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

Commissions of Inquiry Order (No.4) 2015

Barrett Adolescent Centre Commission of Inquiry

AFFIDAVIT

Michelle Bond, c/- Crown Law, 50 Ann Street Brisbane, Principal, states on oath:

I have been provided with a further Requirement to Give Information in a Written Statement dated 17 March 2016. **Exhibit A** to this affidavit is a copy of this notice.

Q1. In relation to Recommendation 5(b) of the ECRG which related to educational resources for Tier 2 (day program) and Tier 3 (inpatient) services it was the recommendation of the Planning Group that:

"Strong consideration should be given to the establishment of a multi-site, statewide education service for children/adolescents in acute units (hub and spoke model)."

(a) Firstly, what is meant by "hub and spoke model"?

I am not familiar with the phrase and cannot recall what was meant by it at the time.

(b) Do the education services that you have described in your statement reflect the recommendations of the Planning Group?

Yes. On site schooling is part of the day program at Herston established in 2015. An onsite school is present at the Lady Cilento Children's Hospital (LCCH), which can be used by any patient accessing the subacute beds.

Deponent 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
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(c) If yes, are there any ways in which the services could continue to be enhanced or improved?

As more services are rolled out, the Department of Education and Training (the Department) will respond accordingly. Statewide services could be improved through better alignment and greater consistency in the standard of service. The alignment and continuity of education will be considered by the Students with Complex Mental Health Conditions Advisory Group.

(d) If not, please outline what needs to be done in order that education services provided for young people/adolescents who are afflicted with a serious and complex mental illness are developed to the standard recommended by the Planning Group?

Not applicable.

Q2. **At paragraphs 12- 14 of your statement you state that despite the amalgamation of the Lady Cilento Hospital School and Royal Children's Hospital School, five or six staff remain employed at the Royal Brisbane & Women's Hospital and are responsible for the provision of education services to the adolescent mental health unit and the operation of the day program for CYMHS (Child and Youth Mental Health Service) students.**

(a) Is the curriculum the same as the curriculum delivered at Lady Cilento Children's Hospital School?

Yes, and is aligned with the Australian Curriculum.

(b) The Commission has received evidence that the service at Herston would regularly refer to the BAC at Wacol their most treatment resistant students. Now that the BAC at Wacol has closed, what has happened to those students?

The referral of these students is a matter for health professionals.

Deponent

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

(c) Do you consider that there is a gap in educational services for this cohort?

I do not consider that there is a gap if the students are in an acute unit of a hospital or part of a day program (at Herston or LCCH). I cannot comment if they are outside of these settings as I am not aware of the educational arrangements for such students.

Q3. Please describe the school at the Lady Cilento Children's Hospital including both the Junior Campus and the Senior Campus. If you have photographs of the classrooms and outdoor areas, please provide a copy.

Exhibit B to this affidavit is a copy of a power-point presentation containing photographs of the LCCH School.

Q4. In particular can you please describe what if any outdoor areas or playgrounds there are on the hospital grounds? Is there an outdoor area where the students can establish and maintain a kitchen garden? If not, why not?

As depicted in Exhibit B, the School consists of a Junior Campus (prep to year 4), Senior Campus (year 5 to 12) and outdoor areas. The students have access to many outdoor areas in the hospital and some are exclusive to the school. LCCH School students have access to a kitchen/herb garden.

Slide 14 of Exhibit B depicts a prep class on a lawn facing the hospital. The class is engaged in a maths and art activity about 3D shapes in the real world.

Q5. Does physical education form part of the school curriculum? If not, why not?

Yes, the School employs a PE teacher two days a week (0.4 FTE). All classroom students, including CYMHS students, have a weekly PE lesson.

Deponent

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

Q6. Does art therapy or music form part of the school curriculum? If not, why not?

The LCCH School does not provide therapy to students as this is a matter for health professionals. CYMHS students have access to music therapy funded through the Children's Hospital Foundation and Children's Health Queensland.

The LCCH School provides a weekly music program for primary school students and a weekly art lesson (one hour) which is part of the national curriculum for students in prep to year 10.

Q7. Are community programs for example, outings to the movies, gym, restaurants, art galleries, beach, school camps, or volunteering and work experience part of the school curriculum? If not, why not?

They do if they are linked to an educational outcome – for example the exercise described in response to Q4. The LCCH School has excursions once or twice a term and students have recently visited the Gallery of Modern Art and Southbank. For some students, the educational outcome may be a social or emotional outcome, such as providing group experiences in a safe environment for a student with social anxiety. The excursion may be part of a plan to gradually expose the student to a range of social situations before re-entry back into a large secondary school.

Q8. If the answer to any of the above is no, do you consider these to be significant both in terms of their therapeutic benefit and in terms of rehabilitation?

Not applicable.

Q9. Are there any plans afoot to incorporate these into the education services for child and youth with serious and complex mental health issues?

They are already incorporated. The information provided above describes the educational services available to all students, including those with serious and complex mental health issues.

Q10. At paragraph 17 of your statement you say that primary and secondary school teachers visit inpatients who are not well enough to attend school.

Deponent [redacted] J.P., C.Dec., Solicitor

(a) What do you mean by "Visit"? How long do they spend with each student?

Providing an educational class/lesson within the inpatient unit. The duration of lessons can vary between 10 to 30 minutes depending on the capability of the student as assessed by health professionals. These classes are not common with CYMHS students as if such students are not well enough to attend the on-site school, they are often also too unwell for a visit.

(b) What do they do?

Teach a one-on-one lesson.

(c) Is there an option of having these students attend class supported by nursing staff?

This option is always available. For instance if a student is on one-on-one observations, the nurse will attend the classroom with them.

Health staff decide whether the student attends school or is visited on the inpatient unit. This is discussed in the morning handover meetings that occur between the health and teaching staff.

Q11. At paragraph 20 of your statement you state that in 2015 there were 284 individual CYMHS students registered to attend "our" schools across various campuses. You further state that that figure captures "CYMHS patients", "general inpatients" and "day patients".

(a) What do you mean by "our" schools?

All campuses of LCCH School.

(b) What is the difference between a "CYMHS" patient and a "general" inpatient?

CYMHS students/patients are made up of inpatients and day patients.

Deponent [redacted]

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

(c) What is the difference between a "CYMHS" patient and a "day patient"?

An inpatient is a patient who temporarily resides at the hospital whereas a day patient visits the hospital each day from their home.

(d) What is the longest length of time that a "day patient" has attended the LCCH School? Please provide an example as part of your answer.

The longest length of attendance has been 4 terms - a school year. Two to three terms is the average attendance period and many students transition during their third term.

Transition is specifically designed around what each student needs. It can be a gradual process. For example, a student may transition back to their base school by attending every English class at their base school but supported by LCCH teacher for a number of weeks, with this gradually increasing to attendance for a second and third subject. The end goal would be regular attendance at the school without the need for support by an LCCH teacher. This transition process also provides support to the receiving school so that they can develop an understanding of the student and their specific needs. For example, it will allow the base school to develop an understanding of the tools the student employs to deal with their mental health issue, such as the details of their safety plan or the steps they take to self-regulate or reduce their anxiety.

Transition can also involve working with a student to find an education option at a base school with which they feel they can cope. Sometime this might involve a fresh start at a new school. We work with the students and their family to explore workable options.

(e) What is the average length of attendance at school of a CYMHS inpatient?

The Children's Unit is often two weeks and the Adolescent Unit tends to be longer, and can be four weeks or more in some cases. These timelines are approximate only and can vary from student to student.

Deponent

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

(f) Is it the case that some CYMHS inpatients attend the LCCH for short periods of time on and off over a period of years? If yes, please provide an example.

Yes, but it is not the norm. There are a [redacted] to the [redacted]

Q12. You say in your statement that you are the Chair of the Metropolitan Region Mental Health Working Group.

(a) Who are the other members of this group?

This Metropolitan Regional group includes two Senior Guidance Officers (SGOs), three Edlinq coordinators who are Queensland Health employees whose roles are to link Education and Health, a Regional Mental Health Coach and a mental health Guidance Officer as well as four Principals representing Primary, Secondary, Special and Specific Purpose Schools.

(b) How often does the group meet?

This group meets every quarter (once a term).

(c) What is the purpose of the group?

Exhibit C to this affidavit is a copy of the Metropolitan Region Mental Health Working Group Terms of Reference.

In addition to being a member of the Metropolitan Region Mental Health Working Group (covering the Metropolitan region), I am also a member of the Students with Complex Mental Health Conditions Advisory Group. I understand that a copy of the draft terms of reference for that group are attached to the supplementary statement of Patrea Walton.

The first meeting is scheduled for 15 March 2016. I understand that the group will meet monthly.

The other members of this Group are –

- Mark Campling, Chair, Regional Director, Metropolitan Region

Deponent [redacted]

[redacted] A J.P., C.Dec., Solicitor

- Bevan Brennan, Assistant Director General, State School Operations
- Alison Smith, Director, Strategy and Performance (Student Services) Metro Region
- Jean Smith, Executive Director, Student Wellbeing and Support
- Deb Rankin, Principal, Barrett Adolescent Centre
- Paul Dickie, Hospital Schools Advisory Council
- Carmel Ybarlucea, Executive Director, Queensland Mental Health Commission
- Anna Davis, Manager, Mental Health Strategy, Mental Health Alcohol & Other Drugs Branch Queensland Health
- Judi Krause, Divisional Director, Child & Youth Mental Health Service, Children's Health Queensland, Hospital and Health Service

Q13. At paragraph 38 of your statement you state that the Barrett Adolescent School is the only program that provides outreach services for young people with a mental illness. You state further that this might involve a student attending the BAC location for part of the week while at other times attending their base school accompanied by Barrett Adolescent School staff for support.

(a) If de-institutionalisation and community based treatment is the way forward for young people with mental illness, why is it that the schools at the Lady Cilento Children's and Royal Brisbane & Women's Hospital do not provide these outreach services?

LCCH School does not offer outreach, it does however transition students – for example see Q11(d). The School provides this service to a young person who is a student by virtue of being an inpatient or day patient. A student can only be admitted to the School through a CYMHS referral – students are eligible whether their base school is public or private. The admission criteria is outlined at paragraph 36 of my original affidavit.

(b) Can you explain the difference between the education services provided at the LCCH School and the Barrett School at Tennyson?

By way of comparison, the Barrett School can take referrals directly from any public school.

Deponent

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

(c) Given that both of these schools fall within the same catchment area, what is the reason for continuing to operate both of these schools?

This is a question for the Department and is a matter that will also be considered by the Students with Complex Mental Health Conditions Advisory Group.

Sworn by Michelle Bond on 18 March 2016)
at Brisbane in the presence of:)
)

[redacted]

[redacted]

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

Exhibits A to C to the affidavit of Michelle Bond sworn on 18 March 2016.

[redacted]

Deponent

[redacted]

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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BARRETT ADOLESCENT CENTRE COMMISSION OF INQUIRY

Commissions of Inquiry Act 1950
Section 5(1)(d)

REQUIREMENT TO GIVE INFORMATION IN A WRITTEN STATEMENT

To: Ms Michelle Bond

Of: c/- Paul Lack, Crown Law, by email to

I, the Honourable MARGARET WILSON QC, Commissioner, appointed pursuant to *Commissions of Inquiry Order (No. 4) 2015* to inquire into certain matters pertaining to the Barrett Adolescent Centre ("the Commission") require you to give a written statement to the Commission pursuant to section 5(1)(d) of the *Commissions of Inquiry Act 1950* in regard to your knowledge of the matters set out in the Schedule annexed hereto.

YOU MUST COMPLY WITH THIS REQUIREMENT BY:

Giving a written statement prepared either in affidavit form or verified as a statutory declaration under the *Oaths Act 1867* to the Commission on or before **4:00pm, Monday 21 March 2016**, by delivering it to the Commission at Level 10, 179 North Quay, Brisbane.

A copy of the written statement must also be provided electronically either by: email at (in the subject line please include "Requirement for Written Statement"); or via the Commission's website at www.barrettinquiry.qld.gov.au (confidential information should be provided via the Commission's secure website).

If you believe that you have a reasonable excuse for not complying with this notice, for the purposes of section 5(2)(b) of the *Commissions of Inquiry Act 1950* you will need to provide evidence to the Commission in that regard by the due date specified above.

DATED this 17th day of March 2016

The Hon Margaret Wilson QC
Commissioner
Barrett Adolescent Centre Commission of Inquiry

SCHEDULE

1. In relation to Recommendation 5(b) of the ECRG which related to educational resources for Tier 2 (day program) and Tier 3 (inpatient) services it was the recommendation of the Planning Group that;

   "strong consideration should be given to the establishment of a multi-site, statewide education service for children/adolescents in acute units (hub and spoke model)."

   (a) Firstly, what is meant by "hub and spoke model?

   (b) Do the education services that you have described in your statement reflect the recommendations of the Planning Group?

   (c) If yes, are there any ways in which the services could continue to be enhanced or improved ?

   (d) If not, please outline what needs to be done in order that education services provided for young people/adolescents who are afflicted with a serious and complex mental illness are developed to the standard recommended by the Planning Group?

2. At paragraphs 12- 14 of your statement you state that despite the amalgamation of the Lady Cilento Hospital School and Royal Children's Hospital School, five or six staff remain employed at the Royal Brisbane & Women's Hospital and are responsible for the provision of education services to the adolescent mental health unit and the operation of the day program for CYMHS (Child and Youth Mental Health Service) students.

   (a) Is the curriculum the same as the curriculum delivered at Lady Cilento Children's Hospital School?

(b) The Commission has received evidence that the service at Herston would regularly refer to the BAC at Wacol their most treatment resistant students. Now that the BAC at Wacol has closed, what has happened to those students?

(c) Do you consider that there is a gap in educational services for this cohort?

3. Please describe the school at the Lady Cilento Children's Hospital including both the Junior Campus and the Senior Campus. If you have photographs of the classrooms and outdoor areas, please provide a copy.

4. In particular can you please describe what if any outdoor areas or playgrounds there are on the hospital grounds? Is there an outdoor area where the students can establish and maintain a kitchen garden? If not, why not?

5. Does physical education form part of the school curriculum? If not, why not?

6. Does art therapy or music form part of the school curriculum? If not, why not?

7. Are community programs for example, outings to the movies, gym, restaurants, art galleries, beach, school camps, or volunteering and work experience part of the school curriculum? If not, why not?

8. If the answer to any of the above is No do you consider these to be significant both in terms of their therapeutic benefit and in terms of rehabilitation?

9. Are there any plans afoot to incorporate these into the education services for child and youth with serious and complex mental health issues?

10. At paragraph 17 of your statement you say that primary and secondary school teachers ***visit*** inpatients who are not well enough to attend school.

(a) What do you mean by ***"Visit"***? How long do they spend with each student?

(b) What do they do?

(c) Is there an option of having these students attend class supported by nursing staff?

11. At paragraph 20 of your statement you state that in 2015 there were 284 individual CYMHS students registered to attend "our" schools across various campuses. You further state that that figure captures ***"CYMHS patients"***, ***"general inpatients"*** and ***"day patients"***.

(a) What do you mean by "our" schools?

(b) What is the difference between a "CYMHS" patient and a "general" inpatient?

(c) What is the difference between a "CYMHS" patient and a "day patient."

(d) What is the longest length of time that a "day patient" has attended the LCCH school? Please provide an example as part of your answer.

(e) What is the average length of attendance at school of a CYMHS inpatient?

(f) Is it the case that some CYMHS inpatients attend the LCCH for short periods of time on and off over a period of years? If yes, please provide an example.

12. You say in your statement that you are the Chair of the Metropolitan Region Mental Health Working Group.

(a) Who are the other members of this group?

(b) How often does the group meet?

(c) What is the purpose of the group?

13. At paragraph 38 of your statement you state that the Barrett Adolescent School is the only program that provides outreach services for young people with a mental illness. You state further that this might involve a student attending the BAC location for part of the week while at other times attending their base school accompanied by Barrett Adolescent School staff for support.

(a) If de-institutionalisation and community based treatment is the way forward for young people with mental illness, why is it that the schools at the Lady Cilento Children's and Royal Brisbane & Women's Hospital do not provide these outreach services?

(b) Can you explain the difference between the education services provided at the LCCH school and the Barrett School at Tennyson.

(c) Given that both of these schools fall within the same catchment area, what is the reason for continuing to operate both of these schools?

General

14. Explain any other information or knowledge (and the source of that knowledge) that you have relevant to the Commission's Terms of Reference.

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

EXHIBIT 980

Pages 17 through 24 redacted for the following reasons:
- -

C

Department of Education, Training and Employment

Terms of Reference

Mental Health Services Working Group

Purpose	The purpose of the **Mental Health Services Working Group (MHSWG)** is to: • Develop strategic directions, principles and options to address strategic priority areas of mental health services in the Region • Make recommendations in accordance with policy regarding the distribution of resources to schools and local clusters in areas of mental health services • Provide advice and advocacy on the delivery of mental health services ,
Scope	Specifically the MHSWG will: • provide leadership and strategic direction on proposals to improve, revitalise and reform mental health services to better support service delivery in schools to improve performance and outcomes in these areas • Implement regional programs and guidelines e.g. develop and implement action plans • consider the effectiveness and efficiency of current service models • Build capacity of future leaders • provide advice regarding the allocation of resources in the area of mental health services • Generate innovation, strategic alliances and expertise
Membership	**Chair:** 1 Senior Principal- Specific Purpose **Members:** 1 Principal- primary 1 Principal- secondary 1 Principal- Special 2 x SGO's 3 x Edlinq coordinators (Qld Health employees) 1 x Regional Mental health Coach 1 x GO (Mental Health) **Secretariat:** Chair of MHSWG
Roles & Responsibilities of Committee Members	Chair's and or Nominated Representative's responsibilities include: • Setting the agenda • Ensuring the MHSWG operates effectively and according to departmental committee protocols • Facilitating the flow of information before, during and following meetings • Liaising with and reporting to appropriate officers outside the MHSWG as required • Reviewing MHSSWG performance Members' responsibilities include: • Meeting representation • Providing expertise requirements

Queensland Government

	• Liaising with others to assist the BSWG to fulfil its purpose Secretariat's responsibilities: • Compliling and distributing agenda and briefing papers before the meeting • Taking and distributing minutes and actions from the meeting • Monitoring and tracking actions • Maintaining distributions lists.
Frequency and Conduct of Meetings	• The MHSWG will meet at least once a term as required by departmental timelines • The time of the meeting will be determined by the Chair • The MHSWG may meet more frequently as needed • The Chair may invite non-members to attend a meeting to provide specific advice
Meeting Operations	• MHSWG members may sponsor items for the agenda that is in line with the purpose • Minutes of meetings and a register of actions will be taken by the secretariat.
Committee Review Arrangements	• The MHSWG will undertake an annual review of its operations using a self-assessment process, with a focus on continuous improvement.
Status of this TOR	March 2016