

- iii. Department of Communities, Child Safety and Disability Services;
  - iv. Department of the Premier and Cabinet;
  - v. Queensland Treasury
  - vi. The Park – Centre for Mental Health Excellence;
  - vii. Barrett Adolescent Centre;
  - viii. Children's Health Queensland;
  - ix. Mater Hospital;
  - x. Queensland Mental Health Commission;
  - xi. West Moreton Hospital and Health Service;
  - xii. West Moreton Hospital and Health Service Board;
  - xiii. Metro South Hospital and Health Service;
  - xiv. Metro South Hospital and Health Service Board;
  - xv. Metro North Hospital and Health Service; or
  - xvi. Metro North Hospital and Health Service Board.
22. Without limiting paragraph 21 above, in relation to the transitioning arrangements (including treatment and care plans) for transition clients of the Barrett Adolescent Centre (both inpatient and day attendees) in the lead up to and following the decision to close the Barrett Adolescent Centre:
- i. Who was responsible for developing the transition arrangements for the BAC transition clients and what were those transition arrangements?
  - ii. Who had the monitoring or oversight role for the transition arrangements for the BAC transition clients?
  - iii. What role did you have in the transition arrangements for the BAC transition clients?
  - iv. Was a deadline date set for the closure of the BAC? If so, what was that date and how was that date determined? Was there any flexibility with respect to the closure date for the BAC? If so, what arrangements were in place for the BAC treating team to seek an extension for a BAC transition client?
  - v. Did you liaise, contact or facilitate any arrangements with respect to service providers (government or non-government) who would provide support services to BAC transition clients after they were discharged from the BAC? If so, what arrangements were made?

- vi. Can you explain what is meant by 'wrap around tier-3 service'?
- vii. For BAC transition clients transferring to another AMHS, who was responsible for ensuring the appropriate receiving AMHS was identified?
- viii. If the receiving AMHS had concerns about the transfer, how were these concerns identified and recorded? How were the concerns of the receiving AMHS resolved?
- ix. Were there any 'tier 3' inpatient hospital beds available within the Queensland public health system available for the BAC transition clients?
- x. Were any protocols developed within Queensland Health as to how the transfers between AMHS would occur for the BAC transition clients (e.g. would a new treating team need to be identified and the patient meet with the consultant psychiatrist and other members of the team before the transition was to occur)? If so, explain the details.
- xi. What role did the Director of Mental Health (Qld) have in overseeing the transition arrangements for the BAC transition clients?
- xii. What role did the Chief Psychiatrist (Qld) have in overseeing the transition arrangements for the BAC transition clients?
- xiii. Were there any arrangements made by Queensland Health with respect to developing service delivery agreements with non-government organisations for the purposes of delivering mental health care and associated support services to the BAC transition clients? If so, who were the non-government organisations contacted and what were the arrangements?
- xiv. What ongoing feedback or advice did you receive in relation to the progression of the transitioning arrangements for the BAC transition clients?
- xv. What additional training (if any) was offered, developed or provided to Queensland Health staff who were going to be part of the treating team receiving the BAC transition clients?
- xvi. Did you meet with any of the BAC transition clients or their families / carers in relation to their transition from the BAC?

Future Service Delivery (in lieu of BAC)

23. Supply details of any meetings, contact, telephone discussions, written communication and correspondence (including electronic) you had regarding the future service delivery of mental health services to children or adolescents in Queensland who previously met the criteria for the delivery of services by the BAC (i.e. proposed service delivery in lieu of the BAC) with:

- i. Ministers;
- ii. Ministerial staff;
- iii. Departmental representatives;
- iv. Staff;
- v. Chief Executives or Executive Directors;
- vi. Clinicians;
- vii. Consultants;
- viii. Board Members; or
- ix. Commissioners

appointed, employed or otherwise engaged with the following entities:

- i. Queensland Health;
- ii. Department of Education;
- iii. Department of Communities, Child Safety and Disability Services;
- iv. Department of the Premier and Cabinet;
- v. Queensland Treasury;
- vi. The Park – Centre for Mental Health Excellence;
- vii. Barrett Adolescent Centre;
- viii. Children's Health Queensland;
- ix. Mater Hospital;
- x. Queensland Mental Health Commission;
- xi. West Moreton Hospital and Health Service;
- xii. West Moreton Hospital and Health Service Board;

- xiii. Metro South Hospital and Health Service;
  - xiv. Metro South Hospital and Health Service Board;
  - xv. Metro North Hospital and Health Service; or
  - xvi. Metro North Hospital and Health Service Board.
24. Without limiting paragraph 23, in relation to the future service delivery of mental health services to children and adolescents in Queensland who previously met the criteria for the delivery of services by the BAC (i.e. proposed service delivery in lieu of the BAC):
- i. What was Queensland Health's proposed model of service delivery for children and adolescents who previously met the criteria for admission at the BAC?
  - ii. Were additional funds allocated to Child and Youth Mental Health Services (CYMHS) across Queensland upon the closure of the BAC? How much of the funding for the BAC was re-allocated to CYMHS across Queensland?
  - iii. What framework was developed for the delivery of non-specialist mental health care (i.e. support, care and community access) to adolescents in Queensland at risk and previously in need of a 'tier 3' service?
  - iv. Were any agreements with non-government organisations entered into for the delivery of these services? If so, what organisations were contacted with a view to providing the delivery of these services? Were any agreements entered into with these organisations?
  - v. Was any training in the area of child and adolescent mental health offered, developed or provided to these non-government organisations?
  - vi. Was any additional training offered, developed or provided for Queensland Health staff in relation to child and adolescent mental health issues upon closure of the BAC?
  - vii. Were there any proposals or plans in place within Queensland Health for the development of a new adolescent extended treatment Tier 3 facility in place in lieu of the BAC?
  - viii. Did you meet with anyone regarding the future delivery of child and adolescent mental health services with respect to the delivery of services previously offered by the BAC? If so, who did you meet with and what did you discuss? What were the outcomes of these meetings?
  - ix. Were any non-governmental residential rehabilitation service organisations contacted to provide additional services to at risk child and adolescents? Was additional funding provided to these organisations? What were the arrangements made with these organisations?



General

25. Were there any forensic risks issues arising from the BAC being located on the grounds of the Park – Centre for Mental Health (The Park)? (i.e. adolescents being co-located with adult mental health patients)
26. To your knowledge, were any incidents reported between adult patients and adolescent patients at the BAC?
27. During the planning, development and construction stages of the Extended Forensic Treatment and Rehabilitation Unit (EFTRU) located at The Park were any risk implications identified for patients of the BAC? Did the opening of EFTRU impact upon the risk assessment and management of patients at the BAC?
28. In relation to the *Queensland Plan for Mental Health 2007 – 2017* (the **10 Year Plan**):
  - i. What role did you have in the development of the 10 Year Plan;
  - ii. To what extent did the 10 Year Plan impact upon the future delivery of child, youth and adolescent mental health services in Queensland; and
  - iii. Did the 10 Year Plan have any implications for the BAC and the delivery of the services offered by a Tier 3 facility?
29. In relation to the *Four Year Report* prepared in October 2011 (the **Four Year report**) that examined the implementation of the 10 Year Plan:
  - i. What role did you have in the preparation of the Four Year Report;
  - ii. To what extent did the Four Year Report impact upon the future delivery of child, youth and adolescent mental health services in Queensland; and
  - iii. Did the Four Year Report have any implications for the BAC and the delivery of the services offered by a Tier 3 facility?
30. Did you have any involvement in the creation of a Queensland Mental Health Commission (QMHC), and, if so, what were the reasons for its creation? Why was it considered necessary for Queensland? What was envisaged as its role and compare and contrast the proposed role of the Queensland Mental Health Commissioner (QMHC Commissioner) with the role of the DMH? How did they differ?
31. What role would the QMHC and the QMHC Commissioner have in overseeing the implementation of the 10 Year Plan?
32. What was the role for the QMHC and QMHC Commissioner in the delivery of services for child, youth and adolescent mental health services?
33. During your period of employment within the Mental Health Branch at Queensland Health, were any other alternative models of care for youth and adolescents suffering

from severe mental illness considered, particularly for those who might otherwise be in need of extended and long-term treatment and care in a Tier 3 facility?

34. According to the Ten Year Plan (page 7), in July 2007 responsibility for funding mental health support services contracted from the non-government sector was transferred from Queensland Health to Disability Services Queensland (DSQ). What were the implications from this change for the delivery of youth and adolescent mental health support services to a young person as they turn 18 years of age?
35. In your view, what would constitute a reasonable model of treatment and care for youth and adolescents in Queensland suffering from severe mental illness who need extensive and long-term treatment and care?
36. What functions did the DMH have in overseeing the closure of the BAC and how did that role differ from the Queensland Mental Health Commission and the QMHC Commissioner?
37. To your knowledge, did the QMHC Commissioner have a role in the closure of the BAC and the future delivery of services to children and adolescents in Queensland who are at risk?
38. With respect to the decision to stand down Dr Trevor Sadler in September 2013, who made that decision, and what were the grounds for that decision? Were you consulted? Did you make any recommendations or have any input into the decision? If so, explain those recommendations and input?
39. Outline and elaborate upon any other information and knowledge (and the source of that knowledge) you have relevant to the Commission's Terms of Reference.
40. Identify and exhibit all documents in your custody or control that are referred to in your witness statement.

"B"

# Associate Professor Jagmohan Gilhotra

## Curriculum Vitae

October 2015

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Phone:

E-mail:

## Jagmohan Gilhotra

<b>Qualifications</b>	M.B., B.S.	1969
	D.P.M. (London)	1977
	M.R.C. Psych.	1978
	M.R.A.N.Z.C.P.	1982
	F.R.A.N.Z.C.P.	1985
	M.M. (Sydney Univ)	1994
	M.R.A.C.M.A.	1997
	F.R.C.Psych	2004
	F.R.A.C.M.A	2004
<b>Present Appointments</b>		
	<ul style="list-style-type: none"> <li>• Acting Director, Patient Safety, The Prince Charles Hospital, Brisbane.</li> <li>• Medical Member, Governor in Council Appointment- Mental Health Review Tribunal. Queensland.</li> <li>• Assoc. Professor, School of Medicine, University of Queensland.</li> <li>• Consultant Emeritus, Westmead Hospital, Sydney, NSW.</li> </ul>	

**Previous Appointments**

Dec 2013 to April 2014	Consultant Psychiatrist – Part Time, Toowoomba Hospital
Jan 2014 to Mar 2015 Health	Consultant Psychiatrist – Part Time, Queensland Mental Commission
Apr 2012 to Sept 2013	Director Mental Health, Queensland Health
Dec 2011 to Dec 2013	Chief Psychiatrist, Queensland Health
Jan 2008 to Dec 2011	Principal Advisor in Psychiatry, Queensland Health
Dec 2006 to Jan 2008	Director, Clinical Services, Sydney South West Area Mental Health Service, North East (NE) Cluster
Mar 2004 to Dec 2006	Director, Clinical Operations, Western Sydney Area Health Service (WSAHS) and South West Area Health Service (SWAHS), Sydney, New South Wales (NSW)
Jul 2001 to Feb 2004	Area Director, Mental Health, WSAHS Sydney, NSW
Jul 1998 to Jul 2001	Director of Clinical Services, Greater Parramatta Mental Health Service, Sydney, NSW
Mar 1997 to Jul 1998	Chairman, Division of Psychological Medicine, Westmead Hospital, Westmead, Sydney, NSW
Mar 1995 to Feb 1997	Director, Department of Adult Psychiatry, Westmead Hospital
Mar 1990 to Aug 1995	Area Director, Postgraduate studies in Psychiatry, Western Sydney Area Health Services and Senior Staff Specialist, Westmead Hospital
Oct 1985 to Mar 1990	Director of Psychiatric Services, Liverpool Hospital, Sydney, NSW
Aug 1983 to Sep 1985	Community Psychiatrist, Hunter Region, NSW
Dec 1980 to Aug 1983	Deputy Medical Superintendent and Acting Medical Superintendent, Newcastle Psychiatric Centre, Newcastle, NSW
Jul 1979 to Dec 1980	Medical Superintendent, Bloomfield Hospital, Orange, NSW

Feb 1974 to Jun 1979	Training positions as registrar and senior registrar in the following hospitals in England: <ul style="list-style-type: none"><li>• St. Mary's Hospital, London</li><li>• North Middlesex Hospital, London</li><li>• Belmont and Sutton General Hospital, Sutton, Surrey</li><li>• Oakwood Hospital, Maidstone, Kent.</li></ul>
Jan 1969 to Dec 1973	Medical Officer Of Health and Deputy Chief Medical Officer, Punjab Govt. Service, India.



### **Experience In Mental Health and Administration**

In my present position as **Director of Patient Safety at The Prince Charles Hospital (TPCH)**, I provide a specialist service that includes the implementation, integration and coordination of an organization wide incident management program and related patient safety and risk management activities in accordance with Queensland Health and Metro North Hospital and Health Service (MNHHS) policies, and relevant legislation. I also provide direct clinical liaison with Programs and teams to enable the continuous improvement of the safety and quality of the Hospital services. To maintain current knowledge in the safety and quality specialty area including new developments, legislation and industry standards.

In my positions as **Chief Psychiatrist and the Director of Mental Health with Queensland Health**, I provided specialist advice and consultation through the Director General to the Minister for Health, Senior Departmental Officers, Hospital and Health Services, other government departments, the private and non-government sector and Mental Health Alcohol and Other Drugs Branch in respect of clinical care and treatment of people with mental illness.

The role of the **Director of Mental Health** is to Exercise and discharge the statutory functions, powers and duties of the Director of Mental Health under the provisions of the Mental Health Act 2000.

The **Chief Psychiatrist** is also tasked with the development and co-ordination of State wide clinical governance activities in Queensland Mental Health Services. In that context, I chaired the state wide Credentialing Committee for the office of the Chief Health Officer, chaired the state wide Medication Committee in mental health and chaired the state wide ECT Committee for the safe practice of ECT.

In my position as a **Consultant Psychiatrist with the Queensland Mental Health Commission (QMHC)**, I worked as a clinical advisor to the Commissioner of the QMHC on Clinical issues especially related to patient safety and quality. Thus I provided clinical input to the development of the strategic plan of the QMHC, review of the *Queensland Mental Health Act 2000* and Mental Health Bill 2015, suicide prevention in the context of early intervention, prevention and awareness, rural and remote health and telehealth. I took a lead role in improving clinical governance through mental health and general health alignment in the context of stigma reduction and IT services especially relating to patient records sharing and other key areas.

In my position as the **Medical Member of the Queensland Mental Health Review Tribunal**, I bring specialist expertise to the tribunal in the assessment and the treatment of mental illness, the assessment of capacity to consent and risk assessment through skilful questioning of professional colleagues to elicit the clinical information that the tribunal

requires. In addition the medical member is also responsible for taking an educative role with lay members of the tribunal with a lesser knowledge of mental health.

In my position as the **Director of Clinical Operations in Sydney West Area Health Service (SWAHS)**, working closely with the Executive Director of Clinical Governance, my role provided clinical leadership for health service provision, clinical Governance, teaching and research at SWAHS. It had overall responsibility for all clinical services through the clinical streams in the Area Health Service.

This included developing, planning, implementing, monitoring and reviewing clinical service provision strategies and policies to enable the Area to deliver quality and accessible health care services to the Western Sydney community.

In this position I also liaised closely with many key stakeholders including politicians, media and community representatives, University Deans, senior clinicians, specialists colleges, professional registration boards, Medical Advisory Committees, senior department of health executives, other government organisations, and Industrial and professional associations.

**Both as Area Director of Mental Health Services in WSAHS and Director of Clinical Services** in the NE Cluster of Sydney South West Area Mental Health Service I worked closely with the Director of Nursing, Director of Clinical Governance, Director of Operations, and other Directors of Clinical Services in Sydney to develop, organise, implement and evaluate the Mental Health Services in the Area. My area of responsibility included a large psychiatric hospital, two university teaching hospitals in metropolitan Sydney and two district hospitals along with the related Community Health centres. Other responsibilities are grouped under the following headings:

- Clinical Leadership
- Clinical Governance
- Service and Business Planning and Implementation
- Operational Management and Coordination
- Financial Management
- Human Resource Management.

In my position as the **Chairman of the Division of Psychological Medicine at Westmead Hospital**, I was responsible for formulating, Implementing and reviewing policies for the Departments of:

- Adult Psychiatry (includes in-patient and consultation liaison psychiatry)
- Medical Psychology
- Child, Adolescent and Family Psychiatry
- Psychogeriatrics

- Psychotherapy.

In my position as the **Director of Adult Psychiatry at Westmead Hospital**, I was responsible to:

- Develop, implement and maintain policies for the department in consultation with senior colleagues.
- Supervise all the units within the department, eg. Consultation-Liaison Unit, Neurosciences Unit, Psychotherapy Unit and In-patient Unit.
- Monitor Quality Assurance.
- Provide information and reports to the Medical Administration of the hospital.
- Represent the department in various hospital committees.

In my position as the **Area Director of post-graduate studies in Psychiatry in The Western Sydney Area Health Service**, I was responsible for the formulation, organisation, implementation and general administration of the training program for the postgraduate trainees in psychiatry in the North Western Zone of the Royal Australian and New Zealand College of Psychiatrists.

I chaired the Training Committee of the North Western Zone of the RANZCP, which included all the hospitals in the Western Sydney Area Health Service and Wentworth Area Health Service. I was also a member of the New South Wales Training Committee of the Royal Australian and New Zealand College of Psychiatrists.

As the **Director of Psychiatric Services in Liverpool Hospital**, I raised the status of the Department of Psychiatry from a non-teaching department with no trainees and minimal senior medical staff to a full-fledged teaching department with six postgraduate trainees and a full complement of staff specialists, visiting psychiatrists and community psychiatrists.

In my position as the **Medical Superintendent of a 600-bed psychiatric hospital in New South Wales** and later as **Deputy and Acting Medical Superintendent of one of the busiest acute admission psychiatric hospitals in New South Wales**, I was responsible for implementing Department of Health policies for these hospitals; write and evaluate annual reports, and managed large budgets. I was also responsible for all the activities related to clinical governance and reformed the quality assurance procedures and was able to significantly improve communication and standards in these hospitals. I also started the teaching program for psychiatry trainees and other mental health professionals in Orange. The other innovative change that I brought about was the starting of a new Acute Admission Centre in Orange.

In my position as a **Community Psychiatrist in the Hunter region**, I helped the community health administration in the Regional Office of the Department of Health in formulating and implementing policies regarding mental health issues in the community, thus developing a

direct communication link with all team leaders/area coordinators of community health centres in the region. My responsibilities included networking with various community agencies to increase the awareness about mental health issues and services available in the community.

### **Clinical Experience**

My clinical experience in Mental Health both in the United Kingdom and Australia has been quite extensive and covers the following areas:

- Care of acute and long-stay in-patients
- Consultation-liaison psychiatry in teaching hospitals
- Individual and group psychotherapy, for both in- and outpatients
- Outpatient clinics
- Day hospitals
- Psychogeriatrics
- Emergency clinics
- Child guidance clinics
- Home visits
- Work in a specialised unit for the assessment of attempted suicides
- Work in a special day centre for young females with marital or relationship problems
- Assessment for writing court reports.

### **Experience in Medical Education and Teaching**

Both in the United Kingdom and Australia I have had considerable experience in teaching and supervising all types of health professionals, e.g.:

- Medical students
- General Practitioners
- Post-graduate trainees in psychiatry
- Post-graduate students in psychotherapy (For Master's Degree and Diploma courses in Psychotherapy)
- Nurses and Allied health professional staff.

In Newcastle, as a Clinical Lecturer in the Faculty of Medicine, University of Newcastle and in Sydney, as a Clinical Senior Lecturer with the Faculty of Medicine, University of Sydney, I have taken regular tutorials as well as participated in the medical students' examinations.

I have taken active part in the teaching and examining medical students as conjoint Assoc Prof in the School of Medicine, University of Western Sydney and as Assoc Prof in the University of Queensland.

I have also organised and conducted tutorials for general practitioners, on the topics of, providing best quality care through awareness, early intervention and prevention, psychological issues in General Practice, suicide prevention, treatment of difficult psychiatric problems eg., treatment resistant depression, personality disorders and psychotropic drugs and mental health shared care. My experience includes:

- I have been a regular supervisor in psychiatry and psychotherapy for post-graduate trainees in psychiatry for over 30 years.
- I have been an examiner for the Fellowship of the Royal Australian and New Zealand College of Psychiatrists.
- I am an examiner for the Fellowship of the Royal Australasian College of Medical Administrators.
- I am a member of the faculty of Psychotherapy in the RANZCP and in addition to teaching for the M.M. (Psychotherapy) course; I have been an examiner for the M.M. (Psychotherapy) degree for The University of Sydney.
- I have been a regular teacher at the NSW Institute of Psychiatry.
- I have been active in organising national and international conferences both in Australia and England.

### Membership of Committees

- Chair, Committee for Credentialing and defining Scope of Clinical Practice – Office of the Chief Health Officer, Queensland Health (2009 to 2012)
- Chair, Queensland Electroconvulsive Therapy Training Committee, Queensland Health (2009 to 2013)
- Chair, Queensland Psychotropic Medication Advisory Committee, Queensland Health (2009 to 2013)
- Chair, 8th National Seclusion and Restraint Reduction Forum organising committee, Queensland Health (2011 to 2012)
- Member, HIV Advisory Panel, Queensland Health (2010 to 2013).
- Member, Queensland Clinical Ethics Committee, Queensland Health (until 2013)
- Member, Steering Committee, State Mental Health Clinical Collaborative, Queensland Health (until 2013)
- member, National sub-committee on reducing medication related adverse events (until 2013)
- Member, Queensland Branch, RANZCP (2010 to 2012)
- Member, Queensland Branch Training Committee, RANZCP (Till 2012)
- Executive member, NSW branch, RANZCP (1993 to 1994)
- Chair, NW Zone training committee, RANZCP (1990 to 1995)
- Executive Member, The Australian and New Zealand Association of Psychotherapy (1996 to 2003)
- Member, National Executive, Safety and Quality Partnership Sub-committee of the Mental Health Standing Committee (2008 to 2013)
- Chair, Clinical Executive, Sydney South West Area Mental Health Service North East Cluster (2006 to 2007)
- Executive member, State Demand Management Committee, NSW Health. (2004 to 2006)
- Chair, Sydney West Area Health Service Clinical Services Planning Committee (2004 to 2006)
- Chair, Sydney West Area Health Service, Clinical Executive. (2004 to 2006)
- Chair, Sydney West Area Health Service "Drug Bust" Committee (2004 to 2006)
- Chair, Sydney West Area Health service Infection Control Committee (2004 to 2006)



**Membership of Committees (continued)**

- Executive member, Sydney West Area Health service Risk Management Committee (2004 to 2006)
- Executive member, Sydney West Area Health Service Planning Committee (2004 to 2006)
- Chair, Western Sydney Area Health Service Mental Health Network (2001 to 2004)
- Chair, Clinical Executive, Division of Psychological Medicine, Westmead Hospital, NSW (1997 to 1998)
- Chair, Clinical Executive, Mental Health Services, Liverpool Hospital, NSW (1985-1990)
- Chair, Clinical Executive and Medical Superintendent, Bloomfield Hospital, Orange, NSW (1979 to 1980)
- Chair, Western Sydney Area Health service training committee (1990 to 1995)
- Chair, Medical staff council, Western Sydney Area Mental Health Services (1995 to 1997)
- Member, National Executive, Seclusion and Restraint Working Group (2008 to 2010)
- Chair, Clinical Governance Committee Sydney South West Area Mental Health Service, North East Cluster (2006 to 2007)
- Executive Member, Western Sydney and Sydney West Area Health services Quality and Safety committee, NSW (2001 to 2006)
- Chair, Quality and Safety Committee, Western Sydney Area Mental Health Service, NSW (2001 to 2004)
- Chair, Quality Assurance Committee, Greater Parramatta Mental Health service, NSW (1998 to 2001)
- Chair, Quality Assurance Committee, Department of Psychological Medicine, Westmead Hospital, NSW (1995 to 1998)
- Chair, Quality Assurance Committee, Department of Psychiatry, Liverpool Hospital, NSW (1985 to 1990)
- Executive Member, Quality Assurance Committee, Newcastle Psychiatric centre and Hunter Hospital, NSW (1980 to 1983)
- Chair, Quality and Safety Committee, Bloomfield Hospital, Orange, NSW (1979 to 1980)

## **Achievements and Awards**

I have previously been:

- Awarded **Outstanding Administrator Award** at the International Cultural Psychiatry Conference of the World Psychiatric Association and IAPA, Melbourne (2004).
- Awarded **Consultant Emeritus status**, Sydney West Area Health Service (2007).
- **Certificate of Appreciation and Recognition of 28 years of Distinguished Clinical Leadership and Service** for patients and staff of NSW Health.
- **Pre-eminent Staff Specialist – Queensland Health** (2008)

Other significant achievements in 28 years of public service in Health mostly in senior clinical Executive and Leadership positions, which support my application:

- Achieved state-wide recognition as a highly successful Director of Clinical Operations (Deputy Chief Executive Officer) and/or Acting Chief Executive Officer of a large Area Health Service in New South Wales. This area had a population of 1.2 million, 2800 beds, 15,000 staff, six divisions of General Practice, 12 Major Acute Care Facilities and 30 Community Health Centres with a recurrent budget of \$1.5 billion and capital assets of \$1.5 billion.
- Attracted substantial research grants from the Commonwealth (\$15 million) working with the executive team at the Millennium Institute, Sydney.
- Achieved significant recognition and credentials within the health sector as a leader of large complex systems, a clinician and an innovator.
- Significant achievement in change management and conflict resolution, for example in the amalgamation of two large Area Health Services (Western Sydney and Wentworth) into one Area Health Service (Sydney West).
- Substantial achievement in aligning different agendas (political, clinical, community, bureaucratic, industrial) through understanding and exceptional knowledge of clinical systems, networks, service redesign, workforce, health and medical education, health policy and priorities, models of care, service standards and clinical governance.
- Highly successful engagement with consumers and carers in health through extensive experience of working in Consumer Advisory Groups.
- Significant achievement in engaging and working with people from NESB and CALD backgrounds through knowledge of four languages (English, Hindi, Urdu and Punjabi) and experience of work in different cultures.

**Research Activities and Publications**

I consistently participate in the Continuing Professional Development Program of the RANZCP and the Continuing Education Program of the RACMA.

I have conducted research in:

- Clinical Streaming in an Area Health Service
- Health Administration
- Post Graduate Training in Psychiatry
- Personality Disorders
- Suicide Prevention

**Papers Presented**

- Paper presented at the RANZCP Conference on clinical practice improvement, New Zealand (2007)
- Facilitating Scientific workshops at the Annual conference of the Indo-Australian Psychiatric Association, Sydney (2006)
- Paper presented at the Annual congress of RANZCP (2001)
- Paper presented at the Annual Congress of RANZCP (1995)
- Paper Presented at the International conference of the World Federation for Mental Health, Dublin (1995)
- Papers presented at the Annual Conferences of the Australian and New Zealand Association of Psychotherapy (1995 to 2006)
- Paper presented at the International conference of the Indian Psychiatric Society, Madras (1994)
- Facilitating scientific workshops at the first Australian Conference on obsessive-compulsive disorders, Melbourne (1993)
- Teaching and Training of International Medical graduates, New South Wales (1988 to 1989).

## **Publications**

- Gilhotra, J. Reorganisation of the Mental Health Stream and its integration into a new Clinical Management Model. Dissertation for the Fellowship of the Royal Australasian College of Medical Administrators, 2003.
- Gilhotra, J. Treatment of personality disorders - "Westmead Model". A video presentation and workshop at the Annual Congress of the Royal Australian and New Zealand College of Psychiatrists, 2001.
- Gilhotra, J. Conflict Resolution in marriage through Empathic Attunement. Paper presented at the World Federation for Mental Health, 1995, World Congress in Dublin, Ireland.
- Gilhotra, J. Resolution of Shame through Empathic Attunement in Couples. A paper presented at the Annual Congress of the RANZCP, 1995.
- Gilhotra, J. The concept of Self. Australian and New Zealand Journal of Psychiatry, (1995); 29:598-603.
- Gilhotra, J. The Role of Self Object in the Psychotherapy of Couples. A paper presented at the Annual Congress of the I.P.S., 1994.
- Gilhotra, J. The Concepts of Self Object and Empathy in Couples Therapy. Australian & New Zealand Journal of Psychiatry, (1993); 27:294-297.
- Gilhotra, J. Postgraduate Training in Psychiatry in Australia - A Comparative Perspective. RANZCP - News & Notes, May 1991.
- Singh, B., Gilhotra, J., et al. Post Partum Psychosis and the Dexamethasone

"C"

**From:** Leanne Geppert  
**To:** Sharon Kelly  
**CC:** Bill Kingswell; Jagmohan Gilhotra; Lauren Stocks; Lesley Dwyer  
**Date:** 11/9/2012 5:31 pm  
**Subject:** Re: strategic partnership meeting for BAC changes

**\*\* Confidential \*\***

Hi Sharon

I agree, this meeting needs to occur as a priority next week.

I will ask my ESO Lauren Stocks to coordinate asap.

I assume Bill will chair?, however, I will prepare the agenda jointly with you Sharon.

Again, I will discuss this with you Bill and Sharon, but my thinking so far is that the aim of the mtg will be to clarify the events of this week, identify the next steps/tasks in the process, and identify the steering committee to progress the work of establishing the alternative models of service for the State.

For your input Bill, but I suggest the attendees would include:

Bill, Mohan, myself

Sharon Kelly, Terry Stedman (The Park)

David Hartman ( )

Brett McDermott and Erica Lee ( )

Stephen Stathis and Judi Krause ( )

Neeraj Gill (or delegate from CYMHS) ( )

Michael Daubney ( )

Given the urgency of the mtg, we will set up v/conf and/or t/conf, and the aim will be to get as many of these stakeholders to attend (however, we will not delay the mtg if there are apologies).

Hope your weekend is peaceful Sharon and Lesley! Feel free to call if needed.

Leanne

Dr Leanne Geppert

Director

Planning & Partnerships Unit

Mental Health Alcohol and Other Drugs Branch

Health Services and Clinical Innovation Division

Queensland Health

T: ( )

M: ( )

F: ( )



PO Box 2368  
 FORTITUDE VALLEY BC  
 QLD 4006

Senior Lecturer

School of Medicine | Health | Griffith University | Gold Coast Campus

>>> Sharon Kelly 11/9/2012 2:16 pm >>>

Leanne,

as we discussed when I met with you all a couple of weeks ago, our next step for BAC was to get together the key strategic partners so we can consider the MH strategies required, options, implications etc. Given the issues that have arisen over the past 24 hours the timing of that meeting is now more urgent.

I would appreciate if you could progress establishing that meeting if possible during the next week. Happy to talk more.

Regards  
Sharon

Sharon Kelly  
Executive Director  
Mental Health and Specialised Services

**West Moreton Hospital and Health Service**

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"D"

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**From:** Leanne Geppert [REDACTED]  
**Sent:** Wednesday, 7 November 2012 4:07 PM  
**To:** Kelly, Sharon  
**Cc:** Kingswell, Bill; Gilhotra, Jagmohan; Kelly, Marie  
**Subject:** Re: WMHHS and mental health plan  
**Attachments:** BN\_DG - Approval to close Barrett Adolescent Centre The Park Centre fo.doc

Hi Sharon

Have left you a phone message, but thought I could f/up on some of the points with you below in the Interim. Please see points in blue, and look forward to hearing from you when you have a chance.

Regards

Leanne

**Dr Leanne Geppert**

**Director**  
**Intergovernmental Relations and Systems Redesign Unit**  
**Mental Health Alcohol and Other Drugs Branch**  
**Health Services and Clinical Innovation Division**

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**Senior Lecturer**  
 School of Medicine | Health | Griffith University | Gold Coast Campus

>>> Sharon Kelly 10/26/2012 2:46 pm >>>

Bill, Leanne and Jagmohan,

thank you very much for my meeting yesterday afternoon with you to discuss the future mental health plan and the role West Moreton plays in this. I appreciated getting the up to date Information and I trust we can move forward on a range of issues together.

if I can recap on some as I believe there were a few actions out of yesterday and it will help me get my thoughts in alignment and also allow me to provide the CE with an update at the same time:-

- The plan for The Park remains as a forensic unit and our current cohort of ETTR /DD patients will eventually be relocated to more suitable accommodation. Yes
- I can confirm we have ceased admissions into the ETTR unit to achieve this, however a date for all to be transferred off site by June 2013 remains tenuous. I understand from our discussions that you are planning a conversation with the other units to attempt to expedite this process given the agreement of the State Mental health plan in this area. Please advise if you require any actions from us in this initial process. Thank you. We have options for a mtg with relevant parties, and this will be confirmed on Bill's return from leave next week.
- the funds that have currently been removed from WMHHS and reallocated to other HHS in anticipation of CCU movements will be formally support by yourselves with the system manager to reallocate those to us given we continue to have the consumers. Yes, MHAODB has commenced work on this.

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- [REDACTED] I appreciated being included in the next planned meeting to progress this. This is relevant to Mohan's Unit.
- the development of the Goodna CCU has now been signed off by the Minister. I understand there is a significant amount of consultation etc moving forward so I look forward to progressing that together. If you have the signed brief back from the Minister's office we would appreciate a copy for our records as well. Unfortunately, this has not been signed off - we still only have an unsigned copy. Health Infrastructure Office (confirmed by Alan Mayer) are following up at least weekly with the Minister's Office, and have identified this as highly critical. **Bill**, I think we also need to inform our DDG.
- in regards to QCMHL I will ensure that the focus of QCMHL is aligned as we discussed to ensure they remain contemporary for the service requirements moving forward. Thank you.
- opening of EFTRU - a number of consumers in other accommodation are awaiting the opening of EFTRU as you identified and we need to consider the opening time to relieve some congestion within the correctional facilities as well and ensure people are getting the most suitable treatment and care. I have indicated that the earliest EFTRU could open given the out of scope works etc would be March 2013 and this would rely on us being able to achieve this within our FTE etc. on that note I appreciate that besides us advising the System manager you will also advocate to the system manager regarding the omission of an increased MOHRI count into MH WMHHS for the EFTRU opening. The timely opening of EFTRU is a high priority, and delaying/deferring the opening due to the MOHRI cap is not a feasible option. I have confirmed that Health Infrastructure Office (Alan Mayer) support this as a priority project.
- Barrett Adolescent Centre- as we have all confirmed this is a somewhat sensitive issue as we define the future. I would like to confirm our discussions in regards to this however. I understand that a brief has gone to the Minister re **BAC**, a copy for our records would be appreciated. the content of the brief did not clearly articulate that closure was the only option, however from our discussion and opinions I have gleaned from others the model for BAC is not aligned into the future planning for The Park or for Queensland Mental Health Plan. as such the option is to close BAC as early as December 2012 given that all or most of the consumers all go home for the Christmas break. this would include the education program. an alternate would be to close the beds but keep the day program for a period of time. for any of this to occur I understand we need to commence discussions with other services that could provide the support for the young people once BAC does not exist.
  - the brief that was written to the Minister will be provided to WMHHS for noting This brief has been returned to us for additional information - **Sharon**, can we discuss this in detail? I have attached the draft brief for us to discuss over the phone.
  - I will need to brief Lesley, my CE on this early next week so our HHS board chair is made aware of this action and also the timing of our actions.
  - a meeting planned for next Friday between myself, Terry and Dr Sadler will now be expanded to include Leanne in the absence of Bill and I would like to include Chris Thorburn who is working with me on redesigning mental health WM. - at this time we will advise that closure is not optional however needs to be planned **Sharon** - can you let me know if this went ahead, and the outcome? We can then progress the strategic stakeholder mtg (below).
  - a strategic stakeholder meeting is to be arranged by Bill the week after next in regards to meeting with the Mater services and others to map out what actions and requirements there are to ensure no young person is disadvantaged in this change. and is December achievable.
  - prior to the Friday meeting a brief does need to be written that alerts appropriately as we are reasonable confident that the advice of closure will elicit community action for those families involved in BAC. thus a clear communication plan and strategy is required.
- I appreciated your advice that previous decisions with my predecessors has given commitment that once the services are removed at least 1/3 of the allocated funding would remain within WMHHS Mental Health budget. I do recognise that the funding horizon and arrangement are somewhat changed since that agreement was reached, however would be hopeful that this remains the intent. Yes, confirming that 1/3 of budget (remains) vs 2/3 of budget (transferred out) was the proportionate split in previous projects like this. And yes while we are committed to WM retaining some funds for ongoing infrastructure needs etc, further discussion is needed about the actual proportion (given changes in funding models etc.)

once again I hope I have reflected our conversation and would appreciate any clarification of comment if this is not accurate.

Thank you very much for the meeting, looking forward to continuing our partnership into the future.

Regards  
Sharon

Sharon Kelly  
Executive Director  
Mental Health and Specialised Services

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Division/District:	HSCID
File Ref No:	

## Briefing Note for Approval

Director-General

Requested by: Deputy Director-General  
Health Service & Clinical Innovation  
Division

Date requested: 1 November 2012

Action required by: 5 November 2012

**SUBJECT: Approval to close Barrett Adolescent Centre, The Park Centre for Mental Health**

### Proposal

That the Director-General:

**Approve** the closure of the Barrett Adolescent Centre (BAC) in December 2012.

**Provide** this brief to the Minister for noting.

### Urgency

1. Critical: The West Moreton HHS Mental Health Service Executive Director is seeking approval from the West Moreton HHS Board to close the BAC in December 2012.

### Headline Issues

2. The top issues are:
  - Service delivered through BAC cannot continue due to the following:
    - i. The age and condition of the building has been identified by the Australian Council on Healthcare Standards as unsafe, necessitating urgent replacement.
    - ii. Concerns have been raised about the co-location of BAC with adult forensic and secure services delivered by The Park Centre for Mental Health (TPCMH).
    - iii. There is a clear policy direction to ensure that young people are treated close to their homes in the least restrictive environment with the minimum possible disruption to their families, educational, social and community networks.
    - iv. The average bed occupancy rate for BAC is 43%. This is less than half of the 15 beds currently available in this unit.

### Key Values

3. The key values that apply are the following:

- ☒ Better service for patients
- ☒ Better healthcare in the community
- ☐ Valuing our employees and empowering frontline staff
- ☐ Empowering local communities with a greater say over their hospital and local health services
- ☒ Value for money for taxpayers
- ☐ Openness

### Key Issues

4. The BAC delivers an extended treatment model of care that consists of both extended inpatient and day patient programs including education components. Recent sector advice proposes a re-scoping of the BAC service model and governance structure to ensure a contemporary evidence based model of care is being provided for adolescents with serious mental illness.

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5. Alternative services for this group of consumers will need to be considered immediately and will require a collaborative approach. The short term options to be considered may include the following:
  - Additional day programs attached to current adolescent acute units; and
  - Utilisation of non-government sector services for adolescents; and
  - The use of existing, unoccupied adolescent acute beds will also need to be considered where no other alternatives exist. Currently, acute child and adolescent beds are located in mental health services at the Gold Coast, Logan, Mater Child and Youth, Royal Brisbane and Women's Hospital, Toowoomba and Townsville (opening 2013) mental health services.
6. Longer term planning is required to align with the National Mental Health Service Planning Framework that recommends subacute community based services for adolescents.
7. It is anticipated that the West Moreton HHS will coordinate and facilitate alternative arrangements for adolescents currently accessing BAC services. West Moreton HHS has indicated that they will invite key stakeholders including the Mental Health Alcohol and Other Drugs Branch (MHAODB) to meet in November 2012 to expedite these arrangements.
8. The West Moreton HHS Mental Health Service executive management has commenced high level consultation and planning to progress the closure of BAC by December 2012. A meeting is scheduled on 2 November 2012 with key management staff of BAC to advise of imminent closure.
9. The West Moreton HHS Mental Health Service will use the planned closure of BAC during the Christmas period as a natural progression to permanent closure and will not re-open thereafter.

#### Background

10. Under the *Queensland Plan for Mental Health 2007-2017* (QPMH), it was determined that the development of a new model of care for BAC was required. There is some contention in the mental health sector and community around this issue.
11. The Redlands Adolescent Extended Treatment Unit (RAETU), funded under the QPMH, was intended to replace BAC. This project has ceased due to unresolved environmental issues and budget overruns and hence is no longer a sustainable capital works project for Queensland Health.
12. The deinstitutionalisation of services currently provided at TPCMH is part of the reform agenda under the QPMH and will result in only forensic and secure services being provided at the facility.
13. The National Mental Health Policy (2006) articulates that 'non-acute bed-based services should be community based wherever possible.'
14. The National Mental Health Service Planning Framework currently being developed by the Commonwealth Government, due for completion in July 2013 does not include provision for non-acute adolescent inpatient services. The Framework does include subacute community based services for adolescents.

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**Consultation**

15. Consultation has commenced with the Executive Director and Clinical Director of West Moreton HHS Mental Health Service. It is anticipated that the West Moreton HHS will be responsible for the coordination and implementation of change management processes and procedures including all staffing and IR related issues pertinent to the closure of BAC.
16. No formal consultation has occurred with staff of BAC.
17. No consultation has occurred with consumers of BAC and their families.

**Financial Implications**

18. The operating costs of the BAC for 2011-12 were \$4,264,948. A portion of this funding will be required to meet infrastructure costs at the BAC site until a decision regarding the future use of this site has been made. The remainder of the current operating costs of BAC will be used for alternative adolescent extended treatment services.
19. The cancellation of the RAETU results in recurrent funding savings of \$1.8M. This will also be used for alternative adolescent extended treatment options.

**Legal Implications**

20. There are no legal implications

**Attachments**

21. Nil.



**Recommendation**

That the Director-General:






**Approve** the closure of the Barrett Adolescent Centre (BAC) by December 2012.**Provide** this brief to the Minister for noting.**APPROVED/NOT APPROVED****NOTED**

DR TONY O'CONNELL  
Director-General

/ /

To Minister's Office for Approval ☐  
for Noting ☐

Director-General's comments


Author	Cleared by:	Cleared by: (SD/Dir)	Content verified by: (CEO/DDG/Div Head)	Content verified by: (CEO/DDG/Div Head)
Vaolta Turituri	Marie Kelly	Dr Leanne Geppert	Dr Bill Kingswell	Dr Michael Cleary
Senior Project Officer	Manager	Director	Executive Director	Deputy Director General
Intergovernmental Relations & Systems Redesign Unit, Mental Health, Alcohol and Other Drugs Branch.	Intergovernmental Relations & Systems Redesign Unit, Mental Health, Alcohol and Other Drugs Branch.	Intergovernmental Relations & Systems Redesign Unit	Mental Health Alcohol and Other Drugs Branch	Health Service and Clinical Innovation Division
				
26/10/2012	31/10/2012	1/11/2012	1/11/2012	

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**Michael Cleary - Fwd: Barrett Adolescent Centre**

**From:** Jagmohan Gilhotra  
**To:** Michael Cleary  
**Date:** 8/11/2012 2:11 PM  
**Subject:** Fwd: Barrett Adolescent Centre  
**CC:** Bill Kingswell; Leanne Geppert; Sharon Kelly

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Dear Michael,

For your information.

Regards  
Mohan

Assoc Professor J Mohan Gilhotra  
MBBS, MM, FRANZCP, FRCPsych, FRACMA  
Director of Mental Health and  
Chief Psychiatrist  
Queensland Health  
Ph: [REDACTED]  
Fax: [REDACTED]

>>> Janet Martin 8/11/2012 12:53 pm >>>  
Dear Mohan

Associate Professor Brett McDermott has just informed the Child Protection Commission of Inquiry that they have been informed that the Barrett Centre will be closed in December.

He stated that it was a decision made by adult psychiatrists who don't understand it, and it was judged by adult metrics such as occupied bed days and length of stay.

I expect this will appear in the Courier Mail tomorrow.

Janet

Janet Martin  
Manager, Clinical Governance  
Office of the Chief Psychiatrist  
Mental Health Alcohol and Other Drugs Branch  
Health Service and Clinical Innovation Division  
[REDACTED]  
[REDACTED]