

**COMMISSION OF INQUIRY INTO THE CLOSURE OF THE BARRETT
ADOLESCENT UNIT**

**OUTLINE OF SUBMISSIONS ON BEHALF OF
PROFESSOR BRETT McDERMOTT**

Evidence at Queensland Child Protection Commission re Closure of the BAC

1. After hearing about the proposed closure of BAC by the end of/Christmas 2012, Professor McDermott made the decision to inform the Queensland Child Protection Commission of Inquiry on 8 November 2012 that the BAC was going to be closed because he believed it was relevant to that Commission of Inquiry given that BAC's patients in many cases had been subject to serious child protection issues, including sexual abuse, physical abuse and emotional neglect.¹
2. Just as the present Commission would be concerned if information was withheld from it about matters relevant to the Terms of Reference and the Inquiry itself, it is submitted that given the nature of that Commission of Inquiry, Professor McDermott's evidence in relation to the proposed closure of the BAC was appropriate and relevant to that Commission. It should not be criticised.
3. Further, Professor McDermott was concerned about the possibility of losing the new service - the Redlands project and the model of service delivery ('MOSD') for adolescent treatment and rehabilitation centre ('AITRC')², and he was extremely worried about the timeline in terms of being able to adequately care for the BAC patients.³
4. As is clear from the evidence before this Commission as set out in Counsel Assisting's submissions, Professor McDermott's concerns were ultimately borne out, even though the official announcement of the closure occurred some nine months later in August 2013, and the closure occurred in January 2014, some 13 months after he had been told that it would close.

¹ Exhibit 84 – Statement of Professor Brett McDermott, dated 10 November 2015, at para 100 [PBM.001.002.001] at [.018]

² Ibid, at para 102(c)-104 [PBM.001.002.001] at [.019]

Transition

5. Professor McDermott had a conversation with Dr Anne Brennan around the time of her appointment to BAC.⁴ He stated⁵ that he told her to “*think very, very, very carefully about taking on that position*” and Dr Brennan recalled that he told her that she was “*very silly for taking on that job [at BAC]*” and advised her of his concerns.⁶
6. In any case, Professor McDermott made it known to Dr Brennan that he was happy to provide what assistance to her he could as it related to the transition of BAC patients.⁷ In addition, he provided advice and support to Dr Brennan whilst she worked at BAC.⁸
7. Furthermore, he made it clear at least to Dr Stephen Stathis, that the Mater CYMHS was willing to help in relation to the relocation of patients from BAC⁹, and in about November 2013, he made an offer to Dr Stathis to accept patients who required sub-acute beds into the Mater [acute] unit if required.¹⁰
8. That process was not formalised by the applicable institutions until many months later (the formalisation of an agreement not being an for Professor McDermott in any case), but Professor McDermott stated that if he had been approached and asked for beds, beds would have been available before February 2014.¹¹ In any case, Dr Stathis was well aware of what Professor McDermott was willing to do in relation to BAC patients.¹²

³ T7-51 1.17-22

⁴ Professor McDermott believed it occurred before she took on the position (T7-32 1.40) but Dr Brennan’s recollection was that it occurred a day or two after (T20-96 .5-24

⁵ T20-32 1.43-44; T7-33, 1.13

⁶ T20-96 1.5-23

⁷ Exhibit 84 – Statement of Professor Brett McDermott, dated 10 November 2015, at para 119 [PBM.001.002.001] at [.021-022]; T7-37 1.23-25; T7-38 1.17-21

⁸ [DAB.005.001.0001] at [.0027]; T20-95 1.39 – T20-96 1.1; see also T7-32 .3037

⁹ T7-32 1.17-26

¹⁰ T24-48 1.33-37

¹¹ T7-43 1.17-19

¹² T24-48 1.33-37; T24-50 1.7-15; T24-92 1.32; T24-94 1.5-6 1.27; T24-97 1.44-46

9. While there may not have been any formal discussions between Professor McDermott and Dr Brennan about availability of beds in the acute adolescent unit at the Mater Hospital for sub-acute/long-stay patients from BAC, Dr Brennan said that her experience of the child adolescent beds in Brisbane was that that if there were beds available and if asked, a patient could have had one.¹³ In fact [REDACTED] was subsequently admitted to the Mater.¹⁴
10. It is submitted, that in short Professor McDermott provided professional support to Dr Brennan during her role at BAC and he offered what assistance he and the Mater CYHMS could provide in relation to the transition of patients from BAC.

The BAC School

11. Professor McDermott considered that when the BAC School was geographically intimately located with the BAC mental health unit, there were mental health staff within minutes of the School, and there were a lot of staff from a high level of seniority through the continuum looking after the complex needs of the individual students.¹⁵
12. He considered that when the School moved to Yeronga the group of young people at the School, who had serious and complex needs if they became aroused or acutely agitated or disturbed, had none of the scaffolding that was there at the BAC, and he was extremely worried about that.¹⁶ He considered that the model being adopted at the School (in terms of the reach of mental health support available) was not an appropriate one, and that it needed considerably more than just a 0.5FTE mental health nurse or part-time consultant psychiatrist – it probably needed individual case management and a multidisciplinary team.¹⁷

¹³ T20-79 1.17-30;

¹⁴ T20-79 1.44-45

¹⁵ T7-62 1.16-36

¹⁶ T7-62 1.11-37; see also QHD.004.005.9014 email from Professor McDermott to Dr Stathis

¹⁷ T7-71 1.1-14

13. Further, the students were not living within the catchment of the Mater, and were the responsibility of Children's Health Queensland ('CHQ')¹⁸, not Mater CHYMS. Consistently with the National Mental Health Standards that as far as possible access to treatment and support for people with mental health problems should be close to a patient's home, CYMHS generally only accept patients and provide services to residents within their own catchment areas.¹⁹
14. It is submitted that in all the circumstances, it was neither incumbent on nor appropriate for Professor McDermott to provide mental health support to the School itself.

Kay Philipson

Counsel

Dated: 23 March 2015

¹⁸ T7-72 1.1-11

¹⁹ T20-95 1.22-28