

IN THE MATTER OF THE COMMISSIONS OF INQUIRY ACT 1950
COMMISSIONS OF INQUIRY ORDER (NO.4) 2015
BARRETT ADOLESCENT CENTRE COMMISSION OF INQUIRY

AFFIDAVIT OF ANNIE BING YING SHEK

I, Annie Bing Ying Shek c/- Ground Level, 55 Russell Street, South Brisbane in the State of Queensland, Psychiatrist, solemnly and sincerely declare and affirm:

Professional qualifications and experience

1. I obtained the qualification of Bachelor of Science (Hons) in 1998 and a Bachelor of Medicine, Bachelor of Surgery from the University of Queensland in 2002.
2. I attained fellowship with the Royal Australian and New Zealand College of Psychiatrists (RANZCP) in March 2014.
3. I currently hold unconditional general and specialist registration with the Medical Board of Australia. My specialist registration is in the category of psychiatry.
4. On about 4 June 2014, I commenced working for Specialist Disability Services Assessment and Outreach Team (SDSAOT) as a consultant psychiatrist on a part-time basis, equivalent to 50% of a full-time position (or 50% FTE).
5. Exhibited hereto and marked **AS1 [[DAS.001.001.0012]]** is a copy of my curriculum vitae.

My role with SDSAOT

6. Between about November 2013 and 31 January 2014, I held the position of a Medical Officer- Registrar. I worked on a part-time basis, equivalent to 50% of a full-time position (or 50% FTE).

Deponent

Witness

AFFIDAVIT OF ANNIE BING YING SHEK

Lander & Rogers
 Level 15, 12 Creek Street
 Brisbane QLD 4000
 Tel:
 Fax:
 Ref: ARF:2049013

7. I was employed by the West Moreton Hospital and Health Service via the Ipswich Hospital and The Park Centre for Mental Health (**The Park**).
8. During this time, I spent a rotation with SDSAOT which is affiliated with the Department of Communities, Child Safety and Disability Services (**Department**). My rotation with SDSAOT ended on 31 January 2014. However, my last day in the SDSAOT team was on 24 January 2014 following which I took recreation leave.
9. During the course of my employment, I was completing the practical requirements to attain Fellowship with the RANZCP.
10. In January 2014, I was supervised by Dr Paul White, Consultant Psychiatrist. Dr White was also employed by The Park.
11. I worked with Dr Steven Bower, another Registrar also employed by The Park.
12. My role as Registrar was to conduct assessments and review patients with an intellectual disability and challenging behaviours or patients with an intellectual disability who have a mental illness. I then write a report to the referring practitioner or centre with a diagnosis of the problem and recommendations for a course of action. Each case is presented at the weekly team meeting that up to four consultant psychiatrists, two registrars and three mental health nurses attend.

How SDSAOT receives referrals and operates

13. SDSAOT functions as a merged team within Queensland Health and the Department.
14. The Department provides the funding for SDSAOT and the doctors on the SDSAOT teams are employed by The Park. However, the doctors are not physically based at The Park.
15. Referrals to SDSAOT are sent by the referring team via a specific referral form to the Clinical Nurse Consultant (one of the mental health nurses).
16. SDSAOT does not provide any direct or regular service to institutions such as The Park. Services are only provided in response to a specific request/referral.
17. The procedure is that SDSAOT receives an Assessment Referral Form and then triages the patients by discussing each referral at the team meeting and allocating team members to assess and review each patient. SDSAOT receives referrals from many areas including general practitioners, any health service or in the case of Patient [REDACTED] from the Department.

[REDACTED]

Deponent

[REDACTED]

Witness

- 18. Each patient is always allocated to a Consulting psychiatrist and nurse, with or without a registrar. Allocations are done in order of priority and availability of staff. For safety, it is the usual practice that two staff members attend each assessment interview.
- 19. SDSAOT does not provide any direct patient care. It is a dual diagnosis service that helps the primary treating team with a second opinion, advice, and clarification of diagnosis or challenging behaviours. Any recommendations given are advice only, and there is no clinical requirement for the referrer or treating team to implement the advice.

Wacol Disability Precinct

- 20. During my rotation with SDSAOT, I was not involved in the branch of SDSAOT that provided services to the Wacol Disability Precinct.
- 21. The extent of my knowledge is that SDSAOT provides a direct service to the patients within Forensic Disability Service at Wacol with a SDSAOT psychiatrist and registrar being allocated to attend weekly team meetings.

The usual cohort of SDSAOT patients

- 22. The usual cohort of patients seen by SDSAOT are patients with dual diagnoses, patients with moderate to severe intellectual disability, patients with autism and brain injuries, patients with challenging behaviours including aggression and self-harm behaviours, patients with placement breakdowns, patients with carers who are distressed and patients with a query about the presence of a mental illness.

The risk assessment of Patient [REDACTED]

- 23. [REDACTED]
- 24. [REDACTED]
- 25. [REDACTED]

[REDACTED]

Deponent

[REDACTED]

Witness

26.

27.

28.

29.

30. Exhibited hereto and marked **AS5** **[[DAS.001.001.0020]]** is a copy of the minutes of meeting relating to 15 January 2014 where the new referrals were discussed and allocated. The minutes of the meeting are incorrectly dated 15 January 2013.

Information received prior to interviewing Patient [redacted] on 16 January 2014

31.

- (a) Assessment Referral Form;
- (b) Risk Screen Form - Aggression and Suicide; and
- (c) Risk Screening Tool.

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33.

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36.

[redacted]
Deponent

[redacted]
Witness

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Interview and assessment of Patient ■

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49. The types of questions pertaining to risk assessment usually asked during an interview include:

A
[Redacted signature]

Deponent

[Redacted signature]

Witness

- (a) About the patient's past history;
- (b) Details of any [REDACTED];
- (c) What happened as a result of their [REDACTED];
- (d) What they understood to be the consequences of their actions at the time;
- (e) The triggers for [REDACTED];
- (f) Any history of impulsiveness;
- (g) Whether they were experiencing mental illness symptoms at the time of [REDACTED];
- (h) Whether they were intoxicated;
- (i) Whether they fit the high risk demographic;
- (j) Their current level of hopefulness and future orientation;
- (k) History of impulsive behaviour;
- (l) Whether there were a lot of stressors in the environment; and
- (m) How well they are engaged in treatment at the present time.

50. [REDACTED]

51. [REDACTED]

52. [REDACTED]

Versions of the assessment report

53. [REDACTED]

[REDACTED]

Deponent

[REDACTED]

Witness

54. One of the versions of the assessment report provided to me by Crown Law contains my consultant psychiatrist electronic signature. Prior to meeting Crown Law, I had not seen the version of the assessment report containing my consultant psychiatrist electronic signature.

55. 

56. 

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58.

59. I do not believe the version of the assessment report that bears my electronic signature is the final version of the assessment report because I was not a consultant psychiatrist in January 2014 and did not have that electronic signature.

60. In January 2014 I was a medical officer. I was not qualified as a consultant psychiatrist until March 2014 and did not commence being a consultant psychiatrist with SDAOT until 4 June 2014.

61. To assist the Commission identify which version of the assessment report is final and for the purpose of responding to the Commission's request for information, I have also reviewed the information held in SDAOT's hard-drive.

62. The document properties for the version bearing my consultant psychiatrist electronic signature record that it was modified on 12 June 2015.


Deponent


Witness

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Subsequent discussions with Dr White

69.



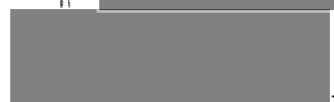
70. In accordance with the usual practice, once a patient is interviewed, the report is presented and discussed at the next team meeting and the action plan is approved by the supervisor.

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Deponent



Witness

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76.

77.



78. Exhibited hereto and marked **AS12** **[[DAS.001.001.0112]]** is a copy of the minutes of meeting dated 22 January 2014.

79. Exhibited hereto and marked **AS13** **[[DAS.001.001.0133]]** is a copy of the minutes of meeting dated 29 January 2014.

Selection of 

80.



81. Once the case is discussed at the SDSAOT team meeting and the report is sent out, the usual protocol is to decide whether that patient requires follow-up to see if the referrer needs any clarification of diagnosis or further recommendations in 3-6 months time. This also depends on whether the referrer is seeking any further advice.

82. If not, cases can be closed without further review.

Other information

83. I have no other information or knowledge relevant to the Commission's Terms of Reference that I can provide.

Affirmed by the Deponent on 18 January 2016 at Brisbane in the presence of:



Annie Bing Ying Shek
Deponent



Name: Louise Nixon
Lawyer

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CERTIFICATE OF EXHIBIT

Bound and marked exhibit **AS1** to **AS13** to the affidavit of **Annie Bing Ying Shek** affirmed on this 18th day of January 2016.





.....
Annie Bing Ying Shek
Deponent



.....
Name: Louise Nixon
Lawyer

CERTIFICATE OF EXHIBIT

Lander & Rogers
Level 15, 12 Creek Street
Brisbane QLD 4000
Tel: + 
Fax: + 
Ref: LNI:2049013

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Exhibit	Document ID	Exhibit description	Page numbers
AS1	DAS.001.001.0012	Curriculum Vitae of Annie Shek	1-2
AS2	DAS.001.001.0014	Form - Assessment Referral Form	3-4
AS3	DAS.001.001.0016	Form - Risk Screen Form	5-6
AS4	DAS.001.001.0018	Form - Risk Screening Tool	7-8
AS5	DAS.001.001.0020	Minutes - SDSAOT team meeting minutes [REDACTED] [REDACTED]	9-28
AS6	DAS.001.001.0040	Report - Medical - Assessment Report [REDACTED]	29-34
AS7	DAS.001.001.0046	Email chain between Dr S Bower and A Shek	35-58
AS8	DAS.001.001.0070	Report - Medical - Assessment Report [REDACTED]	59-64
AS9	DAS.001.001.0076	Report - Medical - Assessment Report [REDACTED]	65-70
AS10	DAS.001.001.0082	Photograph - screen shots of documents saved to the SDSAOT hard-drive relating to Patient [REDACTED]	71-75
AS11	DAS.001.001.0087	Minutes - SDSAOT team meeting minutes [REDACTED]	76-101
AS12	DAS.001.001.0112	Minutes - SDSAOT team meeting minutes [REDACTED] [REDACTED]	102-121
AS13	DAS.001.001.0133	Minutes - SDSAOT team meeting minutes [REDACTED] [REDACTED]	122-142

Annie Shek

Contact Details

Work address: 55 Russell Street South Brisbane

Phone: [REDACTED]

Email: [REDACTED]

Education

Admitted to Fellowship of the Royal Australian and New Zealand College of Psychiatrists

Obtained March 2014

1999 - 2002 University of Queensland Brisbane QLD

Bachelor of Medicine, Bachelor of Surgery

General Registration 1024 024

1995 - 1998 University of Queensland Brisbane QLD

Bachelor of Science (Hons)

Work History

Consultant Psychiatrist (June 2014 to present Queensland Health)

- Specialist Disability Services Assessment and Outreach Team (affiliated with The Park Center for Mental Health).

Registrar (2005-2014 Queensland Health)

- Adult General Mental Health Redland Hospital
- Adolescent Inpatient Mental Health Royal Brisbane & Women's
- Consultation Liaison Psychiatry Gold Coast Hospital
- Mobile Assessment and Acute Care Princess Alexandra
- Psychiatry of Old Age Princess Alexandra
- Mobile Assessment and Acute Care Princess Alexandra
- Disability Assessment and Outreach The Park Center for Mental Health
- Psychotherapy Life Promotions Center

Resident Medical Officer (2003-2004 Queensland Health)

- Emergency medicine Princess Alexandra and Logan Hospital
- General Medicine Greenslopes Private Hospital
- General Surgery Princess Alexandra Hospital
- Gynaecology Queen Elizabeth II Hospital
- Oncology Princess Alexandra Hospital
- Orthopaedics Princess Alexandra Hospital
- Psychiatry Redland Hospital

- Renal Medicine Princess Alexandra Hospital

Clinical Experience

- Assessment and management of dual diagnosis of mental health and intellectual disability with challenging behaviours
- Assessment and management of acute mental illness in the emergency and inpatient setting
- Assessment and management of acute and chronic mental illness in the community
- Assessment and clinical treatment of mental illness in the elderly
- Psychotherapy in chronically suicidal patients
- Electroconvulsive therapy
- Assessment and treatment of patients with dual diagnosis (developmental disability and mental illness)
- Clinical teaching and supervision of medical students and resident medical officers.

EXHIBIT 115

Pages 14 through 45 redacted for the following reasons:

Assessment - [REDACTED] Jan2014

5 messages

Steven Bower <[REDACTED]> Wed, Jan 29, 2014 at 12:58 PM
To: [REDACTED]

Hello Annie,

Please see attached the report for [REDACTED]

Thank you,

Regards

Steven

***** DISCLAIMER *****

The information contained in the above e-mail message or messages (which includes any attachments) is confidential and may be legally privileged. It is intended only for the use of the person or entity to which it is addressed. If you are not the addressee any form of disclosure, copying, modification, distribution or any action taken or omitted in reliance on the information is unauthorised. Opinions contained in the message(s) do not necessarily reflect the opinions of the Queensland Government and its authorities. If you received this communication in error, please notify the sender immediately and delete it from your computer system network.

[REDACTED]

Steven Bower [REDACTED] Wed, Jan 29, 2014 at 1:23 PM
To: [REDACTED] >

Hello Annie,

Just a slight alteration of the email, showing your name spelt correctly in the first paragraph (A typographical error occurred!).

Cheers,

Steven

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EXHIBIT 115
DAS:001:001:0047
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[Redacted]

Annie Shek [Redacted]
To: Paul White [Redacted]

Wed, Jan 29, 2014 at 9:16 PM

This is Ax in case you don't have it

Also to add-

I'm so sorry but I don't feel that all information that I would need to formulate a thorough Ax was gathered.

Can I call you about this tomorrow? Around midday- kids are asleep then.

Begin forwarded message:

[Redacted]

Paul White <[Redacted]>
To: [Redacted]

Wed, Jan 29, 2014 at 9:20 PM

Hi Annie,

No worries. I was dodging it in supervision. I am in Cairns tomorrow but can we talk around 1 pm. I just need to know what I need to do to Steven :(
Paul

Dr Paul White |
Consultant Physician in Psychiatry | Specialist Disability Services Assessment and Outreach Team |
Department of Communities, Child Safety and Disability Services

From: Annie Shek [mailto:[Redacted]]
Sent: Wednesday, January 29, 2014 09:16 PM
To: Paul White
Subject: Fwd: Assessment - [Redacted]

[Quoted text hidden]

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The information contained in the above e-mail message or messages (which includes any attachments) is confidential and may be legally privileged. It is intended only for the use of the person or entity to which it is addressed. If you are not the addressee any form of disclosure, copying, modification, distribution or any action taken or omitted in reliance on the information is unauthorised. Opinions contained in the message(s) do not necessarily reflect the opinions of the Queensland Government and its authorities. If you received this communication in error, please notify the sender immediately and delete it from your computer system network.

Annie Shek <[redacted]>

To: Paul White <[redacted]>

ok great- 1pm ish.

[Quoted text hidden]

EXHIBIT 115

Pages 49 through 153 redacted for the following reasons:
