

Statement of Nathan Pasieczny

I, Nathan Pasieczny, **Mental Health Team Leader**, Mood ACU (Academic Clinical Unit), Metro South Hospital and Health Service, of 199 Ipswich Road, Woolloongabba, in the State of Queensland, state as follows:

A. I currently hold the position of Mental Health Team Leader with the Metro South Addiction and Mental Health Service (**MSAMHS**). I have held this position since 2006.

Response to Requirement to Give Information

B. Attached as [[MSS.005.005.0018]] is a copy of a Requirement to Give Information in a Written Statement dated 14 October 2015 (**Notice**) directed to me from the Barrett Adolescent Centre Commission of Inquiry (**Commission**), received under cover of letter from the Commission of the same date. This Statement is provided in response to the Notice.

C. For the purpose of preparing this Statement I have had access to the records of Metro South to obtain information to provide a response to the Notice. Unless otherwise stated, the matters set out in this Statement are based on my knowledge and the information derived from the above sources and collected for the purpose of preparing this Statement.

Background and experience

1. What are your current professional role/s, qualifications and memberships? Provide a copy of your most recent curriculum vitae.

1. I hold the qualifications of Doctor of Philosophy (Clinical Psychology) from the University of Queensland (2012), Bachelor of Arts (Psychology) with Honours from the University of Queensland (1998), and Bachelor of Applied Science (Biochemistry/Microbiology) from the Queensland University of Technology (1995).
2. I hold full registration with the Australian Health Practitioners Regulation Agency (**AHPRA**). I am a member of the Australian Psychological Society (**APS**) and the Australian Association of Cognitive Behavioural Therapists (**AACBT**).



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3. I currently hold the position of Mental Health Team Leader with the Mood Academic Clinical Unit at the Metro South Addiction and Mental Health Service (**MSAMHS**). I have held this position since 2006.

4. Attached as [[MSS.005.005.0001]] is a copy of my current curriculum vitae.

2. *We understand that you have held the position of Team Leader with the Metro South Addiction and Mental Health Service ("MSAMHS"). State whether this is correct and, if so, specify the period in which you held that position.*

5. This is correct. I have held the position of Team Leader with the MSAMHS since February 2006. Since commencing this position, my title and the name of the service have changed several times, however my position and role has remained the same.

3. *If you have held that position of Team Leader:*

a. outline and explain your key responsibilities;

b. outline the training provided to you by MSAMHS, in particular with respect to adolescent mental health;

c. provide a copy of your job description.


a. outline and explain your key responsibilities;

6. As Team Leader, I am an operational supervisor to the Mood ACU. This is primarily a managerial role, however, I am also a Senior Clinician on the team and staff may approach me on an ad hoc basis for clinical support.

7. During the time of transition, the team consisted of 14 full time equivalent (**FTE**) case management staff, 7.7 FTE medical staff and 1 FTE administrative staff member.

8. My key responsibilities include:

- (a) Operational management of the Mood ACU in accordance with Human Resources Management (**HRM**) principles including: staff recruitment and supervision, staff performance appraisal and development, identification and facilitation of staff training, work rehabilitation, workload allocation and monitoring, risk management, and delegation of operational tasks.


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- (b) Financial and asset management of the Mood ACU including maintaining budget integrity.
- (c) Strategic leadership in collaboration with service executive and clinical directors at both a team and a service level including change management. For example, alignment of the service with local, state, and national plans and priorities.
- (d) Ensuring staff are appropriately skilled and supported to deliver services by actively identifying, facilitating and providing professional development opportunities for self and others, and managing regular supervision and performance appraisal processes for staff.
- (e) Assigning treatment teams to patients referred to the Mood Team. A treating team would consist of a Treating Doctor, Registrar and Case Manager(s). I assign these roles on the basis of specific interventions required. If a patient has a condition whereby clinical guidelines would suggest that CBT or other therapy should be provided and this therapy is not being provided by another agency, I would assign a team member who could administer this therapy. This could be in addition to a case manager to coordinate care for the patient.
- (f) Quality improvement and service accreditation including: reporting on key performance indicators, quality activity planning, implementation of improvement strategies, review, ensuring adherence with relevant standards and benchmarking.
- (g) Collaboration on service delivery and improvement with relevant internal and external stake holders and networks including consumer and carer groups, clinicians, service executive, discipline leaders, the Mental Health and Alcohol and Other Drugs Directorate, the University of Queensland, and Griffith University.
- (h) Use of specialist clinical psychology skills in the clinical supervision and training of staff and the assessment and evidence based treatment of mental health patients with complex and high risk presentations. I have extensive experience in the treatment of Depressive Disorders, Anxiety Disorders, Trauma and Stress related Disorders, Obsessive and Compulsive Disorders, Psychotic Disorders, Bipolar Disorders, and Personality Disorders. I have extensive experience in Cognitive Behaviour Therapy,


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Dialectical Behaviour Therapy (**DBT**), Behavioural Activation, Prolonged Exposure, Acceptance and Commitment Therapy, and Transference Focused Psychotherapy.

- (i) Facilitation of group therapy including Cognitive Behaviour Therapy, DBT, and Behavioural Activation.
- (j) Provision of expert advice in the evidence based treatment of personality disorders including consultation with service executive and other internal and external agencies, and contribution to relevant national, state, and local guidelines, policies, and procedures.
- (k) Program management of service wide evidence based clinical treatment programs (e.g. DBT, CBT for Depression and Anxiety Program) including leadership and planning, modification of work flow/ processes, staff development, resource acquisition, outcome monitoring and quality improvement, benchmarking, reporting, and development of service standards and processes.
- (l) Leading clinical research projects evaluating the service's clinical therapy programs including DBT and CBT for treatment resistant Depression and Anxiety.
- (m) Ensuring staff have access to clinical supervision. Clinical supervision is explained in the Queensland Health Clinical Supervision Guidelines 2009 as a formal process of support and reflection for clinicians. It is designed to support staff, and manage and monitor the delivery of high quality services and effective outcomes for mental health consumers. The content of a supervision session is focused on issues relating to or impacting on clinical practice and the delivery of consumer care.

b. outline the training provided to you by MSAMHS, in particular with respect to adolescent mental health;

9. I have been provided extensive training throughout my time with MSAMHS. For the purpose of this statement, I refer to training provided in the 5 years prior to the management of [REDACTED] and [REDACTED], and training contemporaneous with same.
10. Given the nature of my role as Team Leader, most recent training has focussed on recruitment and training, data management, key performance indicator reporting, and management of

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unsatisfactory staff performance. I have also received training in risk assessment and management, supervision, and mental state examination training.

11. MSAMHS also provided recent training in skills for psychological recovery for consumers that have been through traumatic events. This training was run by the University of Melbourne following the 2011 flood response.
12. In addition to the training provided by MSAMHS, I have self-funded training in advanced DBT, CBT for depression and anxiety, schema focussed therapy, and prolonged exposure for Post Traumatic Stress Disorder (PTSD).
13. MSAMHS is an adult facility and as such, the training provided to me by MSAMHS has not specifically related to adolescent mental health. However, much of the general training I have received can be applied to adolescents. For example:
 - (a) advanced training in DBT, which is an evidence based therapy in the treatment of emotion regulation and suicide/self-harm behaviour;
 - (b) CBT training for treatment of depression and anxiety disorders;
 - (c) training in the treatment of trauma disorders including prolonged exposure for treatment of PTSD;
 - (d) CBT training to treat bipolar effective disorders;
 - (e) training in mentalisation therapy for borderline personality disorder;
 - (f) acceptance and commitment therapy training for anxiety;
 - (g) transference focussed psychotherapy training for borderline personality disorder and trauma disorders.
14. As to specific training in respect of adolescents, during University, I completed a 6 month student placement as a supervised intern at Nashville State High School. The students I treated during this placements were entirely adolescents.

c. provide a copy of your job description.

15. Attached as [[MSS.005.005.0007]] is a copy of my role description.



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4. Explain the nature and extent of your professional roles and experience with mental health patients between the ages of 13 to 17 (inclusive)?

16. As MSAMHS is an adult facility, I have limited experience with mental health patients aged between 13 to 17. However, a consumer who is close to turning 18 may be referred to MSAMHS instead of Children and Youth Mental Health Service (CYMHS) depending on the individual circumstances.

17. In terms of my role as Team Leader, the team I manage has accepted a small number of 17 year olds for community treatment. Confidential

18. Confidential

19. In the various roles I have held at MSAMHS I have directly and indirectly cared for many young adults who experience symptoms and behaviours in which a young person about to turn 18 would experience. This is reflected in my CV attached as [[MSS.005.005.0001]].

5. Explain the nature and extent of your professional roles and experience with mental health patients between the ages of 13 to 17 (inclusive) with a high level of acuity?

20. As MSAMHS is an adult facility, most of my experience is with patients over the age of 18. However, as referred to above I have treated several young adults, many of whom had high levels of acuity. The developmental level of patients with high levels of acuity often results in adolescent behaviours continuing into adulthood.

21. The DBT Program at MSAMHS is an intensive evidence based treatment program for the treatment of emotion dysregulation and suicidal/self-harm behaviour. I have treated and supervised the treatment of several 18 year old patients using this program.


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22. Throughout my extensive clinical practice which is outlined in my CV, I have developed a good knowledge of the requirements for service provision for patients with complex mental health needs who have high levels of acuity. In 2012, I was Chief Project Officer for a project that reviewed treatment provision for adult and adolescent consumers with emotional difficulties and suicidal behaviours across multiple service districts, including CYMHS. This contributed to my understanding of service provision to an adolescent consumer group.

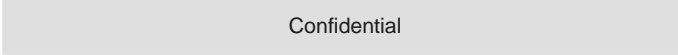
Transition arrangements

6. From late 2013 until early 2014, a number of Barrett Adolescent Centre ("**BAC**") patients were transitioned to alternative care arrangements in association with the closure or anticipated closure (*transition clients*).

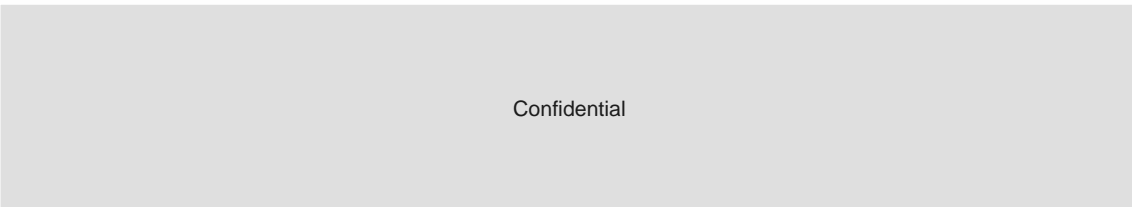
a. Identify the transition client(s) that were referred to the MSAMHS service from the BAC with whom you were involved.

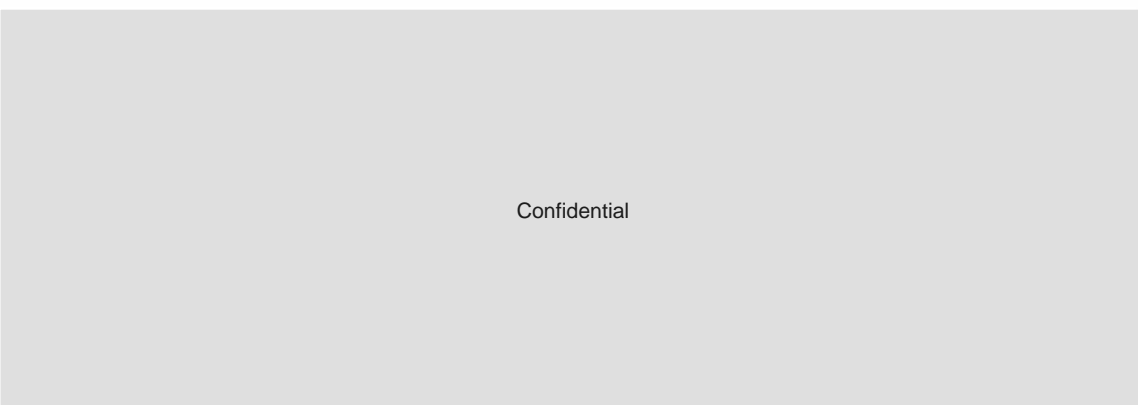
b. Describe your relationship and responsibilities with respect to each of the transition patients.

a. Identify the transition client(s) that were referred to the MSAMHS service from the BAC with whom you were involved.

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b. Describe your relationship and responsibilities with respect to each of the transition patients.

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

121. I do not have any other information or knowledge relevant to the Commission's Term of Reference.

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

122. Exhibit numbers have been identified throughout my responses.

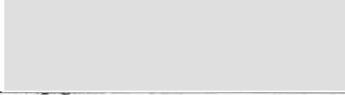

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I make this statement conscientiously believing the same to be true, and by virtue of the provisions of the Oaths Act 1867 (Qld).

Dated 29 October 2015

Signed and declared by Nathan Pasieczny at
Brisbane in the State of Queensland
this 29th day of October 2015
Before me:



Signature of person before whom the declaration is made



Signature of declarant *U*

Matthew Glen Edwards - Solicitors

Full name and qualification of person before whom the
declaration is made

EXHIBIT 102

Pages 26 through 882 redacted for the following reasons:

The Commissioner has granted confidentiality to parts of this document under correspondence dated 12 November 2015.

Dr. Nathan Pasieczny

Experience

Team Leader/ Psychologist

Mood Academic Clinical Unit
 Metro South Addiction and Mental Health Service
 Queensland, Australia
 2012 – present

Key responsibilities

- Operational management of a multidisciplinary community mental health team in accord with HRM principles including: staff recruitment and supervision, staff performance appraisal and development, identification and facilitation of staff training, work rehabilitation, workload allocation and monitoring, risk management, and delegation of operational tasks.
- Financial and asset management of a multidisciplinary community mental health team including maintaining budget integrity.
- Strategic leadership in collaboration with service executive and clinical directors at both a team and a service level including change management e.g. alignment of the service with local, state, and national plans and priorities.
- Quality improvement and service accreditation including: reporting on key performance indicators, quality activity planning, implementation of improvement strategies, review, ensuring adherence with relevant standards and benchmarking.
- Collaboration on service delivery and improvement with relevant internal and external stake holders and networks including consumer and carer groups, clinicians, service executive, discipline leaders, the Mental Health and Alcohol and Other Drugs Directorate, the University of Queensland, and Griffith University.
- Use of specialist clinical psychology skills in the clinical supervision and training of staff and the assessment and evidence based treatment of mental health patients with complex and high risk presentations. Extensive experience in the effective treatment of Depressive Disorders, Anxiety Disorders, Trauma and Stress related Disorders, Obsessive and Compulsive Disorders, Psychotic Disorders, Bipolar Disorders, and Personality Disorders. Expertise developed in Cognitive Behaviour Therapy, Dialectical Behaviour Therapy, Behavioural Activation, Prolonged Exposure, Acceptance and Commitment Therapy, and Transference Focused Psychotherapy.
- Facilitation of group therapy including Cognitive Behaviour Therapy, Dialectical Behaviour Therapy, and Behavioural Activation.
- Provision of expert advice in the evidence based treatment of personality disorders including consultation to service executive and other internal and external agencies, and contribution to relevant national, state, and local guidelines, policies, and procedures.
- Program management of service wide evidence based clinical treatment programs (e.g. Dialectical Behaviour Therapy; CBT for Depression and Anxiety Program) including leadership and planning, modification of work flow/ processes, staff development, resource acquisition, outcome monitoring and quality improvement, benchmarking, reporting, and development of service standards and processes.
- Leading clinical research projects evaluating the service's clinical therapy programs including *Dialectical Behaviour Therapy* and *Cognitive Behaviour Therapy for treatment resistant Depression and Anxiety*.

Project officer/ Psychologist – Provision of treatment to consumers with Borderline Personality Disorder: Service review.

Southern Queensland Mental Health Clinical Cluster (SQMHCC)
Queensland Health, Woolloongabba, Australia

February 2011 – June 2011

Key responsibilities

- Review of the service demand of consumers with Borderline Personality Disorder across the seven health districts within the SQMHCC
- Review of staff capability regarding the management of consumers with BPD across the SQMHCC
- Review of the specialized programs for the management of BPD currently offered by the SQMHCC
- Review of the effectiveness of training programs regarding the management of BPD offered by the SQMHCC
- Development of training and service provision recommendations regarding the management of BPD across the SQMHCC

Senior Psychologist/ Discipline Leader Psychology

Princess Alexandra Hospital Division of Mental Health

Metro South Mental Health Service

Woolloongabba, Queensland, Australia

October 2011 – October 2012

February 2006 – February 2007

Key Responsibilities

- Professional strategic leadership and practice supervision of all psychologists within the mental health service.
- Provision of definitive professional advice to the service executive.
- Monitoring the application of professional standards and leading the implementation of service improvement initiatives across the mental health service.
- Reporting on discipline specific key performance indicators.
- Contribute professional leadership to staff recruitment and performance management using accepted service methodologies.
- Psychologist registration board approved supervision of conditionally registered psychologists.
- Placement supervision of post graduate clinical psychology students.
- Use of advanced clinical skills in the area of clinical psychology in the clinical supervision of staff and the assessment and evidence based treatment of a clinical caseload of patients with complex and high risk presentations.

Team Leader/ Psychologist

Continuing Care West

Division of Mental Health

Princess Alexandra Hospital

Queensland, Australia

2006 – 2011

Key responsibilities

- Operational management of a multidisciplinary integrated mental health team in accordance with HRM principles.
- Financial and asset management of an integrated mental health team including maintaining budget integrity.
- Strategic leadership in collaboration with service executive and clinical directors at both a team and a service level including change management e.g.

	<p>alignment of the service with local, state, and national plans and priorities.</p> <ul style="list-style-type: none"> - Quality improvement and service accreditation including: reporting on key performance indicators, quality activity planning, implementation of improvement strategies, review, ensuring adherence with relevant standards and benchmarking. - Collaboration on service delivery and improvement with relevant internal and external stake holders and networks. - Provision of specialist clinical psychology assessments and interventions to service consumers with complex mental health presentation at the individual, group and clinical program level. - Program management of service wide evidence based clinical treatment programs. - Leading clinical research projects evaluating the service's clinical therapy programs. <p>Psychologist Acute Care Team/ Continuing Care Team Princess Alexandra Hospital Division of Mental Health Woolloongabba, Queensland, Australia February 2001 – February 2006</p> <p>Key Responsibilities</p> <ul style="list-style-type: none"> - Provision of clinical psychology assessment and treatment skills to a clinical caseload of patients with complex mental health needs within a recovery focused multidisciplinary community mental health team. - Facilitated and evaluated group treatment programs based on Cognitive Behaviour Therapy for patients with mood, anxiety, and psychotic disorders. - Contributed to service improvement activities and research. <p>Psychologist Continuing Care / MITT Logan Division of Mental Health Logan, Queensland, Australia <i>September 2000 – February 2001</i></p> <p>Key Responsibilities</p> <ul style="list-style-type: none"> - Provision of clinical psychology assessment and treatment skills to a clinical caseload of patients with complex mental health needs within a recovery focused multidisciplinary community mental health team. - Facilitated and evaluated group treatment programs based on Cognitive Behaviour Therapy for patients with mood, anxiety, and psychotic disorders. - Contributed to service improvement activities and research. <p>Psychologist Community Health (Child Health, ATODS) Logan Hospital Logan, Queensland, Australia <i>February 2000 – September 2000</i></p>
Education	<p>2012 Doctor of Philosophy (Clinical Psychology) University of Queensland</p> <p>1998 Bachelor of Arts (Psychology) with Honours University of Queensland</p> <p>1995 Bachelor of Applied Science (Biochemistry/ Microbiology)</p>

	Queensland University of Technology
Memberships	<p>Full registration with the Australian Health Practitioners Regulation Agency (AHPRA)</p> <p>Member Australian Psychological Society (APS)</p> <p>Member The Australian Association of Cognitive Behavioural Therapists (AACBT)</p>
Selected Publications/ Presentations	<p>Preliminary findings of the dialectical behaviour therapy program for clients with self-harm at the Princess Alexandra Hospital Public Mental Health. Conference paper. <i>Queensland Suicide and Self Harm Prevention Conference 2006</i>. Brisbane, Australia.</p> <p>Pasieczny, N., & Connor, J. (2011). Dialectical behaviour therapy in routine mental health settings: an Australian controlled trial. <i>Behaviour Therapy and Research</i>, 49, 1, 4-10.</p> <p>Borderline personality disorder and dialectical behaviour therapy, the basics for consumers and carers. Presentation to the Mental Health Alcohol and Other Drugs Directorate Statewide Consumer & Carer Representatives Group Reflective Practice Group.</p> <p>Translating evidence based treatment into practice. Commonalities between treatments and the barriers to using them. Presentation to the Australian Association of Cognitive Behaviour Therapy (AACBT) annual general meeting February 2011.</p> <p>Provision of treatment to consumers with Borderline Personality Disorder: Service review. South Queensland Mental Health Clinical Cluster. 2012. Queensland Health.</p>
Selected Professional Development	<p>Imagery Rescripting (26/6/15). Prof Arnoud Arntz, University of Amsterdam.</p> <p>Advanced Dialectical Behaviour Therapy (27/6/15). Prof Alan Fruzzetti, University of Nevada.</p> <p>The Neuroscience of Social Intelligence (6/5/15). Prof Bill Von Hippel, University of Queensland.</p> <p>Decision Support System: NECTO training (14/10/15). Queensland Health.</p> <p>Introduction to Group Schema Therapy (21/6/14 – 22/6/14). Dr Joan Farrell and Ms Ida Shaw, Schema Therapy Institute, Indianapolis.</p> <p>How to understand, assess and manage Hoarding Disorder (20/6/14). Professor Michael Kyrios, College of Medicine, Australian National University.</p> <p>Positive Psychology: New Developments (16/12/13). Dr Martin Seligman, Positive Psychology Centre, University of Pennsylvania.</p> <p>Cognitive Therapy Past, Present and Future Pathways (16/12/13). Professor Aaron Beck, Department of Psychiatry, University of Pennsylvania.</p> <p>Frontier of Trauma Treatment (15/12/13). Professor Bessel van der Kolk, Trauma Center Boston.</p> <p>Chain Analysis of Dysfunctional Behaviours (15/12/13). Professor Marsha Linehan, Psychiatry and Behavioural Sciences, University of Washington.</p> <p>Strengths based CBT/ Assertive Defence of the Self for Social Anxiety Disorder (14/12/13). Dr Christine Padesky, Academy of Cognitive Therapy.</p> <p>Cognitive Therapy for Challenging Problems (12/12/13). Dr Judith Beck. Beck</p>

Institute for Cognitive Behaviour Therapy.

Transference Focused Psychotherapy (11/12/13). Dr Otto Kernberg, Personality Disorders Institute New York Presbyterian Hospital.

Unified Protocol for the Transdiagnostic Treatment of Emotional Disorders (10/12/13). Dr David Barlow, Centre for Anxiety and Related Disorders, Boston University.

Prolonged Exposure for PTSD master class training (8/8/13 – 11/8/13). Professor Edna Foa, The Centre for the Treatment and Study of Anxiety, University of Pennsylvania.

Emotion Regulation in Cognitive Behaviour Therapy (28/2/13 – 1/3/13). Professor Robert Leahy, American Institute for Cognitive Therapy.

Cognitive Behaviour Therapy of Bipolar Disorder (20/2/13). Prof Sheri Johnson, University of California, Berkeley.

Implications of Trauma on the Biology of Personality (9/5/12). Dr Joseph Ciorciari, Swinburne University of Technology.

Weschler Adult Intelligence Scale V training (2012). Dr Joanne Oram, Metro South Health.

Skills for Psychological Recovery – train the trainer (27/ 6/ 11 -28/ 6/11). Australian Centre for Post Traumatic Mental Health.

General Psychiatric Management for Borderline Personality Disorder workshop (1/3/11 – 2/3/11). Prof John Gunderson, Harvard Medical School. International Society for the Study of Personality Disorders Congress 2011.

Mentalization Based Therapy workshop (3/3/11). Prof Anthony Bateman, University College London. International Society for the Study of Personality Disorders Congress 2011.

Evidence based Psychodynamic Psychotherapy workshop (24/9/10). Assoc Prof Robert Schweitzer. Queensland University of Technology.

Dialectical Behaviour Therapy Advanced Intensive training (16/8/10 – 20/ 8/ 10). Prof Marsha Linehan, University of Washington.

Surviving the challenge of persisting symptoms of psychosis: finding pathways through complexity with psychological therapies workshop. (17/ 4/10). Dr John Farhall. Australian Association of Cognitive Behavioural Therapy (AACBT) national conference.

Cognitive-Behavioural Case Formulation and Progress Monitoring workshop. (18/4/10). Prof Jacqueline Persons. Australian Association of Cognitive Behavioural Therapy (AACBT) national conference.

Psychologist Board of Queensland supervision training (4/12/06 – 5/12/06). Refresher -14/5/10. Psychologist Board of Queensland/ Griffith University.

Neuropsychological Educational Approach to Remediation (18/7/2008)(35 hours). Alice Medalia, NEAR Training Services.

Cognitive Behaviour Therapy workshop (13/ 8/ 09) – Paul Rushton, PRA consulting.

Acceptance and Commitment Therapy workshop (20/ 4/ 07). Dr Russell Harris.

	<p>Dialectical Behaviour Therapy Intensive training (18/ 10/ 04 – 22/ 10/ 04, 20/ 5/05 – 3/ 6/ 05). Behavioural Tech.</p> <p>Positive Parenting Program level 1 -5 training (4/12/00, 28 /3/01). Prof Matt Sanders, University of Queensland</p>
Referees	Available on request.

Metro South Addiction and Mental Health Services

Role Description

Job ad reference:
Role title:

Mental Health Team Leader, Mood Clinical Academic Unit

Status:
Unit/Branch:

Metro South Addiction and Mental Health Services

Division/ Health Service:

Metro South Health

Location:

Princess Alexandra Hospital

Please note: *Appointments to similar/identical future vacancies within various teams at other locations across Metro South Addiction and Mental Health Services may occur through this recruitment process including Logan and Beaudesert Hospitals, Redland Hospital, Princess Alexandra Hospital and surrounding communities*

Classification level:

HP5

Salary level:
Closing date:

Applications will remain current for

Contact:
Telephone:
Online applications:

www.health.qld.gov.au/workforus or www.smartjobs.qld.gov.au
If you are unable to apply online, please contact Recruitment Services on [REDACTED]
Or [REDACTED]

EOI Applications Only
Please email all EOI's to

(name contact person) [@health.qld.gov.au](mailto:[REDACTED]@health.qld.gov.au)

Deliver application:

Hand delivered applications will not be accepted

Purpose of the Role

- Lead and manage a multidisciplinary mental health team and provide advanced clinical leadership and expertise in strategic, operational and human resource management utilising a well-developed level of clinical knowledge, problem solving skills and experience of complex contemporary clinical practice standards to ensure optimal clinical outcomes for consumers.
- Proactively advocate for Mood Academic Clinical Unit on issues such as resource allocation, service improvement, service development, and policy development utilising high level negotiation and conflict management skills within an ethical legislative framework.

Staffing and Budget

- The position reports operationally and clinically to the Clinical Director of Mood Academic Clinical Unit.
- The position reports professionally to the Professional Leader.
- This position is responsible for the operational management of the multidisciplinary team and works collaboratively with the Consultant Psychiatrist to provide governance for the work unit.

Your key responsibilities

- Fulfil the accountabilities and responsibilities of this role in accordance with Metro South's mission and key priorities, as outlined below.
- Ensure patients and other staff are treated fairly and with mutual respect and understanding, regardless of cultural, religious, ethnic and linguistic backgrounds.
- Staffs are expected to be compliant with the timely and accurate input and collection of consumer related demographic information, diagnosis, outcomes collections and provision of service activity into appropriate applications. The data and information includes the electronic entry and completion of documentation to meet legislative requirements, including Mental Health Act 2000 documentation, admissions, discharges and transfers.
- Knowledge of, or ability to quickly acquire and apply knowledge of relevant applications, including:
 - Consumer Integrated Mental Health Application (CIMHA);
 - PRIME;
 - Hospital Base Client Information System (HBCIS); and
 - Emergency Department Information System (EDIS).

Operational Management & Leadership

- Operationally manage human, financial and material resources for the unit including staff recruitment, rostering and allocation of budget and resources.
- Provide managerial leadership and direction to the multidisciplinary team to ensure the delivery of high quality recovery focused care and to foster a culture of evidence based practice, continuous quality improvement and effective risk management.
- Ensure that staff are appropriately skilled and supported to deliver services by actively identifying, facilitating and providing professional development opportunities for self and others, and managing regular supervision and performance appraisal processes for staff.
- Utilise contemporary human resource management practices and ensure compliance with relevant standards and policies including but not limited to consumer complaints management, integrated risk management, recruitment and selection, workplace health and safety, equal employment opportunity and anti-discrimination requirements.
- Provide strategic and managerial leadership in the development, implementation and monitoring of programs, policies and service improvement initiatives across an integrated multidisciplinary service to support the continuum of care and ensure the provision of quality clinical services to consumers and relevant stakeholders in line with Service, MSH and State Plans.
- The position is expected to participate in research, grant applications, undertake conference presentations and seek to publish articles in journals.

Clinical Practice

- Applies a well developed level of clinical knowledge, skills and expertise to the management of multidisciplinary clinical services to consumers and carers, ensuring alignment with, National State and Service policies and standards, which includes advanced problem solving skills and application of complex contemporary clinical practice standards.
- Provide clinical consultation and support to team members utilising advanced level independent professional judgement to adapt standard clinical practices to non-routine clinical matters, based on theories of understanding and intervention within the Model of Service.
- Apply high level knowledge of mental health legislation and policy (including Mental Health Act 2000 and the National Health Standards) to ensure the delivery of coordinated and integrated mental health services.

Communication/Team Participation

- Provide high level of clinical advice and strategic direction to a team of multidisciplinary clinicians delivering mental health care clinical services and programs to range of stakeholders/customers.
- Provide high level clinical advice to professional and operational supervisors, senior management, relevant program managers and stakeholders regarding service needs and initiatives to improve mental health service for consumers.

- Utilise high level negotiation and conflict management skills to advocate with stakeholders to develop, implement and ensure the delivery of a comprehensive range of clinical and non-clinical services in line with National and State Policies and Standards.

Mandatory qualifications/Professional registration/Other requirements

Appointment to this position requires proof of at least a degree qualification from a recognised tertiary institution in a relevant eligible health practitioner discipline/profession and current registration/membership with the applicable State Registration Board / Professional Association, including any necessary endorsements, to be provided to the employing services prior to the commencement of duty.

- **For Psychologists:** Eligibility for full registration with the Australian Health Practitioners Regulation Agency (AHPRA) is required. The possession of an Australian Psychological Society (APS) accredited postgraduate qualification in clinical psychology and/or an endorsement in clinical psychology would be highly considered."
- **For Social Workers:** The possession of a tertiary degree in Social Work providing eligibility for membership to the Australian Association of Social Workers is required.
- **For Occupational Therapists:** Eligibility for full registration with the Australian Health Practitioners Regulation Agency (AHPRA) is required.
- **For Nurses:** Eligibility for registration with the Nursing and Midwifery Board of Australia is required.
- Possession of a post-graduate qualification in mental health or mental health nursing at a Graduate Diploma or Masters Level or evidence of enrolment in such a programme is highly desirable.
- This position will be required to work all shifts in accordance with the unit roster.
- This position may be required to travel and work across the Metro South Addiction and Mental Health Services which includes Logan Hospital, Redland Hospital, Princess Alexandra Hospital and various community sites.
- It is requirement that all eligible clinicians obtain Authorised Mental Health Practitioner status ; and all non-eligible clinicians work towards eligibility to be an Authorised Mental Health Practitioner
- This position will work in close liaison with the Academic Clinical Units within Metro South Addiction and Mental Health Services.
- The incumbent is required to operate a motor vehicle as driving may be a significant task in the delivery of this position's objectives, proof of a current 'C' Class licence must be provided.

Are you the right person for the job?

You will be assessed on your ability to demonstrate the following key attributes. Within the context of the responsibilities described above, the ideal applicant will be someone who can demonstrate the following:

Operational Management

High level skills in the operational management of a diverse multidisciplinary team, service budget and resources.

Leadership

Demonstrated ability to lead strategically change through quality and service improvement activities.

Clinical Practice

Demonstrated well developed knowledge, expertise and skills in the provision of mental health service to a complex caseload with a demonstrated ability to apply advanced clinical judgement to key workers and services across Queensland.

Communication/Team Participation

Demonstrated ability to provide high level of communication in a demanding multidisciplinary team environment with the need for high levels of risk sensitivity and case complex range of presenting problems.

How to apply

Please provide the following information to the panel to assess your suitability:

- **A short written response** (maximum 1-2 pages, dot points acceptable) on how your experience, abilities, knowledge and personal qualities would enable you to achieve the key attributes and responsibilities and meet the key skill requirements.
- **Your current CV or resume, including two referees.** You must seek approval prior to nominating a person as a referee. Referees should have a thorough knowledge of your work performance and conduct, and one should be your current/immediate/past supervisor. By providing the names and contact details of your referee/s you consent for these people to be contacted by the selection panel. If you do not wish for a referee to be contacted, please indicate this on your resume and contact the selection panel chair to discuss.
- **Application form** (only required if not applying online).

About Metro South Hospital and Health Service

Metro South Health is the largest Hospital and Health Service in Queensland, with an estimated residential population of approximately one million people or 23 per cent of Queensland's population.

Metro South Health is situated in the South-East corner of Queensland from the Brisbane River in the north to the Redland City Council in the east, and to the Scenic Rim Shire down to the border of New South Wales in the south-west. It is the most culturally diverse area of Queensland with 28.5% of the community born overseas and 16% from non-English speaking countries. This health service does not include the Mater Hospitals.

Clinical services provided within Metro South Health include:

- | | |
|--------------------------------|-------------------------------|
| ▪ Princess Alexandra Hospital | ▪ Redland Renal Dialysis Unit |
| ▪ Logan Hospital | ▪ Casuarina Lodge |
| ▪ Beaudesert Hospital | ▪ Marie Rose Centre (Dunwich) |
| ▪ QEII Hospital | ▪ Community Health Services |
| ▪ Redland Hospital | ▪ Oral Health Services |
| ▪ Wynnum Health Service Centre | ▪ Mental Health Services |
| ▪ Redland Residential Care | ▪ Medical Aids Subsidy Scheme |

About Metro South Addiction and Mental Health Services / Academic Clinical Units

As part of the National Health Reforms (<http://www.yourhealth.gov.au/>), the Queensland Government introduced 17 new Hospital and Health Services (HHS) as of 1 July 2012. Metro South Health became the service responsible for providing public health services to the large and diverse geographical area incorporating Brisbane's south side, Logan – Beaudesert, Redland and Wynnum.

Metro South Addiction and Mental Health Services has recently undergone a transformation of service delivery across its current facilities. As a consequence of these changes consumer care is now based on individual needs, assessment and diagnosis rather than location. Consumers are however reviewed as close as possible to their residence. Ten (10) Academic Clinical Units were established to provide specialised programs across the following areas; Acute Inpatient Services, Resource and Access Services, Mood, Older Adult, Child and Youth, Psychosis, Rehabilitation, Consultation Liaison Psychiatry, Transcultural Mental Health and Addiction Services.

We are committed to our tripartite model of ensuring clinical excellence, research and education. With our exciting partnership with Diamantina Health Partners, Queensland's first academic health science centre, we are constantly exploring opportunities that will enable staff at all levels to engage in research, participate in conferences and work towards higher qualifications that their application of skills will ensure better outcomes for our consumers, carers, families and the community. www.diamantina.org.au.

Our service will continue to provide high quality addiction and mental health care across Metro South.

Additional information on Metro South Addiction and Mental Health Services is available on the web site via <http://www.health.qld.gov.au/metrosouthmentalhealth>.

Our Vision

Is to provide our community excellence in consumer centred, integrated care across the continuum of addiction and mental health services

Our Mission

Is to demonstrate exceptional care to consumers experiencing addiction and/or mental health problems so that we reduce the burden of disease and integrate care with our key health partners.

Key Priorities

We will pursue our four strategic priorities to help us achieve our vision:

- Better outcomes for consumers, families, carers and community
- A partnership approach - linking and engaging with our community
- Accountability and confidence in our health system
- Excellence in clinical care, education and research

Pre-employment screening

Pre-employment screening, including criminal history and discipline history checks, may be undertaken on persons recommended for employment. The recommended applicant will be required to disclose any serious disciplinary action taken against them in public sector employment.

Roles providing health, counselling and support services mainly to children will require a Blue Card. Please refer to the Information Package for Applicants for details of employment screening and other employment requirements.

Health professional roles involving delivery of health services to children and youth

All relevant health professional (including registered nurses and medical officers) who in the course of their duties formulate a reasonable suspicion that a child or youth has been abused or neglected in their home/community environment, have a legislative and a duty of care obligation to immediately report such concerns to Child Safety Services, Department of Communities.

All relevant health professional are also responsible for the maintenance of their level of capability in the provision of health care and their reporting obligations in this regard.

Disclosure of Previous Employment as a Lobbyist

Applicants will be required to give a statement of their employment as a lobbyist within one (1) month of taking up the appointment. Details are available at <http://www.psc.qld.gov.au/library/document/policy/lobbyist-disclosure-policy.pdf>.

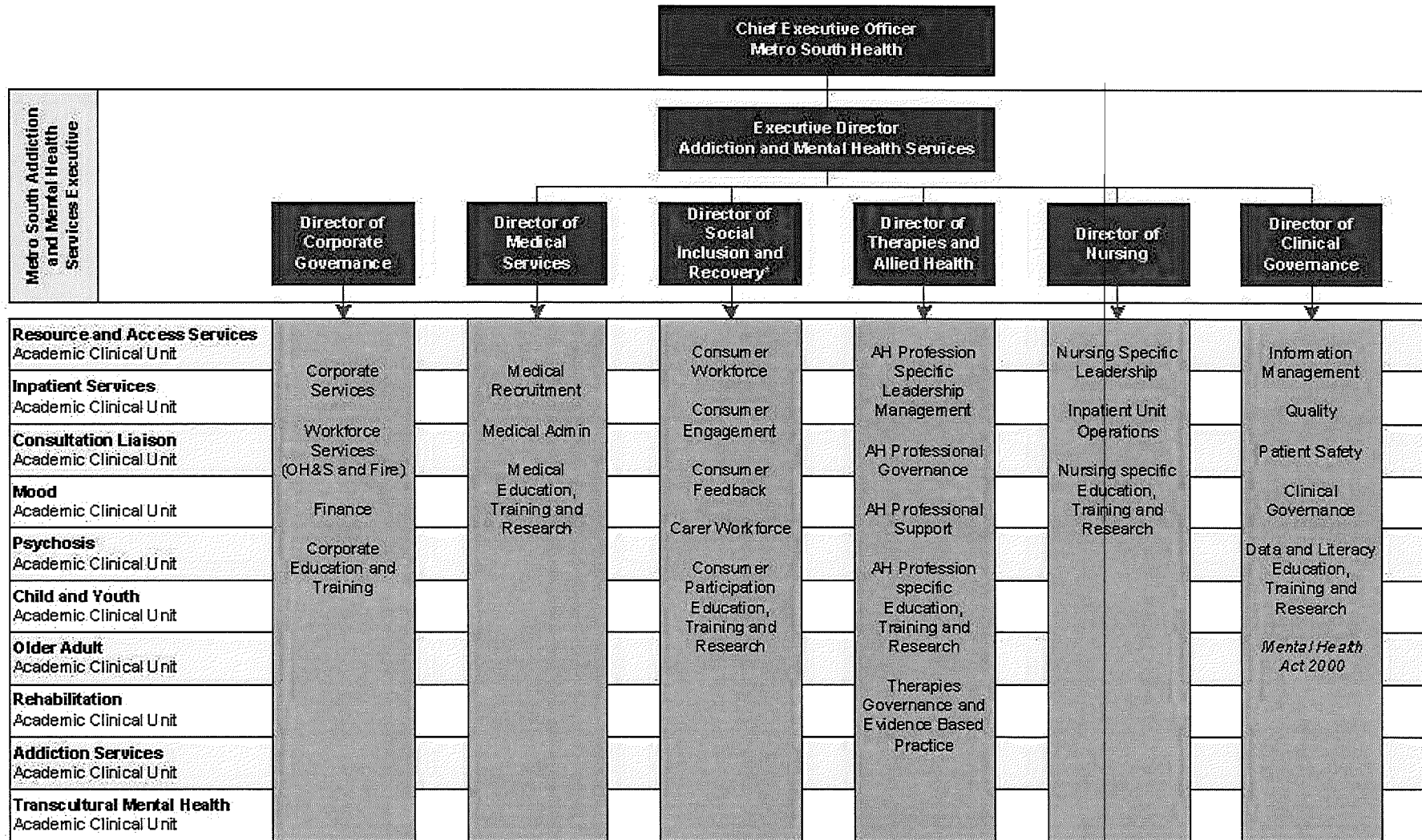
Salary Packaging

To confirm your eligibility for the Public Hospital Fringe Benefits Tax (FBT) Exemption Cap please contact the Queensland Health Salary Packaging Bureau Service Provider – RemServ via telephone 1300 30 40 10 or <http://www.remserv.com.au>.

Probation

Employees who are permanently appointed to Queensland Health may be required to undertake a period of probation appropriate to the appointment. For further information, refer to Probation HR Policy B2: http://www.health.qld.gov.au/hrpolicies/resourcing/b_2.pdf.

Metro South Addiction and Mental Health Services



* under establishment

Barrett Adolescent Centre Commission of Inquiry**BARRETT ADOLESCENT CENTRE COMMISSION OF INQUIRY**

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

REQUIREMENT TO GIVE INFORMATION IN A WRITTEN STATEMENT

To: Mr Nathan Pasieczny

Of: c/- Clayton Utz, by email to [REDACTED]

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 sections 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 before **Friday 26 October 2015**, 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 mail@barrettinquiry.qld.gov.au (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 14th day of October 2015

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

Barrett Adolescent Centre Commission of Inquiry

SCHEDULE

Background and experience

1. What are your current professional role/s, qualifications and memberships? Provide a copy of your most recent curriculum vitae.
2. We understand that you have held the position of Team Leader with the Metro South Addiction and Mental Health Services ('MSAMHS'). State whether that is correct and, if so, specify the period in which you held that position.
3. If you held the position of Team Leader:
 - a. outline and explain your key responsibilities;
 - b. outline the training (if any) provided to you by MSAMHS, in particular with respect to adolescent mental health; and
 - c. provide a copy of your job description.
4. Explain the nature and extent of your professional roles and experience with mental health patients between the ages of 13 to 17 (inclusive)?
5. Explain the nature and extent of your professional roles and experience with mental health patients between the ages of 13 to 17 (inclusive) with a high level of acuity?

[Note, by 'acuity' we refer to behaviours in adolescents requiring more staff interventions above the ordinary. These behaviours predominately include self-harm and attempted suicide and, to a lesser degree, aggression and absconding.]

Transition arrangements

6. From late 2013 until early 2014, a number of Barrett Adolescent Centre ("BAC") patients were transitioned to alternative care arrangements in association with the closure or anticipated closure ('transition clients').

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- a. Identify the transition client(s) that were referred to the MSAMHS service from the BAC with whom you were involved.
 - b. Describe your relationship and responsibilities with respect to each of the transition patients.
7. Were there any transition plans in place for the transition client(s) referred to your service? If yes, explain the transition plans in relation to the following areas for each of the transition clients referred to you:
 - medical;
 - psychiatric;
 - psychological;
 - accommodation; and
 - education and occupation and recreational.
8. For each of those transition plans:
 - a. state the goals and objectives of the transition plan for each of the transition clients referred to you;
 - b. state who was responsible for overseeing the transition plans; and
 - c. state whether there were any arrangements for review, follow up and reporting of the transition plans.
9. Did you have any discussions with the medical or other staff of the BAC regarding the transition clients' transitional arrangements, treatment plans, clinical and educational needs or other matters? If so, outline and explain the nature of these discussions, including the date on which they occurred, with whom and for what purpose.
10. Outline and explain any processes in place to identify safety risks and plans for the transition clients' ongoing care and support.
11. Was there a risk management plan in place for each of the transition clients referred to you? If so, for each of the transition clients referred to you:

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- a. provide a copy;
 - b. state who formulated it; and
 - c. state whether it was reviewed and if so, by whom, how often and when.
12. If there were concerns, who were these concerns expressed to?
13. In an email to Dr Anne Brennan dated 26.11.13, in relation to a transition client [REDACTED]¹ you stated that it was *'difficult to facilitate a transfer of clinical care when there were so many unknowns (including where [REDACTED] will live, crisis management plan for the community, leave plan, role of THT workers, role of NEXT support workers, plan to maintain an eating schedule, GP etc)'*. You also stated that there were 'gaps' in the discharge/ transfer plan. Please explain these concerns.
14. Did you have any concerns regarding the transition of the transition clients from the BAC to MSAMHS? If so, explain any such concerns and if there were concerns, who were these concerns expressed to?
15. Did you have any concerns regarding the treatment of the transition clients at MSAMHS? If so, explain your concerns and if there were concerns, who were these concerns expressed to?

The Transition of the BAC clients to MSAMSHS

16. Explain the services provided by MSAMHS to the transition BAC client(s) referred to you.
17. Explain the services or treatment, including counselling or support services not provided by MSAMHS but accessed by the transition client(s) during their time with the MSAMHS. Explain your role, if any, with respect to the transition client(s)' access to those services or treatment.

¹ The *Confidentiality Protocol* can be accessed via the Commission's website at: <https://www.barrettinquiry.qld.gov.au/practice-guidelines>. Please contact the Commission's Executive Director, Ashley Hill on [REDACTED] for the details of transition client [REDACTED]

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18. Outline and explain how information was communicated between MSAMHS and other service providers in respect of the transition client(s) referred to you. Were there any formal communication procedures?
19. Outline and explain how information was communicated between MSAMHS and carers of the transition client(s). In particular:
 - a. Did you have any contact with carers of the transition client(s)?
 - b. If so, on what date, what was the nature and what was the purpose of the contact?
20. If there were transitional plans in place for the transition client(s), what progress did each client make in respect of the plans? If progress was unsatisfactory, what arrangements were made for alternative management?
21. Did MSAMHS carry out its own assessment of the transition clients' needs? If so, in each case:
 - a. what was this process;
 - b. who was involved in this process; and
 - c. what was the assessment?
22. Explain each transition clients' condition and progress during their time with MSAMHS.
23. Outline and elaborate upon any other information or knowledge (and the source of that knowledge) that you have relevant to the Commission's Term of Reference.
24. Identify and exhibit all documents in your custody or control that are referred to in your witness statement.