

OATHS ACT 1867

STATUTORY DECLARATION

QUEENSLAND

TO WIT

I, **Rosangela Richardson**, c/o Roberts & Kane Solicitors, level 4, 239 George St, Brisbane in the State of Queensland do solemnly and sincerely declare that:

The following statement is provided in response to a notice I received from the Barrett Adolescent Centre Commission of Inquiry requiring me to give information in a written statement in regard to my knowledge of matters set out in the Schedule annexed to the notice.

Response to Schedule of Questions

1. Outline your professional qualifications and provide a copy of your current or most recent curriculum vitae.

- (a) I am a Registered Nurse and hold registration with the Nursing & Midwifery Board of Australia. I have been a Registered Nurse since 2000. Prior to that I was an Enrolled Nurse.
- (b) I hold a Bachelor of Nursing from Griffith University which was conferred in 1999.
- (c) I commenced employment at the Barrett Adolescent Centre (BAC) as a Registered Nurse in August 2008 where I remained employed until it closed in January 2014.
- (d) Since May 2014 I have undertaken mental health nursing work through an agency, Health Care Australia, in the Nursing Division.
- (e) Attached and marked [[QNU.001.003.0017]] is a copy of my curriculum vitae.

2. We understand that you were a nurse involved in some way with providing care at the Barrett Adolescent Centre (BAC). What was your position or job title? On what

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basis and by whom were you employed? Was this employment on a permanent, full time, part time, casual or some other basis?

- (a) I was a Registered Nurse (RN) employed on a permanent full time basis at the BAC by the West Moreton Hospital & Health Service (WMHHS) from August 2008 until it closed in January 2014.
- (b) From the closure of the BAC I worked in the nursing pool at The Park until my employment ceased with WMHHS on 9 March 2014.

3. How many shifts did you carry out per week?

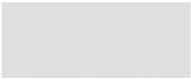
- (a) I worked 10 shifts per fortnight up until 2011 when I reduced my shifts to 8 shifts per fortnight.

4. How long were you employed at the BAC? Did you occupy the same position for the entire period or did your job description or duties and responsibilities change over time? If so, explain the changes.

- (a) I was employed at the BAC for approximately 6 ½ years. My position of RN did not change for the entire period. However, on one occasion I acted in the role of Community Liaison for two weeks and very occasionally acted in the role of Clinical Nurse (CN).
- (b) My job description or duties and responsibilities as a RN did not change over the period of my employment at the BAC.

5. What were your duties and responsibilities during your employment at the BAC?

- (a) As a RN my duties and responsibilities at the BAC were:
 - i. Care Coordinator for several adolescents which involved assisting them and their families by providing a safe and educational environment while working through their mental health issues and providing support to parents/carers;

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- ii. liaising with psychiatrists, allied health, teachers and other nursing staff at the BAC;
- iii. assisting the adolescents in developing care plans to best reintegrate them into mainstream education or work;
- iv. contributing to the weekly Case Conference;
- v. developing and maintaining individual treatment plans;
- vi. assisting allied health staff with social outings for community access;
- vii. providing counselling and Sand Play Therapy to individual consumers; and
- viii. assisting on several occasions with group therapy in cognitive behavioural therapy (CBT) and dialectical behaviour therapy (DBT).

(b) In summary, I monitored the physical and mental well-being of the patients by administering medications, performing visual observations, participating in the multidisciplinary team and developing care plans in consultation with the team and the patient.

6. What were the reporting systems in place at the BAC during your employment? Who did you report to?

- (a) In relation to patient care, I reported to the CN, the psychiatric registrar or consultant. The Director of the BAC, Dr Sadler, always wanted to be informed of concerns relating to the patients, such as a patient self-harming or if there was a deterioration in the patient's mental state.
- (b) In relation to the everyday running of the unit, such as staffing levels, rostering, I reported to the CN and Nurse Unit Manger (NUM).
- (c) In my role as Care Coordinator I reported to the weekly Case Conference about the weekly events of those patients allocated to me.

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7. What record systems did you use to record the carrying out of your tasks?

- (a) On each shift, I recorded an entry in the progress notes of each patient's clinical record documenting my involvement in their care.
- (b) As Care Coordinator I prepared a weekly summary which was presented to the weekly Case Conference. This summary was filed into the patient's clinical record and also uploaded on to CIMHA, an electronic data base.
- (c) If there was an incident concerning a patient, for example, self-harming, I would complete a PRIME report which is an electronic report. I would also inform the nurse in charge of the shift, the CN or NUM. If the incident occurred after hours, I would inform the After Hours Nurse Manager, telephone Dr Sadler and the relevant family member.

8. What on average was the number of patients that you provided care for?

- (a) When I first started at the BAC there was no patient allocation in place. The nursing staff on the shift were responsible for providing care to all the patients.
- (b) I believe patient allocation was introduced around the time the decision to close the BAC was made.
- (c) When it was introduced the number of patients allocated to a nurse depended on how many patients were in the unit, the acuity of the patients and the level of experience of the nurse.
- (d) I was usually allocated to care for 3 to 4 patients in addition to carrying out the duties and responsibilities of the Care Coordinator for those patients allocated to me.

9. Describe how you went about your care of BAC patients on a day to day basis.

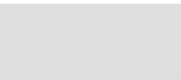
- (a) There were three shifts at the BAC: day shift from 7 am to 3 pm; afternoon shift from 3 pm to 11pm and night shift from 11pm to 7 am. I rarely worked night shifts.

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- (b) There was no overlap of shifts except the afternoon shift CN commenced at 2.30 pm in order to receive handover from the day shift CN.
- (c) On a day shift, I usually arrived at about 6.45 am. The CN on the day shift received handover from the nursing staff of the night shift and then the CN handed over to the morning shift staff.
- (d) The CN would then allocate:
 - i. one nurse to the role of Clinic Nurse;
 - ii. nurses to undertake one hourly blocks of visual observations for the shift which included visual observations while the patients were at school;
 - iii. patients to nurses;
 - iv. if there were patients on constant observations, one or two nurses to attend to each patient on constant observations;
 - v. if there were patients with eating disorders, a nurse or nurses to supervise the patient/s pre, during & post meals; and
 - vi. if there was an outing organised, a nurses to escort the patient/s on this.
- (e) On the day shift the nurses got the patients out of bed, to breakfast, then showered and ready for school.
- (f) They would also deal with those patients who were not well enough to go to school.
- (g) There were some patients who attended other schools other than the BAC school who were transported by the nursing staff to their school. Some patients got themselves to school by taking public transport.
- (h) While the patients were at the BAC school, the nurses attended the school to undertake visual observations. The patients returned to the BAC for morning tea, lunch and afternoon tea.

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- (i) The nursing staff liaised with allied health staff while the patients were at school.
- (j) I reported any updates on the patients treatment plans, any concerns about the patients, and any progress updates to the CN as the CN was responsible for handing over to the afternoon shift CN.
- (k) I made entries in the progress notes of the patient's clinical record prior to the end of the shift at 3 pm. The early shift RNs were not involved in the handover of patients to the oncoming shift.
- (l) On an afternoon shift, I would arrive early. The CN on the afternoon shift provided a handover to the afternoon shift staff. The afternoon shift CN would then attend to the same allocations as the day shift CN.
- (m) The patients would have afternoon tea and then free time up until dinner at 5 pm.
- (n) The patients were encouraged to engage in social activities like any other adolescent as it was important for them to interact with others and the community. They had outings to the movies, restaurants and into the city. The nursing staff accompanied the patients on these outings to deal with any issues that may arise.
- (o) From dinner to bedtime nursing staff commonly used this time to engage with the patients one on one as there were fewer interruptions with the patients not being at school.
- (p) There was a medication round at about 8 pm then the patients were readied for bed by 9 pm on weekdays and 10 to 11 pm on weekends.
- (q) I would attend to writing up the progress notes before the shift finished at 11 pm.
- (r) The afternoon shift CN finished at 10.30 pm which meant one of the senior nurses would handover to the night staff. I would give the handover from time to time.
- (s) If I had a specific concern about a patient I would stay for the handover and communicate my concerns to the next shift.

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- (t) On the night shift there was only two nursing staff rostered to work and there was no allocation of patients. The night staff would attend to the visual observations of the patients overnight and deal with any issues with the patients that may arise.

10. Describe the state of the BAC facilities during the period of your employment at the BAC.

- (a) By the time the BAC closed the facilities were quite dilapidated. The air conditioner regularly broke down, there was asbestos in the roof as well as possums. The building was not in good repair.
- (b) When I first started there the building was in better repair. It was my impression that the building was not being maintained because the BAC was going to be relocated and when that fell through it was to be closed.
- (c) Despite the fact that the BAC shared a site with the forensic unit there were never any issues arising out of it. It was actually a lovely location in beautiful grounds.

11. Describe briefly your experience and observations of the operations and management of the BAC during the time of your involvement or employment.

- (a) The BAC was a relatively stable environment when I started there in 2008.
- (b) I believe the BAC was used on occasions (and up until it was closed) by senior management to accommodate staff from other areas within The Park who may have been subject to disciplinary matters and were sent to BAC as a form of 'punishment'. There were instances where permanent RN positions became available and were filled by staff from within The Park who had no interest in working in the area. The long-term casuals who showed a genuine interest in adolescent mental health nursing were passed over.
- (c) The NUM position was vacated with the retirement of a permanent nurse Risto (I cannot now recall his surname or when he retired). Unfortunately there was no permanent appointment made to fill the position and consequently, there was a series

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of acting NUM occupying the position. I believe there were at least four different people acting in the position from the time of Risto's retirement to the closure of the BAC.

- (d) The NUM was the most senior nursing position within the BAC and was central in providing leadership and stability. The acting NUMs did the best job they could but they were acting in the role. Once the decision was made to close their ability to provide nursing leadership was further undermined.
- (e) Over time, and I believe it started before the closure decision, there was a drain of experienced nursing staff from the BAC. Permanent experienced nurses left and were replaced by nurses acting in the role, working under contracts of employment and casual pool staff.
- (f) There was a medical registrar position which formed part of the treating team. Medical registrars would rotate through the BAC. The rotation of medical registrars ceased, I cannot now recall when this stopped but believe it was around 2011.
- (g) After the decision to close, Dr Sadler was removed from his position and was replaced by Dr Brennan. The loss of Dr Sadler, our most experienced psychiatrist and Director of the unit, further impacted on the running of the BAC.
- (h) There were also allied health professionals who left the BAC after the closure announcement some of whom were not replaced.

12. When did you first become aware of the intention to close the BAC?

- (a) I believe that I first became aware of the intention to close the BAC around Christmas 2012 when a teacher at the BAC school told me and other staff.

13. How was the closure decision communicated to staff of the BAC?

- (a) Around Christmas 2012, a teacher at the BAC school told the staff that one of the current affairs television programs was going to present a story about the closure of

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the BAC. Up to this point I did not know that there was an intention to close the BAC.

- (b) Up until August 2013, I was not sure of when the BAC was to close.
- (c) I cannot now recall how the closure decision was formerly communicated to staff but I do recall several meetings being held to provide information to BAC staff by 'top people' (management) of WMHHS. I also recall that Mr Springborg came to the BAC and the patients gave a presentation as to why it should not be closed.

14. Were the staff of the BAC offered any explanation or reason for the decision to close the BAC? If so, what were the bases of the closure decision as communicated to staff of the BAC?

- (a) I recall being told that the following reasons for the decision to close:
 - i. it was a financial decision;
 - ii. because The Park was turning into a forensic facility it was no longer appropriate for the BAC to be located at The Park;
 - iii. it was more appropriate for the adolescents to be treated closer to their homes and family; and
 - iv. there had been an inspection of the BAC building and it had a life span of two years and was not in good repair.

15. Were you consulted about the intention to close the BAC and were your views or opinions sought in relation to the likely impact of the closure?

- (a) I was not consulted about the intention to close the BAC which stood in stark contrast to how the proposed plan to relocate the BAC to Redlands was handled. The staff were consulted about the relocation and input from the staff was actively sought. I was even given an opportunity to view the architect's plans and to comment on them.

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16. If you were consulted – what were your views?

- (a) I was not consulted.

17. What if any knowledge do you have in relation to the termination of Dr Sadler?

- (a) I recall that I was on holidays when I heard the news that a staff member's employment at the BAC was to be terminated.
- (b) When I learned that it was Dr Sadler, I was disgusted and distraught about his termination as you could not fault him.
- (c) I do not know why he was terminated [REDACTED]
[REDACTED]
- (d) It was known amongst the staff not to have any contact with Dr Sadler. I don't remember where the directive was from.

18. What, if any, knowledge do you have about the employment of Dr Anne Brennan?

- (a) Dr Brennan was brought in to replace Dr Sadler and to help as the consultant psychiatrist with the relocation of the patients.

19. Were you involved in the planning of the transitional arrangements of the BAC patients associated with the closure of the BAC? If so what was your involvement?

- (a) I was not involved in the planning of the transitional arrangements of the BAC patients associated with the closure.

20. Were you involved in the care of any BAC patients who were part of the transitional arrangements? If so, what was your involvement?

- (a) I looked after all the patients who were part of the transitional arrangements. I continued to be involved in their day to day care and continued as Care Coordinator for [REDACTED] and [REDACTED]

Signed: [REDACTED]

(b) I made a conscious decision to stay to the end. When some staff learned of the closure they made a decision to leave sooner rather than later. Because of this loss of experienced staff I decided I would stay to provide some continuity of care to the patients and of course, I wanted to stay till the end.

21. Were you consulted about an appropriate timeframe for the transitioning of patients of the BAC? If so, elaborate on these consultations.

(a) I was not consulted about an appropriate timeframe for the transitioning of patients of the BAC.

22. Was there an administrative or other deadline imposed for the transitions? If so, what was the deadline date? Was the deadline date different for each patient?

(a) When we became aware of the decision to close the BAC I don't recall being told of a deadline for the transition of individual patients. In late 2013 the staff were told of a closure date of January 2014 which was extended.



23. Were you involved in the carrying out of the transitional care arrangements for the any of the BAC patients? Were you consulted in relation to the transitional arrangements for the patients?

(a) As previously mentioned, I was the Care Coordinator for two patients [redacted] and [redacted]

(b) I was not involved in carrying out the transitional care arrangement for either of these patients and was not consulted about their transitional arrangements.

(c) [redacted] Confidential

(d) [redacted] Confidential

Signed: [redacted]

Confidential

- (e) I was not involved in the transitional arrangements for any of the other BAC patients and was also not consulted about their transitional arrangements.
- (f) Vanessa Clayworth who was on the transition panel would tell me about places they had in mind for the patients.

24. Describe the transitional arrangements that you were involved in and for whom those arrangements were made. Did you consult with patients, their families or carers about the transitional arrangements?

- (a) I was not involved in the transitional arrangement and did not consult with patients, their families or carers about the transitional arrangements.

25. What timeframes were you given (and by whom) for the carrying out of the transitional arrangements? How did these timeframes compare with the usual timeframes within which you operated when a patient was being transitioned out of the BAC?

- (a) I was not given timeframes for carrying out the transitional arrangements.

26. Were the transitional care arrangements tailored to the individual needs and care requirements of each patient?

- (a) I don't know whether the transitional care arrangements were tailored to the individual needs and care requirements of each patient as I was not involved in the planning.

27. If so, did the transition plans developed for individual patients adequately take into consideration patient care, patient support, patient safety, the health of each patient, the education/ vocational needs of each patient, the housing or accommodation needs of each patient, service quality and the needs of the families of each patient?

- (a) I don't know what was taken into account in developing the plans as I was not involved.

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28. When did your involvement with the transitional arrangements of each patient in your care cease?

(a) My involvement with the patients ceased when they left the BAC. [REDACTED]
[REDACTED]

29. Were there any challenges associated with organising transitional care for the patients at BAC? What were those challenges?

(a) I was not involved with organising transitional care for the patients so do not know of the specific challenges.

30. What are your observations of the effect of the closure decision on the inpatients and outpatients of the BAC, their families, carers, friends and staff of the BAC?

(a) The patients were acting out. There was an increase in self-harming and expression of suicidal intent by some of the patients which meant the staff really needed to keep an eye on them.

(b) The patients were clearly distressed by the decision to close as they did not know who would care for them. They were worried about staying safe.

(c) The staff did not know what the future held for them.

(d) As there were more casual staff employed in the BAC who did not know the patients, there was more responsibility placed on the remaining experienced staff which increased their workload and stress.

(e) There was very little formal information provided to the staff about the closure date and what would be happening for the patients.

(f) The nursing staff needed to provide more support to the patients' families during these uncertain times. Even when their child had been transitioned out, some families kept coming back to us for advice.

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- (g) The patients' families were understandably very concerned about the future for their children, in particular, their safety.
- (h) There was an increase in tension all round, the patients, families and staff.

31. Explain what (if any contact) you have had with any former BAC patients or their families, carers or friend following the closure of the BAC.

(a)

Confidential

- (b) I visited once at the BAC school when it had been relocated to Yeronga School. Some of the former BAC patients were there.
- (c) Otherwise, I have had no other contact.

32. What provision, if any, was made for the re-deployment or redundancy of staff of the BAC after the closure decision? And after the transition arrangements had been finalised?

- (a) When the decision to close was made the permanent nursing staff were told that a job would be found for them at WMHHS or at another adolescent mental health unit in Queensland Health.
- (b) We were later told there were no jobs available.
- (c) I attended an interview which was arranged by WMHHS for five nursing positions within WMHHS. I was told that it wasn't really an interview.
- (d) There were 12-13 permanent nursing staff vying for five positions: 2 at The Park, 2 in the Mental Health Unit at Ipswich Hospital and 1 prison position. All the permanent nursing staff were given an interview.
- (e) I did not trust management to find me a job.
- (f) I ended up taking a redundancy. Firstly I was told there would be no redundancies

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offered as there was no money but this changed. By taking the redundancy I was excluded from employment with Queensland Health for three months.

33. Explain what (if any) support was offered and or provided to you between the announcement of the closure decision on 6 August 2013 up to and including the final day of your involvement with the transitional arrangements.

(a) I was not provided with any support other than the support of my colleagues.

34. Provide any information you have in relation to your experience with the operation and management of the BAC following the closure decision.

(a) It was a stressful and uncertain time following the closure decision. As previously mentioned at paragraph 11 of my statement, there was no real nursing leader in the BAC, Dr Sadler had left, there was a loss of experienced nursing staff and an increase in casual staff inexperienced in working with adolescents all of which impacted on the nursing staff of the BAC.

35. Provide any information you have in relation to your experience with the operation and management of the BAC at the time of the transitional arrangements.

(a) Please refer to my response at paragraph 11 and 34 of this statement.

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

(a) I personally questioned my decision to stay to the end. There was no consultation with me about the future plans for the patients. The patients were uncertain about their futures too. Not only did I feel demeaned by the lack of consultation and support, it sent a message to the staff that Queensland Health did not think these patients were important enough.

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(b)

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(c) I turned up to work at the BAC after my days off and the place was locked up. The keys I had did not work. I telephoned the acting NUM to find out what had happened and was told it was closed. I was to be sent to the medium secure unit at The Park and expressed my concern that I didn't feel safe. I ended up being sent to the Rehabilitation Unit which was more suitable.

(d)

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

(a) Attached and marked [[QNU.001.003.0017]] is a copy of my curriculum vitae.

And I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the Oaths Act 1867.

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Rosangela Richardson

Taken and declared before me at Brisbane this 30th day of October 2015

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Judith Simpson, Solicitor

Rosangela Richardson

Objective

To practice as a Specialist Mental Health Clinician in a variety of consumer settings. To utilise a holistic approach, implementing consumer strengths and goals in achieving their recovery.

Experience

2007- March 2014 **The Park Center for Mental Health**

Registered Nurse for The Park Nursing Pool

- Filling vacancies throughout the forensic units at The Park.
- Assisting with provision of care and rehabilitation to consumers who are experiencing different forms of mental illness including schizophrenia and mood disorders.

Registered Nurse Barrett Adolescent Center

- Care co-ordination for several adolescents over the last 6 years. Assisting them and their families by providing a safe and educational environment while working through their mental health issues. In this role I have supported the parents/carers.
- Liaise with psychiatrists, allied health, teachers and other nursing staff at Barrett. Assisted the adolescent in developing care plans to best reintegrate themselves back into mainstream education or work.
- Contributed to weekly Case Conference developing and maintaining individual treatment plans.
- Assisted allied health staff with social outings for community access.
- Provided counseling and Sandplay Therapy to individual consumer.
- Assisted with group therapy in CBT and DBT
- Very interested in developing my skills in art therapy.

2005-2007 **Mater Private Clinic**

Registered Nurse Lymphoedema Management Clinic

- Provide intensive treatment for primary and secondary lymphedema, in a private clinic setting.
- Educate consumers and their carers on self-management, in order to achieve the best quality of life possible.
- Liaise and co-operate with other health professionals to achieve the best possible outcome for the individual consumer.

2002-2005 **Blue Care**

Registered Nurse

- Assessment of needs for clients and their carers.
- Liaising with referring agencies, general practitioners, pharmacists and other service providers.
- Provide clinical care to the elderly, younger disabled and palliative consumers.

2001-2002 **Mt Olivet Hospital**

Registered Nurse Brisbane Rehabilitation & Medical Services

- Provide Clinical Nursing Care.
- Participated in multidisciplinary team approach to care.
- Liaise with referring hospitals, General Practitioners etc.

2000–2001 **Wolston Park /Ipswich Hospital**

Graduate Diploma Mental Health Nursing

- Provided direct consumer nursing care.
- Maintained therapeutic alliance with consumers.
- Participated in multidisciplinary team approach to care.

2000–2001 **Wolston Park /Princess Alexandra Hospitals**

Graduate Nurse Transition Programme

- Provided direct consumer nursing care.
- Maintained therapeutic alliance with consumers.
- Participated in multidisciplinary team approach to care.

**Responsibilities/
Clinical Skills**

- Accountable for the co-ordination, assessment, care plans, delivery and evaluation of the continuity of care service offered to all adolescents treated at Barrett Adolescent Center.
- Case management, complex therapeutic and behavior support needs.
- Liaising with main stream services for the reintegration of recovering adolescents.
- Provide evidence based therapeutic interventions to adolescents and their families.
- Strengths assessment.
- Conducted Sandplay Therapy sessions with adolescents and liaised with the therapeutic skills.
- Current mandatory training in Aggressive Behavior Management

Education

2014 **University of Southern Queensland**

- Graduate Certificate in Drug and Alcohol Studies

2010 **Expressive Therapies Institute of Australia**

- Certificate in Sandplay Therapy and Symbol Work with Children, Adolescents and Adults

2000 **Queensland University of Technology Kelvin Grove**

Graduate Diploma of Nursing Mental Health

- Semester One

1996-1999 **Griffith University Nathan**

- Bachelor of Nursing

1997 Queensland Ambulance Service

- CPR and First Aid Certificate

1993 Ipswich TAFE- Bundamba Campus

- Certificate in Social Welfare Studies

1987 Princess Alexandra Hospital

- Certificate of Registration for Enrolled Nurse