

In the matter of the *Commissions of Inquiry Act 1950*
Commissions of Inquiry Order (No.4) 2015
Barrett Adolescent Centre Commission of Inquiry

AFFIDAVIT

Associate Professor Stephen Stathis C/- Crown Law, 50 Ann Street Brisbane, Medical Director, Child and Youth Mental Health Services solemnly and sincerely affirms and declares:

Professional background

1. I am currently employed as Medical Director, Child and Youth Mental Health Services, Children's Health Queensland Hospital and Health Service. My curriculum vitae outlines my full qualifications and employment history. **Exhibit A** to this affidavit is a copy of my curriculum vitae.
2. I was appointed to my current position on 3 February 2014. **Exhibit B** to this affidavit is a copy of the role description for my current position and my letter of appointment.
3. Prior to my appointment as Medical Director, I held the role of Clinical Director of Child and Youth Mental Health Services, Children's Health Queensland Hospital and Health Service, a position which I held from 2009. My key responsibilities in this position did not change at any stage during the period 2012 to 2014. **Exhibit C** to this affidavit is a copy of an "Employee Movement

Deponent

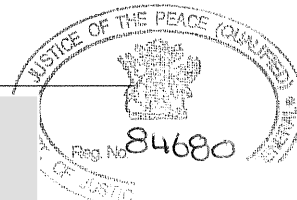
Page 1

A J.P., C.Dec., Solicitor

AFFIDAVIT

On behalf of the State of Queensland

Crown Solicitor
 11th Floor, State Law Building
 50 Ann Street
 BRISBANE QLD 4000
 TEL: [REDACTED]
 Email: [REDACTED]



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Form – Permanent” confirming my appointment to that role and the role description for that position.

Barrett Adolescent Centre

4. I had no operational or clinical governance role in or involvement with the Barrett Adolescent Centre.
5. My clinical involvement with the Barrett Adolescent Centre is limited. I have, at various times during my career, referred patients to the Barrett Adolescent Centre or was asked to provide a second opinion for patients.

My involvement in committees and groups with respect to youth mental health services***Barrett Adolescent Centre Strategy Planning Group***

6. I understand, from reviewing agendas and meeting minutes, that I was a member of the Barrett Adolescent Centre Strategy Planning Group ('the Planning Group'). The Objectives of the Planning Group is explained in the Barrett Adolescent Strategy Project Plan. **Exhibit D** to this affidavit is a copy of the Barrett Adolescent Strategy Project Plan.
7. The agenda and minutes of meetings for the Planning Group, dated 21 November 2012 and 28 November 2012 indicate that I was not a member of the Planning Group at its inception, but that I was invited to join the Planning Group around November 2012. I don't specifically recall a discussion or receiving correspondence inviting my involvement. **Exhibit E** to this affidavit is a copy of the agendas and minutes of meetings of the Planning Group.



8. The early agendas and minutes of meetings included in Exhibit E also indicate to me that in those early stages before I became involved in the Planning Group, the Planning Group:
- (a) finalised, and received approval of the West Moreton Hospital and Health Service Board for, the Barrett Adolescent Strategy – Project Plan; and
 - (b) finalised Terms of Reference for the Expert Clinical Reference Group.
9. The minutes of meetings for the Planning Group suggest that it created the terms of reference for the Expert Clinical Reference Group.
10. The minutes of meetings of the Planning Group indicate that I attended in meetings of that group on 18 January 2013, 20 February 2013 and 26 March 2013.
11. I recall participating, by teleconference, in a meeting on 23 July 2013. The minutes for that meeting indicate that Children's Health Queensland Hospital and Health Service was to lead the implementation phase of the Barrett Adolescent Strategy and an implementation steering committee was to be formed for that purpose. My initials are recorded against that action item.
- Exhibit F** to this affidavit is a copy of the minutes of that meeting.

Expert Clinical Reference Group

12. I had no role in the Expert Clinical Reference Group. **Exhibit G** to this affidavit is a copy of the terms of reference for the Expert Clinical Reference Group, which notes the membership of the group.



***The State-wide Adolescent Extended Treatment and Rehabilitation
Implementation Strategy Steering Committee***

13. As Clinical Director of Child and Youth Mental Health Services, I was co-chair of the State-wide Adolescent Extended Treatment and Rehabilitation Implementation Strategy Steering Committee ('the Steering Committee'). **Exhibit H** to this affidavit is a copy of the terms of reference for the Steering Committee, which explains the purpose and role of the Steering Committee.
14. The Steering Committee was responsible for overseeing the implementation of the Statewide Adolescent Extended Treatment and Rehabilitation Implementation Strategy Project Plan ("Project Plan"). **Exhibit I** to this affidavit is a copy of the Project Plan.
15. The Project Plan outlined the development of contemporary service options within a statewide model of service for adolescent mental health extended treatment and rehabilitation. The contemporary service options considered included Tier 2a Adolescent Day Program Services, Tier 2b Adolescent Community Residential Services and Tier 3 Statewide Extended Treatment Rehabilitation Beds, as recommended by the Expert Clinical Reference Group.
16. A function of the Steering Committee was to establish, monitor and oversee three Working groups and their associated processes and outputs. The three Working Groups established by the Steering Committee included:

- (i) The Service Options Implementation Working Group;
- (ii) The Barrett Adolescent Centre Consumer Transition Working Group; and



(iii) The Financial and Workforce Planning Working Group.

17. The name of the Steering Committee changed from the State-wide Adolescent Extended Treatment and Rehabilitation Implementation Strategy Steering Committee to the Adolescent Mental Health Extended Treatment Initiative Steering Committee. A reference to this change in name can be found in the minutes of meeting of the committee on 28 January 2014. **Exhibit J** to this affidavit are the agendas and minutes of meeting for the Steering Committee.
18. On 4 November 2013, the Steering Committee invited the families of the Barrett Adolescent Centre patients to make submissions in relation to the development of service options. **Exhibit K** attached to this affidavit are the documents in my possession relating to the Parent Presentation to the Steering Committee held on 4 November 2013.
19. An explanation of the purpose of the Parent's presentation and an explanation as to how the Parent's submissions and suggestions would be considered and implemented is provided in the Statewide Adolescent Extended Treatment and Rehabilitation Strategy Parent's Presentation Frequently Asked Questions document contained in Exhibit K.

Chief Executive and Department of Health Oversight Committee

20. I was a member of the Chief Executive and Department of Health Oversight Committee ('the Oversight Committee'). The purpose of the Oversight Committee was to provide strategic leadership and governance for the Statewide Adolescent Extended Treatment and Rehabilitation Implementation Strategy. **Exhibit L** to this affidavit is a copy of the Oversight Committee Terms of Reference.



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21. From records available to me, I believe the Oversight Committee first met on 17 October 2013. **Exhibit M** to this affidavit is a copy of the Oversight Committee Agendas and minutes of meetings.

Service Option Implementation Working Group

22. From a review of the records available to me, I was a member of the Service Option Implementation Working Group. The Terms of Reference for this Working Group indicate the purpose of this group was to build on the Expert Clinical Reference Group recommendations and develop preferred service options for adolescent mental health extended treatment and rehabilitation services. **Exhibit N** to this affidavit is the Service Option Implementation Working Group Terms of Reference.
23. The Service Option Implementation Working Group met once on 1 October 2013 for the purpose of conducting a 1 day workshop. The record of attendees at that workshop indicates I was not present at this Workshop. **Exhibit O** to this affidavit are the agenda items for the meeting of the Service Option Implementation Working Group dated 1 October 2013.

Barrett Adolescent Centre Consumer Transition Working Group

24. My involvement in the Barrett Adolescent Centre Consumer Transition Working Group was limited. I recall Anne Brennan was the Chair of that working group and I was invited to attend meetings on an as required basis. **Exhibit P** to this affidavit is an email from Ingrid Adamson regarding the purpose of the Barrett Adolescent Centre Consumer Transition Working Group. The email explains CHQHSS (Children's Health Queensland Hospital and Health Service) involvement in the Barrett Adolescent Centre Consumer Transition Working

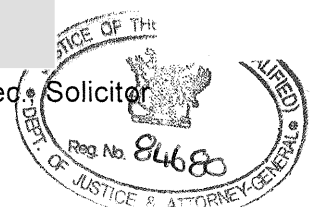
Group was to occur on an invite basis rather than regular attendance at the meetings.

25. With reference to the records available to me, it is recorded that I attended two Barrett Adolescent Centre Clinical Oversight Meetings, occurring on 12 December 2013 and 18 December 2013. **Exhibit Q** to this affidavit are copies of the File/ Meeting Notes of the Barrett Adolescent Centre Clinical Oversight Meetings dated 12 and 18 December 2013.

26. In relation to the meeting on 18 December 2013, I recall discussing the commencement of transitions and the determination of a closing date at this meeting. Specifically, in relation to the discussion of issues recorded in the file note as "it is not safe to commence transitions at the end of January" and that "a closure date had to be set but was not set on clinical need" I recall the following being discussed:

- (a) that by Christmas in 2013, [REDACTED] would likely have been discharged as inpatients from the Barrett Adolescent Centre and at that stage closure of the Centre was set for late January 2014 or early February 2014;
- (b) whether it was safe to keep the Barrett Adolescent Centre open for [REDACTED] [REDACTED] who were residing in the Centre; and
- (c) whether the Centre should be closed earlier, by one or two weeks, depending on clinical need.

27. Although the closure date of the Barrett Adolescent Centre was discussed at this meeting, ultimately it was a decision for the West Moreton Hospital and Health Service.



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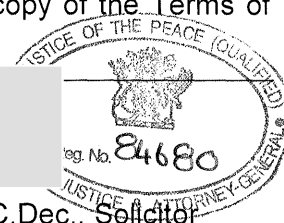
28. At that meeting, I also recall discussions regarding the delivery of the Christmas/Holiday program. This was a comprehensive program which could be accessed by inpatients and young people engaged with the day program at the Barrett Adolescent Centre. I had no involvement with this program.
29. I do not specifically recall exactly how or when I was informed of the closure date for the Barrett Adolescent Centre; the information was public knowledge. The decision about the closure date was made by the West Moreton Hospital and Health Service.
30. In relation to negotiation about the closure date discussed on the 18 December 2013 meeting, the issue was whether the date could be brought forward, not extended, from a clinical perspective.
31. The transition arrangements/plans were a matter for West Moreton Hospital and Health Service and were based on clinical need. I was not involved in and cannot comment on the transition planning process.

Financial and Workforce Planning Working Group

32. I was not a member of the Financial and Workforce Planning Working Group. **Exhibit R** to this affidavit is a copy of the Financial and Workforce Planning Working Group Terms of Reference.

Young People's Extended Treatment and Rehabilitation Initiative (YPETRI) Governance Committee

33. As Clinical Director of Child and Youth Mental Health Services, I was co-chair of the Young People's Extended Treatment and Rehabilitation Initiative Governance Committee. **Exhibit S** to this affidavit is a copy of the Terms of

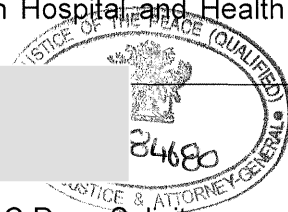


Reference for the Young People's Extended Treatment and Rehabilitation Initiative Governance Committee, which explains the purpose and role of the committee.

34. The Young People's Extended Treatment and Rehabilitation Initiative Governance Committee had no involvement in the decisions relating to the Barrett Adolescent Centre transition process.
35. The Young People's Extended Treatment and Rehabilitation Initiative Governance Committee provided progress reports to the Steering Committee.

Transition services

36. Other than my limited involvement in attending meetings of the Barrett Adolescent Centre Consumer Transition Working Group, the clinical governance of the transition services for the Barrett Adolescent Centre always remained with West Moreton Hospital and Health Service, including the Acting Clinical Director of the Barrett Adolescent Centre, Dr Brennan.
37. However, from time to time, I would provide professional input and support to Dr Brennan on an informal basis, consistent with the common practice of those working within the medical profession. No minutes or file notes were kept with respect to those conversations, and the clinical governance for the Barrett Adolescent Centre patients always remained with Dr Brennan.
38. I was not involved in the development, management and implementation of transition plans for the Barrett Adolescent Centre patients.
39. On 12 December 2013, former Barrett Adolescent Centre patients who required additional funding were discussed in the West Moreton Hospital and Health



Service Barrett Centre Clinical Oversight Meeting. Additional funding was to be used to support the patients' transitional plans. Operational funds from the Mental Health Alcohol and Other Drugs Branch were transferred to the Department of Health's Funding & Contract Management Unit for subsequent on forwarding to Children's Health Queensland Hospital and Health Service upon closure of the Barrett Adolescent Centre. Children's Health Queensland Hospital and Health Service representatives, including Ms. Judi Krause, Ms. Ingrid Adamson and I were to maintain oversight of these funds, and we were therefore invited to this meeting.

Consultation with the Department of Health

40. I have no recollection of being consulted by the Department of Health, or any other entity, in relation to the decision to close the Barrett Adolescent Centre.
41. The only potential consultation that I can identify is consultation in my capacity as a member of the Barrett Adolescent Centre Strategy Planning Group. While the minutes for the Barrett Adolescent Centre Strategy Planning Group indicate that I was a member of the group, I have no recollection of the meetings, or my participation in them.

Consultations with Barrett Adolescent Centre Families

42. My consultations, meetings and contact with families of the Barrett Adolescent Centre, both before and after closure of the Centre, to the best of my recollection was limited to:

- (a) By invitation, a meeting between Sharon Kelly, Lesley Dwyer, [REDACTED] [REDACTED] Ms. Alison Earles (Save the Barrett) and I at The Park, Centre for Mental Health. I believe this occurred in September 2013.



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- (b) My attendance at the Steering Committee meeting for the parent's presentation on 4 November 2013 and subsequent meeting with [REDACTED];
- (c) A meeting with [REDACTED] on 7 November with Dr. Peter Steer and Ms. Ingrid Adamson;
- (d) A presentation of the proposed statewide adolescent mental health extended treatment and rehabilitation model of care, given to parent/s and/or carer/s of young people from the Barrett Adolescent Centre on 11 December 2013 at The Park, Centre for Mental Health, during Dr. Sandra Radovini's visit to Queensland;
- (e) By invitation, a meeting between the Director General of Queensland Health, Mr. Ian Maynard and the parents of children from Barrett Adolescent Centre, on 27 November 2013;
- (f) consultation with the carer representative for the Barrett Adolescent Centre during meetings of the Steering Committee – this carer representative did not wish to be identified; and
- (g) Telephone calls and emails, that occurred from time to time.

43. I was not involved in developing or implementing patient transition plans. All consultations I had with the families of the Barrett Adolescent Patient's families was in the context of developing future models of services.

Responsibilities in relation to discharged Barrett Adolescent Centre patients

44. I did not have any clinical involvement with patients discharged from the Barrett Adolescent Centre. My only involvement was with one former patient who was

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transferred to the [REDACTED]. As
Medical Director I was informed of [REDACTED] movements/status within the service.

Consultations with relevant stakeholders about the future model for adolescent mental health care

45. Drawing upon the previous work done by the Expert Clinical Reference Group, and as part of the consultation process involved in developing the contemporary service options, I consulted with other youth mental health services offered in Queensland and in other parts of Australia, including by visiting:

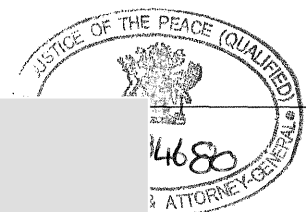
- (a) in Victoria, the Intensive Mobile Youth Outreach Services, two Youth Prevention and Recovery Care (Y-PARC) services at Frankston and Dandenong, the adolescent inpatient unit at the Royal Children's Hospital Melbourne, youth inpatient units across Melbourne, and Victorian Youth Residential Units. Y-PARCs provide short term, 24-hour step up and step down intensive mental health support to young people aged 16-25 years. Y-PARC act as an alternative to inpatient hospital care (step up), or as transitional care between hospital and intensive community support (step down); this visit included consultation with Dr Sandra Radovini in relation to her expertise in developing the Intensive Mobile Youth Outreach Services currently provided in Victoria;
- (b) in New South Wales, the Walker Unit and the Rivendell – Concorde Hospital. Following the closure of the Barrett Adolescent Centre, the Walker Unit remains the only long stay adolescent mental health inpatient unit in Australia. During our visit, inpatients at the Walker Unit suffered from severe psychotic illnesses. Some were intellectually impaired. At the time, this cohort of young people differed to inpatients

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at the Barrett Adolescent Centre. The average length of stay for young people in the Walker Unit (approximately three months) was also much shorter than at the Barrett Adolescent Centre (seventeen months, when the announcement was made that the Centre would close. Rivendell provides residential or day patient mental health services for children and adolescents who require intensive treatment. Young people attend the Rivendell School for specific purposes during their admission.

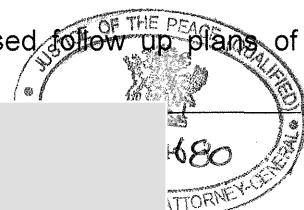
46. Consultation with experts was managed through the Service Option Implementation Working Group.
47. The consultation process also involved consultation with families and carers, including families of Barrett Adolescent Centre patients. This was managed through the Steering Committee as explained above. **Exhibit T** to this affidavit is a letter sent to Parents and Carers of Barrett Adolescent Centre patients; a collection of file notes of communications with families and carers in my possession and documents associated with a meeting attended by the Director-General Ian Maynard on 27 November 2013.
48. The terms "Tier 1", "Tier 2a", "Tier 2b", and "Tier 3" used by the Expert Clinical Reference Group are not recognised definitions for adolescent mental health care services in Australia. They do not specifically align with Australia's draft National Mental Health Framework.
49. **Exhibit U** is to this affidavit is a copy of the slides from a presentation I delivered in December 2013 regarding proposed models of care, which align with the draft National Mental Health Service Planning Framework.



50. Further, I was not involved in the transition planning process for Barrett Adolescent Centre patients, other than my involvement in the Barrett Adolescent Centre Consumer Transition Working Group as explained above.
51. The consultation process in which I was involved for the future model of adolescent mental health care in Queensland was that identified in the slide from Exhibit U titled 'Our Consultation Process'. It was the consultation process of the Steering Committee.
52. From the time we began developing the new model, that is from August 2013, we continued to consult with expert service providers, stakeholders and clients and families as the new model was developed and refined.

Arrangements for Patients on the Barrett Adolescent Centre Waiting List

53. I provided follow up support and updates to Dr Anne Brennan with regards to Barrett Adolescent Centre patients on waiting lists. These patients were split into two categories: 1. Those who prior to the decision to close the Centre had been referred, assessed and accepted into the Barrett Adolescent Centre (referred to as 'the BAC waitlist' in the documents); and 2. Those who were referred but awaiting assessment (referred to as the 'assessment list' in the documents). **Exhibit V** to this affidavit is a bundle of documents and communications in my control relating to my follow ups with regards to waitlist patients.
54. Follow up of patients on the waiting and assessment lists was determined on the basis of the referral, and on clinical need. I directed the follow up of patients and families living in Children's Health Queensland Hospital and Health Service. Dr. Anne Brennan and I collegiately discussed follow up plans of



patients who resided outside of Children's Health Queensland Hospital and Health Service catchment area. Follow up for these patients was subsequently co-ordinated by Dr. Anne Brennan.

Leave in January 2014

55. I was on leave from Monday 13 January 2014 to Tuesday 28 January 2014.

Exhibit W to this affidavit is my Calendar for January 2014. My position was not back-filled during my leave, however I recall Judi Krause, Divisional Director, assumed a number of my group and committee responsibilities during this period. All of my clinical responsibilities were transferred to other clinicians during this period.

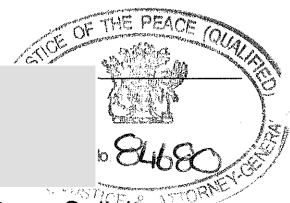
56. I did not have any specific responsibilities in relation to Barrett Adolescent Centre patients once they had been discharged from the Barrett Adolescent Centre.

Other information

57. The Steering Committee, through its research and consultation processes, developed a Business Case for the Development of the Statewide Adolescent Mental Health Extended Treatment and Rehabilitation Model of Care ('the Business Case'). The Business Case represented the new proposed model of care and services. **Exhibit X** to this affidavit is a copy of the Business Case.

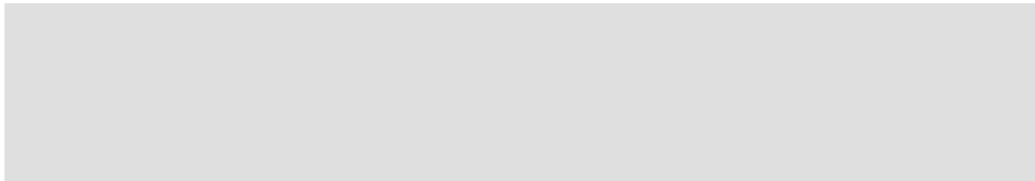
58. The new proposed model of care included:

- (a) an extension of the Adolescent Day Program Services, described as Tier 2a services by the Expert Clinical Reference Group;



- (b) the Assertive Mobile Youth Outreach Service (also known as AMYOS), which involves a small team of clinicians who go out and visit clients;
- (c) the Youth Residential Service for youth between the ages of 16 and 21;
 - Later Young People's Extended Treatment and Rehabilitation Initiative Governance Committee established to take this to the next step with a pilot program – at Greenslopes. The development of a pilot Youth Residential Service program formed part of the Tier 2b recommendations of the Expert Clinical Reference Group.
- (d) a Step-Up / Step Down facility, which involves a non-government organisation custom built house with between 6 and 10 beds that provides intensive community services. The non-government organisation manages the house and provides 24/7 supervision. The service also includes intensive clinical “in-reach” from Child and Youth Mental Health Services; and
- (e) State-wide sub-acute beds. These are the “Tier 3” beds that the Expert Clinical Reference Group recommended. This service involves extended treatment inpatient beds, with access to on-site schooling.

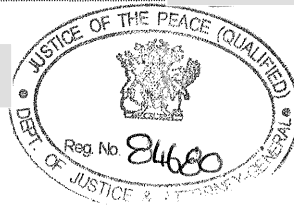
59.



All the facts affirmed in this affidavit are true to my knowledge and belief except as stated otherwise.

Affirmed by Associate Professor Stephen)
Stathis on 5 November 2015 at Brisbane)
in the presence of:)

A Justice of the Peace, C.Dec., Solicitor



In the matter of the *Commissions of Inquiry Act 1950*

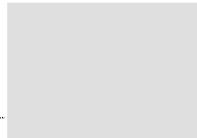
Commissions of Inquiry Order (No.4) 2015

Barrett Adolescent Centre Commission of Inquiry

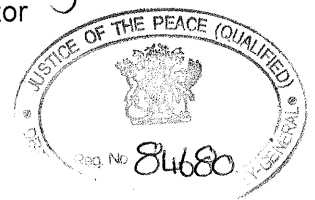
CERTIFICATE OF EXHIBIT

Exhibit A to K to the Affidavit of Stephen Stathis affirmed on 5 November 2015.

Deponent



A J.P., C.Dec., Solicitor



In the matter of the *Commissions of Inquiry Act 1950*

Commissions of Inquiry Order (No.4) 2015

Barrett Adolescent Centre Commission of Inquiry

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A

PROGRESSIVE CURRICULUM VITAE

Associate Professor Stephen Stathis
M.B.B.S, FRACP, FRANZCP, Cert. Child Adol. Psych, DTM&H, MSc

1990: Graduated M.B.B.S. (Qld)
 1993: Diploma of Tropical Medicine and Hygiene, Liverpool UK (DTM&H)
 1998: Fellow, Royal Australasian College of Physicians (FRACP)
 1999: Masters in Epidemiology and Biostatistics, University of Newcastle NSW (MSc)
 2002: Fellow, Royal Australian and New Zealand College of Psychiatrists (FRANZCP)
 2002: Certificate in Child & Adolescent Psychiatry (Cert. Child Adol. Psych), RANZCP
 2007: Appointed as Associate Professor, University of Queensland
 2011: Foundation Member, Faculty of Forensic Psychiatry, RANZCP

Historic Roles

Consultant Child and Adolescent Psychiatrist, Royal Children's Hospital. 2002 – 2009

- Primary roles
 - Consultation Liaison Service
 - eCYMHS (Longreach, Moranbah, Charters Towers)
 - Forensic Mental Health Services including Mental Health Alcohol Tobacco and Other Drugs Service (MHATODS) and the Community Youth Forensic Outreach Service (CYFOS)

Clinical Director: Child & Family Therapy Unit, Royal Children's Hospital (2009 - 2012)

Acting/Clinical Director, Child and Youth Mental Health Service, Royal Children's Hospital and Children's Health Queensland Hospital and Health Service (2012 – 2014)

Part-time Member: Children Service Tribunal (2005-2009) & Queensland Civil and Administrative Tribunal (2009-2011)

Member: Expert Advisory Group: Queensland Child Protection Commission of Inquiry (Carmody Inquiry). (2012)

Queensland Faculty Branch Committee, Faculty of Child & Adolescent Psychiatry

- Committee Member (2006 - present)
- Secretary (2006 – 2013)

Member of the Board: ACT for Kids (2006 - 2015)

Board Member; CapeKIDS (2012 - 2015)

Foundation Member: Child Protection Practitioners Association of Queensland (CCPAQ) (2011 – 2014)

Current Roles

Medical Director, Child and Youth Mental Health Services, Children's Health Queensland Hospital and Health Service (2014- present)

Board Member; You thrive Pty Ltd (2012 – present)

Publications:

1. Stathis SL, O'Callaghan M, Harvey J, Roger Y. (1999) Measurements of Head Circumference in the First Year of Life are Associated with Specific Learning Disorders and Cognition but not ADHD in the School Aged ELBW Child *Developmental Medicine and Child Neurology* 41:375-380
2. Stathis, SL, O'Callaghan M, Williams GM, Najman JM, Bor W, Andersen MJ. (1999) Behavioural and Cognitive Associations of Short Stature at 5 Years *Journal of Paediatrics and Child Health* 35:(6) 562-567
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4. Stathis SL, Cowley D, Brow D. (2000) Autism and Adenylosuccinase *American Journal of Child and Adolescent Psychiatry* 39:(3) 274-275
5. Stathis SL, Martin G. (2004) A Transdisciplinary Approach to Adolescent Forensic Mental Health. *Australian & New Zealand Journal of Psychiatry* 38:746-752
6. Letters P, Stathis SL. (2004) A Mental Health and Substance Abuse Service to Youth Detention Centre. *Australasian Psychiatry* 12: 126-129
7. Shields L, Stathis S, Mohay H, van Haeringen A, Williams H, Wood D, Bennett. (2004) The health of children in immigration detention: how does Australia compare? *Australian and New Zealand Journal of Public Health* 28:9-15
8. Harden S, Stathis SL, Wagner I. (2005) Redevelopment of a Consultation Liaison Service at a Tertiary Paediatric Hospital. *Australasian Psychiatry* 13:169-172
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10. Wagner I, Stathis L, Harden S, Crimmins J. (2005) Models and patterns of service in child and youth consultation-liaison services. *Australasian Psychiatry* 13 ;273-278
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13. Stathis SL, Letters P, Dacre E, Doolan I, Heath K, Litchfield B. (2007) The role of an Indigenous Health Worker in contributing to equity of access to a mental health and drug and alcohol service for Indigenous young people in a youth detention centre. *Australian e-Journal for the Advancement of Mental Health* 6; 1
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14. Stathis SL. (2007) Establishing Universal Mental Health Screening in a Youth Detention Centre Context. The Royal Australian and New Zealand College of Psychiatrists 42nd Congress. *Australian and New Zealand Journal of Psychiatry* 41 (Suppl.1); A84
15. Smith AC, Stathis SL, Randell A, Best D, Ryan V, Bergwever E, Keegan F, Fraser E, Shuffham P, Wootton R. (2007) A cost-minimisation analysis of a telepaediatric mental health service for patients in rural and remote Queensland. *Journal of Telemedicine and Telecare* 13 (Suppl. 3); S79-S83
16. Stathis SL, Letters P, Doolan I, Fleming R, Heath K, Amett A, Cory S. (2008) Use of the Massachusetts Youth Screening Instrument to Assess for Mental health Problems in Young People Within an Australian Youth Detention Centre. *Journal of Paediatrics and Child Health* Jul-Aug;44(7-8):438-4

17. Cafferty LJ, Stathis S, Smith AA. (2008) An Encrypted Email Application for Paediatric and Adolescent Mental Health Teleconsultations. *electronic Journal of Health Informatics* 3(1): e1
18. Stathis SL, Litchfield B, Letters P, Doolan I, Martin G. (2008) A comparative assessment of suicide risk for young people in youth detention. *Archives of Suicide Research* 12; 62-66
19. JM Marchant, PA Newcombe, EF Juniper, JK Sheffield, SL Stathis, AB Chang. (2008) What is the burden of chronic cough for families? *Chest* 134: 303-309
20. Stathis SL, Letters P. (2008) Letter to the Editor: Equity of access for Indigenous young people to detention centre based mental health and substance use services - revisited. *Australian e-Journal for the Advancement of Mental Health* 7; 3
www.auseinet.com/journal/vol7iss3/stathis_letters_to_editor.pdf
21. Harden S, Elder, H, Stathis, S. (2010) Some challenges in adolescent forensic mental health from Australia and New Zealand. A New Paradigm for Adolescent Detention Centre Mental Health. *Chinese Medical Journal* 123 (Suppl 2): 248-249.
22. Hollingworth SA, Nissen LM, Stathis SS, Siskind DJ, Varghese JM, Scott JG. (2011) Australian national trends in stimulant dispensing: 2002-2009. *Aust N Z J Psychiatry*. 45(4): 332-6
23. Stathis S. (2012) An historical account of Youth Detention Centres in South East Queensland and their relationship to adolescent forensic psychiatry. *Queensland History Journal*. 21(9): 585-600
24. Stathis S, Doolan I, Letters P, Arnett A, Cory S, Quinlan A. (2012) Use Of The Westernman Aboriginal Symptoms Checklist-Youth (WASC-Y) in Screening for Mental Health Problems in Indigenous Youth in Custody. *Advances In Mental Health*. 10(3): 235-239.
25. Wood J, Stathis S, Smith A, Krause J. (2012) E-CYMHS : An expansion of a Child and Youth Telepsychiatry Model. *Australasian Psychiatry*. 20(4): 333-337.
26. Stathis SL, Harden S, Martin G, Chalk J. (2013) Challenges in Establishing Adolescent Forensic Mental Health Services Within Australian Youth Detention Centres. *Psychiatry, Psychology and Law*.
<http://www.tandfonline.com/doi/full/10.1080/13218719.2013.768195>
27. Stathis S, Hudson L, Kennedy A. (2013) Important Medical and Mental Health Issues for Incarcerated and Homeless Youth. Eds. Steinbeck K, Kohn M. *A Clinical Handbook in Adolescent Medicine*. World Scientific Publishing: 205-222.
28. Harden, S, Phillips, M, Stathis S, Geritz K, Hasan T, Spiller M, Watt, BD, Allen A. (2014) Responding to the Challenge of Problem Sexual Behaviour by Young People in Queensland: An Opinion. *Sexual Abuse in Australia and New Zealand*. 6 (1):31-37.

REGULAR TRAINING PROVIDED

Royal Children's Hospital Research Meetings

- **Junior Registrars:** An Introduction to Diagnoses and Disorders in Child & Adolescent Psychiatry - 6 Monthly

Consultation Liaison Psychiatry	6 Monthly
Forensic Child Psychiatry	6 Monthly
- **Senior Training:**

- Consultation Liaison Psychiatry
- Forensic Child & Adolescent Psychiatry

CYMHS Training: "A Difficult Case" 6 Monthly Mandatory Training in Child & Adolescent Psych

Staff Training Brisbane Youth Detention Centre. Run by the Department of Communities: "An Introduction to Child and Adolescent Psychiatry" Brisbane Youth Detention Centre

Regular invitations to Family Radio FM96.5 in relation to mental health, family and lifestyle issues

Regular invitation to Parent/Teacher presentations at local schools:

OTHER INITIATIVES

Project Leader: ADHD Management Strategy (2003)

Project Leader: E-Mental Health Pilot Program and E-CYMHS service. Royal Children's Hospital (2005)

Member/Stakeholder: Rural and Remote Mental Health Working Group – SMHSP (2005)

Member: RACP/RANZCP National Working Group on Alcohol Policy Document (2005)

State Mental Health Planning Group: Rural and Regional Subcommittee (2005)

RACP Paediatric Policy Committee Working Group: Convicted Juveniles and Children (0-5) being cared for by convicted mothers. (May 2006 – Present)

Child & Family Therapy Unit – Clinical Quality & Safety Group (2007 – Present)

Clinical Advisory Group – QCH (2007)

Membership of the Statewide Genetics Clinical network Steering Group (2007 – 2008)

Research Mentor via CYMHS Research Advisory Group, RCH & HSD (2008 – Present)

Member of the Project Steering Committee: Diabetes Transition Program – Best practice guideline for health professionals; sweet.org.au (2007-2008)

Paediatric Persistent Pain Service Reference Group (2009 - Present)

Statewide Mental Health Network (SWMHN) Forensic Mental Health Subgroup, Child and Youth Forensic Mental Health Services Working Group (2009 – 2010)

Statewide Mental Health Network (SWMHN) Consultation Liaison Subgroup, (2009 – 2010); Consultation - Liaison Psychiatry Advisory Group (2010 – 2012)

Academic and Research Committee – Forensic (Southern & Central Zones) (2009 – Present)

Forensic Policy Review Workshop. Member, Forensic Policy Working Group. (2009)

Diabetes Network Collaborative Project. Member, Steering Committee. (2009 – 2010)

Child and Youth Acute Sedation Guidelines Working Group (2009 – 2010)

QH Forensic Mental Health Action Plan 2012 – 2017 (2010)

Credentialing Committee (2011 – Present)

RANZCP International Affairs Working Group (2011 – Present)

Statewide Mental Health Network; Child and Youth Mental Health Advisory Group (2011- present)

Forensic Action Plan Working Group (FAPWG) (2010 – present)

Queensland Maternity and Neonatal Clinical Guidelines Program. Member of the Working Party. (2011 – 2012)

Child & Youth Mental Health Service Strategic Review Group (2012 – present)

Invited Collaborator: Review of existing clinical and nonclinical models of care for transgender Queenslanders (Transgender Scoping Project). (2012- present).

Invited Member: Ministerial Round Table. Hon. Jarrod L (Attorney General & Minister of Justice) Youth Boot Camp Models.

Statewide Role, Working Group. Children's Health Queensland Hospital and Health Service (2012 – Present).

Children's Health Queensland HHS Clinician Engagement Panel (2012 – present).

Children's Health Queensland Revenue Strategy Working Party (2012 – present)

Barrett Adolescent Centre Planning Group + Co-chair, Statewide Adolescent Extended Treatment and Rehabilitation Committee and Initiative (2012 – present)

Invited Member: Planning Group, Asia/Pacific Forum RANZCP Congress May 2013 and FACP Conference October 2013. (2012 – 2013)

Queensland Psychotropic Medication Advisory Committee (QPMAC) (2013 – present)

Statewide Adolescent Extended Treatment and Rehabilitation Implementation Strategy (2013-2014)

- Co-chair Steering Group
- Member, Chief Executive and Department of Health Oversight Committee

Statewide Mental Health Alcohol and Other Drugs (MHAOD) Clinical Network (2013-present; term concludes 2015)

QCH HHS Private Practice Governance Committee (2013 – present)

Member: Statewide Child Protection Clinical Partnership Steering Committee (2013 – present)

Trans* Health and Wellbeing Support Services in Queensland: Consultation and Community Driven Strategies. Advisory Committee Member (2013-2014)

Adolescent Mental Health Extended Treatment Initiative Steering Committee (2013-Present)

Statewide Child and Youth Mental Health, Alcohol and Other Drugs (MHAOD) Clinical Group (2103-present)

Invited Participant: Root Cause Analysis: Darling Downs Hospital and Health Service (2014)

Invited Member: Mental Health Act Review Expert Review Group (2014)

Invited Panel Member: Evaluation Plan and Interview Panel Member *headspace* Expression of Interest Telehealth Practitioners Process (2014)

Divisional Representative to Attend CHQ Medicines Advisory Committee (2015)

Clinical Ethics Response Group Pool Member, CHQ HHS (2015)

Pasifika Study Group, Advisory Group. Vanuatu (2015)

EXTERNAL REVIEWER

Royal Children's Hospital Foundation research grants.

Journals:

1. Drug and Alcohol Review
2. Pediatrics
3. Australasian Psychiatry
4. European Child and Adolescent Psychiatry
5. International Journal of Public Health
6. Journal of Paediatrics and Child Health
7. Child and Adolescent Psychiatry and Mental Health

PhD ADVISOR / Supervision /Grants/Research

Associate Advisor, Mr. Liam Caffery. Project Title: *Email-Based Store-and-Forward Telemedicine: An Evaluation of Implementation Methods and Recommendations for Successful Implementation* (2007-2008)

Supervisor: Rachel Barnett. (2012) Nurse Practitioner training

Examiner: Sophie Moore. Master of Epidemiology, School of Population Health, University of Queensland. *"Early childhood and familial risk factors for adolescent reported bullying."*

Project Title (in full): Mental health service delivery for adolescents: a comparative study
Principal Investigator: Miss Sarah-Jane Fenton

Australian Rotary Health: Teaching Reciprocal Relationship Skills to Parents and Adolescents: Efficacy and Mechanisms of Change (2014)

Researcher: Genetic testing for Mendelian cardiac disorders in Minors: Review of all minors referred to a cardiac genetics service over a 6 year period. Chief Researcher – Mathew Wallis

Principle Investigator: Cadence BZ Trial. Queensland Centre for Mental Health Research, The Park Centre for Mental Health (2015)

CONFERENCES, WORKSHOPS & TRAINING ATTENDED
(* Organising Committee)

June 2002: "Pathways to Good Mental Health: Preterm Infants and Families", Mater Children's Hospital

February 2003: Principal Speaker: "What is new in adolescent forensic mental health. "Making the Youth Justice System Work Better"

April 2003: Two Day Workshop: "Bridging the Gap" - Young people and substance abuse."

May 2003: Supervisors Half Day Workshop Bardon Professional Centre

June 2003: Suicide Prevention Australia "The Place of Spirituality in Suicide Prevention" Brisbane

July 2003: "Highlights of the American Psychiatric Association Meeting", Brisbane

July 2003: Clinical Paediatric - An Update for Practicing Paediatricians. Melbourne

August 2003: One Day Workshop: Advanced Motivational Interviewing

August 2003: Advanced Motivational Interviewing. Biala, Brisbane

September 2003: International Conference on Trauma, Attachment and Dissociation - "Transforming Trauma" Melbourne

September 2003: "Drug & Alcohol Abuse - Relapse Prevention and Management." Biala, Brisbane.

October 2003: "Treatment of Youth Depression. We have made progress but there is still a way to go." Prof. Bruce Tonge

February 2004: "Child Protection in the Medical Context" Royal Children's Hospital, Brisbane.

March 2004 Post Traumatic Stress Disorder: A 3 Hour educational workshop.

April 2004: "Internet, Media & Mental Health. International Conference." Carlton Crest Hotel. Brisbane.

June 2004: Combined MCH & RCH CL Symposium, Dr. Jon Jureдини, Royal Children's Hospital

July 2004: Queensland Branch of the Faculty of Child and Adolescent Psychiatry, Legend Hotel, Gold Coast

September 2004: Paediatric Consultation Liaison Conference, Adelaide SA. Professor Elena Garraida

October 2004: "Well Beyond 2004" The Australian Association of Developmental Disability Medicine. The Bardon Centre, Queensland

November 2004: 2 Day Training and Workshop; Children Services Tribunal

April 2005: Epilepsy Society of Australia. 20th Annual Scientific Meeting, Cairns

July 2005: One Child – Paediatricians and Child Psychiatrist Working Together, Gold Coast

September 2005: World Psychiatry Association, Cairo Egypt

September 2005: Mater Prader Willi Update, Mater Children's Hospital

May 2006: RACP National Congress, Cairns

May 2006: Emotional Compass: Navigating Wellbeing. 41st National Congress, RANZCP, Perth

August 2006: Psychological Therapies. Twin Waters Resort. Maroochydore

October 2006: Annual Paediatric Weekend. Twin Waters Resort.

November 2006: Aboriginal and Torres Strait Islander Mental Health Conference, Toowoomba.

May 2007: RANZCP 42nd Annual Congress 2007. Gold Coast Convention and Exhibition Centre

August 2007: Seventh Australasian Cystic Fibrosis Conference, Sydney

August 2007: 7th International conference on Successes and Failures in Telehealth. Brisbane

March 2008: Brisbane North Interagency Forum.

April 2008: 1st Mental Health Medication Safety Workshop

July 2008: Brisbane Women's & Children's Update & Education Day

July 2008: Queensland Suicide & Self-Harm Prevention Conference 2008. Cairns.

October 2008*: RANZCP Faculty of Child & Adolescent Psychiatry, Port Douglas.

November 2008: Managing Trauma in an Adolescent Forensic Population. University of Queensland Child Psychiatry Grand Rounds, RCH

March 2009: Protecting Children Today (PACT) Conference. Sebel/Centrepoint, Brisbane

April 2009: 1st Mental Health Safety Workshop, RBWH

April 2009: Psychopathy & Violence: General and Sexual Violence Risk Assessment. 4 Day Workshop. Brisbane Broncos Leagues Club. Red Hill. Brisbane.

July 2009: ADHD Forum 2009, Shanghai China.

October 2009: The RANZCP Inaugural Child and Adolescent Forensic Psychiatrist Meeting, Sydney

November 2009: Queensland Paediatric Haematology Oncology Network (QPHON), Paediatric Palliative Care Service (PPCS) forum, RCH

February 2010: Pacific Island Cultural Awareness Workshop (Redcliffe/Caboolture)

March 2010*: Understanding Medically Unexplained Symptoms in Children: A Mental Health Perspective; Jon Jureidini Workshop, RCH

March 2010: Growing up fast and furious: Reviewing the Impacts of violent and sexualised media on children. NSW Teachers Federation Conference Centre, Sydney

April 2010: Research-Policy-Practice Symposium. Preventing Youth Sexual Violence and Abuse. Griffith University, Brisbane

May 2010: EQUIP 4 for Mental Health Services workshop. Brisbane

July 2010*: Annual Weekend Conference, Qld Branch Faculty C & A Psychiatry. Included - Workshop: trauma focused CBT for children who experience a single-event trauma: an Australian Resource. Peppers Salt Resort & Spa. Kingscliff NSW

August 2010: Prediction; The Holy Grail. 30th Annual Congress, Australian and New Zealand Association of Psychiatry, Psychology and Law ANZAPPL. Surfers Paradise, Queensland.

November 2010: What should be the role of child psychiatrists in Queensland's 10 year Mental Health Reform effort? Faculty function. Brisbane

November 2010*: Professor Leonard Bickman. Child and Adolescent Mental Health Service Research in the USA – Lessons learned and implications for Australian Services. Mater, Brisbane

March 2011: Queensland Health Forensic Mental Health Strategic Framework 2011 launch and afternoon workshop. RBWH

April 2011: APEG Disorders of Sex Development (DSD) Workshop. Melbourne

May 2011: 2011 RACP Congress. Darwin NT

June 2011: Improving the Health & Well-being of Transgender Queenslanders. Brisbane.

July 2011: Diverse Practices. Queensland Branch Weekend Conference. Kingscliff. NSW

August 2011: Youth Mental Health Symposium 2011. Melbourne.

September 2011: 'Priority One 2011' 3rd Mental Health Promotion, Prevention & Early Intervention (PPEI): from Infancy to Youth Conference. Logan CYMHS & Youth & Family Services. Logan.

October 2011: One Day Workshop. Working with Children and Adolescents with Problematic Sexualised Behaviours. Child & Youth Outreach Service (CYFOS) Spring Hill.

June-December 2011: Medical Leadership in Action Program. Forms part of the Queensland Health Leadership Development Program. 80 hours of educational activity over 6 months.

June 2012: Journeys through the Justice System. The Role of Forensic Mental Health. Victoria Park Function Venue. Brisbane

July 2012: Australasian Conference of Child Trauma. Royal Pines Resort. Gold Coast.

August 2012*: Faculty of Child and Adolescent Psychiatry Queensland Branch Conference 2012. Salt Village, Kingscliff NSW.

September 2012*: Creating Futures PNG 2012 Conference. Port Moresby

May 2013: Inaugural Out-of-Home Care Summit. Rendezvous Hotel. Melbourne

May 2013: RANZCP 2013 Congress, Sydney Convention and Exhibition Centre

October 2014: Invited speaker: Binational Child And Adolescent Faculty Conference. Genes and How to Wear Them. Gold Coast

September 2015: Pasifika Study Group, Port Vila, Vanuatu

Sept/Oct 2015: Faculty Conference, Port Vila, Vanuatu.

PEER REVIEWED CONFERENCE PAPERS, KEY NOTE SPEAKER & WORKSHOPS: PRESENTED

June 2002: "Pathways to Good Mental Health: Preterm Infants and Families", Mater Children's Hospital

February 2003: Principal Speaker: "What is new in adolescent forensic mental health. "Making the Youth Justice System Work Better"

August 2003: "Adolescent Mental Health" Invited Speaker, Australian Paediatric Review Training Program

November 2003: "Mental Health Issues of Juveniles in Detention" Invited Speaker Alumni Day, Royal Children's Hospital.

October 2003: Alumni Day RCH "Health Issues of Juveniles in Detention"

October 2004: "Well Beyond 2004" The Australian Association of Developmental Disability Medicine. The Bardon Centre, Bardon, Queensland. *ADHD and Adolescents – Where do we currently stand?*

April 2005: Epilepsy Society of Australia. 20th Annual Scientific Meeting, Cairns. *"Neurobehavioural Disorders and Epilepsy"*

April 2005: Attention and Concentration in Children – Mater Children's Hospital and Education Queensland. *"General overview of the development of attention and concentration difficulties in children."*

July 2005: Key Note Speaker. Epilepsy Symposium, Brisbane *"Mental Health Problems in Children and Adolescents with Epilepsy"*

September 2005: Poster Presentation. *Mental Health Tobacco and Other Drugs Services (MHATODS) to Young People in Detention*. World Psychiatry Association, Cairo

May 2006: RACP National Congress, Cairns
 1. "Conduct Disorder: Assessment."
 2. "Psychiatric Issues in Convicted Juveniles/Juveniles in Detention."

June 2006: Engaging Ideas; Department of Communities.
Outcomes of the SRAT Study

September 2006: IACAPAP Conference, Melbourne. Poster Presentation: "e-CYMHS. A Telepsychiatry Program for Rural and Remote Child & Youth Mental Health Services"

October 2006: Annual Paediatric Weekend. Twin Waters Resort, Sunshine Coast. *"Effects of Violence on Children."*

November 2006: Aboriginal and Torres Strait Islander Mental Health Conference, Toowoomba. *"Psychological Trauma on Aboriginal and Torres Strait Islander Children and its Long Term Effects."*

May 2007: RANZCP 42nd Annual Congress, Gold Coast
 1. "I'm Schizo, I Sniff Paint, I'm Locked Up ..." Providing Mental Health and Drug & Alcohol Services to Young People in Youth Detention."
 2. "Establishing Universal Mental Health Screening in a Youth Detention Centre."

August 2007: Seventh Australasian Cystic Fibrosis Conference, Sydney. *Difficulties coping with Cystic Fibrosis from developmental viewpoint.*

September 2007: Presentation to The Parents and Friends Committee of All Hallow's School: *Drugs: Stuff that parents need to know!"*

October 2007: *Community Attitudes about Mental Health and it's Impact on the Consumer's Recovery.* Mental Health Week, Charters Towers.

March 2008: Brisbane North Interagency Forum. Key note speaker and "Hypothetical" presenter; *Cannabis Use and Psychiatric Illness, A Collaborative Case Study Approach*

July 2008: Brisbane Women's & Children's Update & Education Day on Saturday 26 July 2008. *Conduct disorder and behavioural problems in adolescence- What the GP should know and do.*

July 2008: Queensland Suicide & Self-Harm Prevention Conference 2008. Cairns. *A comparative assessment of suicide risk for young people in youth detention.*

October 2008: RANZCP Faculty of Child & Adolescent Psychiatry, Port Douglas. *Evaluation of a Screening Tool for Young People in an Australian Youth Detention Centre.*

November 2008: University of Queensland Child Psychiatry Grand Rounds, RCH. *Managing Trauma in an Adolescent Forensic Population.*

January 2009: CF Family Information Day. RCH. *Erikson, Psychodevelopment and CF – A talk to parents.*

February 2009: 6th Annual Pfizer Endocrine Nurses Meeting. Brisbane. *Disorders of Sex Development. Mental Health Implication*

March 2009: IGNITE conference, Brisbane. *Assessing children and adolescents with mental health problems and other medical syndromes.*

March 2009: Protecting Children Today (PACT) Conference, Brisbane. *Managing young people in youth detention who suffer from posttraumatic stress and associated mental health and substance misuse problems.*

May 2009: Youth Mental Health Matter. Public Forum. Schizophrenia Awareness Week. RBWH

August 2009: Phoenix Magistrates Program. *Children as Witnesses.* Broadbeach.

March 2010: IGNITE conference, Brisbane. *Assessing children and adolescents with mental health problems and other medical syndromes.*

March 2010: Consultation-Liaison Psychiatry Statewide Forum. Herston.

June 2010: 19th World Congress of the International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP). Symposium. *A New Paradigm for Adolescent Detention Centre Mental Health.* Beijing, China.,

June 2010: Encouraging Diversity. Challenging the Concept of Difference Symposium. *Adolescence. Normal Development and Red Flags.* Mater Children's Hospital, Brisbane

August 2010: Youth Mental Health Symposium 2010. Disorders of Sex Development. What is the Role of the Psychiatrist? Brisbane.

August 2010: Phoenix Magistrates Program. *Children as Witnesses.* Broadbeach, Queensland.

August 2010: Prediction; The Holy Grail. 30th Annual Congress, Australian and New Zealand Association of Psychiatry, Psychology and Law ANZAPPL. *MHATODS: A New Paradigm for Adolescent Detention Centre Mental Health.* Surfers Paradise, Queensland.

September 2010: Advanced Training in Consultation Liaison Psychiatry. Formal Education Course. *Paediatric CL: Psychiatry.* Princess Alexandra Hospital, Brisbane.

November 2010: Queensland Statewide Trauma Symposium. *Not just a little adult - a paediatric approach to the multiply injured child.* RBWH

April 2011: Minter Ellison Workshop. *Disorders of Sex Development and Gender Identity Disorder: A Psychiatric Perspective.* Brisbane

April 2011: Vanuatu Visit at Invitation of Ministry of Health. Report to Ministry of Health: *Recommendation on Child and Adolescent Mental Health Services in Vanuatu.* April 2011.

May 2011: Sexual Health Society of Queensland – Annual Conference. Keynote Dinner Speaker. *Childhood and Adolescent Transgender Issues.* Brisbane

May 2011: The Health and Well Being of Incarcerated Adolescents. Policy Launch. Co-presenter. *We Have a Policy – Now What?* 2011 RACP Congress. Darwin NT

August 2011: Phoenix Magistrates Program. *Children as Witnesses.* Broadbeach, Queensland.

September 2011: Inaugural Symposium of the Queensland Foetal Alcohol Spectrum Disorder Research Network. *Assessment and treatment of teenagers with FASD.* RBWH

October 2011: Adolescent Health and Wellbeing Workshop. Sunshine Coast Institute of TAFE (SCIT). *Holistic Approaches to Adolescent Health and Wellbeing.* BYDC.

October 2011: Consultation Liaison Psychiatry Symposium. *The Challenges of Child & Youth CL.* Herston, Brisbane.

October 2011: Brisbane North Interagency Forum (BNIF). *Drug & Adolescent Use in Adolescents. What we can learn from treatment programs in youth detention.* RBWH.

November 2011: Working with Children and Young People with an Autistic Spectrum Disorder. *Mental Health and Wellbeing of Adolescent with an ASD. Half Day Workshop.* Pines Event Centre, Richlands.

June 2012: Journeys through the Justice System. The Role of Forensic Mental Health. *Social Factors and the Criminal (Youth) Justice System. Young People Entering the Criminal Justice System*. Victoria Park Function Venue, Brisbane

July 2012: Australasian Conference of Child Trauma. *A Brief Intervention for Trauma Symptoms (BITS) Program*. Royal Pines Resort. Gold Coast.

September 2012: Creating Futures PNG 2012 Conference. *Workshop. Child mental health in PNG & assessment of young people with drug and alcohol problems*. Co-presented with Dr Monica Hagali (PNG) and Ros Montague. Port Moresby, PNG.

May 2013: RANZCP 2013 Congress, Sydney Convention and Exhibition Centre. Invited Participant in SouthEast Asian and Pacific Mental Health Forum

June 2013: Statewide Child Protection Clinical Partnership CPA CPLO Workshop

June 2013: Inaugural Out-of-Home Care Summit. Rendezvous Hotel. *Managing Child Mental Health*. Melbourne

October 2013: Invited Speaker. National Foster & Kinship Care Conference. *A brief overview of the neurobiological impacts of trauma on the developing brain*. Sydney

October 2013: Invited Panellist. Public Forum: Youth Justice and Detention as a Last Resort. Social Justice Forum Series, UQ Law School. Moderator Paul Barclay, ABC Big Ideas.

February 2014: Workshop: National Youth Mental Health Forum. *The Assessment and Treatment of Gender Dysphoria in Children and Adolescents*. Brisbane

May 2014: Keynote speaker: Western Australia Magistrates Conference. Perth.

- *Adolescents for Dummies*
- *Specialist Topics in Child and Adolescent Mental Health*
- *Children and Young People: Making the Right Decision: Panel*

July 2014: Invited Speaker. ACS School Leaders Retreat 2014. *Gender Identity Issues in Students*. Sunshine Coast

August 2014: Keynote Panel Member. Queensland Magistrates Annual State Conference. *A Conversation between Three Child Psychiatrists*. Brisbane

August 2014: Surviving and thriving in a time of change: Mental Health Alcohol and other Drugs Clinical Network 2014 Forum

October 2014: Invited speaker: Binational Child And Adolescent Faculty Conference. *Genes and How to Wear Them*. Gold Coast

- *Plenary Session. A new child and adolescent gender clinic for children and adolescents in Queensland: Early Lessons learned*
- *Concurrent Session: Child and youth mental health in Vanuatu: Beyond the first steps*
- *Concurrent Session: Reaching out. The provision of paediatric telepsychiatry to the bush.*

February 2015: Invited Speaker. National Judicial College of Australia. *Seen and Heard Conference. Communication by Children*. Canberra

May 2015: LGBTI Legal Service. *Trans Kids Right's Seminar*. Brisbane

May 2015: Invited Speaker. RACP Congress 2015 "Breaking Boundaries Creating Connections". *Child and Adolescent Trans* Medicine*. Cairns.

May 2015: Poster Presentation. 10th National Seclusion and Restraint Reduction Forum. *Is it seclusion? A review of seclusion and restraint practices within a child inpatient unit and strategies used to create a positive and safe environment*. Melbourne

July 2015: Invited Speaker. Family Law Conference, Queensland Law Society. *Decision making and the particular challenge when dealing with children who experience difference*. Gold Coast

August 2015: Invited Speaker. Judicial College of Victoria, Magistrates Tribunals Orientation. *Children as Witnesses*. Melbourne

September 2015: Pasifika Study Group, Advisory Group and Workshop Facilitator. Port Vila, Vanuatu

October 2015: Invited Speaker. Australian Paediatric Endocrine Group (APEG) Gender Dysphoria Interest Group. *Diagnostic Challenges in the Treatment of Gender Dysphoria*. Brisbane

October 2015: Keynote Speaker. Christian Medical and Dental Association Annual Dinner

October 2015: Invited Speaker. Australian Paediatric Endocrine Group (APEG) Fellows School. Update on Gender Dysphoria. Brisbane

October 2015: Invited Speaker HEAL. *Legal and Ethical Issues Relevant to the Treatment of Childhood Gender Dysphoria: a panel discussion*. Brisbane

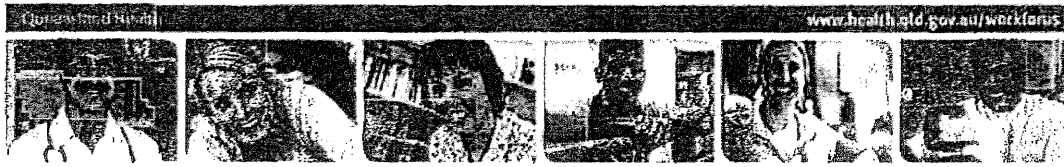
October 2015: Invited Speaker. TransKids Seminar. Brisbane.

B



Queensland
Government

Children's Health Queensland Hospital and Health Service



Job ad reference: H13RCH12211
Role title: Medical Director, Child & Youth Mental Health Services
Status: Permanent Full-Time
Unit/Branch: Division of Child & Youth Mental Health Services (CYMHS)
Hospital and Health Service: Children's Health Queensland Hospital and Health Service (CHQ HHS)
Location: Brisbane
Note: Please refer to 'About CHQ HHS' section of this document for further information regarding the location of this role.
Classification level: L25-L27
Salary level: \$185 304 to \$196 468 per annum
Note: In accordance with the Queensland Government Blueprint for Better Health Care, industrial awards covering senior roles will change to the introduction of employment contracts. Communication on these changes will occur at the time they are introduced.
Closing date: Sunday, 5 January 2013.
 Applications will remain current for 12 months
Contact: Judi Krause, Divisional Director, CYMHS
Telephone: [REDACTED]
Online applications: www.health.qld.gov.au/workforus or www.smartjobs.qld.gov.au

About our organisation

Queensland Health's purpose is to provide safe, sustainable, efficient, quality and responsive health services for all Queenslanders. Children's Health Queensland Hospital and Health Service (CHQ HHS) has adopted the **five core values** that guide our behaviour:

- **Caring for People:** We will show due regard for the contribution and diversity of all staff and treat all patients and consumers, carers and their families with professionalism and respect.
- **Leadership:** We will exercise leadership in the delivery of health services and in the broader health system by communicating vision, aligning strategy with delivering outcomes, taking responsibility, supporting appropriate governance and demonstrating commitment and consideration for people.
- **Partnership:** Working collaboratively and respectfully with other service providers and partners is fundamental to our success.
- **Accountability, efficiency and effectiveness:** We will measure and communicate our performance to the community and governments. We will use this information to inform ways to improve our services and manage public resources effectively, efficiently and economically.
- **Innovation:** We value creativity. We are open to new ideas and different approaches and seek to continually improve our services through our contributions to, and support of, evidence, innovation and research.

CCAT

To find out more about Queensland Health, visit www.health.qld.gov.au

- § Oversight and contribution to the delivery of e-CYMHS services to rural and remote community mental health services and their patients. Provision of brief periodic visiting services within other areas of Queensland will be required from time to time.
- Provide direct client/patient care as required by the setting. Private practice is encouraged to eligible appointees, subject to specific contractual arrangements.
- Develop and strengthen linkages within the Primary Health Care Sector, including the implementation of QCH Medicare Local protocols.

SAFETY & QUALITY

- Lead and manage clinical service delivery of the highest possible safety and quality which is aligned to the health service strategic plan.
- Lead and sponsor evaluation and redesign of clinical services in the Division to ensure that they are evidence based and consistent with contemporary standards of a tertiary service.
- Measure and benchmark Divisional service safety and quality focusing on the six domains of quality identified by the Institute of Healthcare Improvement: safety, efficiency, effectiveness, appropriateness, access/equity and patient centricity.
- Identify and manage Divisional clinical and non-clinical risks and prioritise improvement efforts towards the areas of highest risk.
- Provide state-wide leadership and direction of a tertiary Level 6 CCSF Child & Youth Mental Health Services and link to the broader CHQ state-wide role and mental health national and state strategic directions, priority areas and clinical reform agenda.
- Actively participate in reviews and quality and clinical re-design projects in conjunction with the Mental Health Alcohol and Other Drugs Branch (MHAODB) as appropriate and establish networks with the Executive Director MHAODB and the Queensland Mental Health Commissioner.

VALUE

- Lead and manage the efficient and effective use of human and material resources in the Division, consistent with the output based funding model and relevant State and National clinical and operational benchmarking.

RESEARCH

- Encourage and support research to improve child and adolescent psychiatry practice within QCH HHS and across the state.
- Lead the development of a learning culture within the Division, consistent with the role of a tertiary hospital.
- Develop and report on a strategic research agenda which reflects service priorities and drives innovation.

OTHER DUTIES

- Participate in health service-wide improvement initiatives for matters which cross Divisional boundaries such as patient flow improvement.
- Contribute to the executive management and strategic leadership of the CHQ and represent the CHQ as requested by the Divisional Director CYMHS and/ or General Manager, Operations.
- Participate in Divisional and Hospital and Health Service projects as agreed with the Divisional Director CYMHS / General Manager, Operations.
- Provide advice to the General Manager, Operations and Chief Executive on all matters relating to Divisional services including escalation of unresolved risks.
- Provide support to the Executive Director of Medical Services (EDMS) in the delivery of high quality medical administration services including:
 - participation in the senior medical professional leadership for CHQ through the Medical Strategy Group;
 - contribution to the EDMS on-call Roster; and
 - provision of cover for EDMS emergent and planned leave.

- **Leadership:** your ability to provide strategic leadership and direction in the development of psychiatry professional competence on a State-wide and or National basis and provide expert training opportunities and guidance to clinicians looking to build expert clinical specialties.

How to apply

Please provide the following information to the panel to assess your suitability:

- Your current CV or resume, including two referees that can attest to your performance and conduct in the workplace. . By providing the names and contact details of your referee/s you consent for these people to be contacted by the selection panel. If you do not wish for a referee to be contacted, please indicate this on your resume and contact the selection panel chair to discuss.
- A short response of no more than two (2) pages addressing your ability to meet the requirements of the role listed under "Are you the right person for the job" in the context of the "key responsibilities" for the role.

Additional Information for Applicants

- All relevant health professionals (including registered nurses and medical officers) who in the course of their duties formulate a reasonable suspicion that a child or youth has been abused or neglected in their home/community environment, have a legislative and a duty of care obligation to immediately report such concerns to Child Safety Services, Department of Communities.
- Pre-employment screening, including criminal history and disciplinary history checks, may be undertaken on persons recommended for employment. Roles providing health, counselling and support services mainly to children will require a Blue Card.
- A minimum probation period of three (3) months may apply for permanent appointments.
- All newly appointed applicants who have been employed as a lobbyist in the previous two (2) years are required to provide a disclosure to the Director-General within one (1) month of taking up the appointment in accordance with the Disclosure of Previous Employment as a Lobbyist policy.
- Travel may be a requirement.
- Applications will remain current for twelve (12) months and may be considered for other vacancies which may include an alternative employment basis (temporary, full time, part time).

About Children's Health Queensland Hospital and Health Service

Children's Health Queensland provides:

- Paediatric services to its local community
- Tertiary paediatric services at the Royal Children's Hospital (Brisbane)
- Child and Youth Mental Health Services
- Child and Youth Community Health Service
- Outreach children's specialist services across Queensland
- Implementation and support for new and enhanced emergency, inpatient and ambulatory children's services in Greater Metropolitan Brisbane
- Paediatric education and research

As part of CHQ HHS, a new purpose-designed Queensland Children's Hospital (www.health.qld.gov.au/childrenshospital) is being built at South Brisbane and is expected to open in late 2014. The hospital will bring together existing specialist paediatric services of the Royal Children's Hospital and the Mater Children's Hospital (www.mater.org.au) and will be the central point of a statewide paediatric network, designed to cater for the future health care needs of children and youth.

The position of Medical Director, Child Youth & Mental Health Service may officially relocate to the new Queensland Children's Hospital when the new children's hospital is commissioned, which is expected to occur late 2014.

To find out more about Queensland Health, visit www.health.qld.gov.au



Enquiries to: Lew Raftery
Date Prepared: 06/03/2014
Telephone: [REDACTED]
File Ref: H13RCH12211

Dr Stephen Stathis
[REDACTED]

Dear Dr Stathis,

I welcome your continued contribution to Queensland Health and am pleased to inform you that approval has been given to offer you employment in the following position with associated entitlements:

Position Details

Position Number:	30487144
Position Title:	Medical Director, Child & Youth Mental Health Services
Unit/Department/Division:	Division of Child & Youth Mental Health Services (CYMHS) Children's Health Queensland Hospital And Health Service
Location:	Brisbane
Classification:	Level 27 (MMOI2.3)
Award	District Health Services - Senior Medical Officers' and Resident Medical Officers' Award - State 2012 in conjunction with Queensland Health Framework Award - State 2012, the Medical Officers' (QH) Certified Agreement No. 3 (2012) and the Medical Officers' (QH) Memorandum of Understanding 2009

Following recommendations outlined in the Blueprint for better healthcare in Queensland, work is currently underway to introduce contracts for senior medical officers (SMOs) and visiting medical officers (VMOs) throughout Queensland Health. These new contracts are scheduled to be signed by the end of April 2014 and commence on 1 July 2014 for both VMOs and SMOs who choose to sign. Your employment will be regulated by the Medical Officers' (Queensland Health) Certified Agreement (No. 3) 2012 while it is in force until such time as you elect to sign a contract and this contract comes into effect.

Recruitment Services
Royal Children's Hospital
Herston 4029
Telephone [REDACTED]

Employment Details

Employment Status:	Permanent Full Time
Hours per fortnight:	80
Gross Salary:	\$7530.60 per fortnight <i>In addition, a Clinical Manager's Allowance (CM Level 4) applies to this position and is equivalent to \$15,441.40 per annum and paid pro rata fortnightly.)</i>
Professional Development Assistance:	In accordance with clause 4.6 of the Medical Officers' (QH) Certified Agreement No. 3 (2012), you will be entitled to Professional Development Assistance payable fortnightly with salary. Senior Medical Officers will accrue 3.6 weeks of Professional Development Leave each year, up to a maximum of 10 years. Professional Development Leave is not paid out on termination or reinstated on return to Queensland Health.
Provider Number:	You are required to obtain a provider number from Medicare Australia for the Children's Health Queensland Hospital and Health Service. Please contact Private Practice Administration on [REDACTED] to discuss.
Right of Private Practice:	A right to private practice option will be offered and confirmed through execution by the parties of a standard contract relative to the speciality and arrangement accepted. Please contact Medical Administration on [REDACTED] or [REDACTED] to ensure a contract is executed before commencement. This is required to ensure correct payment can be processed.
Scope of Clinical Practice:	You are required to submit an application for credentialing and defining scope of clinical practice. Please contact Medical Credentialing on [REDACTED] or [REDACTED] to discuss.
Fringe Benefit Tax	The Fringe Benefit Tax (FBT) consequences for employees participating in salary sacrifice arrangements will differ depending on the eligibility or otherwise for the FBT exemption cap for public hospitals. Employees are to be aware that if they are rotating to a "for profit" private hospital that they will not be eligible for the exemption cap during this period and may need to review their salary packaging arrangements to avoid incurring a personal FBT liability. For further information, please refer to attachment A. Individual financial management is the responsibility of the employee. Further information on the Queensland Health salary packaging arrangements can be found at: http://www.remsserv.com.au (employer code is "health").

Period of Employment

Commencement Date:	03 February 2014
End Date:	N/A

Enclosed is the *Queensland Health General Terms and Conditions of Employment* which you must familiarise yourself with. Once you have read and understood this document, please forward your signed Acceptance of Offer to Recruitment Services within seven (7) days of receipt of this letter.

Children's Health Queensland Hospital and Health Service is currently building the **Queensland Children's Hospital at South Brisbane** for children, young people and their families. The new facility is expected to open in late 2014.

In accepting this appointment, you acknowledge that this role and its work location to which you have been appointed may be relocated to the **Queensland Children's Hospital, South Brisbane**. You are agreeing to be relocated to the new facility when required. Please take this into consideration before accepting this appointment.

The 'Work Location' section in the attached **Queensland Health General Terms and Conditions of Employment** provides further information about change of work location.

If you have any questions regarding your appointment, please contact Sue McKee on [REDACTED]

Congratulations on your appointment. I look forward to your contribution to the delivery of our health services and I hope you find your work enjoyable and rewarding.

Yours sincerely

[REDACTED]

On behalf of
Peter Steer
Health Service Chief Executive
Children's Health Queensland Hospital and Health Service
06/03/2014

Queensland Health

Acceptance of Offer



30487144/70069992

H13RCH04434

To: Recruitment Services

Children's Health Queensland Hospital and Health Service

Ground Floor, North Tower Royal Children's Hospital, Herston 4027

Email: [REDACTED]

I acknowledge your letter dated 06/03/2014 and accept the appointment to the position of Medical Director, Child & Youth Mental Health Services, Division of Child & Youth Mental Health Services (CYMHS), Children's Health Queensland Hospital And Health Service.

I confirm my acceptance of the offer of employment is in accordance with the Letter of Offer and *General Terms and Conditions of Employment*.

Acceptance of the appointment includes:

- my acknowledgement that the position and work location may relocate to the Queensland Children's Hospital at South Brisbane in late 2014
- this acknowledgement is consistent with the terms detailed under the 'Work Location' section in the Queensland Health General Terms and Conditions of Employment.

I agree to acquaint myself with, and abide by, the *Code of Conduct for the Queensland Public Service* and all policy, regulations, standards, procedures and work practices that operate within Queensland Health at any given time.

Signature: _____

Date: _____

Name: Dr Stephen Stathis [REDACTED]



Queensland Health General Terms and Conditions of Employment

Acute Injury/Illness at work

Staff who are injured or ill at work should advise their Line Manager. If medical attention is necessary staff should present to the closest Emergency Department or their General Practitioner, as soon as possible, for assessment, treatment and investigation as necessary.

Appropriate Use of Communications and Information Devices

You must ensure that your use of Queensland Health information is lawful, respectful and responsible and that accurate and current information is maintained within your facilities information records and systems.

Inappropriate use of Queensland Health communication and information devices is unacceptable and employees using such facilities inappropriately may be subject to disciplinary action. It is the policy of the Queensland Government that any employee found to have used government owned communication or information devices to download, store or distribute pornography will be dismissed.

You must understand and comply with the security procedures in the area in which you work and take all reasonable precautions to protect information and systems against unauthorised access, use, disclosure, modification, duplication or destruction.

Assault in the Workplace

Queensland Health has a zero tolerance of any form of assault in the workplace, whether directed at a patient, client, visitor, fellow employee, or other person.

Disciplinary action will be taken against any employee found to have committed such an offence. Refer to HR Policy E3 *Assault in the Workplace*

<http://www.health.qld.gov.au/ghpolicy/docs/pol/gh-pol-106.pdf>

Child Safety – Capability Requirements and Reporting Obligations:

All relevant health professionals (including registered nurses and medical officers) who in the course of their duties formulate a reasonable suspicion that a child or young person has been abused or neglected in their home/community environment, have a legislative and a duty of care obligation to immediately report such concerns to the Department of Child Safety.

All relevant health professionals are responsible for the maintenance of their level of capability in the provision of health care and their reporting obligations in this regard.

Code of Conduct for the Queensland Public Service and Queensland Health Policy

The *Code of Conduct for the Queensland Public Service* contains the four principles of ethical behaviour which apply to all public service employees:

- Integrity and impartiality;
- Promoting the public good;
- Commitment to the system of government; and
- Accountability and transparency.

The *Code of Conduct for the Queensland Public Service* is available online at

<http://www.health.qld.gov.au/codeofconduct/>

Queensland Health also possesses a comprehensive suite of policies and procedures which are also available online. You are expected to understand and comply with both the *Code of Conduct for the Queensland Public Service* and policies, as failure to abide by the provisions may be grounds for disciplinary action including dismissal. If you have any questions about your obligations under the Code of Conduct or policies, or if you don't have access to the internet or intranet please talk to your manager or your local People and Culture unit.

Completion of Employee Commencement Paperwork

To ensure accurate and prompt payment of salaries and wages, please forward all the required documents to your local recruitment team to coordinate entering into the Human Resource Management Information/Payroll system. Paperwork that is not fully completed will be returned, and this may delay the payment of your salary/wages.

Confidentiality & Privacy

Maintaining confidentiality and privacy of information are essential in health care. You are required to maintain the highest standards of confidentiality irrespective of the position to which you are appointed. Any breach of confidentiality provisions may constitute an offence under Part 7 of the *Hospital and Health Boards Act 2011* and the *Code of Conduct for the Queensland Public Service*.

Privacy of information within Queensland Health is governed by the *Information Privacy Act 2009* which establishes a framework for the responsible collection and handling of personal information.

You are required to comply with the privacy provisions of the *Information Privacy Act 2009* during your employment and failure to do so may result in disciplinary action.

Criminal History Checking

In accordance with chapter 5, part 6 of the *Public Service Act 2008*, Queensland Health has determined that criminal history checks will be conducted for all persons who are recommended for:

- permanent appointment; or
- temporary or casual appointment expected to continue for longer than three months.

Existing permanent employees of Queensland Health who were permanently appointed prior to 1 August 2006 and who have maintained continuous permanent employment with Queensland Health since that date are exempt from this requirement.

All persons recommended for appointment to positions funded under the *Aged Care Act 1997(Ch)* or the Commonwealth HACC Program are required to undertake a Queensland Health Aged Care criminal history check

Fringe Benefit Tax Liability (FBT)

In accordance with Clause 5 of the Queensland Health Salary Packaging Participation Agreement, the grossed-up taxable value of any non-salary sacrifice benefits is deducted from the \$17,000 grossed-up taxable value exemption cap before the grossed-up taxable value of salary sacrifice benefits. While FBT liability is the responsibility of the employer, if as a result of salary sacrifice benefits an employee exceeds the exemption cap, any resultant FBT liability will be recouped from the employee.

Identification Badges

It is a requirement that you display your ID badge on your person at all times when you are on duty. The ID badge must be displayed in a position from which it can be easily read by another person. If you transfer or resign, you are required to return your identification badge to your supervisor.

Intellectual Property Rights

Intellectual property rights created by you in the course of your employment with Queensland Health will be owned by the Queensland Government and managed by Queensland Health. Your role and responsibilities in regards to Intellectual Property created in the course of your employment will be set out in Queensland Health's Intellectual Property Policy and Procedures. For further information please email IP_Officer@health.qld.gov.au.

Payment of Salaries and Wages

Your salary or wages will be paid in arrears through an electronic funds transfer to your nominated bank account. Payments are made on the second Wednesday (or Thursday for some financial institutions) following the conclusion of the previous roster fortnight (i.e. 10 days after the roster period ends).

Performance Management

As a condition of your employment you are required to develop and participate in a performance appraisal and development process. On commencing your job, your supervisor will discuss with you the arrangements for your performance appraisal and development planning.

Personal Property

Queensland Health will not accept liability for any loss, theft or damage to clothing, belongings or private vehicles while they are used or stored on Departmental grounds. Insurance of these items is your responsibility.

Policy for Immunisation of Health Care Workers

Queensland Health is committed to providing a safe and healthy working environment for all health care workers and to ensuring the health and safety of all clients in health care settings. Immunisation guidelines for staff have been established and are managed through the Queensland Health Policy for Immunisation of Health Care Workers. The policy involves assessing risk of employees in relation to direct or indirect contact with blood or body substances, laboratory environments or exposure to infectious diseases.

If you are working in a health care environment, you may be required to provide information about your immunisation status or previous infection with some diseases.

HEPATITIS B IMMUNISATION is a condition of employment for all Queensland Health staff who have direct contact with patients or who in the course of their

work may be exposed to blood/body fluids or contaminated sharps. Proof of vaccination must be provided to your supervisor before you commence duty in such a position. Proof of vaccination may be provided through a letter from a general practitioner or through certification from the Infection Control or the Occupational Health Department.

Probationary Period

If your appointment is permanent your appointment letter will indicate your probationary period. During this probationary period, your supervisor will discuss with you his/her expectations about the roles and responsibilities relating to your position. If you do not meet performance expectations, your probationary period may be extended once only by three (3) months or a recommendation may be made to terminate your employment.

Professional Registration/Academic Record

It is mandatory for certain employees (eg. Medical, Nursing/Midwifery, Dental and Allied Health Professionals) to maintain registration with the relevant National Board or the relevant Medical/ Professional authority in Queensland. You are required to provide a certified copy of your current registration to your supervisor before you commence clinical duties. You must continue provide proof of registration on an annual basis. You must provide certified copies of any educational qualifications required by your position to your supervisor before you commence duty.

Your qualifications must be kept current. You must advise your supervisor immediately if a qualification, licence or registration is suspended, expires, is modified or is cancelled as this may affect your on-going employment.

Recognition of Previous Service for Leave and Salary Purposes

Previous employment with certain Government institutions and public sector organisations may be recognised for Long Service Leave and Sick Leave purposes. Refer to Public Service Commission Directive 10/10 *Recognition of Previous Service and Employment*.

<http://www.psc.qld.gov.au/publications/directives/assets/2010-10-recognition-of-previous-service.pdf>

Salary/previous employment with certain Government, Public Sector and private organisations may be recognised for salary increment purposes. Refer to HR Policy C59 *Determining Salary Levels Upon Appointment*.

<http://www.health.qld.gov.au/ghpolicy/docs/pol/gh-pol-123.pdf>

If you think that you may be eligible for recognition of previous service, please forward evidence of previous service to Payroll Services.

Disclosure of Previous Employment as a Lobbyist

Newly appointed employees are obliged to provide the Director-General, within one month of starting duty, with disclosure of employment as a lobbyist in the previous two years, as per the *Disclosure of Previous Employment as a Lobbyist Policy*.

<http://www.psc.qld.gov.au/publications/assets/policies/lc/bvyst-disclosure-policy.pdf>

Reporting Incidents/Injuries Occurring at Work

All work related incidents no matter how minor, must be reported on a 'Workplace Incident Report' form and forwarded to your Line Manager. The incident must be reported within 24 hours of the incident occurring.

Resignation/Termination/Transfer

When you terminate your employment you must give notice in accordance with the requirements of your Award. Before you leave employment, you must return all Queensland Health property (eg. uniform, laboratory coats, identification badges, library books, keys, live in/parking permits etc.) and complete a Separation Advice Form. Your Manager will be able to assist you with this process.

It is a condition that upon termination of your employment, Queensland Health will deduct any outstanding overpayments and/or interim cash loans in full from any entitlements due to you, including accrued leave entitlements at the date of separation. Where the value of the outstanding overpayment and/or interim cash loan is in excess of the total amount owing to you at termination, you will be required to repay the outstanding amounts to Queensland Health as soon as possible after the termination of your employment.

It is your responsibility to liaise with your local payroll hub prior to your termination date to resolve any outstanding matters relating to your overpayments and/or interim cash loans.

Rural and Remote Incentives

A range of allowances, bonuses and other incentives such as additional professional development leave entitlements exist for certain categories of employee working in rural and remote areas.

If you are going to be working in a remote area please speak to your supervisor to see if these entitlements apply.

Salary Packaging

Salary packaging arrangements are available to all permanent and temporary full time and part time staff and to long term casual staff that are engaged on a regular and systematic basis for 12 months or more. The amount sacrificed must not exceed 50 percent of base salary and it is highly recommended that staff seek financial advice if full salary packaging is chosen. Please note, full salary packaging arrangements are not available to staff employed within FAMMIS or Public Health Services.

Salary Packaging Application forms and booklets are available by contacting RemServ - Remuneration Services on 1800 646 972 or visiting <http://www.remserv.com.au>.

Shift Work

In accordance with current Award conditions, all employees working on a continuous shift basis may be required to work all shifts on a roster. These shifts may vary in length across a 24 hour period, Monday to Sunday inclusive. Following consultation with relevant unions, an employee may be required to participate in new or varied roster arrangements including 24 hour shift work, on-call and weekend rosters.

Smoke-Free Workplace

In accordance with the Government requirements and Queensland Health's commitment to a healthier

workplace, the Queensland Health Smoking Management Policy supports a smoke-free working environment.

Smoking is only permitted in a Nominated Smoking Place and during designated breaks. Queensland Health employees may obtain assistance to quit smoking through the staff program 'Quit Smoking...for life'.

Superannuation

On commencement of your employment you will be provided with membership of a QSuper Accumulation account. If you are employed in other than on a casual basis, you will be required to make contributions to this account which attracts an employer subsidy. Income protection and death and total and disability insurance are also features of this account. Initially, employee contributions commence at 5% of salary, with 12.75% employer subsidy.

If you are employed on a casual basis, only the superannuation guarantee level employer contribution (currently 9%) will be made to your Q Super Accumulation account. Casual employees are not required to contribute, but have the option to make contributions and receive the higher levels of employer subsidy and insurance cover.

A welcome pack will be forwarded to you by QSuper within six weeks of your commencement with Queensland Health. Further details on Superannuation can be obtained by contacting Q Super on 1300 360 750 or visiting <http://www.qsuper.qld.gov.au>

Use of a Private Motor Vehicle

Where an employee is required to use his or her private motor vehicle for official purposes, a motor vehicle allowance can be claimed.

The obligation for employees to meet the insurance requirements must be fulfilled before authorisation is given to use private motor vehicles for official purposes.

Work Location

Although your appointment to Queensland Health is to a particular location, you may be required to work at an alternative location. You will be consulted with respect to any change to your location of work.

Workplace Health and Safety

Queensland Health is committed to providing a safe, supportive and healthy environment for our staff, volunteers and other persons at the workplace. This commitment includes proactive continuous improvement in health and safety especially focussing on those issues that are preventable in nature.

Contributing to establishing a safety culture is the responsibility of everyone within Queensland Health.

Need more Information?

The terms and conditions of employment provided in this document detail only the principal conditions and entitlements. Full details of the relevant award and Enterprise Bargaining Agreement can be found at <http://www.health.qld.gov.au/hrpolicies/>



PA4POL SMO
15/11/13

Employee Movement Form - Permanent

Privacy: This form contains personal information collected by the Department of Health in accordance with the Information Privacy Act 2000. The information provided by you will be used for the purposes of the form and may be shared with other departments of the Government of Western Australia. The information provided by you will be used for the purposes of the form and may be shared with other departments of the Government of Western Australia.

An approved Validation of Claims Older Than Three Months Form must be provided in addition to this form if this claim is older than three months from the effective date.

This form is to be completed to document changes to an existing employee's position, status or terms of employment. Please complete all sections indicating N/A where relevant. Employees inherit the characteristics of the positional information (including cost centre). Employees must be moved into a position which is coded appropriately.

Employee Details

Person ID	Personnel assignment number (PAN)		Please indicate (P) here if you work in more than one position in QLD Health.
			<input type="checkbox"/>
Title	Family name	First name/s	
Dr	Stathis	Stephen	

Visa/Work/Residence/Eligibility

If the employee to whom this movement applies holds a Temporary Business (Long Stay) Subclass 457 visa, the Department of Immigration and Citizenship (DIAC) must be notified within 10 working days of the transfer to a new location or position.

Email address: QLD.Sponsor.Monitoring@dmir.gov.au

Note: The sponsorship obligations for visa holders are transferred to the new HR Unit (refer HR Policy 044 for details).

Proposed Position

Request to Fill a Vacancy Form attached	<input type="checkbox"/>		
Position Number	Position title		
8 0 4 8 7 1 4 4	Clinical Director CY Mental Health Service		
Start date	Classification	Probationary Period	
25-06-2012	MM012	months	
Organisational unit number	Organisational unit name		
7 0 0 6 9 9 9 2	CPTU Senior Medical RCH		
Facility address	Job advertisement reference (if applicable)		
Herston Road, Herston	Na		

Concurrent/Aggregate: Indicate (P) here if the employee will continue to hold their existing position in conjunction with the proposed position ☐

New Employment and Payroll Details

Appointment type			
Internal temporary employee	<input checked="" type="checkbox"/>	Internal permanent employee	<input type="checkbox"/>
Other public sector employee	<input type="checkbox"/>	Priority placement employee	<input type="checkbox"/>
Employment basis			
Full-time	<input checked="" type="checkbox"/>	Casual	<input type="checkbox"/>
Part-time	<input type="checkbox"/>	Other	<input type="checkbox"/>
Please Specify: <input type="text"/>			
No, part-time hours/fortnight (hh:mm): <input type="text"/>			
First Day Contact Name		First day contact phone number	
NA			
Award/EBA Name			
District Health Services - SMOs & RMOs Award - State 2012			

Reason for vacancy

Vacant position at level

Working arrangements

Working arrangements	Shift arrangements	Recreation leave accrual	Reason for additional weeks leave
19 day month (ADO accrual)	Singleshift only	4 weeks / annum	Working public holidays
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Standard hours (non ADO accrual)	Two shifts	5 weeks / annum	Continuous shift work
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Variable working hours	Continuous shift (work applies)	6 weeks / annum	Working with radium (radiographers only)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 day fortnight			
<input type="checkbox"/>			

Special conditions/Allowances (e.g. NNP Nurses, uniform, laundry allowance etc.). Please refer to the Payroll and Rostering Intranet Site (PAMS) for more information.

Clinical Managers Allowance

hc_mpa_m02_pam51p2013u4



Employee Movement Form - Permanent

Employee Reference

Person ID

Personnel assignment number (PAN)

Work Schedule

Please indicate (P) here if this employee works either:

A cyclic roster (where the roster pattern repeats at regular intervals e.g. fortnightly / monthly)



OR

A non-cyclic roster (a roster pattern that varies from one cycle to the next)



Please complete the table below using 24 hour time format (e.g. 07:00 - 15:30) to advise the employee's roster for their initial two week period of employment.

Week one

Week two

Day	Start time (hh:mm)	End time (hh:mm)	Meal break* (hh:mm)	Start time (hh:mm)	End time (hh:mm)	Total daily hours (ie. 7.4)
Monday	08:30	17:00	12:00	12:30		8
Tuesday	08:30	17:00	12:00	12:30		8
Wednesday	08:30	17:00	12:00	12:30		8
Thursday	08:30	17:00	12:00	12:30		8
Friday	08:30	17:00	12:00	12:30		8
Saturday						
Sunday						
Total weekly hours						40

Day	Start time (hh:mm)	End time (hh:mm)	Meal break* (hh:mm)	Start time (hh:mm)	End time (hh:mm)	Total daily hours (ie. 7.4)
Monday	08:30	17:00	12:00	12:30		8
Tuesday	08:30	17:00	12:00	12:30		8
Wednesday	08:30	17:00	12:00	12:30		8
Thursday	08:30	17:00	12:00	12:30		8
Friday	08:30	17:00	12:00	12:30		8
Saturday						
Sunday						
Total weekly hours						40

*Where a paid meal break applies, please insert N/A for meal break start and end times.

Pre-Employment Checks

Criminal History Check completed*

(Please attach a copy of email confirmation)



If Criminal History Check not required, please insert reason below

NA

*In accordance with Queensland Health's Criminal Checking policy, no offer of employment can be made until completion of a relevant criminal history check (refer Queensland Health policy PDF for exclusions)

Working with Children check (Blue Card)
(if applicable)

Status

NA

Expiry date

Other (if applicable)



Please specify

Status

Qualification Payments

Does the employee possess any approved qualifications that will entitle them to additional payment (e.g. relevant AQF qualifications) under Queensland Health policy?

No



Yes



If yes, please provide details here:

QLD Health HR Solution User Access Request status

Does the employee have/require Workday/SAP access?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the current access to Workday/SAP require a change?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Has a QLD Health HR Solution User Access Request Form been completed for the change?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not applicable



Employee Movement Form - Permanent

Employee Reference

Person ID

Personnel assignment number (PAN)

Supervisor Certification (mandatory completion required)

I certify that I have:

- where the employee has been appointed to a position from another work unit, successfully negotiated the release date with the line manager of the employee's substantive position
- informed this employee of any changes to their FBT Concession Eligibility status as a consequence of this variation to their employment contract
- discussed with this employee the consequences of this change to their position, employment status, terms of employment and/or roster.

Supervisor's signature

Date

Area code

Contact number

Supervisor's full name (please print)

Supervisor's position title

Judi Krause

Divisional Director, CYMHS

Employee Certification (mandatory completion required. Refer notes below)

I accept the appointment to this position and confirm my acceptance of the change in terms of employment contained in this form.

Further, I certify that I have been:

- informed by my line manager of the consequences of any change to the FBT Concession Eligibility status that may result from this variation to my employment contract, and
- made aware of the consequences of this change to my position, employment status, terms of employment and/or roster.

Employee's signature

Date

Line manager's signature in lieu*

*In exceptional circumstances where the employee is unable to sign this form (as above) the Supervisor may submit this form for processing where it has otherwise been completed in full and details of the reason that the employee cannot sign the form is listed below. The signature of the employee must be obtained on this form as soon as they become available to sign the form so that it can be retained as a formal contract of employment.

Delegate Approval (mandatory completion required)

I, the authorised Delegate for Appointments, approve:

- any increase above the position's AFT as a consequence of this appointment, and
- the above appointment subject to the receipt of acceptable criminal history report (where necessary) in accordance with Section 67 of the Public Service Act 2008 / Section 24 of the Health Services Act 1991 (delete whichever is not applicable).

Delegate's sign

Date

Area code

Delegate's Contact number

Delegate's full name (please print)

Delegate's position title

Judi Krause

Divisional Director

Processing Area Use Only

Processor's signature

Date

Reviewer's signature

Date

Processed fortnight ending



30/1/12 CHS payroll

Employee Movement - Temporary (Higher Duties/Acting at Level)

Privacy disclaimer:

The collection of personal information on this form is authorised under the Public Service Act 2008. Your personal information will not be disclosed to other parties without your consent unless required by law. Use of personal information on this form is restricted to those involved in the authorisation and processing of this form.

This form is to be used by Queensland Health employees and line managers to document a temporary change to an employee's existing position or temporary appointment to a position either in an 'at level' or higher duties capacity.

Employee Details

Person ID <input type="text"/>	Personnel assignment number <input type="text"/>	Please indicate (✓) here if you work in more than one position in QLD Health. <input type="checkbox"/>
Family name Stathis	First name/s Stephen	

Proposed Change Type

Higher duties ☒ Acting at level ☐

Indicate below if this form relates to either a new appointment, an extension to an existing appointment or a modification of a previously documented appointment

New ☐ Extension ☒ Modification ☐

Proposed Position Details

Position ID 3 0 4 8 7 1 4 4	Position title Medical Director CFTu	Classification (eg. AO4) MO2
Start date 26-12-2011	End date 24-06-2012	Percentage of higher duties allowance payable applies only to employees under the provisions of the Public Service Act 100 %
Organisational unit number 70069992	Organisational unit name CFTU Senior Medical RCH	
Facility address Herston Road, Herston	Job advertisement reference (if applicable)	
Current occupant (if applicable) Stephen Stathis	Reason for higher duties / acting at level Position Vacant	

Concurrent / Aggregate: Please indicate (✓) here if the employee will continue to hold their existing position in conjunction with the proposed position ☐

Employment basis

Full-time ☒ Part-time ☐ No. of part-time hours / fortnight:

Award/EBA name

District Health Services - SMOs & RMOs Award - State 2003

Staff Movement Details

Reason for vacancy

Work Contract

Working arrangements	Shift arrangements	Recreation leave accrual	Reason for additional weeks leave
19 day month (ADO accrual) <input type="checkbox"/>	Single shift only <input checked="" type="checkbox"/>	Four weeks / annum <input checked="" type="checkbox"/>	Working public holidays <input type="checkbox"/>
Standard hours (non ADO accrual) <input checked="" type="checkbox"/>	Two shifts <input type="checkbox"/>	Five weeks / annum <input type="checkbox"/>	Continuous shift work <input type="checkbox"/>
Variable working hours <input type="checkbox"/>	Continuous shift work <input type="checkbox"/>	Six weeks / annum <input type="checkbox"/>	Working with radium (radiographers only) <input type="checkbox"/>
Nine day fortnight <input type="checkbox"/>	12 hour shift arrangement applies <input type="checkbox"/>		

Special conditions (e.g. RANIP Nurses, etc.). Please refer to the Payroll and Rostering Intranet Site (PARIS) for more information.

Medical Directors allowance

Work Schedule

Please indicate (✓) here if this employee works either: A cyclic roster (where the roster pattern repeats at regular intervals e.g. fortnightly / monthly) ☒ OR A non-cyclic roster (a roster pattern that varies from one cycle to the next) ☐



Employee Movement - Temporary - (Higher Duties/Acting at Level)

Employee Reference

Person ID

Personnel assignment number

Please complete the table below using 24 hour time format (eg. 07:00 - 15:30) to advise the employee's roster for their initial two week period of employment.

Week one

Day	Start time (hh:mm)	End time (hh:mm)	Meal break*		Total daily hours
			Start time (hh:mm)	End time (hh:mm)	
Monday	08:30	17:00	12:00	12:30	8
Tuesday	08:30	17:00	12:00	12:30	8
Wednesday	08:30	17:00	12:00	12:30	8
Thursday	08:30	17:00	12:00	12:30	8
Friday	08:30	17:00	12:00	12:30	8
Saturday					
Sunday					
Total weekly hours					40

Week two

Day	Start time (hh:mm)	End time (hh:mm)	Meal break*		Total daily hours
			Start time (hh:mm)	End time (hh:mm)	
Monday	08:30	17:00	12:00	12:30	8
Tuesday	08:30	17:00	12:00	12:30	8
Wednesday	08:30	17:00	12:00	12:30	8
Thursday	08:30	17:00	12:00	12:30	8
Friday	08:30	17:00	12:00	12:30	8
Saturday					
Sunday					
Total weekly hours					40

*Where a paid meal break applies, please insert H/A for meal break start and end times.

Qualification Payments

Please list here any approved qualifications that this employee possesses that will entitle them to additional payment (e.g. relevant AQF qualifications or nursing credentials) under Queensland Health policy.

Supervisor Certification

I certify that I have:

- (where the employee is seeking release or extension of a previously approved movement from another work unit) successfully negotiated the terms of the agreement with the line manager of the employee's substantive position
- informed this employee of any changes to their FBT Concession Eligibility status as a consequence of this variation to their employment
- discussed with this employee the consequences of this change to their position, employment status, terms of employment and/or roster and
- informed the employee where this change applies to a temporary employee moving between temporary assignments, of any impact (i.e. the ending or likelihood of extension of their previous contract) as a consequence of accepting appointment to this proposed position.

Supervisor's signature

Date

Area code

Contact number

Supervisor's full name (please print)

Supervisor's position title

Judi Krause

Executive Director

Employee Certification

I agree to the above changes to my employment hours/position. I hereby claim for the extra remuneration for hours worked in a higher duties capacity (where applicable). I also certify that I have been informed by my line manager/supervisor of the consequences of this change to my:

- FBT Concession Eligibility status that may result from this variation to my employment contract and
- position, employment status, terms of employment and/or roster. I also acknowledge that as this appointment is of a temporary nature, the contract may be ended by my notice in accordance with award provisions.

Employee's signature

Date

Delegate Approval

If the employee's entitlement to recurring allowance changes, please complete and forward the relevant form/s.

HES / SES Higher Duties only:

Will the employee be allocated a government owned motor vehicle for private use or home garaging during this period of relief?

Yes ☒No ☐

Delegate's signature

Date

Area code

Contact number

Delegate's full name (please print)

Delegate's position title

Judi Krause

Executive Director

Processing Area Use Only

Processor's signature

Date

Reviewer's signature

Date

Processed fortnight ending



Employee Movement - Temporary (Higher Duties/Acting at Level)

Privacy disclaimer:

The collection of personal information on this form is authorised under the Public Service Act 2008. Your personal information will not be disclosed to other parties without your consent unless required by law. Use of personal information on this form is restricted to those involved in the authorisation and processing of this form.

This form is to be used by Queensland Health employees and line managers to document a temporary change to an employee's existing position or temporary appointment to a position either in an 'at level' or higher duties capacity.

Employee Details

Person ID <div></div>	Personnel assignment number <div></div>	Please indicate (✓) here if you work in more than one position in QLD Health. <input type="checkbox"/>
Family name STATHIS	First name/s STEPHEN	

Proposed Change Type

Higher duties ☒ Acting at level ☐

Indicate below if this form relates to either a new appointment, an extension to an existing appointment or a modification of a previously documented appointment

New ☐ Extension ☒ Modification ☐

Proposed Position Details

Position ID 3 0 4 8 7 1 4 4	Position title MEDICAL DIRECTOR CFTU	Classification (eg. AO4) MO2
Start date 04-12-2010	End date 25-12-2011	Percentage of higher duties allowance payable applies only to employees under the provisions of the Public Service Act 100 %
Organisational unit number 70069992	Organisational unit name CYMHS MEDICAL CFTU	
Facility address HERSTON ROAD, HERSTON	Job advertisement reference (if applicable) NA	
Current occupant (if applicable) VACANT	Reason for higher duties / acting at level POSITION VACANT	

Concurrent / Aggregate: Please indicate (✓) here if the employee will continue to hold their existing position in conjunction with the proposed position ☐

Employment basis

Full-time ☒ Part-time ☐ No. of part-time hours / fortnight:

Award/EBA name

District Health Services - SMOs & RMOs Award - State 2003

Staff Movement Details

Reason for vacancy

RESIGNATION

Work Contract

Working arrangements	Shift arrangements	Recreation leave accrual	Reason for additional weeks leave
10 day month (ADO accrual) <input type="checkbox"/>	Single shift only <input checked="" type="checkbox"/>	Four weeks / annum <input checked="" type="checkbox"/>	Working public holidays <input type="checkbox"/>
Standard hours (non ADO accrual) <input checked="" type="checkbox"/>	Two shifts <input type="checkbox"/>	Five weeks / annum <input type="checkbox"/>	Continuous shift work <input type="checkbox"/>
Variable working hours <input type="checkbox"/>	Continuous shift work <input type="checkbox"/>	Six weeks / annum <input type="checkbox"/>	Working with radium (radiographers only) <input type="checkbox"/>
Nine day fortnight <input type="checkbox"/>	12 hour shift arrangement applies <input type="checkbox"/>		

Special conditions (e.g. RANIP Nurses, etc.). Please refer to the Payroll and Rostering Intranet Site (PARIS) for more information.

INCLUDES DIRECTORS ALLOWANCE

Work Schedule

Please indicate (✓) here if this employee works either:

A cyclic roster (where the roster pattern repeats at regular intervals e.g. fortnightly / monthly) ☒

OR

A non-cyclic roster (a roster pattern that varies from one cycle to the next) ☐



Employee Movement - Temporary - (Higher Duties/Acting at Level)

Employee Reference

Person ID

Personnel assignment number

Please complete the table below using 24 hour time format (eg. 07:00 - 16:30) to advise the employee's roster for their initial two week period of employment.

Week one

Day	Start time (hh:mm)	End time (hh:mm)	Meal break*		Total daily hours
			Start time (hh:mm)	End time (hh:mm)	
Monday	08:30	17:00	12:00	12:30	8
Tuesday	08:30	17:00	12:00	12:30	8
Wednesday	08:30	17:00	12:00	12:30	8
Thursday	08:30	17:00	12:00	12:30	8
Friday	08:30	17:00	12:00	12:30	8
Saturday					
Sunday					
Total weekly hours					40

Week two

Day	Start time (hh:mm)	End time (hh:mm)	Meal break*		Total daily hours
			Start time (hh:mm)	End time (hh:mm)	
Monday	08:30	17:00	12:00	12:30	8
Tuesday	08:30	17:00	12:00	12:30	8
Wednesday	08:30	17:00	12:00	12:30	8
Thursday	08:30	17:00	12:00	12:30	8
Friday	08:30	17:00	12:00	12:30	8
Saturday					
Sunday					
Total weekly hours					40

*Where a paid meal break applies, please insert N/A for meal break start and end times.

Qualification Payments

Please list here any approved qualifications that this employee possesses that will entitle them to additional payment (e.g. relevant AQF qualifications or nursing credentials) under Queensland Health policy.

Supervisor Certification

I certify that I have:

- (where the employee is seeking release or extension of a previously approved movement from another work unit) successfully negotiated the terms of the agreement with the line manager of the employee's substantive position
- informed this employee of any changes to their FBT Concession Eligibility status as a consequence of this variation to their employment
- discussed with this employee the consequences of this change to their position, employment status, terms of employment and/or roster and
- informed the employee where this change applies to a temporary employee moving between temporary assignments, of any impact (i.e. the ending or likelihood of extension of their previous contract) as a consequence of accepting appointment to this proposed position.

Supervisor's signature

Date

Area code

Contact number

Supervisor's full name (please print)

Supervisor's position title

JUDI KRAUSE

A/EXECUTIVE DIRECTOR

Employee Certification

I agree to the above changes to my employment hours/position. I hereby claim for the extra remuneration for hours worked in a higher duties capacity (where applicable). I also certify that I have been informed by my line manager/supervisor of the consequences of this change to my:

- FBT Concession Eligibility status that may result from this variation to my employment contract and
- position, employment status, terms of employment and/or roster. I also acknowledge that as this appointment is of a temporary nature, the contract may be ended by me in accordance with award provisions.

Employee's signature

Date

12.04.11

Delegate Approval

If the employee's entitlement to recurring allowance changes, please complete and forward the relevant form/s.

HES / SES Higher Duties only:

Will the employee be allocated a government owned motor vehicle for private use or home garaging during this period of relief?

Yes ☐No ☐

Delegate's signature

Date

Area code

Contact number

Delegate's full name (please print)

Delegate's position title

JUDI KRAUSE

A/EXECUTIVE DIRECTOR

Processing Area Use Only

Processor's signature

Date

Reviewer's signature

Date

Processed fortnight ending



EMPLOYEE MOVEMENTS

EMPLOYEE ID		NOTE: Where possible this form should reach HR no later than six (6) weeks prior to the event.	
Please tick one type only: <input checked="" type="checkbox"/> Transfer at Level <input checked="" type="checkbox"/> Acting at Level <input type="checkbox"/> Temporary Contract <input type="checkbox"/> Secondment <input type="checkbox"/> Progression Promotion <input type="checkbox"/> Redeployment <input type="checkbox"/> Deployment <input type="checkbox"/> Demotion <input type="checkbox"/> Change of Status / Change of Hours			
EMPLOYEE DETAILS			
Surname	STATHIS		Given Names
CURRENT POSITION			
Position Title	CONSULTANT POSITION		Position ID
Unit/Location	CFTU	Crew ID	REMO9
Employment Type	<input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time - Hours per fortnight: _____ <input type="checkbox"/> Trainee <input type="checkbox"/> Casual		
Employment Status	(If Full-time or Part-time) <input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Temporary		
PROPOSED POSITION			
Position Title	MEDICAL DIRECTOR		Position ID
Unit/Location	CFTU	Crew ID	REMO9
Class/Level	MOD + DTV Allowance		
Probation	<input type="checkbox"/> 3 Months <input type="checkbox"/> 6 Months		
Employment Type	<input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time - Hours per fortnight: _____ <input type="checkbox"/> Trainee <input type="checkbox"/> Casual		Employment Status
		<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	
Roster ID	Col	Line	ESP Workplan
Roster Pattern	MON	TUES	WED
	THUR	FRI	SAT
	SUN	MON	TUE
	WED	THUR	FRI
	SAT	SUN	
Paid Hours	8	8	8
	8	8	8
	8	8	8
Proposed Term	Start Date 2/11/09 End Date 3/11/2010		Vacancy Ref No.
			(If Applicable)
Reason for Change	POSITION OPEN.		Current Occupant
			N/A.
NURSING EMPLOYEES ONLY			
Does the employee have an approved accelerated advancement qualification?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If currently paid, is the qualification applicable to the new position?		<input type="checkbox"/> Yes <input type="checkbox"/> No If No, base payment may be reduced	
If not paid, is the qualification applicable to the new position?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
TERMS OF EMPLOYMENT			
Working Arrangements (Full Time Employees Only)		Shift Arrangements	No. Weeks Leave
18 Day Month (ADO Accrual)	<input type="checkbox"/>	Day	<input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
Variable Working Hours (Flexitime)	<input type="checkbox"/>	Shift	<input type="checkbox"/>
9 Day Fortnight	<input type="checkbox"/>	Cont/Shift	<input type="checkbox"/>
Standard Hours (Non ADO Accrual)	<input checked="" type="checkbox"/>		
		Reason For Additional Weeks Leave	
		Working Public Holidays <input type="checkbox"/>	
		Continuous Shift Work <input type="checkbox"/>	
		Radium (Radiographers Only) <input type="checkbox"/>	
COSTING DETAILS			
New Cost Centre	1	ADUDDV	% 3
			% 4
EMPLOYEE SIGNATURE: I agree _____ hours/position.			
Signature			Date
			20.11.09
SUPERVISOR SIGNATURE			
Signature	/ /		Contact No
Name			Position
DELEGATE SIGNATURE			
I, the authorised Delegate for Appointments, hereby approve:			
any increase above the position's AFT as a consequence of this appointment; and the above appointment subject to receipt of acceptable criminal history report (where necessary), in accordance with Section 67 of the Public Service Act 1996 / Section 24 of the Health Services Act 1991 (delete whichever is not applicable).			
Signature			Contact No
Name	D. B. B. B.		Position
Processed By	/ /	Checked By	/ /
		ESP Processed by	/ /



**Queensland
Government**
Queensland Health

MEMORANDUM

To: Team Leaders – CYMHS
Consultant Psychiatrists - CYMHS

Copies To: Judi Krause – Executive Director CYMHS, Children's Health Queensland HSS

From: Dr Stephen Stathis
Clinical Director, Child and Family
Therapy Unit.

Tel No: [REDACTED]

Fax No: [REDACTED]

File Ref:

Date: 14 December 2012

Subject: Clinical Director, CYMHS Children's Health Queensland HSS

As part of a restructuring of mental health services, I wish to advise that from 7 January 2013 I will take over as the Clinical Director of all statewide and local child and youth mental health services covered by Children's Health Queensland Hospital and Health Service (HHS). I will remain based at the Child and Family Therapy Unit, Royal Children's Hospital.

The majority of my consultation liaison responsibilities will conclude from 7 January, though I will continue to provide advice for children with Gender Dysphoria and Disorders of Sex Development. Professor Graham Martin, Dr James McAuliffe and Dr Maria Hanger will continue to offer psychiatric input to the consultation liaison service based at the Royal Children's Hospital.

I will remain as a consultant psychiatrist on the Child and Youth Forensic Outreach Service (CYFOS) and run a small 'Option A' private practice clinic through the Royal Children's Hospital. I will also retain my E-CYMHS responsibilities.

Child and youth mental health services across Children's Health Queensland HHS have grown significantly under the clinical leadership of Prof. Graham Martin, and I wish to thank him for the considerable time and effort he has invested in the Clinical Director's role. Prof. Martin will continue as the Professor of Child and Adolescent Psychiatry, University of Queensland, and the Clinical Director for Research, Children's Health Queensland HHS.

If you have any questions, please do not hesitate to contact me.

Yours sincerely

[REDACTED]

Dr Stephen Stathis
Clinical Director, Child and Family Therapy Unit



Children's Health Services District



Job ad reference: H10RCH07716
Role title: Clinical Director – Child & Youth Mental Health Services, CHQ HHS
Status: Permanent Full Time
Unit/Branch: Child and Youth Mental Health Service
Division/District: Children's Health Services
 Children's Health Services District
Location: Brisbane
Note: Please refer to About the Children's Health Services section of this document for further information regarding the location of this role.
Classification level: L25 - L27
Salary level:
Closing date:
Contact: Stephen Stathis
Telephone: [REDACTED]
Online applications: www.health.qld.gov.au/workforus or www.smartjobs.qld.gov.au
Fax application: [REDACTED]
Post application: Recruitment Services – Metro North
 Locked Mail Bag 7004
 Chermide Centre
 Chermide QLD 4032

About our organisation

Queensland Health's mission is 'creating dependable health care and better health for all Queenslanders'. Within the context of this organisation, there are **four core values** that guide our behaviour:

- **Caring for People:** Demonstrating commitment and consideration for people in the way we work.
- **Leadership:** We all have a role to play in leadership by communicating a vision, taking responsibility and building trust among colleagues. Queensland Health applies the National Health Service (NHS) Leadership Qualities Framework.
- **Respect:** Showing due regard for the feelings and rights of others.
- **Integrity:** Using official positions and power properly.

Purpose

To provide strategic and clinical leadership in the provision of specialist psychiatry services, in the areas of assessment, intervention, treatment planning and evaluation, training and education, supervision, research and service development throughout the Child and Youth Mental Health Service.

Your key responsibilities – Clinical Specialist

- Fulfil the accountabilities of this role in accordance with Queensland Health's core values, as outlined above.
- Oversight and contribution to the clinical governance and delivery of specialist child and youth psychiatry services both in a hospital, community and other relevant settings (eg. Brisbane Youth Detention Centre) as required.
- Oversight and contribution to the delivery of e-CYMHS services to rural and remote community mental health services and their patients. Provision of brief periodic visiting services within other areas of Queensland will be required from time to time.
- Oversight the comprehensive assessment of mental health needs through the review of referral information, identification and engagement of key service providers and stakeholders in the child's ecology, identification of systematic strengths and weaknesses, and the administration, interpretation and reporting of evidence-based assessments
- Take primary responsibility for specific service or team but be flexible to provide support to other service areas in order to assist with leave coverage, etc
- Actively encourage and participate in the professional education of consultant psychiatrists and psychiatric registrars, and collaborate in the professional education and staff development of other mental health professionals and other service providers.
- High quality specialist clinical leadership and oversight to the multidisciplinary team/s.
- Provide direct client/patient care as required by the setting. Private practice is encouraged to eligible appointees, subject to specific contractual arrangements.
- Collaboration with senior management, Team Leader/s and other health professionals in planning and implementation of policy for the development of child and youth mental health services within CYMHS.

Your key responsibilities – Clinical Governance and Leadership

- Provide high quality strategic clinical leadership and oversight to CYMHS CHQ HHS
- Provide optimal development of specialist expertise for Consultants and Registrars within CYMHS CHQ HHS aligned with national and state professional directions.
- Oversight of medical practice and safety & quality activities across CHQ HHS to ensure that care is provided to a high quality in accordance with ethical principles, consistent with the CHQ HHS Safety & Quality Framework and Divisional Operational Planning framework
- Provide state-wide leadership and direction of a tertiary Level 6 CCSF Child & Youth Mental Health Services and link to the broader CHQ state-wide role and mental health national and state strategic directions, priority areas and clinical reform agenda.
- To work in a collaborative partnership with the Divisional Director CYMHS CHQ HHS to provide:
 - Quality consumer focussed services aligned with the CHQ strategic planning and clinical governance frameworks
 - Leadership and strategic planning across the continuum of care within clinical services of the CHQ HHS, including the support and governance of key clinical service design projects
 - Budget management and innovation to promote efficiencies within an activity based funding framework
 - Human resource management including driving workforce development
 - Drive financial, human and physical resources to optimise Child & Youth Mental Health Services drive identified performance outcomes and actively collaborate to ensure achievement of mental health key performance indicators (KPIs)

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- Lead implementation an integrated risk framework as per CHQ and CYMHS Divisional operational plans
- Drive the Safety and Quality framework and strategic plan of CHQ HHS
- Represent CYMHS on local, CHQ HHS, state and national committees to advocate for and promote optimal child and youth mental health outcomes
- Develop and strengthen linkages within the Primary Health Care Sector, including the implementation of QCH Medicare Local protocols
- Lead commissioning and work force development of CYMHS for the Queensland Children's Hospital
- Chair or provide clinical leadership in key CYMHS operational and strategic meetings including COMC, Strategic Review Group, Clinical Quality and Safety, and Consultant Meetings and Planning Days
- Participate in state-wide specialist training programs, including active participation in the Queensland Registrar Training Program (QRTP)
- Encourage and support research to improve child and adolescent psychiatry practice within QCH HHS and across the state.
- Supervise the performance appraisal and development agreements, and take responsibility for the professional performance management, of medical staff within CYMHS, CHQ HHS
- Actively participate in reviews and projects within the Mental Health Alcohol and Other Drugs Branch (MHAODB) as appropriate and maintain a collegiate relationship with the Acting/Executive Director MHAODB

Qualifications/Professional registration/Other requirements

- Qualified Medical Practitioner, registered in Queensland, with specialist registration as a Consultant Psychiatrist.
- Possessing or expecting to complete in the near future the Certificate in Child and Adolescent Psychiatry of the Royal Australian and New Zealand College of Psychiatrists.
- Credentialing to work within public hospitals will be required prior to appointment.
- This position requires you to participate in an on call roster.

Licence to Operate Vehicles: This position requires the incumbent to operate a C class motor vehicle, and an appropriate licence endorsement to operate this type of vehicle is required. Proof of this endorsement must be provided before commencement of duty.

Appointment to this position requires proof of qualification and registration with the appropriate registration authority, including any necessary endorsements, to be provided to the employing service prior to the commencement of duty.

Are you the right person for the job?

You will be assessed on your ability to demonstrate the following key attributes. Within the context of the responsibilities described above, the ideal applicant will be someone who can demonstrate the following:

Clinical or Technical Expertise

Ability to apply an expert level of knowledge and skills in complex contemporary child and youth mental health psychology practice at a district-wide level over multiple sites and in a strategic State-wide or National capacity.

Communication

To find out more about Queensland Health, visit www.health.qld.gov.au

Ability to provide authoritative counsel and develop partnerships with stakeholders both within and outside of Queensland Health and other Government and non Government services, in matters relating to psychology practice and to the child and youth mental health clinical area of expertise.

Clinical Ability

Ability to solve large-scale complex clinical service problems and apply high-level clinical and organizational expertise to the development of service policies and clinical practice standards.

Leadership

Ability to provide strategic leadership and direction in the development of psychology professional competence on a State-wide and or National basis and provide expert training opportunities and guidance to clinicians looking to build expert clinical specialties.

How to apply

Please provide the following information to the panel to assess your suitability:

- **A short response** (maximum 1-2 pages) on how your experience, abilities, knowledge and personal qualities are relevant for the role, taking into account 'Are you the right person for the job' and Your Key Responsibilities.
- **Your current CV or resume, including referees.** Applicants must seek approval prior to nominating a person as a referee. Referees should have a thorough knowledge of your work performance and conduct, and it is preferable to include your current/immediate past supervisor. By providing the names and contact details of your referee/s you consent for these people to be contacted by the selection panel. If you do not wish for a referee to be contacted, please indicate this on your resume and contact the selection panel chair to discuss.

About the Children's Health Services

South East Queensland is Australia's fastest-growing region, attracting an average of 55,000 new residents each year over the past two decades. As population grows, so too does the demand for health services. The development of Children's Health Services is responding to this increase demand by providing a statewide network of children's services.

Children's Health Services provides:

- Paediatric services to its local community
- Tertiary paediatric services at the Royal Children's Hospital (Brisbane)
- Child and Youth Mental Health Services
- Community Child Health Service
- Outreach children's specialist services across Queensland
- Implementation and support for new and enhanced emergency, inpatient and ambulatory services
- Paediatric education and research

As part of the Children's Health Services, a new purpose-designed Queensland Children's Hospital (www.health.qld.gov.au/childrenshospital/) is being built at South Brisbane and is expected to open in late 2014. The hospital will bring together existing specialist paediatric services of the Royal Children's Hospital and the Mater Children's Hospital (www.mater.org.au) and will be the central point of a statewide paediatric network, designed to cater for the future health care needs of children and youth.

The position will remain a Queensland Health position and may officially relocate to the new Queensland Children's Hospital when the new children's hospital is commissioned, which is expected to occur late 2014.

For further information about Children's Health Services please visit

<http://www.health.qld.gov.au/rch/>

To find out more about Queensland Health, visit www.health.qld.gov.au

Child and Youth Focused Family-Centred Care

At the heart of the philosophy for Children's Health Services is the recognition that the family is the constant in a child or youth's life. The concept of family-centred care has been embraced. Family-centred care is about building partnerships between families and health professionals. This partnership trusts and values the role families play in ensuring the health and well being of the child or youth and that emotional, social and developmental support are integral components of care.

Pre-Employment screening

Pre-employment screening, including criminal history and discipline history checks, may be undertaken on persons recommended for employment. Roles providing health, counselling and support services mainly to children will require a Blue Card. Please refer to the Information Package for Applicants for details of employment screening and other employment requirements.

Health professional roles involving delivery of health services to children and young people

All Health Professionals (including registered nurses and medical officers) who in the course of their duties formulate a reasonable suspicion that a child or young person has been or is likely to be abused or neglected in their home/community environment, has a duty of care obligation to immediately report such concerns to the Department of Child Safety.

All relevant health professionals are also responsible for the maintenance of their level of competency in the provision of health care and their reporting obligations in this regard.

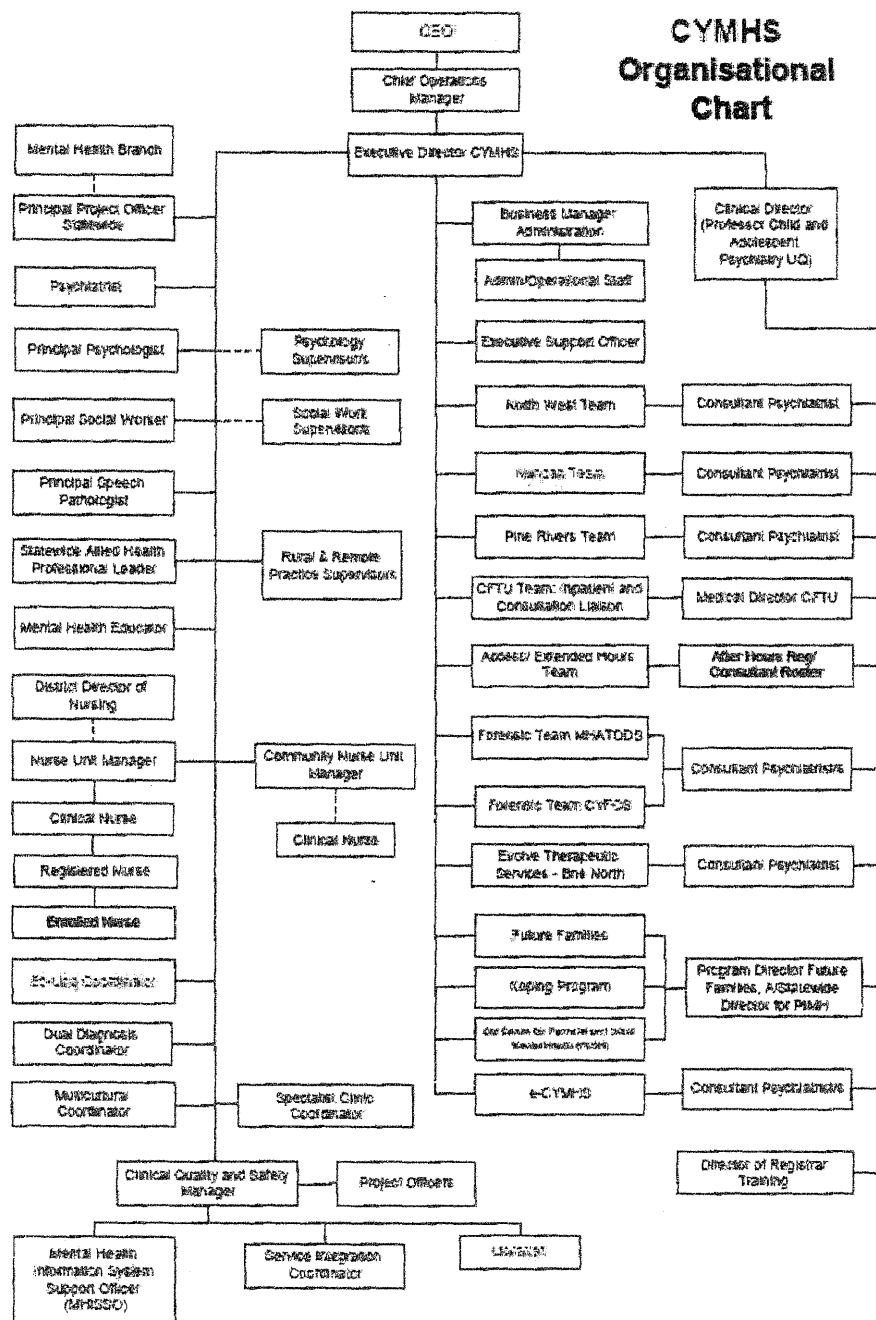
Disclosure of Previous Employment as a Lobbyist

Applicants will be required to give a statement of their employment as a lobbyist within one (1) month of taking up the appointment. Details are available at <http://www.psc.qld.gov.au/library/document/policy/lobbyist-disclosure-policy.pdf>

Probation

Employees who are permanently appointed to Queensland Health may be required to undertake a period of probation appropriate to the appointment. For further information, refer to Probation HR Policy B2 http://www.health.qld.gov.au/hrpolicies/resourcing/b_2.pdf

Organisational chart



Oct 2008

To find out more about Queensland Health, visit www.health.qld.gov.au

West Moreton Hospital and Health Service PROJECT PLAN

Author:	Chris Thorburn, Director Service Redesign	Executive Sponsor:	Sharon Kelly, ED MH&SS	Executive Delegate:	Lesley Dwyer, CE WMHHS
Start Date:	16 November 2012	Approval:	<input type="checkbox"/> West Moreton Hospital and Health Board		
End Date:	TBD				

Description of Project: Barrett Adolescent Strategy

BACKGROUND of PROJECT	<ul style="list-style-type: none"> Barrett Adolescent Centre (BAC) is located within The Park – Centre for Mental Health (The Park) and provides a state wide service of extended treatment and rehabilitation¹ for up to 15 adolescents with severe and complex mental health disorders. As part of the <i>Queensland Plan for Mental Health 2007-2017</i> (QPMH), a capital allocation had been approved to rebuild BAC in a new location as: <ul style="list-style-type: none"> The capital fabric of BAC is no longer able to meet the requirements of a contemporary model of care for adolescent extended treatment and rehabilitation and The Park will become exclusively a High Secure and Secure Rehabilitation Mental Health Service for adults (by end of 2013). Initial consultation with stakeholders (about a replacement service for BAC) commenced as part of the planning for Stage 1 of the QPMH (approximately 2005-06). Planning associated with the QPMH incorporated in a new capital project to be delivered at Redlands, which would replace the BAC. The Adolescent Extended Treatment and Rehabilitation Unit was to be built adjacent to the Redlands Hospital. It was to be commissioned in 2014. Due to environmental and other issues, the project could not proceed and has now ceased. The capital allocation previously attached to the rebuild of BAC has been redirected to other Queensland Health capital priorities; this capital funding is currently no longer available for a rebuild of BAC at an alternative site.
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¹ While currently classified as an extended treatment and rehabilitation model of service, the replacement model of service for BAC will likely be classified as either a subacute rehabilitation or community residential program. The classification will need to align with national and state classification frameworks, and relevant funding models.

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	<ul style="list-style-type: none"> • It has become imperative that: <ul style="list-style-type: none"> ○ alternative contemporary, statewide model(s) of care be developed to replace the services currently provided by BAC; and ○ an implementation plan be developed to achieve the alternative statewide model(s) of care. • This project plan will articulate the required steps to achieve the above points.
OBJECTIVES	<ul style="list-style-type: none"> • Through the formation of a planning group, with input from a multidisciplinary expert clinical reference group: <ul style="list-style-type: none"> ○ alternative contemporary, statewide model(s) of care will be developed to replace the services currently provided by BAC; ○ an implementation plan will be developed to achieve the alternative model(s) of care; and ○ a defined strategy will be articulated outlining the plan to achieve an alternative model of care for the current patients of the BAC. • Through the development and implementation of an effective communication and engagement strategy, all identified stakeholders will: <ul style="list-style-type: none"> ○ be kept informed in a timely manner; and ○ have appropriate opportunities to provide input to the process. • Through agreed governance and approval processes by the West Moreton Hospital and Health Board, the alternative statewide model(s) of care and implementation plan will be endorsed. This will be achieved through partnership with the System Manager.
OUTCOMES	<ul style="list-style-type: none"> • The final endorsed model(s) of care will clearly articulate a contemporary model(s) of care for extended treatment and rehabilitation for adolescents in Queensland. • The final endorsed model(s) of care will be evidenced based, sustainable and align with statewide mental health policy, service planning frameworks and funding models. • The final endorsed model(s) of care will replace the existing services provided by BAC. • The implementation plan will clearly identify: <ul style="list-style-type: none"> ○ Stakeholders ○ Communication and Engagement strategies ○ Time frames and steps of implementation ○ Human, capital and financial resources ○ Risks, issues and mitigation strategies ○ Evaluation strategy and criteria attached to the implementation

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PROJECT SCOPE	<ul style="list-style-type: none"> This project has a statewide focus, as the final endorsed model(s) of care must meet the needs of adolescents in Queensland requiring extended treatment and rehabilitation.
OUT OF SCOPE	<ul style="list-style-type: none"> As there is no longer a current capital allocation to rebuild BAC on another site, the model(s) of care to be developed must exclude this as an option.
ASSUMPTIONS	<ul style="list-style-type: none"> A significant assumption is that the services currently provided by BAC will not remain on the campus of The Park post June 2013. Once the implementation plan has achieved the endorsed model(s) of care for the current patients, the building that houses the service of BAC will be de-commissioned. It is assumed that the endorsed model(s) of care will be incorporated into forward planning for the implementation of components of the remainder of the <i>Queensland Plan for Mental Health 2007-2017</i>. It is assumed that there will be robust evaluation criteria applied to determine the quality and effectiveness of the endorsed model(s) of care. It is assumed that the endorsed model of care will be implemented in a two staged process, ie it will initially be applied to meet the needs of the current consumers in BAC and then implemented more widely across the state as per the parameters of the endorsed model of care. It is assumed that the existing recurrent funding for BAC and the additional future funding earmarked for the former Redlands Unit will be utilised to fund the endorsed model(s) of care for this adolescent consumer group.
CONSTRAINTS	<ul style="list-style-type: none"> It is possible that the project may be constrained by a number of factors including: <ul style="list-style-type: none"> Resistance to change by internal and external stakeholders Insufficient recurrent resources available to support a preferred model of care Insufficient infrastructure across parts of the State to support a changed model (eg skilled workforce, partnerships with other agencies and accommodation requirements) A delay in achieving an endorsed model of care.
DEPENDENCIES	<ul style="list-style-type: none"> The final model of service delivery for adolescent mental health extended treatment and rehabilitation services across Queensland will be informed by this project. This project is dependent upon the risks, issues and constraints being appropriately addressed. There are interdependencies between this project and the available, contemporary service planning frameworks at national and state levels. This includes the QPMH.

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Accountability of Project:

PROJECT GOVERNANCE:

