

Oaths Act 1867

Statutory Declaration

I, **Megan Hayes** of care of Corrs Chambers Westgarth, Level 42 One One One, 111 Creek Street, Brisbane, Queensland, in the state of Queensland, do solemnly and sincerely declare that:

Background and experience

1 What are your current professional role/s, experience, qualifications and memberships? Provide a copy of your most recent curriculum vitae.

1.1 I am currently employed as an Occupational Therapist at Lady Cilento Children's Hospital, Children's Health Queensland Hospital and Health Service.

1.2 Attached and marked **MH-1** is a copy of my most current curriculum vitae.

2 What positions (or acting positions) did you have at the Barrett Adolescent Centre ('BAC'). Specify the period in which you held those positions. Outline the nature of the duties you performed in each position

2.1 I held the position of Occupational Therapist – Life Skills Focus at the Barrett Adolescent Centre (**BAC**) from January 2007 – June 2009 and from 9 September 2013 – 24 January 2014.

2.2 From January 2007 – June 2009, I worked full-time in the position. The duties that I performed included:

- (a) The delivery of high quality, accountable, consumer focused occupational therapy as a member of a multi-disciplinary team to adolescents at BAC.
- (b) The development of life skills in the context of complex care planning for adolescents with severe mental illness.
- (c) Working collaboratively with the multidisciplinary team at BAC, educators at the co-located BAC School, client service HHS', government and non-government agencies and key family and carer stakeholders.

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- 2.3 From 9 September 2013 - 24 January 2014, I worked part-time in the position (five days each fortnight). The focus of my role, during that time, was on facilitating the transition of the adolescents from BAC.

3 Were you aware of the circumstances surrounding Dr Sadler's departure, removal or suspension from the BAC in or about September 2013? If so, when did you first become aware and by what means? Give details of your understanding of those circumstances including the reasons for his departure, removal or suspension.

- 3.1 On or around Dr Sadler's last day at BAC, I attended a staff meeting where the Executive Director of Mental Health and Specialised Services, Sharon Kelly, told us that:
- (a) Dr Sadler was on leave.
 - (b) Arrangements were to be made for another psychiatrist to cover that leave.
 - (c) Staff were not to make contact with Dr Sadler or to discuss it amongst ourselves.
- 3.2 I was not otherwise aware of the circumstances surrounding Dr Sadler's departure, removal or suspension from BAC in September 2013.

Redlands

4 Were you involved in the Extended Mental Health Treatment Unit Redlands User Group? If you were involved:

- 4.1 I was not involved in the Extended Mental Health Treatment Unit Redlands User Group.

(a) In the planning of the proposed 15-Bed Adolescent Extended Mental Health Treatment Unit at Redlands Hospital, were you aware of any delays in the planning process? If there were delays, what were these and what caused them?

- 4.2 Before taking leave from BAC in June 2009, I had participated in some preliminary discussions about the design of a new facility to replace BAC. I do not recall exactly when those discussions occurred but I was aware of there being some delays associated with locating an appropriate site for the facility at that time.

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- 4.3 I did not work at BAC between mid-June 2009 and 8 September 2013 and I was not otherwise involved in planning of the proposed 15 Bed Adolescent Extended Mental Health Treatment Unit at Redlands Hospital. I am not aware of delays in the planning process for that proposed facility.

(b) Explain the reasons why this alternative was not adopted?

- 4.4 I do not know why the proposed 15 Bed Adolescent Extended Mental Health Treatment Unit at the Redlands Hospital did not proceed.

Closure of the BAC

5 On what date did you first become aware of the decision to close the BAC and by what means?

- 5.1 On 13 December 2012, Lorraine Dowell emailed me to advise that a BAC rebuild at Redlands was not proceeding, that the current building was in disrepair, that it had been decided it was inappropriate for adolescents to be co-located with adults with forensic orders and that there was a strong sense that BAC may be closed as there were more than 17 vacancies in CYMHS across the state. Annexed and marked **MH-2** is a copy of Ms Dowell's email to me dated 13 December 2012.
- 5.2 On 6 August 2013, Leanne Geppert emailed me to advise that there had been a meeting with BAC staff that day and she provided me with copies of three documents summarising what was discussed at that meeting. The documents were a WMHHS/CHQHHS Media Statement, a WMHHS/CHQHHS Facts Sheet and the WMHHS Expert Clinical Reference Group Recommendations – Barrett Adolescent Strategy – July 2013. Annexed and marked **MH-3** is a copy of Dr Geppert's email to me dated 6 August 2013.

6 In relation to the circumstances surrounding the decision to close the BAC:

(a) Were you made aware of the reasons for the closure decision? If so, explain how you were made aware of the closure decision and any reasons for that decision;

- 6.1 I am aware from the WMHHS/CHQHHS Media Statement, WMHHS/CHQHHS Facts

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Sheet and the WMHHS Expert Clinical Reference Group Recommendations – Barrett Adolescent Strategy – July 2013 that Dr Geppert emailed to me on 6 August 2013 (MH3) that:

- (a) Ongoing redevelopment at The Park meant that BAC was no longer a suitable place for adolescents.
- (b) The BAC model of care was no longer appropriate for adolescents requiring extended mental health treatment and rehabilitation.
- (c) A new range of contemporary service options would be available to those adolescents from early 2014.

6.2 I was also aware from Ms Dowell's email to me dated 13 December 2012 (MH-2) and from discussions before and after that time that the BAC building was in disrepair.

(b) What information, material, advice, processes, considerations and recommendations related to or informed the closure decision; and

6.3 I cannot answer this question because I did not make the decision to close BAC nor was I involved or consulted in the decision making process.

(c) What was the decision making process related to the closure decision?

6.4 I cannot answer this question because I did not make the decision to close BAC nor was I involved in the process of decision making related to the closure decision.

Transition arrangements

7 From October 2012 until early 2014, a number of BAC patients were transitioned to alternative care arrangements in association with the closure or anticipated closure of the BAC ("transition clients"). Did you have any involvement in developing, managing and implementing the transition plans for these transition clients (including, but not limited to identifying, assessing and planning for care, support, service quality and safety risks)? If so:

7.1 I was invited by Acting Clinical Director of BAC, Dr Anne Brennan, to be a member of

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the multi-disciplinary Clinical Care Transition Panel (**Panel**) in late September 2013.

The Panel also included Acting Clinical Nurse Consultant, Vanessa Clayworth, Clinical Nurse Consultant – Clinical Liaison, Sue Daniel, Social Worker, Carol Hughes, a BAC School teacher and BAC Project Officer, Laura Johnson.

(a) Identify the transition clients with whom you were involved; and

7.2 By virtue of my involvement on the Panel, I was involved with the following adolescents who were transitioned from BAC:

(a) Inpatients [REDACTED]

(b) Day patients [REDACTED]

(c) Outpatients [REDACTED]

7.3 I was not involved in the transition of the adolescents who were transitioned from the wait list for admission or the assessment list. Dr Brennan and/or CNC Clayworth with the assistance of Allied Health Professional Practice Leader – Social Work, Ms Kathy Stapley, attended to that.

7.4 Additionally, there were two adolescents transferred from BAC after I had re-commenced at BAC on 9 September 2013 but prior to the commencement of Panel. Those patients were [REDACTED] and [REDACTED]. I was not involved in the transfer of those adolescents from BAC.

(b) Explain the transition arrangements in place for those transition clients and how those transition arrangements were developed in the period from October 2012 to January 2014.

7.5 The absence of any other facility like BAC meant that unless an adolescent required acute inpatient care, he/she would be transitioned back into the community.

7.6 The focus for the Panel was to identify each adolescent's community reintegration needs including consideration of their skill levels and additional supports required to support their functioning. The complexity of that task depended upon:

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- (a) The adolescent's age.
- (b) The extent to which the adolescent was already integrated into his/her community.
- (c) Whether the adolescent could return home to live with his/her family.

7.7 The Panel met on a regular basis between October 2013 and November 2013. The usual format of a Panel meeting was that:

- (a) Dr Brennan presented each adolescent's case one by one.
- (b) The Panel discussed his/her community reintegration needs and skills which would be required to achieve community reintegration.

7.8 This discussion occurred with reference to a guide which was developed with the multi-disciplinary input of BAC staff prior to the commencement of the Panel meetings and which was projected onto a screen for the Panel to consider during the Panel meeting.

7.9 During the discussion, Ms Johnson made some notes into the adolescent's guide but I would not call those notes comprehensive of the Panel discussion or a transition plan. Copies of the guides including Ms Johnson's notes are attached and marked **MH-4**.

7.10 Before and after those Panel meetings, there was considerable work done by the Panel members and other BAC staff to:

- (a) Identify other needs and appropriate service providers for the adolescents.
- (b) Discuss possible options (where options existed) with the adolescents and their families/carers.
- (c) Facilitate the referral of adolescents to those services.

8 Explain any information, material, advice, processes, considerations and recommendations that related to or informed the transition arrangements.

8.1 In preparation for the Panel meetings but continuing after they had commenced, I made preliminary contact with many housing and support agencies to identify those with the potential to meet particular community reintegration needs post-discharge from BAC. Dr

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Brennan, Vanessa Clayworth and I each had further contact with appropriate agencies to discuss how to refer an adolescent and to facilitate referrals as required.

- 8.2 As noted above, the focus for the Panel was to identify each adolescent's community reintegration needs and the skills and supports that he/she would need to develop to do so. This was done by a multi-disciplinary team Panel with access to the adolescent's clinical records and with significant 'out of session' input from other BAC staff and external service providers.
- 8.3 Upon reflection and in addition to the clinical needs of each adolescent, there were three main factors which related to or informed the transition arrangements as follows:
- (a) The adolescent's age.
 - (b) The extent to which the adolescent was already integrated into his/her community.
 - (c) Whether the adolescent could return home to live with his/her family.
- 8.4 The age of the adolescent was important because if they were approaching 18 years of age, a transition into adult mental health services (a different model of service) was imminent or immediately required depending upon the receiving HHS' requirements.
- 8.5 The extent to which the adolescent was integrated into their community was important because:
- (a) Adolescents who were already integrating into their community had already established some clinical and other support relationships and networks.
 - (b) For adolescents who were not already integrating into their community, those clinical and other support relationships and networks needed to be sourced and established.
- 8.6 If an adolescent was not able to return home to live with his/her family, the location of accommodation arrangements needed to be confirmed before other clinical and other support networks could be identified, presented to the adolescent and his/her family or carers as options for ongoing care and support and referrals made.

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9 For each of those transition plans:**(a) state who was responsible for preparing and overseeing the transition plans; and**

9.1 Dr Brennan was responsible for preparing and overseeing the transition plans that we developed for each patient at BAC. The Panel's role is outlined above. Specific tasks were delegated, usually by Dr Brennan or Vanessa Clayworth but sometimes by other Panel members including me, to other BAC staff including in particular the adolescent's Care Co-ordinator.

(b) were there any arrangements to review, follow up and monitor the outcome of the transition arrangements? If so, what were those arrangements?

9.2 Prior to an adolescent's discharge from BAC, his/her transition arrangements were reviewed on an 'as required basis' in the adolescent's weekly Consumer Care Review which is documented in the Consumer Care Review Summaries in the CIMHA records.

9.3 I vaguely recall there being some discussion about possible review, follow-up and monitoring of the outcome of the transition arrangements after an adolescent's discharge from BAC but I am not aware of any specific arrangements made

10 Did you have any discussions 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.

10.1 Annexed and marked **MH-5** is a table which summarises the communications that I had with medical and other staff at receiving alternative services.

10.2 The purpose of those communications was to identify possible alternative service providers and to facilitate the referral of adolescents to those providers as appropriate.

11 In relation to the transition arrangements did you have any consultation(s) with transition clients and or their families, friends or carers? If so, explain the date and detail of such consultation(s).

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- 11.1 Annexed and marked **MH-6** is a table which summarises the communications that I had with transition clients.
- 11.2 Annexed and marked **MH-7** is a table which summarises the communications that I had with transition clients' families, friends and carers.

12 Were you aware of any concerns regarding the transition of any transition clients from the BAC to an alternative service provider? If so,

- (a) Explain any such concerns.**
- (b) If there were concerns, who were these concerns expressed by and to whom?**
- (c) On what date and by what means did you become aware of these concerns?**
- (d) What steps, if any, did you cause to be undertaken as a result of any such concerns?**

12.1

12.2

12.3

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13 If there were transitional plans in place for the transition clients, what progress did each client make in respect of the plans? If progress was unsatisfactory, what arrangements, if any, were made for alternative management?

13.1 Each adolescent was discharged from BAC with a plan in place for his/her ongoing care. Those plans are documented in the:

- (a) Consumer End of Care/Discharge Summary for Patients [REDACTED]
[REDACTED] a bundle of which are annexed and marked **MH-8**.
- (b) Community Contacts for Patients [REDACTED] a
bundle of which are annexed and marked **MH-9**.

13.2 Dealing with each adolescent in turn:

Client Name	Patient [REDACTED]
Transition Panel Date	[REDACTED]
Plan Detail	
Progress (including problems and management)	


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Discharge Date	
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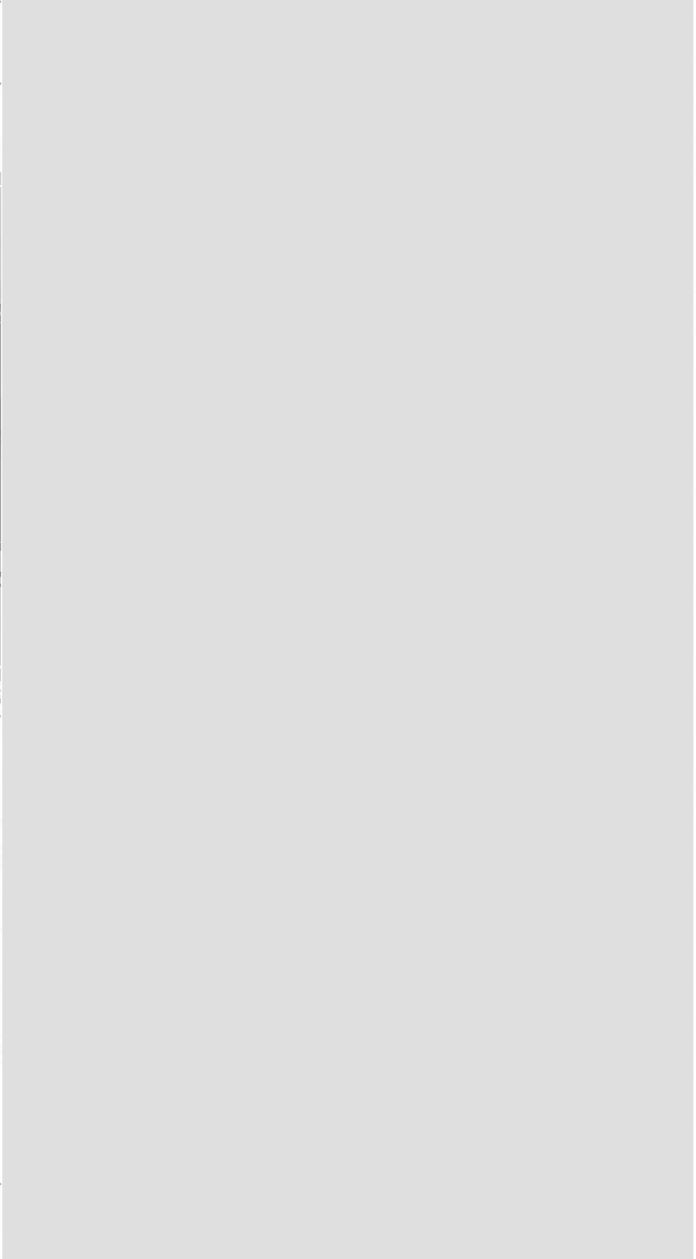
Client Name	Patient 
Transition Panel Date	
Plan Detail	
Progress (including problems and management)	


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Discharge Date	
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Client Name	Patient 
Transition Panel Date	
Plan Detail	
Progress (including problems and management)	
Discharge Date	

Client Name	Patient 
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Transition Panel Date	
Plan Detail	
Progress (including problems and management)	
Discharge Date	


Client Name	Patient <input type="checkbox"/>
Transition Panel Date	
Plan Detail	


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Progress (including problems and management)	
Discharge Date	

Client Name	Patient 
Transition Panel Date	
Plan Detail	


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

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
Progress (including problems and management)	

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Discharge Date	

Client Name	Patient 
Transition Panel Date	
Plan Detail	
Progress (including problems and management)	
Discharge Date	


Client Name	Patient 
Transition Panel Date	


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Plan Detail	
Progress (including problems and management)	
Discharge Date	


Client Name	Patient 
Transition Panel Date	
Plan Detail	


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Progress (including problems and management)	
Discharge Date	

Client Name	Patient 
Transition Panel Date	
Plan Detail	
Progress (including problems and management)	




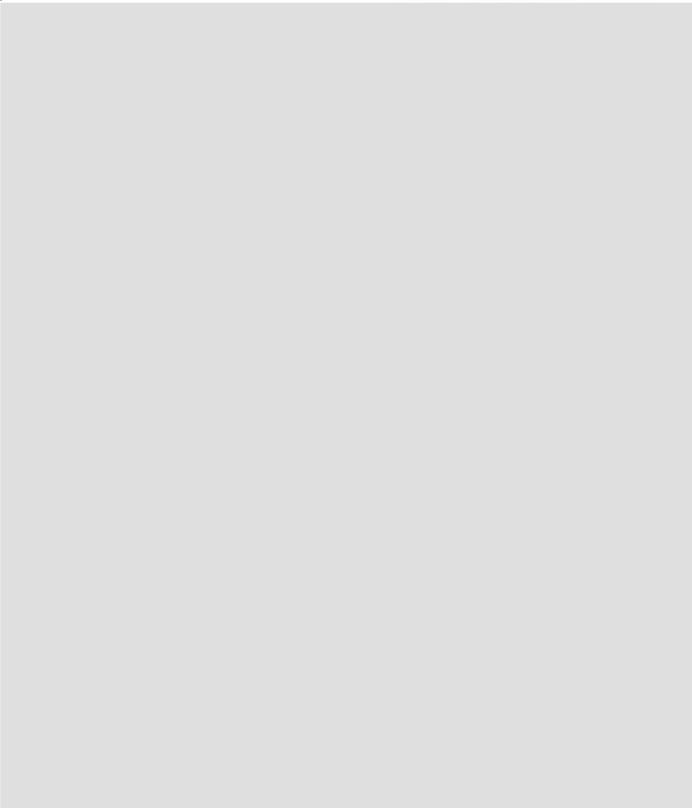
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Discharge Date	

Client Name	Patient 
Transition Panel Date	
Plan Detail	
Progress (including problems and management)	


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Discharge Date	


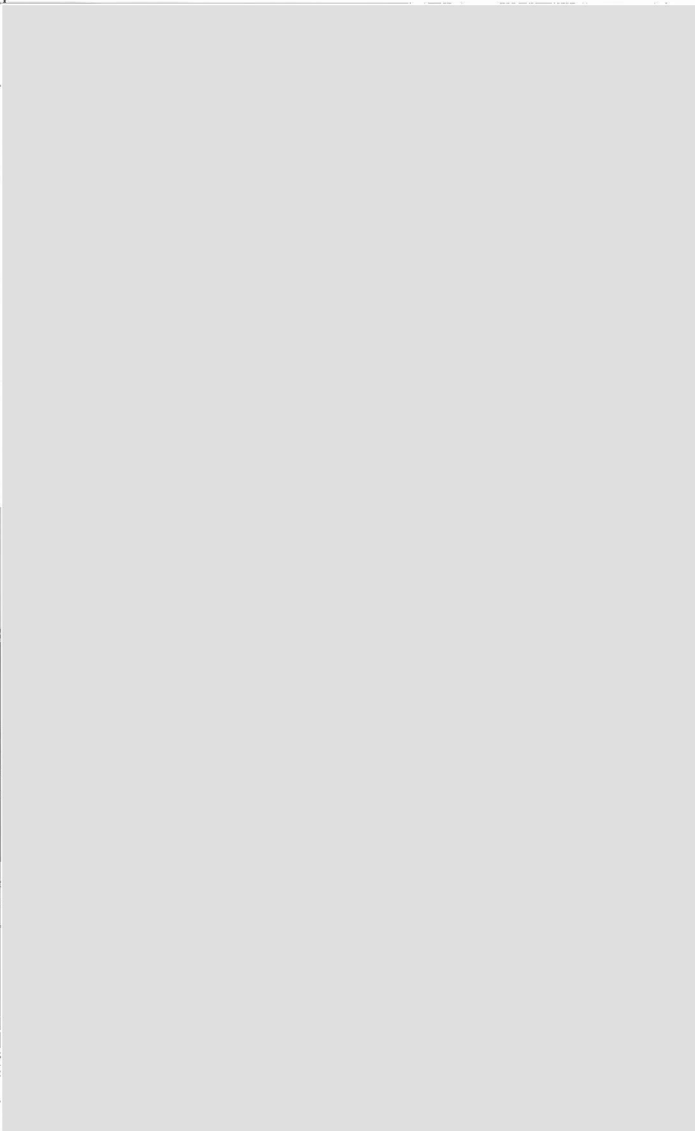
Client Name	Patient 
Transition Panel Date	
Plan Detail	
Progress (including problems and management)	
Discharge Date	




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Client Name	Patient 
Transition Panel Date	
Plan Detail	
Progress (including problems and management)	
Discharge Date	

Client Name	Patient 
Transition Panel Date	
Plan Detail	

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Progress (including problems and management)	
Discharge Date	

Client Name	Patient <input type="checkbox"/>
Transition Panel Date	
Plan Detail	

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