

Oaths Act 1867
Statutory Declaration

QUEENSLAND
TO WIT

I, **THOMAS JOSEPH PETTET** of c/- Moray & Agnew Lawyers, Level 27, Blue Tower, 12 Creek Street, Brisbane in the state of Queensland do solemnly and sincerely declare as follows:

1. I have previously provided a Statutory Declaration dated 4 December 2015 to the Barrett Adolescent Centre Commission of Inquiry.
2. I make this further Statutory Declaration in response to the request for further information from Mr Ashley Hill dated 25 January 2016. For convenience, I have transcribed (in bold below) the questions posed in that letter, with my response following.

Please clarify the date upon which you completed your placement at the Barrett Adolescent Centre ('BAC') in November 2013.

3. I am unable to identify the precise day in November 2013 that my employment at the Barrett Adolescent Centre (**'BAC'**) finished.
4. I have made several enquiries with the payroll office of Queensland Health who are unable to identify the date my employment transitioned from the BAC to Child and Family Therapy unit (**'CAFTU'**) at the Royal Brisbane Hospital.
5. I was advised that this is because both the BAC and the CAFTU fall under the same 'organisation unit' and therefore the transition point was not recorded.

Please explain the reasons why you did not complete the six month placement at the BAC (which closed on 31 January 2014), and whether it was a result of the stressful conditions you refer to in paragraphs 35, 36 and 38 of your statement.

6. I recall that there were insufficient patients present at the BAC to justify having a Registrar present. I recall that there were approximately [REDACTED] patients left at BAC when my employment there ceased.
7. By November the stressful conditions at the BAC had eased somewhat as some of the patients were transitioned to outpatient care.
8. Most significantly, the conditions improved after the return of an occupational therapist from extended sick leave. Her presence on the ward resulted in a dramatic improvement in a number of patients' mood. In my view this was because her activities

(eg taking the children on excursions to gymnasiums, rock-climbing etc) resulted in far less emotional dysregulation and improved mood for the patients.

9. I am unable confirm or exclude whether the previously very stressful working conditions contributed to the decision to move me across to CAFTU. It appeared to me to be more driven by the steadily decreasing patient numbers.

At paragraphs 10 and 33 you state that, prior to commencing your placement, you made enquiries with the Royal Australian and New Zealand College of Psychiatrists ('the College') to ascertain if there was any truth to the rumours that the BAC was closing.

a. With whom did you enquire?

10. To the best of my recollection I made a telephone call to the College and spoke with Louise Parkes, the post graduate co-ordinator for post graduate training.
11. I recall enquiring whether the BAC would be closing. I explained that I had heard rumours of its impending closure and wanted clarification of whether this would result in me having the rotation invalidated.
12. To the best of my recollection this telephone enquiry occurred several months before I was due to start the child and youth rotation at BAC.
13. I recall that I was advised that I should not worry and that I would "get a full rotation".

b. Did you make your enquiries in writing? If so, please produce copies of the correspondence.

14. I did not make my enquiries in writing or keep any written record of this telephone call.
15. My recollection is as outlined in paragraphs 10-13 above.

At paragraph 39 you recall three occasions whereby you discussed your concerns and the distress that you and other staff were experiencing with Dr Darren Neillie, Dr Sharon Kelly and Dr Sydney Cabral (at the College). However, no additional support on the ground was provided.

- a. Please provide further detail as to the discussions between you and Dr Darren Neillie and Dr Sharon Kelly, including when they occurred and what was said.**

Discussions with Dr Neillie

16. I am unable to recall precisely when I had a discussion with Dr Neillie however I recall that it was prior to Dr Sadler being stood down on 10 September 2013.

17. To the best of my recollection my discussion with Dr Darren Neille consisted of him listening to my concerns relating to the intense workload that had been generated by a small number of patients within the BAC following notification of the decision to close the BAC.
18. I reported my concern that those patients required a large amount of attention from clinical staff and that I was concerned that I was unable to dedicate sufficient time to assessing the mental state of (what I would described as) the 'more stable' patients within the BAC.
19. I reported that I was concerned that as my attention was being drawn to the more emotionally dysregulated patients that the other 'more stable' patients may in fact suffer a mental state deterioration, and that it may not be detected because my (and my colleagues') attention was focused elsewhere.
20. I recall that Dr Neille was concerned for my welfare as I was finding it very stressful at the time.
21. I indicated to him that I thought that as I became more familiar with the work environment, the less stressful it would become.
22. I recall that it was concluded that no extra human resources were required.
23. I also recall that it was thought that the stress levels within the working environment would reduce gradually, ie as patients got used to the idea that the centre was closing and as patients were transitioned to other treatment reducing the workload.
24. I have not kept any record of this conversation.

Discussions with Sharon Kelly

25. To the best of my recollection the conversation I had with Sharon Kelly was shortly after Dr Sadler had been stood down on 10 September 2013. I am unable to recall the exact date.
26. The discussion with Sharon Kelly was of similar nature to that with Dr Neillie in that concern was shown for my welfare.
27. I recall being advised that it was not feasible or necessary to allocate additional human resources to the BAC.
28. I recall that I was told that the reasons for Dr Sadler's standing down were not 'up for discussion' but that I would be supported.
29. I did not keep any record of this conversation.

30. In summary, when I was provided with an opportunity to ventilate with Dr Neillie, Dr Kelly and Dr Sidney Cabral, empathy was expressed for my situation but it was made clear that I should just persevere and do the best that I could and things would eventually settle down.
31. They all expressed sympathy, acknowledging that it was currently a very stressful situation. Thankfully things did settle down ultimately.

b. What did you hope for, or think to be appropriate, in terms of additional support?

32. I am unable to recall what I was hoping to occur as a result of my discussions referred to above. In some ways I do not think I actually knew what would have been appropriate in terms of additional support.
33. The patients' distress escalated after the abrupt standing down of Dr. Trevor Sadler. Dr Anne Brennan and I had to devote a lot of time to validating the patients concerns. This 'one on one time' helped the patients.
34. To effectively administer counselling to the distressed patients would require the presence of an individual with whom the patients had already developed a rapport, and who understood the nature of their mental illness well. It did not seem practical to introduce other professionals (either doctors/occupational therapist/social worker/psychologist or nurse) to the patients' treating team, who were unfamiliar to the patients.
35. My impression was that no additional resources were available as, if additional human resources were introduced to these patients care, they would be viewed as a 'stranger' by the patients, and therefore potentially unwelcome.
36. I had the impression that the current staffing could not be expanded and that we had to continue with the current level of resourcing.
37. Ultimately the return of an occupational therapist from leave dramatically improved the atmosphere within the BAC and took the pressure off me somewhat. I felt that, without any occupational therapist present in the unit, the children were consistently anxious and distressed.
38. I also remember a nurse being permitted to take time within his shift to take the children (those that were not acutely suicidal) for bike rides in the afternoon, and take them for walks outside of the unit. Permitting a nurse to act in that capacity also alleviated some of the patients' distress to a certain degree, however it was not until the return of the occupational therapist that there was a dramatic improvement in the stress level (and a lessening of the burden on me personally).

- 39. I didn't request any direct additional support because I felt it would be unlikely that any extra human resources would be available, and we anticipated that the workload would steadily decrease anyway.
- 40. My focus during this time was simply on making every effort possible to minimise the level of risk to every patient under my care.
- 41. I do not have any relevant documents in my custody, control or possession which are relevant to the matters contained in this statutory declaration.


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

[Redacted signature area]

Declarer

Taken and declared before me at: Brisbane this
1st day of February 2016, before me:

[Redacted signature area]

 Justice of the Peace/Commissioner for Declarations/Solicitor