	9 – 12
C	Mental Health Alcohol and Other Drugs Branch governance chart	13
D	Position description – A/Director of Clinical Governance, Office of the Chief Psychiatrist	14 – 18
J	Letter from Dr Cleary dated 10 April 2015	54 – 57
K	Briefing note to Director-General	58 – 60
L	Email dated 5 May 2015 attaching feedback memorandum	61 – 63
M	Email dated 5 June 2015 requesting feedback and email received from Jan Kealton dated 11 June 2015	64 – 65
N	Feedback received from the Planning and Partnerships Unit, Mental Health Alcohol and Other Drugs Branch	66 – 73
O	Minutes of Clinical Network meeting on 19 June 2015	74 – 79
P	Letter to Director-General dated 6 August 2015	80 – 91
Q	Brief for approval to Executive Director, Mental Health Alcohol and Other Drugs Branch dated 21 September 2015	92 - 101

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BARRETT ADOLESCENT CENTRE COMMISSION OF INQUIRY

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

REQUIREMENT TO GIVE INFORMATION IN A WRITTEN STATEMENT

To: Janet Martin

Of: c/- Crown Law

I, the Honourable MARGARET WILSON QC, Commissioner, appointed pursuant to *Commissions of Inquiry Order (No. 4) 2015* to inquire into certain matters pertaining to the Barrett Adolescent Centre (**"the Commission"**) require you to give a written statement to the Commission pursuant to section 5(1)(d) of the *Commissions of Inquiry Act 1950* in regard to your knowledge of the matters set out in the Schedule annexed hereto.

YOU MUST COMPLY WITH THIS REQUIREMENT BY:

Giving a written statement prepared either in affidavit form or verified as a statutory declaration under the *Oaths Act 1867* to the Commission on or before **4:00pm** on **Monday 18 January 2016**, by delivering it to the Commission at Level 10, 179 North Quay, Brisbane.

A copy of the written statement must also be provided electronically either by: email at [redacted] (in the subject line please include "Requirement for Written Statement"); or via the Commission's website at www.barrettinquiry.qld.gov.au (confidential information should be provided via the Commission's secure website).

If you believe that you have a reasonable excuse for not complying with this notice, for the purposes of section 5(2)(b) of the *Commissions of Inquiry Act 1950* you will need to provide evidence to the Commission in that regard by the due date specified above.

DATED this 8th day of January 2016

[redacted]

The Hon Margaret Wilson QC
Commissioner
Barrett Adolescent Centre Commission of Inquiry

SCHEDULE

Background and experience

1. Outline your current professional role/s, qualifications, and memberships. Please provide a copy of your current/most recent curriculum vitae.

2. Detail any qualifications or particular professional interest in child and adolescent psychiatry.

3. The Commission understands that you hold the position of Acting Director of Clinical Governance, Office of the Chief Psychiatrist, Mental Health, Alcohol and Other Drugs Branch, Queensland Health. Please state whether and to what extent this is correct. With respect to your role in that position, please:

   (a) Specify when you first commenced in that role, and if you no longer hold it, when you finished.

   (b) Outline your key responsibilities, including working and reporting relationships and the branches (or areas) which fall/fell within your responsibility.

   (c) Detail your role and responsibilities, if any, with respect to the operation and/or management of the Barrett Adolescent Centre ("**BAC**").

   (d) Provide a copy of your position description.

4. Identify and provide details of all other positions and appointments (permanent, temporary or acting) held by you with Queensland Health which are not already detailed in response to question 3 above.

Transition period –

5. By reference to specific patients who transitioned to alternative care arrangements in association with the closure of the BAC or anticipated closure, whether before or after the closure announcement in August 2013, detail any involvement you had in:

(a) The identification or development of transition plans for those patients.

(b) Developing, managing and implementing transition arrangements (including, but not limited to, identifying, assessing and planning for care, support, service quality and safety risks) for those patients.

(c) Securing placement in, or funding for, alternative services for these patients.

(d) Advice or assistance to staff of the BAC during the period

(e) Advice, reporting, or assistance, to and from the West Moreton Health and Hospital Service during the transition period.

6. Did you have any discussions or correspondence with the medical or other staff at receiving services regarding the patients' transitional arrangements, transition plans, treatment plans, clinical and educational needs or other matters? If so, explain the nature of these discussions, including the date on which they occurred, with whom and for what purpose.

7. Were you aware of any concerns regarding the transition of any patients from the BAC to receiving services? If so:

(a) Detail any such concerns.

(b) If there were concerns, state who were these concerns expressed by and to whom.

(c) On what date and by what means did you become aware of these concerns?

(d) What steps, if any, did you cause to be undertaken as a result of any such concerns?

Health Ombudsman investigation

8. The Commission understands that you were the Department of Health's contact for an investigation which was conducted by the Health Ombudsman in late 2014 to early 2015 into several matters related to the BAC and a report titled *Transitional Care for Adolescent Patients of the Barrett Adolescent Centre* dated 30 October 2014, which was commissioned under the Health Services investigation provisions of the *Hospital and Health Boards Act 2011 (Qld)* (**"the Report"**). State whether this is correct and explain your responsibilities in this role and the tasks which you carried out.

9. [redacted]

Department of Health: Guideline for the transition of care for young people receiving mental health services

10. The Commission understands that you were the 'Policy Custodian' for the development of the *Department of Health: Guideline for the transition of care for young people receiving mental health services* (**"the Guideline"**) which was drafted in 2015. Please answer the following questions: