

Barrett Adolescent Centre Commission of Inquiry

BARRETT ADOLESCENT CENTRE COMMISSION OF INQUIRY

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

STATEMENT OF LYNETTE MICHELLE GLUBB

Name of Witness:	Lynette Michelle Glubb
Date of birth:	
Current address:	
Occupation:	Registered Nurse
Contact details (phone/email):	
Date and place of statement:	
Statement taken by:	Emily Vale and Rachel Cornes

I **LYNETTE MICHELLE GLUBB** make oath and state as follows:

1. I am currently employed in the position of Registered Nurse at Toowong Private Hospital. I have held this role on a casual basis since April 2013, and on a full-time basis, since August 2014.
2. For the period July 2000 until April 2013, I held the position of After Hours Nurse Manager at Wolston Park Hospital (now The Park-Centre for Mental Health (**The Park**), which included the Barrett Adolescent Centre (the **BAC**).
3. In around early October 2015, I first became aware of the Barrett Adolescent Centre Commission of Inquiry (**the Commission**) after I received a telephone call about it, from my former colleague, Mrs Marie Bennett.
4. On 13 October 2015, I contacted the Commission because I considered that I may have information of assistance to the Commission, regarding the time when I worked at the BAC.
5. On the morning of Friday, 16 October 2015, I attended the Commission Rooms at level 10, 179 North Quay, where I spoke with Commission staff.

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6. During this meeting I was shown a copy of the Commission's Terms of Reference. There are no documents in my custody or control that are relevant to the Terms of Reference.
7. I hold the following formal qualifications: Certificate in Mental Health Nursing; Bachelor of Nursing; Bachelor of Science (Psychology); Graduate Certificate in Health Management.
8. After leaving The Park (and the BAC) in April 2013, I worked as a Mental Health Nurse at a Commonwealth Immigration Department facility, employed by IHMS (International Medical Health Service). I held this position until 2 September 2013.
9. Prior to commencing in the position of After Hours Nurse Manager, I held the following positions, all of which were at The Park:
 - (a) Registered Nurse (1991 to 1994) (six months' of which was at the BAC, in 1994);
 - (b) Clinical Nurse (1994 to 1996); and
 - (c) Nursing Manager of the Rehabilitation Unit (1996 to 2000).
10. Other than my six month placement at the BAC in 1994, I did not have any direct involvement with the operations of the BAC until 2000, when I commenced in the position of After Hours Nurse Manager.

Involvement with the BAC

11. As After Hours Nurse Manager, I had both clinical and managerial responsibilities with respect to adolescent and adult patients of The Park, which included patients of the BAC.
12. In essence, I was responsible for managing any clinical and human resources issues that arose after hours. Nursing staff were required to report clinical incidents to me, and it was my responsibility to manage them. Issues reported to me ranged from minor clinical issues, to dealing with police officers who were returning patients who had absconded, and to managing sentinel events and critical incidents.

Management and operation of the BAC

13. I did not have any involvement in the admission or discharge of patients to/from the BAC.
14. My understanding is that BAC was initially set up as an acute assessment and treatment facility, which was meant to treat patients for periods of a few months, with the goal of returning the adolescent to the independent or supported community placement where possible.

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15. However, based on my experience working at the BAC, and as a Nurse Manager at The Park, I know the BAC to have been a facility for adolescent patients who had been identified as requiring more than acute care for a mental illness, and who could not be treated in the community.
16. It was not unusual for patients of the BAC to be hospitalised for periods of one year or longer, with many being treated as inpatients for periods of several years.
17. The main mental illnesses experienced by patients of the BAC included mood disorders, psychotic disorders and conduct disorders. Sometimes clients of the BAC had not been given a formal diagnosis. This was often because they were under 18 years of age and there was a reluctance to give them a 'label' for conduct which could potentially have been seen as 'acting out'.
18. When I first commenced working at the BAC in 2000, I observed that the BAC was staffed by a closed group of nurses who had expertise in adolescent mental health.
19. However, over the course of my latter years at the BAC, from around 2009 up until when I left the BAC in April 2013, I observed the levels of expertise to deteriorate. During this period, many of BAC nurses retired or were transferred elsewhere. Frequently, the new nurses who replaced them were recent graduates, or otherwise did not have any experience or specialist training in the area of adolescent mental health. This concerned me because adolescent mental health is a specialised area.
20. The deterioration of expertise negatively impacted on the operations of the BAC. At the time when I left, I would describe the operation and management of the BAC as being embarrassingly inadequate. From around 2012 up until I left in April 2013, I observed and/or was notified by nursing staff, of a number of routine practices occurring within the BAC, which were clinically inappropriate, negligent, unprofessional, and/or ethically unsound. For example:
 - (a) At some point in 2012, I was contacted by BAC nursing staff about a [REDACTED]
[REDACTED]
[REDACTED] I contacted Dr Sadler (the Medical Director of the BAC) and asked that the [REDACTED]
[REDACTED] Dr Sadler refused my request. Instead, Dr Sadler conducted what I would describe as, 'the laying of the hands' over the patient. This appeared to me to be a religious rite rather than a clinical intervention.

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To the best of my knowledge, there is no clinical efficacy attached to such a practice. Demonic possession is not a diagnostic category in the DSM-5 or ICD-10 manuals.

- (b) on 15 August 2012, being the Exhibition public holiday, two BAC staff members took a busload of patients on a day trip to a lagoon in Redcliffe. It was subsequently reported to me by, to the best of my recollection, RN Meredith Kellahan, that a male nurse, Peter Kop, had decided that the patients should go for a swim in the lagoon, had stripped down to his underwear in front of the patients, and had encouraged patients and a young female nurse to do the same. [REDACTED]

[REDACTED] Given the vulnerabilities of the patient cohort, I did not consider such conduct to be clinically appropriate. I reported the incident to Mr Tom Meehan, the Acting Director of Nursing (who was filling in for Mr William Brennan). To the best of my knowledge, nothing much was done by Mr Meehan. However, as I recall, Mr Darryn Collins interviewed the patients and staff to establish a consistent story favourable of appropriate practice on the part of the staff involved.

- (c) At some point in 2012, it was reported to me by BAC nursing staff that a male teacher aide of the BAC school was taking [REDACTED] on camping trips, taking them to his home on weekends, and giving them private massages, both on the grounds of BAC and whilst off campus. Given the particular vulnerabilities of this patient cohort, I again did not consider such conduct to be appropriate. I reported my concerns to the Director of Nursing (Mr Will Brennan). Mr Brennan told me words to the effect that, 'This is a matter for Education Queensland'.

21. In addition to the above matters, during the period 2009 until April 2013, I also began to have overarching concerns about BAC's failure to broker in community services for patients. In particular, I became concerned that the BAC was no longer being viewed by staff as a temporary measure, but rather, patients were remaining at the BAC for inappropriate lengths of time – often for years.
22. Based on my experience working in the mental health area, I consider that the BAC should have always been seen as a temporary measure only, and patients should have been transitioned out much sooner than they were. Enabling adolescent patients to stay in a hospital setting for extended periods is counter-productive, as it generates unhealthy dependency on the facility and its routines. The BAC should have been doing whatever it could to encourage family involvement and transition patients out into the community.

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2009 relocation/closure

23. Between the years 2009 until around 2012, I recall some broad discussion amongst staff to the effect that the BAC was to close and be relocated to the Redlands area. Although I cannot recall any of the specifics, I do recall that the planned relocation was also raised from time to time, at formal managerial meetings.
24. Although I cannot recall who attended these meetings or what in particular was said, I do recall being of the understanding that the reason for the relocation to the Redlands was because it had been recognised as being inappropriate to house adolescents at an adult facility.
25. Based on the discussions amongst staff and the matters discussed at these meetings, it was also my understanding that the relocation of the BAC to the Redlands was fairly certain, and I had understood that the intention was for staff to transfer with patients. I am broadly aware of some staff members who made decisions about where they would live or buy a house, based on this understanding.

Decision to close the BAC

26. In around February/March 2013, a general call was made within Queensland Health for expressions of interest for Voluntary Early Redundancies (VERs).
27. Around this same time, I recall informal discussions taking place within the workplace amongst nursing staff about a suspicion that the BAC was going to close and that it would no longer re-open in the Redlands.
28. Although I do not recall the specific details, I recall such discussions being in the context of the offering of the VERs and also communication from nursing staff over at the Redlands, to the effect that a replacement facility was not being built there.
29. At the time when I left The Park in April 2013, I had not been given any formal notification from Queensland Health that the decision to relocate to the Redlands was not to proceed. I similarly had not received any formal notification from Queensland Health that the BAC was to close, or when it might close. There was no open and accountable administration.
30. The uncertainty as to the future of the BAC, particularly from around February 2013 onwards, created a lot of angst amongst nursing staff. I am aware of staff of the BAC who were unsuccessfully applying for transfers, as a result of the uncertainty. At the same time,

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new staff were being employed. I know of several nurses who accepted VERs, one of whom is Ms Kim McManus.

31. I heard about the closure of the BAC after I had already left The Park (that is, sometime after April 2013). I do not recall specifically when I heard of the closure or from whom, however I believe that it was in around early 2014, after the BAC had already closed.
32. I did not have any involvement or input into the decision to close the BAC. I was never given the opportunity to, or asked to, offer any input.
33. Based on my interactions with managerial staff as After Hours Nursing Manager, I remain of the understanding that the driver behind the decision to close the BAC was most likely funding. I say this because between the years 2009 and 2012, I recall attending meetings with Nursing Directors, the Director of Nursing, and the Executive Director of Health Services. Although I cannot recall when specifically these meetings occurred, I do recall that at these meetings there was often discussion about the Park's budget being overrun and cut backs in staffing. I am aware that in the financial years 2011 and 2012, the budget within West Moreton had been overrun by some \$50 million.
34. I am aware that the BAC was an expensive unit to run.
35. In around late 2013, I recall having several conversations with my former colleagues of the BAC, concerning the offering of Voluntary Early Redundancies (or VERs). Due to time that has now elapsed, I am unable to recall who specifically I had these conversations with.
36. My impression from these conversations was that some of the staff at The Park (including at the BAC) were being 'encouraged' at a local level (i.e. on their wards) to accept VERs. By 'encouraged', I mean that I understood staff were being told by their managers that they would not be successful in applying for any alternative roles and so should take the VER. I specifically recall a conversation with Kimberley Sadler to this effect.
37. Although I cannot recall which of my former colleagues told me this, I also recall being told that facility-wide recruitment (at both The Park and at Ipswich Hospital) was going on at the same time as when staff at The Park were being encouraged to take VERs. I recall being told that around 44 new staff had been recruited. It seemed peculiar to me that experienced staff were being encouraged to take VERs at the same time as when there were vacancies facility-wide, which were being filled with new employees.
38. My impression, as a result of this, was that the VERs were not being offered as a means of addressing the issue of staff excess to requirements. Instead, from my conversations with former colleagues around that time, I recall forming the view that VERs were being used

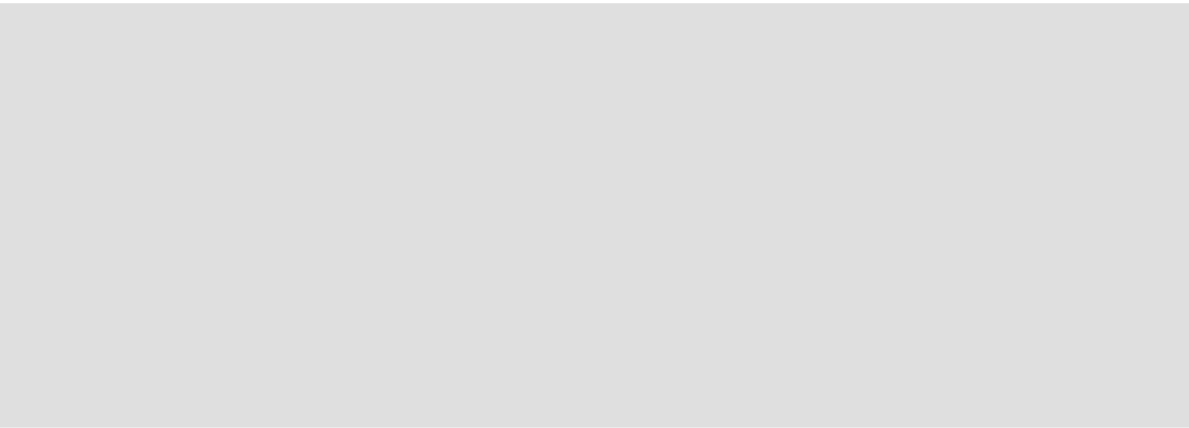
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by management at The Park to 'target' particular staff members who were perceived to have spoken out about inappropriate behaviours and standards of care within the BAC. For example, staff who had spoken up to their manager and declined to do something unsafe. Although I cannot recall any names or details of the inappropriate behaviour or standards of care, my recollection is that these were the staff members who were the ones being encouraged to take the VERs.

Transition

39. I did not have any involvement in the transition of patients from the BAC upon its closure.
40. In around 1999, I was involved in the decommissioning of the old Wolston Park Hospital and the transitioning of patients to other services. The strategy adopted at that time, was that staff would be transitioned with patients. At a practical level, this meant that patients were each asked where they would like to live (for example in particular community care units or hospital units) and staff would be paired up with patients and transitioned to the same units. Transition teams were established and worked with staff, patients and patient's families and support networks. This process took a couple of years.
41. Based on this experience, and my knowledge from working with mental health patients, I consider that any transition process for patients of the BAC would have necessarily required staff of the BAC to work closely with patients and their families and link in community resources. This could have included trialling overnight leave in various places, and having the whole unit work together towards the transition – an integrated approach.
42. 
43. In around late January 2014, I received telephone calls from several night nurses from the BAC, including RN Kimberley Sadler. Each of these nurses advised me words to the effect that they had attended for work as usual at the BAC and found that the doors were locked.

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44. The nurses advised me that they had then discovered that the BAC had been closed on the previous day. The nurses had been unable to recover their personal possessions from inside the BAC until security staff from The Park had let them in.
45. My understanding is that these nurses, most of whom were long-term Queensland Health employees, were treated reprehensibly, being escorted by security officers into the unit to retrieve their belongings, rather than being allowed the dignity of simply entering to gather their possessions.

OATHS ACT 1867 (DECLARATION)

I LYNETTE MICHELLE GLUBB do solemnly and sincerely declare that:

- (1) This written statement by me dated 24/2/15 is true to the best of my knowledge and belief: and
- (2) I make this statement knowing that if it were admitted as evidence, I may be liable to prosecution for stating in it anything I know to be false.

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

.....Signature

Taken and declared before me at BRISBANE this 24TH day of FEBRUARY 2016.

Taken By
Justice of the Peace / Commissioner for Declarations / Lawyer

Witness Signature:

Justice of the Peace / Commissioner for Declarations / Lawyer