

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

**Commissions of Inquiry Order (No.4) 2015**

**Barrett Adolescent Centre Commission of Inquiry**

**AFFIDAVIT**

Dr John Alexander Allan, of c/- Crown Law, Chief Psychiatrist and Director of Mental Health, Queensland Health, solemnly and sincerely affirms and declares:

1. I have been provided with a Requirement to Give Information in a Written Statement dated 11 December 2015. **Exhibit A** to this affidavit is a copy of this notice.

**Background and Experience**

2. I gained my Bachelor of Medicine and Bachelor of Surgery from the University of Queensland in 1979.
3. I am also a Fellow of the Royal Australian and New Zealand College of Psychiatrists (RANZCP), a credential I gained in 1987.
4. I am currently employed in the role of Chief Psychiatrist, Mental Health Alcohol and Other Drugs Branch, Queensland Health. I have been employed in this role since 4 August 2014.
5. As part of my current role as Chief Psychiatrist, I am required to exercise the responsibilities of the Director of Mental Health, as appointed by Governor in Council,

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Deponent

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

**AFFIDAVIT**

On behalf of the State of Queensland

Crown Solicitor  
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50 Ann Street  
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TEL: [REDACTED]  
Email: [REDACTED]

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for the purpose of the administration of the *Mental Health Act 2000* (Qld) ("Mental Health Act").

6. I have formally held the statutory role of Director of Mental Health since being appointed to that role by the Governor in Council on 1 July 2015.
7. I also hold an academic role of Associate Professor, School of Psychiatry, University of Queensland, which I have held since approximately September 2014. I completed a Doctor of Philosophy in 2007 at University of Queensland ("Insight in Schizophrenia: the view of patients, their relatives and caregivers").
8. Prior to my current role, I held the position of Chief Psychiatrist, Mental Health and Drug and Alcohol Office (MHDAO), NSW Ministry of Health, from February 2009 to July 2014.
9. I also held the position of Associate Professor in Psychiatry, School of Psychiatry, University of New South Wales from 2009 to 2014.
10. In terms of professional memberships and roles, I have been a Board Director of the RANZCP since May 2015 and a Chair of the RANZCP Finance Committee.
11. I am also Chair of the Australian Safety and Quality Partnerships Standing Committee.
12. Exhibit B to this affidavit is a copy of my current Curriculum Vitae ("CV"). My CV outlines in full my professional roles, qualifications and memberships.
13. In 1980, I was employed with Queensland Health as an intern at Rockhampton Base Hospital.
14. In 1981, I was employed with Queensland Health as a Resident Medical Officer at Rockhampton Base Hospital (Including two months as Relieving Superintendent, Moura Hospital).

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15. During the period 1982 to February 1987, I was a Trainee Psychiatrist/Registrar on placement with Glenside Hospital and Flinders Medical Centre, South Australia.
16. Between July and September 1984, I worked within the Child, Adolescent and Family Health Services, South Australia. That role involved my seeing and clinically assessing (under supervision) families, including children, with a range of psychiatric conditions.
17. In the period 1982 to 1986 I attended a formal education course in Psychiatry conducted by the RANZCP South Australian Branch Training Committee for one half day each week, consisting of lectures and seminars. This included major components relevant to child and adolescent psychiatry.
18. While I was working in Townsville for almost a 20 year period of my career (1989 to 2009), I worked initially as Director of Psychiatry at Townsville Hospital and Deputy Director of Mental Health Services.
19. As Director of the Integrated Mental Health Service for ten years; I had accountability for Integrated Mental Health Service for Townsville Mental Health Network (approximate population 250,000) and the Tertiary Mental Health Service for the North Queensland Area (approximate population 625,000). I also had leadership, clinical, management, teaching and research commitments.
20. Over that period of almost 20 years, there was considerable growth and change in the Psychiatric Service in that it developed a comprehensive suite of Mental Health Services. My main role was leading development of psychiatry services in North Queensland.
21. When I left the Townsville Mental Health Service in January 2009 it had over 400 employees serving local and northern regional network health needs. In my time with

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that service I planned and commissioned two new Acute Inpatient Units, two Inpatient Rehabilitation Services, and High and Medium Secure Inpatient Services.

22. I also led teams to reform and redevelop Community based care and crisis teams, Outreach Services to remote centres and Indigenous Mental Health Services. I oversaw the introduction of new services in forensic, child and youth, consultation/ liaison, old age and rehabilitation psychiatry.
23. In relation to the mental health services for child and youth I helped facilitate the expansion of psychiatrists and other clinicians, as well as expanding the Evolve Therapeutic Service, outreach programs to country areas and Indigenous services. At that time, Townsville had no specific adolescent inpatient unit. I was responsible for attracting the funding for child and youth inpatient services. The inpatient unit was assured of funding in 2007 or 2008, and I was involved in the early planning stages of site location and other arrangements for the creation of the unit. The Adolescent Inpatient Unit and Day Service (AIUDS) was subsequently built on the Kirwan campus and currently houses an acute adolescent unit with 8 beds and an adolescent day program. It shares the Kirwan Campus with Townsville Community Care Unit and Acquired Brain Injury Unit (TCCU & ABIU) for adults and a community health centre.
24. As Chief Psychiatrist with NSW Ministry of Health I worked closely with MH-Kids, the policy and planning unit for child and adolescent mental health in NSW which was also part of MHDAO. MH-Kids provides support to Local Health Districts to improve integrated responses for children and young people, their families/carers across service streams and to state-wide programs. We particularly worked on areas of intersection between adult and adolescent services e.g. admission of adolescents to adult units and the efforts to decrease coercive practices.

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25. In 2011, while in my role as Chief Psychiatrist with NSW Ministry of Health, I was the departmental representative on the NSW Child Health Study Reference Group undertaken by the University of NSW. The study was a large prospective study on NSW schoolchildren.
26. Since 2014, I have been the Queensland Health nominated Panel Member on the Department of Communities, Child Safety and Disability Services Child Death Case Review.

#### **Chief Psychiatrist, Queensland Health**

27. I am, as described above, employed in the role of Chief Psychiatrist, Office of the Chief Psychiatrist, Mental Health, Alcohol and Other Drugs Branch, Queensland Health and have been since 4 August 2014.
28. The key responsibilities of my role as Chief Psychiatrist include the following:
- (a) Provide expert advice and consultation to staff of the Mental Health Alcohol and Other Drugs Branch, senior departmental officers, Hospital and Health Services, other government departments, the private and non-government sectors in respect to the clinical care and treatment of persons with a mental illness and/or substance misuse problems;
  - (b) To provide clinical advice and support to mental health alcohol and other drugs services to enable them to implement national and state mental health and alcohol and other drugs policies and plans;
  - (c) Provide clinical advice and input to the development of health, mental health and alcohol and other drugs policies, programs, quality and safety standards and initiatives, service procedures and legislation;

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- (d) Keep informed of contemporary clinical, operational and strategic mental health and alcohol and other drugs clinical service delivery issues across age and service spectrums to ensure provision of accurate clinical advice and effective support to stakeholders;
- (e) Maintain close liaison with professional bodies such as the RANZCP and tertiary educational institutions;
- (f) Exercise and discharge the statutory functions, powers and duties of the Director of Mental Health under the provisions of the Mental Health Act;
- (g) Prepare papers for intergovernmental and interdepartmental meetings chaired by the Executive Director for the Mental Health Alcohol and Other Drugs Branch, Dr William Kingswell, prepare Cabinet Submissions, reports, information papers, briefs and correspondence as required;
- (h) Initiate, provide and coordinate high level advice on legislative policy and related system development to the Minister for Health, Director-General, Executive Director and relevant Australian Government and Queensland Government agencies;
- (i) Work collaboratively with Commonwealth and state government agencies in implementing national and state initiatives relating to legislative policy and related system development;
- (j) Liaise and negotiate with Australian Government and Queensland Government agencies, the private and non-government sectors, and consumers and carers regarding legislative policy and related system development; and
- (k) Establish and maintain effective communication and negotiation strategies and partnerships with and between key stakeholders.

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Deponent  
Document No: 6298752

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

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29. As Chief Psychiatrist, I am responsible for oversight of the operations of my Office (Office of the Chief Psychiatrist) and its working and reporting relationships. In that capacity, I report to the Executive Director of the Mental Health Alcohol and Other Drugs Branch.
30. The Office of the Chief Psychiatrist consists of a Legislation Unit which manages the workings of and compliance with the Mental Health Act via the Mental Health Act Administration Team and the Policy, Systems and Compliance Team, and the Clinical Governance Team which provides guidelines for and monitors quality of clinical practice including incidents.
31. **Exhibit C** to this affidavit is a copy of the Mental Health, Alcohol and Other Drugs Branch/Clinical Excellence Division governance chart.
32. As Chief Psychiatrist, I am considered to be a clinical leader for the State, with responsibilities for the quality and safety units in the mental health governance team.
33. In terms of my responsibilities for the delivery of existing statewide services, I contribute to the development of statewide mental health and drug and alcohol service plans. I am not responsible for the day to day delivery of such services. That responsibility rests with the individual Hospital and Health Services.
34. In terms of my responsibilities as Chief Psychiatrist for the development or improvement of existing services and development of new services, I provide the following as part of my role:
- (a) advisory services when requested to the HHSs (particularly the smaller HHSs) in relation to the quality of the services they provide and clinical issues;
  - (b) consultation services to the HHSs and the Department of Health in relation to the development and progress of clinical standards and practice, including

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providing comments on development plans, performing investigations or reviews, and providing advice about patients with complex presentations and treatment difficulties;

(c) advisory services to the Department of Health in relation to mental health related funding and policy issues; and

(d) the commissioning or conduct of reviews under the *Mental Health Act 2000*.

35. Exhibit D to this affidavit is a copy of my position description as Chief Psychiatrist.

36. I have held the additional statutory appointment as Director of Mental Health under the *Mental Health Act* since 1 July 2015.

37. In Queensland, the *Mental Health Act* contains provisions for initiating involuntary assessment, authorising involuntary treatment, independent review of involuntary treatment and patient rights.

38. The *Mental Health Act* provides processes for admission of mentally ill offenders from court or custody and decisions about criminal responsibility where the person has a mental illness or intellectual disability.

39. The statutory Director of Mental Health operates independently in accordance with the provisions of the *Mental Health Act*, and is reportable to the Governor in Council.

40. The Director of Mental Health is responsible for appropriate administration of the *Mental Health Act* in Queensland. The Director also has powers and functions in relation to people with mental illness who are, or have been, subject to criminal justice system processes.

41. The *Mental Health Act* establishes broad monitoring and oversight functions for the Director of Mental Health including:

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- (a) ensuring the protection of rights of involuntary patients;
- (b) ensuring that involuntary admission, assessment and treatment and care of persons complies with the *Mental Health Act*;
- (c) facilitating the proper and efficient administration of the *Mental Health Act*;
- (d) promoting community awareness and understanding of the administration of the *Mental Health Act*; and
- (e) advising and reporting to the Minister on any matter relating to the administration of the *Mental Health Act*.

42. As I only commenced in the role of Chief Psychiatrist as at 4 August 2014, I had no role or responsibilities with respect to the operation or management of the Barrett Adolescent Centre ("Barrett").

#### **Involvement with the Barrett Adolescent Centre**

43. I commenced in my role of Chief Psychiatrist on 4 August 2014. I did not have any direct input and/or involvement into the decision to close and/or the actual closure of Barrett in January 2014. I did not have any awareness that the closure date was to be in January 2014.

44. To the best of my recollection, I became aware of the closure of Barrett after it had closed. That awareness was the result of due diligence which I was undertaking in preparation for an interview for my current role. I believe the interview was in or around March 2014.

45. I am unable to provide an opinion as to the appropriateness of the January 2014 Barrett closure date. I did not facilitate or attend any meetings regarding the closure of Barrett.

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46. I was not involved in any processes or otherwise aware of communicating the closure decision to parents of Barrett patients (and their families) and Barrett staff.
47. As I commenced in my role of Chief Psychiatrist on 4 August 2014, I am not aware of when my office (Office of the Chief Psychiatrist, Mental Health Alcohol and Other Drugs Branch) may have communicated with the Department of Education and Training regarding the proposed closure of the Barrett Adolescent Centre Special School ("Barrett School") prior to my commencement. I am also not aware as to when my office may have become aware of the proposal to relocate, rather than close, the Barrett School.

#### **The Park Centre for Mental Health, Wacol**

48. As I commenced in my role of Chief Psychiatrist on 4 August 2014, I am not aware of the relevance (if any) of the redevelopment of The Park Centre for Mental Health as an adult forensic facility and/or the scheduled openings of the Kuranda Unit and Extended Forensic Treatment and Rehabilitation Unit facility to:
- (a) the initial plan to decommission Barrett and build the Redlands unit;
  - (b) the decision not to proceed with the Redlands unit;
  - (c) the decision to close Barrett;
  - (d) the decision to close Barrett by January 2014; and
  - (e) the decision to announce the closure of Barrett on 6 August 2013.

#### **Transition period – August 2013 to January 2014**

49. As I commenced in my role of Chief Psychiatrist on 4 August 2014, I am not aware of the specific patient transition and alternative care arrangements in association with the

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closure or anticipated closure of Barrett, whether before or after the closure announcement.

50. I did not have any discussions or correspondence with the medical or other staff at receiving alternative services regarding the Transition Clients' transitional arrangements, transition plans, treatment plans, clinical and educational needs or other matters, I had not commenced my role as Chief Psychiatrist during the relevant period.
51. I was not aware of any concerns regarding the transition of any Transition Clients from Barrett to an alternative service provider, as I was not the Chief Psychiatrist during the relevant period.

#### **Barrett Adolescent Centre Staff**

52. As I commenced in my role of Chief Psychiatrist on 4 August 2014, I did not have any involvement in communication with staff of Barrett about the possible (or actual) closure of Barrett. I did not have any involvement in meeting or communicating with staff or officers of the Department of Education or the Minister for Education.

#### **Investigation under *Hospital and Health Boards Act 2011 (Qld)***

53. On 15 August 2014, I received a letter directed to me from Ms Kristi Geddes, Minter Ellison Lawyers, in relation to the Part 9 *Hospital and Health Boards Act 2011 (Qld)* ("HHB Act") Health Service Investigation that had been commissioned by the then Director-General, Ian Maynard, into the transition arrangements put in place for patients of the BAC between 9 August 2013 and January 2014.
54. The letter from Ms Geddes, appointed Health Service Investigator, on behalf of all three of the appointed Health Service Investigators, was a formal request under section 194

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of the HHB Act seeking my assistance in coordinating the provision of documents from Queensland Health in order to commence the investigation.

55. I sent a copy of the letter I received from Ms Geddes via email to Ms Sharon Kelly, Executive Director, Mental Health and Specialised Services, Ms Leanne Geppert, Director of Strategy, Mental Health and Specialised Services and with a Cc to Ms Lesley Dwyer, Health Service Chief Executive, West Moreton Hospital and Health Service.
56. **Exhibit E** to this affidavit is a copy of the email I sent to Ms Kelly, Ms Geppert and Ms Dwyer on 15 August 2014.
57. In terms of the involvement I had in the Health Service Investigation, I was the senior officer nominated by Dr Kingswell on behalf of the Mental Health Alcohol and Drugs Branch to be a conduit between the Health Service Investigators, the HHSs and the Department in relation to matters including the following:
- (a) the collation of documents across four HHSs for the investigation;
  - (b) issues concerning extensions of the Health Service Investigation; and
  - (c) questions concerning the scope for the Terms of Reference for the Health Service Investigation.
58. **Exhibit F** to this affidavit is a copy of an email chain between Dr Kingswell and Ms Kelly dated 15 August 2014 that identifies my nomination.
59. I did not direct the investigators not to investigate transition plans or arrangements for all patients.
60. The Mental Health, Alcohol and Other Drugs Branch took a conduit role in Queensland Health's response to the Health Service Investigation. I was provided with

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correspondence by the investigators, which I perused and passed onto the relevant Hospital and Health Service. I directed that all documents be provided directly to the investigators via the investigator at Minter Ellison facilitating the investigation process.

61. **Exhibit G** to this affidavit is copies of my correspondence to Children's Health Queensland HHS, Metro South HHS and Townsville HHS passing on the correspondence I received from the investigators in my possession.
62. I had several telephone calls with one of the investigators, Associate Professor Beth Kotzé, regarding the production and co-ordination of documentation to the investigation. Associate Professor Kotzé and I worked together when I worked for New South Wales Health, and had a good and professional working relationship. I recall that there was a considerable amount of documentation to be provided to the investigators and that much of that documentation arrived late to the investigators. I also had telephone discussions at later times with Associate Professor Kotzé that led to a request to the Director General for postponement of the final delivery date of the Report because of the delay of obtaining documents and replanned holidays of the investigators.
63. **Exhibit H** to this affidavit is a copy of a Departmental email chain between Ms Jan Phillips, Acting Deputy Director-General, Health Service and Clinical Innovation Division, Ms Wensley Bitton, Senior Principal Lawyer and Ms Annette McMullan, Chief Legal Counsel and Dr Bill Kingswell and I, which forwarded an email between Ms Bitton and the health service investigator, Ms Kristi Geddes of Minter Ellison Lawyers, regarding the delay in the completion of the investigation.
64. I recall that Associate Professor Kotzé queried whether the investigators should interview patients. To the best of my recollection, I did not make enquiries with

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Queensland Health management about that, nor do I recall giving any direction to Ms Kotzé about interviewing patients. I cannot recall the exact date of this conversation.

65. The investigation did look into the transition arrangements of former Barrett patients. The issue to be investigated was the extent of the transition arrangements.
66. The only communications I had were those described above. I did not provide, to the best of my recollection, any advice, suggestion, representation or direction to the appointed Health Service Investigators.
67. The Health Service Investigators were appointed by the then Director General as independent investigators, having the necessary expertise or experience. To that end, I understood that the investigators had the skills to undertake the investigation in an independent matter.
68. In relation to other matters that I recall I communicated with the Health Service Investigators about, those matters which were general in nature included:
- (a) initial matters concerning the collation of records for the investigation, such as matters associated with the letter from Ms Geddes on 15 August 2014;
  - (b) the importance of delivering the report in a timely manner;
  - (c) assisting with the travel arrangements to Queensland for two investigators;
  - (d) the time required by the investigators for undertaking the investigation, particularly in light of the voluminous amount of documentation being analysed by the investigators; and
  - (e) questions concerning form and length of the report, methods and timeframes

**Further service delivery**

69. **Exhibit I** to this affidavit is a copy of a letter from the Barrett Adolescent Centre Commission of Inquiry to my legal representative dated 22 December 2015 clarifying the scope of question 23. The letter from the Commission to Crown Law with respect to question 23 identifies that the question is directed to finding out what, if any, substantive contributions I made to:

- (a) The State-Wide Adolescent Extended Treatment and Rehabilitation Implementation Strategy Group;
- (b) The Chief Executive and Department of Health Oversight Committee; and
- (c) The Young Person Extended Treatment and Rehabilitation Initiative Governance Panel/ Committee.

70. I believe that I had no contribution, substantive or otherwise, to the above committees. A search of my email account and other files has been undertaken and no documentation relating to the listed committees has been identified.

**Other**

71. I do not have any other information or knowledge which I wish to add to this statement.

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

Affirmed by Dr John Alexander Allan on )  
8 January 2016 at Brisbane in the )  
presence of: )



A Justice of the Peace, C-Deed, Solicitor



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

**CERTIFICATE OF EXHIBIT**

Exhibit A to | to the Affidavit of Dr John Alexander Allan affirmed on 8 January 2016.



Deponent



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



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

**Commissions of Inquiry Order (No.4) 2015**

**Barrett Adolescent Centre Commission of Inquiry**

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BARRETT ADOLESCENT CENTRE COMMISSION OF INQUIRY

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

REQUIREMENT TO GIVE INFORMATION IN A WRITTEN STATEMENT

To: Dr John Allan  
Of: c/- Mr Paul Lack, Crown Law, 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 section 5(1)(d) of the *Commissions of Inquiry Act 1950* in regard to your knowledge of the matters set out in the Schedule annexed hereto.

YOU MUST COMPLY WITH THIS REQUIREMENT BY:

Giving a written statement prepared either in affidavit form or verified as a statutory declaration under the *Oaths Act 1867* to the Commission on or before 4:00pm, Monday 11 January 2016, by delivering it to the Commission at Level 10, 179 North Quay, Brisbane.

A copy of the written statement must also be provided electronically either by: email at [mail@barrettinquiry.qld.gov.au](mailto: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](http://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 11<sup>th</sup> day of December 2015

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

**SCHEDULE****Background and Experience**

1. Outline your current professional role/s, qualifications, and memberships. Please provide a copy of your current/most recent curriculum vitae.
2. Detail any qualifications or particular professional interest in child and adolescent psychiatry.
3. The Commission understands that you hold the position of Chief Psychiatrist of the Mental Health, Alcohol & Other Drugs branch of Queensland Health. Can you explain whether and to what extent that is accurate? And, with respect to your role in that position, please:
  - a. specify when you first commenced in that role, and if you no longer hold it, when you finished;
  - b. outline your key responsibilities, including working and reporting relationships and the branches (or areas) which fall/fell within your responsibility, including, but not limited to the responsibilities of the Chief Psychiatrist in relation to:
    - i. the delivery of existing statewide services;
    - ii. the development or improvement of existing services;
    - iii. the development of new services;
  - c. detail your role and responsibilities with respect to the operation and/or management of the Barrett Adolescent Centre (BAC); and
  - d. provide a copy of your position description.
4. Identify and provide details of all other positions and appointments (permanent, temporary or acting) held by you with Queensland Health which are not already detailed in response to question 2 above.

**Closure of BAC**

5. Explain the nature and extent (if any) of your involvement and/or input into the decision that the closure date for the BAC was to be January 2014. In the event you had direct involvement and/or input into the decision that the closure date for the BAC was to be January 2014, give details of:
  - a. the extent and/or nature of your involvement and/or input into the decision and the names and positions of those other persons involved in making the decision;
  - b. the reason(s) as to why January 2014 was chosen for the closure of BAC;
  - c. on what date the decision as to the closure date was made;
  - d. any consultation with experts and/or stakeholders (and when), and the nature of the consultation;
  - e. what advice/views were given by those experts and stakeholders prior to the decision, and how influential each of the perspectives was to your decision-making and/or input into the decision;
  - f. the existence of any flexibility with respect to the January 2014 closure date, once set, or any review mechanisms; and
  - g. how, when and to whom, you communicated the decision as to the closure date (and for what purpose).
  
6. In the event you did not have any direct involvement and/or input into the decision that the BAC's closure date was to be January 2014, explain:
  - a. on what date, how, and from whom, you became aware of the decision that the closure date would be January 2014;
  - b. any reason(s) for the closure date that were communicated to you and from whom, by what means, and on what date; and

c. the extent to which you were aware of the existence of any flexibility with respect to the closure date or any review mechanisms (and the source of that understanding).

7. Did you consider the January 2014 closure date to be appropriate and outline the reason(s) why/why not?
8. Did you facilitate or attend any meetings regarding the closure of the BAC and, if so, with whom and on what date(s), and for what purpose?
9. Detail any processes that you were involved in (or were otherwise aware of), with respect to communicating the closure decision to parents of BAC patients (and their families) and BAC staff, and the nature of your involvement (and when).
10. Did you or your office communicate with the Department of Education and Training regarding the proposed closure of the BAC school? If 'yes', give details.
11. Did you or your office become aware of the proposal to relocate, rather than close, the BAC school? If 'yes', give details.

#### The Park

12. Explain the relevance (if any) of the redevelopment of The Park as an adult forensic facility and/or the scheduled openings of the Kuranda Unit and EFTRU facility, to:
  - a. the initial plan to decommission the BAC and build the Redlands unit;
  - b. the decision not to proceed the Redlands unit;
  - c. the decision to close the BAC;
  - d. the decision to close the BAC by January 2014; and
  - e. the decision to announce the closure of the BAC on 6 August 2013.

**Transition period – August 2013 to January 2014**

13. By reference to specific patients who transitioned to alternative care arrangements in association with the closure or anticipated closure, whether before or after the closure announcement ('Transition Clients'), detail any involvement you had in:
- the identification or development of transition plans for Transition Clients;
  - developing, managing and implementing transition arrangements (including, but not limited to, identifying, assessing and planning for care, support, service quality and safety risks);
  - advice or assistance to staff of the BAC during the period August 2013 to January 2014;
  - advice, reporting, or assistance, to and from the West Moreton Health and Hospital Service during the transition period; and
  - securing placement in, or funding for, alternative services for Transition Clients.
14. Did you have any discussions or correspondence with the medical or other staff at receiving alternative services regarding the Transition Clients' transitional arrangements, transition plans, treatment plans, clinical and educational needs or other matters? If so, explain the nature of these discussions, including the date on which they occurred, with whom and for what purpose.
15. Were you aware of any concerns regarding the transition of any Transition Clients from the BAC to an alternative service provider? If so:
- detail any such concerns;
  - if there were concerns, state who were these concerns expressed by and to whom;
  - on what date and by what means did you become aware of these concerns; and

- d. what steps, if any, did you cause to be undertaken as a result of any such concerns.

**BAC Staff**

16. Detail the nature of your involvement with respect to communication with staff of the BAC about the possible (or actual) closure of the BAC. In particular, state when this communication occurred, what it involved and any input/decision you received with respect to the content of the communication (and from whom and when).
17. With respect to the Barrett School, explain the nature and extent of your involvement in meeting and/or communicating with staff or officers of the Department of Education or the Minister for Education (including when and the purpose and content of the communication, and any action taken by yourself as a result).

**Investigation under *Hospital and Health Boards Act 2011 (Qld)***

18. The Commission understands that you sent a letter to West Moreton Hospital and Health Board dated 15 August 2014 regarding an investigation under Part 9 of the Hospital and Health Boards Act 2011 (Qld) ('the Act') into the transition arrangements put in place for patients of the BAC between 9 August 2013 and January 2014. Please explain how and why you were involved in this process. Please exhibit a copy of the letter.
19. What interest did the Mental Health, Alcohol and Other Drugs Branch of Queensland Health take in the investigation?
20. The Commission understands you advised, counselled, or directed the investigators appointed under the Act not to investigate transition arrangements for all patients. Is that correct?
21. If Dr Allan directed the investigators not to examine transition arrangements for all patients, under what authority?

22. Please specifically identify and explain any advice, suggestion, representation, direction or other contribution you, or the Mental Health, Alcohol & Other Drugs Branch of Queensland Health made to the investigators appointed under the Act:
- a. before the commencement of the investigation;
  - b. during the investigation; and
  - c. after the investigation but before the finalisation of the report produced by Dr Kotze and Dr Skippen.

#### Future Service Delivery

23. Provide 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 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) and the date(s) when this occurred and with whom.

#### Other

24. Explain any other information or knowledge (and the source of that knowledge) that you have relevant to the Commission's Terms of Reference.
25. Identify and exhibit all documents in your custody or control that are referred to in your witness statement.



**B**

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**CURRICULUM VITAE****JOHN ALEXANDER ALLAN****PERSONAL DETAILS**

**NAME:** John Alexander Allan  
**BORN:** Boonah, Queensland, Australia

**ADDRESS**

**Business:** Mental Health Alcohol & Other Drugs Branch  
Queensland Health  
15 Butterfield St HERSTON QLD 4006  
Po Box 2368 FORTITUDE VALLEY  
QLD 4006 Australia  
**Telephone:** [REDACTED]  
**Mobile:** [REDACTED]  
**Email:** [REDACTED]

**QUALIFICATIONS**

M.B.B.S., 1979 University of Queensland  
F.R.A.N.Z.C.P., 1987  
Ph. D. 2007 University of Queensland (Insight in Schizophrenia: the view of patients, their relatives and caregivers)

**CURRENT POSITIONS**

**Chief Psychiatrist, Mental Health Alcohol and Other Drugs Branch, Queensland Health**

**Associate Professor, School of Psychiatry University of Queensland**

**PREVIOUS POSITIONS**

**February 2009 – July 2014**

**Chief Psychiatrist, Mental Health and Drug & Alcohol Office, NSW Ministry of Health**

**Senior Staff Specialist, Manly Hospital NSW**

**June 2006 – February 2009**

**Chair, Northern Area Health Service Mental Health Clinical Network**

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Northern Area, Queensland, Australia

December 1998- February 2009

Director of Integrated Mental Health Services

Townsville Health Service District, Townsville, Queensland, Australia

December 2004 - January 2005

Acting Director of Mental Health for Queensland

July 1997 to December 1998

Acting Director of Integrated Mental Health Services, Townsville Health Service District

February 1996 to July 1997

Deputy Director of Integrated Mental Health Service, Townsville Health Service District

August 1989 to February 1996

Director of Psychiatry -Townsville General Hospital

September 1988 – July 1989

Psychiatrist, Team Leader -Glenside Hospital, South Australia

Acute Services, Joint Co-ordinator Community Services Development

June 1987 – September 1988

Psychiatrist, Team Leader - Glenside Hospital, South Australia

Acute Services (including secondment half time to Carramar Community

Psychiatric Clinic, April – September 1988)

February 1987

Psychiatrist Glenside Hospital, South Australia

Acute Services & Mental Health Services, Noarlunga

1982 – February 1987

Trainee Psychiatrist/Registrar -Glenside Hospital, Flinders Medical Centre, South Australia,

Child, Adolescent and Family Health Services, South Australia and Mental Health Services, Noarlunga

1981

Resident Medical Officer - Rockhampton Base Hospital, Queensland

(Including two months relieving Superintendent, Moura Hospital)

1980

Intern - Rockhampton Base Hospital

#### PREVIOUS ACADEMIC APPOINTMENTS:

2009 – 2014

Associate Professor in Psychiatry

School of Psychiatry

University of New South Wales

2000 -2009

Clinical Associate Professor in Psychiatry

University of Queensland, Australia

2000 – February 2009

Associate Professor in Psychiatry

James Cook University Medical School, Townsville, Queensland, Australia

1995-2000

Clinical Senior Lecturer

North Queensland Clinical School, University of Queensland

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1989-2004

Lecturer in Psychiatry, Department of Behavioural Science, James Cook University, Townsville, Queensland, Australia

1987 – 1988

Visiting Lecturer, Social Administration Course, Flinders University, South Australia – designed and delivered mental health seminar series for final year social work students.

1986 – 1988

Clinical Psychology Tutor, Flinders University, South Australia – designed and delivered clinical material for 3<sup>rd</sup> year students

1983 – 1988

Medical Student Teaching, Flinders University, South Australia

GOVERNMENT APPOINTMENTS AND COMMITTEESCommonwealth

Safety and Quality Partnership Subcommittee of Mental Health Standing Committee 2009- 2012, Deputy Chair 2011-12, Acting Chair 2012,

Chair Safety and Quality Partnerships Standing Committee 2013-

Mental Health Drug and Alcohol Principal Committee 2013-

National Mental Health Performance Subcommittee 2013

Chair Indigenous Working Group for the implementation of the National Mental Health Standards 2009-10

National Mental Health Commission Reduction of Seclusion & Restraint Project Clinical Reference Group 2013-

New South Wales

Chair Clinical Advisory Council Mental Health and Drug and Alcohol Office NSW Health 2009- 2014

Mental Health Programme Council 2009 –2014

NSW Mental Health Disaster Controller 2009- 2014

State Health Service Functional Area Coordinator Committee (disasters) 2009-2014

Chair Continuing Care Rehabilitation and Recovery Subcommittee 2012-2014

Chair Complex Needs Patients Committee 2009-2014

Ministerial Mental Health Priority Task Force 2009- 2012

Clinical Excellence Commission: Chair Mental Health and Drug and Alcohol RCA Review Committee 2010- , NSW Clinical Risk Action Group 2012- 2014

Board Member Justice and Forensic Mental Health Network 2012-2014

NSW Psychiatry State Training Council 2009-2014

NSW Ambulance Service Wellbeing Resilience Advisory Panel 2010-2013

Involuntary Drug and Alcohol Treatment Statewide Steering Committee 2012 –2014

Comorbidity Working Group Co-Chair 2013-2014

Advanced Care Planning in Mental Health Settings Working Group Co-Chair 2013 – 2014

Mental Health Act Review Steering Committee 2012-2014

NSW Mental Health Commission: 'Towards a Better Life' Journey Group 2013- 14

Pharmacotherapy in Mental Health Advisory Group 2014

Queensland

Clinical Collaborative Committee July 2014 –

Electronic Convulsive Therapy Committee July 2014

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Queensland Psychotropic Medications Advisory Committee July 2014 --  
 Mental Health Alcohol & Other Drugs Clinical Network July 2014 --  
 Queensland Mental Health Clinical Collaborative July 2014-  
 Department of Communities, Child Safety and Disability Services Child Death Case  
 Review Panel Member 2014-  
 Queensland Health Clinical Senate 2015-  
 Queensland Mental Health Act Review Committee 1993 – 1995  
 Queensland Mental Health Information Steering Committee 1995 – 1997  
 Queensland Mental Health Medical Records Committee 1996 – 1997  
 Queensland Rotational Training Committee (Psychiatry) 1996 – 2002  
 Queensland Mental Health Information Board 1997 – 2001  
 CESA Implementation Committee 1999 – 2001  
 Medical Specialists Outreach Programme 2000 – 2004  
 Steering Committee for implementation of Achieving Balance: Report of the  
 Queensland Review of Fatal Mental Health Sentinel Events, 2005 -  
 Chair, Northern Area Clinical Mental Health Network 2006-  
 Queensland Statewide Mental Health Network 2006- I coordinated the Rural &  
 Remote and Indigenous subsections of the Queensland Mental Health Plan  
 Clinical Collaborative on improving inpatient care of schizophrenia 2006- 2009  
 Machinery of Government Mental Health Working Group 2006-7  
 Rural and Remote sub-group COAG Implementation Committee 2006-2009  
 State Mental Health Plan Implementation Steering Committee 2007-2009

### Victoria

Expert Reference Group Chief Psychiatrist's investigation of inpatient deaths 2008–  
 2010, 2011-12

### PROFESSIONAL ORGANISATIONS

#### **Royal Australian and New Zealand College of Psychiatrists**

College Workforce Committee 1996 – 2001  
 Queensland Branch Training Committee 1997 – 2003  
 Invited Examiner Fellowship Oral Exams 1995 – 1999, Associate Examiner Written  
 Paper 1998 – 1999  
 Member RANZCP Committee for Examinations 2001 – 2006  
 Chair OSCE Subcommittee 2004 - 2006.  
 RANZCP representative Committee Presidents of Medical Colleges Rural Health  
 Committee 1999 – 2003, Advisory Committee for Medical Specialists Outreach  
 Programme Queensland  
 Rural Special Interest Group in Psychiatry Qld Rep 2002-2003  
 Member of Board of Education 2008-2013  
 Member Education Committee 2013-2015  
 Chair RANZCP Specialist International Medical Graduates Education Committee  
 2008-2015  
 Chair Substantial Comparability Pathway Working Party 2010- 2015  
 Education Review Committee 2012-2103  
 Director RANZCP Board (appointed to temporary vacancy) 2015-  
 Chair Finance Committee 2105-

#### **International Initiative for Mental Health Leadership**

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**Queensland Country Psychiatrists' Association**  
Chairperson 1991 – 1992

**Queensland Association for Mental Health, North Queensland Branch**  
Committee Member 1991 – 1997, Acting Chairperson 1993 – 1994,  
Chairperson 1994 – 1995

**Townsville City Council Community Consultative Committee** 1994 – 1997,  
Positive Action in Mental Health 1998 – 2004, “Talking Heads - it's about mental health” an intersectorial peak body for all mental health groups, NGO's & Government agencies in Townsville –rotating Chair 2004-2009

Mental Illness Fellowship North Queensland, S.O.L.A.S, Townsville

Full time Medical Specialist Association of Queensland

Association of Psychiatrists' in Training, South Australian Branch  
Chairperson 1986

The Mental Health Services Conference (TheMHS) Co-convenor 2006 “Reach out connect” Townsville

#### **UNIVERSITIES:**

Chair, the Review of the Centre for Rural and Remote Mental Health 2008

NSW Child Health Study Reference Group UNSW 2011-

Centre for the Advancement of Law and Mental Health Advisory Board Monash University 2011-12

Centre for Rural and Remote Mental Health Aboriginal Advisory Group University of Newcastle 2010-

UNSW Workplace Mental Health Reference Group 2012

External Review Schizophrenia Research Institute 2013

Invited journal reviewer: Australasian Psychiatry, Australian and New Zealand journal of Psychiatry, British Journal of Psychiatry

#### **PUBLICATIONS:**

Nick O'Connor, John Allan, and Charles Scott Debate: Clinical risk categorization is valuable in the prevention of suicide and severe violence? Yes Australasian Psychiatry; 22. 1: 7-9. 2014

David Perkins, Jeffrey Fuller, Brian J Kelly, Terry J Lewin, Michael Fitzgerald, Clare Coleman, Kerry J Inder, John Allan, Dinesh Arya, Russell Roberts and Richard Buss: Factors associated with reported service use for mental health problems by residents of rural and remote communities: cross-sectional findings from a baseline survey BMC Health Services Research 2013, 13:157

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Allan, J Smoking: Time for the mental health system to confront its own ambivalence *Australasian Psychiatry* 21: 203-205, 2013.

Ragg, M., Gordon R., Ahmed, T. Allan, J. Smoking cessation does not worsen the mental health of people with schizophrenia or major depression *Australasian Psychiatry* 21:238-245, 2013

Katrina Hasleton, John Allan, Garry Stevens, Rosemary Hegner, David Kerley Mental health deployment to the 2011 Queensland floods; lessons learned *Australian Journal of Emergency Management* 28,3 35-40 2013

Oakley, K. Malins, G. Riste L. Allan, J Consumer Participation in Service Evaluation and Quality Improvement: Key Ingredients for a System to Deliver National Indicators *Australasian Psychiatry* 19,6: 493-49, 2011

Allan, J Determinants of mental health and well-being in rural communities: Do we understand enough to influence planning and policy? *Aust. J. Rural Health* (2010) 18, 3-4

Allan, J. The Metaphor of Play by Russell Meares *Australian Psychiatry* 1: 166-167, 1993

Allan, J. Healing and Wounds: Recovery from the Ward 10B Affair *Public Psychiatry* 1: 16-18, 1992

Allan, JA, Ben-Tovim, D.I., Battersby, M.W. A Group Method of Learning About Psychiatric Research *Australian and New Zealand Journal of Psychiatry* 21: 392-395, 1987

Allan, J. A. Hafner, R.J. Gender Differences in the Phenomenology of Schizophrenic Disorder *Canadian Journal of Psychiatry*, 34, 46-48, 1989

Allan, J. The Role of Families in Assessing Insight in Schizophrenia: The development of the SUMD-rel Scale for the Unawareness of Mental Disorders adapted for relatives (submitted)

Allan, J. Insight in Schizophrenia: the view of patients, their relatives and caregivers PhD Thesis: University of Queensland 2007

#### CONFERENCE PAPERS AND INVITED PRESENTATIONS: INTERNATIONAL

1. John Allan and, Catherine Montigny A Patient-centred Life Course Approach to Mental Health Care 14th International Conference on Integrated Care, Brussels, April 2014
2. John Allan, Tanya Ahmed, Chin Yin Chim The Tackling Tobacco in Mental Health Project: Practical tools for smoke-free inpatient units *World Psychiatric*

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- Association Thematic Conference on Intersectorial Collaboration: The Multidisciplinary Facets of Psychiatry Athens November 2012
3. John Allan and Chin Yin Chim Addressing Smoking in Mental Health- Practical policy ideas and tools to help us move forward 2<sup>nd</sup> International Congress on Dual Disorders Barcelona October 2011
  4. John Allan The Role of Families in Assessing Insight in Schizophrenia: The development of the SUMD-rel = Scale for the Unawareness of Mental Disorders – adapted for relatives Insight ( Introvision) Dans les Troubles Psychiatriques et Neurologiques, First National Congress, Poitiers France April 2008
  5. John Allan Searching for the Gold  
A Study of Change in an Adult Mental Health Service, Oxfordshire Mental Health Care Trust, Oxford - November 1994

#### CONFERENCE PAPERS AND INVITED PRESENTATIONS: AUSTRALIA

6. John Allan Smoking and mental health in early psychosis Australian Rotary Health 5<sup>th</sup> Annual Early Psychosis Symposium Gold Coast 2015
7. John Allan How far have we come and how far can we go in reducing restrictive practices in mental health services? The Annual Alice and John Bostock Oration, RANZCP Queensland Branch Brisbane August 2015
8. John Allan and Gary Hanson Five years of national seclusion data 10<sup>th</sup> National seclusion and Restraint Reduction Forum Melbourne May 2105
9. John Allan We've got to stop doing this – simple tricks to keep us on the slow road to recovery MARGARET TOBIN AWARD PRESENTATION Keynote RANZCP Annual Congress Brisbane May 2015
10. J. Allan, S. Douglas, V. Garg , E. Guaia, D Neill Lost in the Labyrinth and Committee for Specialist International Medical Graduates Education (CSIMGE) RANZCP Annual Congress Brisbane May 2015
11. John Allan Monitoring Use of Seclusion Keynote Address 9<sup>th</sup> National Seclusion and Restraint Forum Canberra November 2013
12. Physical Health and Mental Health: You can't have one without the other Keynote Address Launch Nutrition Standards for consumers of inpatient mental health services in NSW Sydney October 2013

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13. John Allan The good news about personality disorders Keynote Address Third National Borderline Personality Disorder Awareness Conference Sydney October 2013
14. John Allan Recovery oriented care: from 10b to the 21st Century Keynote Address 50<sup>th</sup> Anniversary Conference Queensland Branch RANZCP, Port Douglas July 2013
15. Nick O'Connor, Matthew Large, John Allan, Charles Scott, Michael Paton, Chris Ryan, Adrian Keller Clinical risk categorization is valuable in the prevention of suicide and severe violence. Debate RANZCP Congress Sydney May 2013
16. Tanya Ahmed, John Allan, Nick O'Connor, Tracey Greenberg Addressing Smoking in Mental Health - a top down and bottom up approach Symposium RANZCP Congress Sydney May 2013
17. John Allan, Tanya Ahmed, Erin Murphy, Chin Yin Chim Putting practice in place for healthy living for people with mental illness Summer TheMHS Conference Sydney February 2103
18. Jenny Bowman, John Allan, Paula Wye, Kate Bartlem, Emily Stockings In two minds about health: can we provide holistic care for mental and physical health issues? Australasian Society for Behavioural Health and Medicine Conference Newcastle February 2013
19. John Allan The Golden Thread: A formulation workshop NSW Rural Psychiatry Project Sydney November 2012
20. John Allan and Isabella Tak Homelessness and mental health policy in NSW: how successful is it? Homelessness and Mental Health Forum Parramatta NSW November 2012
21. John Allan and Isabella Tak NSW mental health programs & the forensic/corrections/community interface Australasian Custodial Health Medical Officers Conference Sydney November 2012
22. John Allan Do we need a Coercive Treatments Index? 8<sup>th</sup> National Seclusion and Restraint Forum Cairns October 2012
23. John Allan Gary Hanson, Nikki Schroder, Sarah Daffey Monitoring Use of Seclusion: the national ad hoc data collection National Seclusion and Restraint Forum Cairns October 2012
24. John Allan Medical Ethics in the Australian Context RANZCP Upskilling Workshop Hobart October 2012
25. John Allan What are we doing to end seclusion and restraint in psychiatry? 51<sup>st</sup> Annual Barton Pope Lecture, Invited address Adelaide 8<sup>th</sup> October 2012
26. John Allan and Tanya Ahmed Addressing Smoking in Mental Health: How can our initiatives help inpatient units? NSW Rural Mental Health conference Bathurst September 2012



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27. John Allan and Isabella Tak Building design: getting it right according to whose perspective NSW Rural Mental Health conference Bathurst September 2012
28. Tully Rosen, Tina Smith, Jenna Bateman, Janet Meagher, John Allan Services, Roles and Boundaries: Exploring the WHO, WHAT and WHERE of Mental Health Services in a Changing Multi-Sector World. TheMHS Conference Cairns September 2012
29. John Allan and Susan Daly, Recovery in acute care – Whither seclusion and restraint or A rethink on coercion 1st National Recovery Forum Melbourne, June 2012
30. John Allan, Diane Neill, Vinay Lakra, Substantially Comparable and beyond: The future of SIMG assessment and support RANZCP Congress, Hobart May 2012
31. Allan, J Consumer Participation in Service Evaluation and Quality Improvement, Looking Forward, Looking Back 3 Mental Health Recovery Forum Sydney November 2011
32. Allan, J NSW Approach: Engaging Carers and Services 5th Annual Conference on the Treatment of Personality Disorders Wollongong November 2011
33. John Allan and Chin Yin Chim Addressing Smoking in Mental Health: Improving support to Aboriginal Communities Aboriginal Mental Health Workers Forum Terrigal October 2011
34. John Allan, Tanya Ahmed, Douglas Holmes, Chin Yim Chim Reducing smoking to improve the physical health of people with mental illness The MHS Conference Adelaide September 2011
35. Allan, J, Garg V, Lowe L, Neill, D, Reddrop, D, Roy D, Vamos M Training workshop for Potential Supervisors and assessors for the Substantially Comparable Pathway to Fellowship for SIMGs RANZCP Congress Darwin June 2011
36. Allan J, Neil D, Lowe L A new way for SIMGs – the Substantially Comparable Pathway to Fellowship RANZCP Congress Darwin June 2011
37. Ahmed T, Ragg T, Gordon R, Allan J Myths exposed: Stopping smoking doesn't make your mental illness worse RANZCP Congress Darwin June 2011
38. Allan, J Something to hold on to: Restraint and seclusion reduction in Australia TheMHS Summer Forum Sydney February 2011
39. John Allan How our History can point us forward, Keynote Address Mental Health Matters Awards, Parliament House Sydney October 2010
40. Allan, J.; Austin, R.; Holmes, D.; Foxlewin, B.; Kipling, W.; Vilić, G.; Wilson, I. National Mental Health Seclusion and Restraint Project (NMHSRP) – How well have we done and where are we going? TheMHS Conference Sydney September 2010

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41. Allan J, Batey, R. Current Directions in Comorbidity in NSW  
NDARC Seminar TheMHS Conference Sydney September 2010
42. John Allan, Chin Yin Chim, Lynelle Richards, Youth Mental Health and Early Psychosis: NSW and Commonwealth Reforms NSW Rural Early Psychosis Forum Orange July 2010
43. Allan, J What's new from the Committee for Specialist International Medical Graduates – Education and Assessment RANZCP Congress Adelaide May 2009
44. Allan, J; Fawcett, D, O'Toole, C; Clark, R; Harris, P, Talking Heads –it's about partnerships mainly or How to succeed in COAG by really trying? RANZCP Congress, Melbourne May 2008
45. Allan, J; Hallam, L, Patient's and relative's assessment of insight and the benefits or otherwise of compulsory treatment. RANZCP Congress, Melbourne May 2008
46. Allan, J; Swain, T; Thompson, D; Freele, K; Porter, B Recovery after Cyclone Larry TheMHS Conference Townsville September 2006
47. O'Toole, C; Allan, J Integrated Team Approach – Advance Employment Inc. & Townsville Integrated Mental Health Services TheMHS Conference Townsville September 2006
48. Stability of the dimensions of insight into schizophrenia over time: 12 months follow up of patients and their relatives. Australian Society for Schizophrenia Research, Sydney October 2002
49. The concept of insight into mental illness in patients with schizophrenia: The relative contribution of patients, their relatives and their clinicians. Australian Society for Schizophrenia Research, Lorne October 2000
50. The Isolated Mental Health Service – RANZCP Forensic Section Conference, Port Douglas, June 2000
51. Insight into Schizophrenia – How Important are Relatives and Patients Views? – RANZCP Congress, Adelaide April 2000
52. Insight and Judgement In Schizophrenia in Clinical Practice Clinical Update in Psychiatry – Sydney April 2000
53. There Can Never Be Too Many Psychiatrists in Australia and New Zealand Debate at Royal Australian and New Zealand College of Psychiatrists' Congress – Sydney May 1991.
54. Healing the Wounds  
Royal Australian and New Zealand College of Psychiatrists' Section of Social and Cultural Psychiatry, Sixteenth Annual Symposium – Townsville September 1991

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55. Psychiatry and Psychology, The Interface

Psychologists' Council of South Australia Annual Conference McLaren Vale  
November 1987

RESEARCH GRANTS:

1. Eli Lilly Company: Fluoxetine and Olanzapine in treatment resistant depression: a dosage-fixing study. 2000 -2002 Value \$60,000
2. The Mental Health Act 2000 in rural and remote Queensland. 2002 Value \$70,000
3. Models of Rural and Remote Mental Health Service Delivery in Queensland

AWARDS:

1. 2005 Sunflower Award from Mental Illness Fellowship of North Queensland for outstanding contribution to people with a mental illness by a Service Provider.
2. 2015 RANZCP Margaret Tobin Award for significant achievements and contributions to administrative psychiatry presented at the 2015 RANZCP Conference

MAJOR JOB RESPONSIBILITIES AND CAREER HIGHLIGHTSNew South Wales 1997-2014

I work four days per week as Chief Psychiatrist and one day in the Northern Beaches Mental Health Service as a consultant psychiatrist. The two main challenges are to bring relevant and realistic clinical advice into the policy, planning, funding and monitoring environment so that the issues of consumers, carers and service providers are not lost and to ensure the best possible performance by the clinical systems. The work is varied and there is a lot of opportunity to promote good practice and find innovations which can be used across the state to facilitate change and improved standards.

As Chief Psychiatrist I regularly provide high level advice on a wide range of clinical practice matters and mental health policy to the Minister and Ministry of Health. My job requires considerable liaison across sectors including Local Health Districts, NSW Mental Health Commission, NSW Health Pillars multiple government agencies, private providers, professional bodies, consumer and care groups, NGOs and other relevant organisations.

I monitor standards, quality and safety of mental health clinical services and exercise statutory requirements under the relevant

I provide professional leadership to NSW Health Mental Health clinicians and have a range of leadership activities which assist Local Health District clinicians and other relevant services including:

- Chairing the Mental Health Clinical Advisory Council. This is the meeting of LHD clinical directors along with consumer carer, professional and Ministry representatives which considers clinical practice improvements and innovations and which informs recommendations I make to the Ministry

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- Regular visits to services aimed at service improvements or problem solving and giving formal and informal advice
- Invited and self-generated reviews of service or individuals when there have been complex issues or incidents
- interventions for patients who are stuck in the system through Chair the Complex Needs Committee
- for the Clinical excellence Commission I chair a statewide RCA review committee which looks for trends and state wide opportunities for improvements by reviewing all mental health and drug and alcohol related RCAs
- providing expert input and mentorship to policy officers on clinical mental health matters
- as state-wide Mental Health Controller under the NSW Health and State Disaster Plans

I represent NSW Health on mental health issues at a national and international level and influence national policy decisions.

Highlights have included

- Development of a set of Clinical Service Standards which are contained and reflect essential and reportable elements to indicate good practice is occurring
- Leading a statewide Strategy in Smoking and Mental Health which has led to the publication of clinical tools aimed at reduction and training of staff and a complete smoke free environment in mental health services
- The Personal safety and security checklist to bring all elements into a single monitoring tool
- Conducting in-depth Reviews which have led to changes in forensic, old age, acute and intensive care systems
- Developing specifications, commissioning and reviewing an innovative treatment model for personality disorder, Project Air, which after a successful trial is about to be rolled out across the state,
- Promoting a physical health strategy including the first National Summit on Physical Health and Mental Health
- Developing and introducing Australia's best seclusion and restraint reduction policy which has led to continued improvement in decreasing coercive practices. Revising standards on planning and design of mental health units to provide alternatives to seclusion
- Introducing a range of guidelines and standards for managing drug and alcohol comorbidity, transfer of care, sexual safety and ECT
- At a national level implementing the National Standards for Mental Health care, enabling the first ever release of national seclusion data and overseeing the release and implementation of the National Framework for Recovery Oriented Mental Health Services.
- Assistance to NSW Mental Health Commission in setting up and advice on their strategic plan
- The recent review of the Mental Health Act, adding to previous work on revising psychosurgery regulations
- Contributions to and advice on numerous other national and state strategies, policies, treatment guidelines, safety and quality projects particularly on improved community and support services, non-clinical services and peer workers

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- Work with the NSW Centre for Rural and Remote Health on rural adversity and aboriginal mental health
- Opportunities to promote awareness of and decrease stigma for the broad range of mental disorders as an official media spokesperson and as a presenter including major keynote addresses at scientific and community meetings
- My clinical work with people with serious mental illness and an assessment team which keeps me grounded
- Opportunities to mentor and supervise peers and colleagues and to develop good relationships across the sector and be influenced by those relationships

### Townsville 1989 - 2007

Initially as Director of Psychiatry and Deputy Director of Mental Health I built strong clinical skills and community connection. I learnt management and leadership under the mentorship of Professor Basil James. As Director of the Integrated Mental Health Service for 10 years; I had accountability for Integrated Mental Health Service for Townsville Mental Health Network (approximate population 250,000) and the Tertiary Mental Health Service for the North Queensland Area (approximate population 625,000).

I had leadership, clinical, management, teaching and research commitments.

Over 20 years there was considerable growth and change in the Psychiatric Service to develop a comprehensive Mental Health Service. My main role was leading development of psychiatry services in North Queensland. The Townsville Mental Health Service has over 400 employees serving local, network and Area health needs. I planned and commissioned two new Acute Inpatient Units, two Inpatient Rehabilitation Services, and High and Medium Secure Inpatient Services. I also led teams to reform and redevelop Community based care and crisis teams, Outreach Services to remote centres, Indigenous Mental Health Services, and oversaw the introduction of new services in forensic, child and youth, consultation/ liaison, old age and rehabilitation psychiatry. All of this was achieved with considerable community, consumer and carer involvement in consultation, planning, implementing and monitoring. Consumers and carers are involved in all levels of service delivery and governance in the service. Townsville was amongst the first to have a consortium of NGOs, government agencies and community groups who promoted mental health development.

The challenge was to deliver a high standard of care in a broad range of mental health services usually associated with large centres at the same time as ensuring a focus on equity of access and service support for workers and consumers in rural & remote locations.

I helped the community and the health services recover from the scandal of Ward 10B.

As Chair of the Northern Area Clinical Network I contributed to the development of a new mental health plan for the Area and initiatives in clinical governance, audit and service enhancement.

At state and federal levels I had a strong involvement in service planning, delivery and monitoring as well as education and training over many years.

#### *Clinical Duties:*

- Responsibility for all clinical care provided by all services.
- Leader of multi-disciplinary teams delivering care in inpatient, outpatient and community settings.

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- Consultant to the Aboriginal and Torres Strait Islander Mental Health Team,
- Providing opinions and manage difficult problems in all areas of the service.
- expert opinions to the Mental Health Court
- I was a country psychiatrist for 20 years and promoted high standards in and recognition of rural practice at every opportunity. As the senior clinician and leader I provided supervision, advice, further opinions and cover for my medical and other colleagues in North Queensland.

*Management Duties:*

- A full range of administrative responsibilities including budgetary accountability, chairing the Mental Health Services Executive and maintaining Quality Assurance, Outcome Measures and National Mental Health Standards.
- Member Townsville Hospital Executive and Hospital Clinical Privileges Committee.
- Local Administrator of the Queensland Mental Health Act 2000.
- Chair of the Clinical Network sitting on the Northern Area Health Service Executive.
- From 1997 until 2005 I was the single person accountable for all of the Mental Health Services but later worked in partnership this with the Operations Director. Because of the expansion of services there was a need to concentrate on strategic leadership in service enhancement and clinical oversight and to spend more time with consumers, carers and other stakeholders.

*Academic and College Teaching:*

- We developed a full Post Graduate Training Program in psychiatry RANZCP As Chair of the OSCE subcommittee of the RANZCP Committee for Examinations raised the profile for training and attraction of registrars
- Registrar and SIMG Supervision across North Queensland
- teaching Medical Students and other undergraduate and post graduate students at James Cook University and University of Queensland
- Until late 2004 I was responsible for the development of the mental health curriculum for James Cook University Medical School.

*Research:*

- PhD (University of Queensland) on the topic *Development of Insight and Awareness of Schizophrenia in patients, their relatives and caregivers.*
- Consumer and Carer involvement in mental health care. To introduce and measure the impact of new clinical standards in relation to family and carer involvement in individual's care.
- The Study of the Mental Health Reform especially the impact of the new Act on rural and remote communities.

*Private Practice:*

I had a small Private Practice concentrating on patients with chronic mental illness and hard to solve problems as well as psychotherapy based on psychoanalytically oriented and self-psychology models, medico-legal work, and general referrals.

Adelaide 2002-1987

- Excellent clinical training with first exposure to community psychiatry
- Junior staff representative on workplace and service reform committees, selection panels and management meetings

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- With a colleague developed plans to change to an integrated service with community emphasis which began my journey into reform
- Helped set up a new consultation and assessment service

#### Rockhampton 2000-2001

- Learned the value of teamwork in dealing with complex situations
- Terms in paediatrics, general practice, psychiatry and as rural superintendent gave meaning to work with real patients with depression and grief





D



### Health Service and Clinical Innovation Division



<b>Job ad reference:</b>	SCI100993
<b>Role title:</b>	Chief Psychiatrist
<b>Status:</b>	Permanent Full Time
<b>Unit/Branch:</b>	Mental Health Alcohol and Other Drugs Branch
<b>Division/Hospital and Health Service:</b>	Health Service and Clinical Innovation Division
<b>Location:</b>	Herston
<b>Classification level:</b>	L25 – L29
<b>Salary level:</b>	\$7102.70 - \$8273.00 Per Fortnight
<b>Closing date:</b>	Friday, 14 February 2014
<b>Contact:</b>	Applications will remain current for 12 months Dr Bill Kingswell
<b>Telephone:</b>	[REDACTED]
<b>Online applications:</b>	<a href="http://www.health.qld.gov.au/workforus">www.health.qld.gov.au/workforus</a> or <a href="http://www.smartjobs.qld.gov.au">www.smartjobs.qld.gov.au</a> *if you have difficulties applying online, please call [REDACTED] [REDACTED] to discuss alternative arrangements for submission.

#### About our organisation

Queensland Health's purpose is to provide safe, sustainable, efficient, quality and responsive health services for all Queenslanders. Our behaviour is guided by Queensland Health's commitment to high levels of ethics and integrity and the following **five core values**:

- **Caring for People:** We will show due regard for the contribution and diversity of all staff and treat all patients and consumers, carers and their families with professionalism and respect.
- **Leadership:** We will exercise leadership in the delivery of health services and in the broader health system by communicating vision, aligning strategy with delivering outcomes, taking responsibility, supporting appropriate governance and demonstrating commitment and consideration for people.
- **Partnership:** Working collaboratively and respectfully with other service providers and partners is fundamental to our success.
- **Accountability, efficiency and effectiveness:** We will measure and communicate our performance to the community and governments. We will use this information to inform ways to improve our services and manage public resources effectively, efficiently and economically.
- **Innovation:** We value creativity. We are open to new ideas and different approaches and seek to continually improve our services through our contributions to, and support of, evidence, innovation and research.

#### Purpose

- Provide specialist advice and consultation to staff of the Mental Health Alcohol and Other Drugs Branch, senior officers of the Department of Health, Hospital and Health Services, other government departments, the private and non-government sector in respect of clinical care and treatment of people with mental illness and/or substance misuse problems. Exercise the responsibilities of the Director of Mental Health, as appointed by Governor in Council, for the purpose of the administration of the *Mental Health Act 2000*.

#### Your key responsibilities

- Fulfil the responsibilities of this role in accordance with Queensland Health's core values, as outlined above.

- Provide expert advice and consultation to staff of the Mental Health Alcohol and Other Drugs Branch, senior departmental officers, Hospital and Health Services, other government departments, the private and non-government sectors in respect to the clinical care and treatment of persons with a mental illness and/or substance misuse problems.
- To provide clinical advice and support to mental health alcohol and other drugs services to enable them to implement national and state mental health and alcohol and other drugs policies and plans.
- Provide clinical advice and input to the development of health, mental health and alcohol and other drugs policies, programs, quality and safety standards and initiatives, service procedures and legislation.
- Keep informed of contemporary clinical, operational and strategic mental health and alcohol and other drugs clinical service delivery issues across age and service spectrums to ensure provision of accurate clinical advice and effective support to stakeholders.
- Maintain close liaison with professional bodies such as the Royal Australian and New Zealand College of Psychiatrists and tertiary educational institutions.
- Exercise and discharge the statutory functions, powers and duties of the Director of Mental Health under the provisions of the *Mental Health Act 2000*.
- Prepare papers for intergovernmental and interdepartmental meetings chaired by the Executive Director, Cabinet submissions, reports, information papers, briefs and correspondence as required.
- Initiate, provide and coordinate high level advice on legislative policy and related system development to the Minister for Health, Director-General, Executive Director and relevant Australian Government and Queensland Government agencies.
- Work collaboratively with Commonwealth and state government agencies in implementing national and state initiatives relating to legislative policy and related system development.
- Liaise and negotiate with Australian Government and Queensland Government agencies, the private and non-government sectors, and consumers and carers regarding legislative policy and related system development.
- Establish and maintain effective communication and negotiation strategies and partnerships with and between key stakeholders.
- Establish and maintain networks and liaise with senior officers/representatives in a range of government and non-government agencies on policy implications of submissions to the Minister and Director-General.
- Ensure that supervisory and management practices are in line with quality human resource management practices including employment equity, anti-discrimination, occupational health and safety and ethical behaviour.
- Manage the human resources, finances and physical resources in the Office of the Chief Psychiatrist to ensure a high level of support is provided to the Executive Director, including directing workflows in the Office and in consultation with other work units where necessary, and overseeing the activities of the Office to maintain a responsive organisational culture.

#### **Qualifications/Professional registration/Other requirements**

- Eligibility for registration as a Medical Practitioner and Specialist Psychiatrist in Queensland (Fellowship of the Royal Australian and New Zealand College of Psychiatrists is the preferred specialist psychiatrist qualification).
- While not mandatory, a relevant qualification in health or medical administration would be well regarded.
- The provision of clinical diagnosis and treatment services in a Hospital and Health Service in order to maintain clinical competencies may be facilitated.
- This position requires the incumbent to travel intra- and inter-state within Australia.
- Appointment to this position requires proof of qualification and registration or membership with the appropriate registration authority or association. Certified copies of the required information must be provided to the appropriate supervisor/ manager, prior to the commencement of clinical duties.

#### **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: