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TRANSCRIPT OF PROCEEDINGS

THE HONOURABLE MARGARET WILSON QC, Commissioner

MR P. FREEBURN QC, Counsel Assisting

MS C. MUIR, Counsel Assisting

IN THE MATTER OF THE COMMISSIONS OF INQUIRY ACT 1950

COMMISSIONS OF INQUIRY ORDER (No. 4) 2015

BARRETT ADOLESCENT CENTRE COMMISSION OF INQUIRY

BRISBANE

10.01 AM, WEDNESDAY, 24 FEBRUARY 2016

Continued from 23.2.16

DAY 13

RESUMED **[10.01 am]**

COMMISSIONER WILSON: Good morning, ladies and gentlemen. Yes, Mr Freeburn.

MR FREEBURN: Commissioner, can I deal with a housekeeping matter first.

COMMISSIONER WILSON: Certainly.

MR FREEBURN: The documents from yesterday that ought to be exhibits - - -

COMMISSIONER WILSON: Yes.

MR FREEBURN: - - - can I hand up a list of – there's eight of them. Can I hand up a list with some provisional exhibit numbers.

COMMISSIONER WILSON: Thank you. Have the other counsel seen this?

MR FREEBURN: Well, only five or 10 minutes ago we circulated that list so I'm content for it to be subject to objection or people checking it.

COMMISSIONER WILSON: Alright. Well, if I don't hear anything from any of the counsel by lunchtime I will have the relevant documents marked with the exhibit numbers that have been provisionally assigned to them. Alright.

MR FREEBURN: Thank you. I call Dr William Kingswell.

WILLIAM KINGSWELL, SWORN **[10.02 am]**

EXAMINATION BY MR DUFFY

MR FREEBURN: Commissioner, there are some corrections to the Dr Kingswell's statement - - -

COMMISSIONER WILSON: Yes.

MR FREEBURN: - - - so I will leave that to Mr Duffy to - - -

COMMISSIONER WILSON: Yes. Mr Duffy.

MR DUFFY: Thank you, your Honour. Dr Kingswell, you provided a witness statement to this Commission in response to a requirement to give information of 29 September 2015?---I have.

And do you have a copy of your witness statement with you there in the witness box?---Yes, I do.

Could I take you to paragraph 18, please. Do you have that?---Yes, I do.

You will see there paragraph 18 refers to a question as to the metrics that were used to determine the occupancy of the BAC and there's some supplementary question. Do you see that?---Yes.

And you will see that your answer was that this is not within my knowledge?---Yes.

Now, on reflection are you aware of the metrics that were used to determine the occupancy of the BAC?---Yes. Occupancies counted as an occupied bed at midnight.

At midnight. Alright. Yes. Now, so you'd like to amend your witness statement to that effect?---Thank you, yes.

Yes. And other than that amendment the witness statement is true and correct to the best of your knowledge and belief?---It is, yes.

Thank you, Commissioner.

COMMISSIONER WILSON: Thanks, Mr Duffy. Yes, Mr Freeburn. Do you want the witness statement up on the screen?

MR FREEBURN: Yes, please.

EXAMINATION BY MR FREEBURN [10.05 am]

MR FREEBURN: Dr Kingswell, do you mind if we go a few paragraphs on to paragraph 20, I'm going to focus on and I'm going to take you to paragraphs 6 and 7 of your witness statement?---Paragraphs 6 and 7.

Sorry, pages 6 and 7?---Pages 6 and 7.

Now, you will see that paragraph 20 at the top of the screen talks about:

> *Without limiting paragraph 19 above in relation to the decision to close the BAC –*

And then it asks you a series of questions which you've answered individually?---Yes.

And if we scroll down to the top of page 7:

What were the reasons for the closure of the BAC?

And then you say – and I'll just read it:

As I understand it the Minister acted on the recommendation of the WMHHS board that the BAC be closed.

And then you say:

I do not know what other information or considerations the Minister took into account when making this decision.

And then you give your views and say:

In my view, there were four main reasons that the BAC needed to close.

And you say you expressed this view to the other members of the planning group?---That's right.

Now, you see the first – you see where you then go and explain what the four reasons are and you talk about – in the first one you talk about it operating as a therapeutic community and if we scroll down to the bottom of that page we will see your second reason. You say it has been earmarked for redevelopment. Then if we scroll down to – go over to the next page we'll see a third reason. Now – and the fourth reason is obscured by that big block. Now, do you recall what – you probably have a hard copy of that, do you?---Yes.

You will understand that this Commission is trying to avoid identifying patients and identifying specific incidents and the fourth reason relates to a specific incident?---That's right.

And that specific incident occurred in September 2013?---That's right.

And essentially your view is that that displayed a lack of governance?---If the information that was provided to me both orally by Ms Dwyer and – and the briefing papers that I saw that came through the department then it was a serious failure of governance.

What I want to suggest to you is that that incident – and let's just call it the incident – cannot have been one of the reasons for the decision to close?---I'm not quite sure why you would believe that.

Well, this incident occurred in September 2013, didn't it, but the Minister had already announced the decision to close in August 2013?---It accelerated the need to close it and find alternative care for the young people that were resident in that facility.

Okay?---So perhaps you're right. It didn't contribute to the decision to close it but it certainly contributed to the decision around the timing of the closure.

MS McMILLAN: Commissioner, could I just ask Dr Kingswell to speak up a little bit. Thank you, Commissioner.

MR FREEBURN: Dr Kingswell, the microphones actually do amplify your voice a little so if you can sit a bit closer or move the microphone closer to you we'll all be able to hear you?---Is that better?

MS McMILLAN: Thank you.

MR FREEBURN: Dr Kingswell, I want to deal with the Queensland Plan for Mental Health which – sorry, I'll state it's full name. The Queensland Plan for Mental Health 2007 to 2017?---Yes.

And you actually attach a copy of that to your statement?---Yes, I did.

And, probably, we can deal with this without going to the document, but are you aware that that 10-year plan was compiled with expert input for each of its component parts?---Yes, it was.

Now, I want to take you to paragraph 4 of your witness statement, please. So have you read that?---I wrote that, yes.

You wrote that. And then you – so you refreshed your memory of - - -?---Certainly.

So in the first part of paragraph 4, you say that by September 2012 the Redlands Project was significantly over budget. Do you recall by how much?---There's – I'm sure you're aware of yourself through the myriad of documents that you've been through that the baseline varied. So when I was involved in this project in '07/08, the baseline was thought to be somewhere between 10 and 12 million. It went as high as 19.5, it came down as low as 16.5. So it just depends on which point in time you want to think about what budget was allocated, what was available and how far over that budget it was. But it was significantly over budget and behind schedule, so you'd also be aware, I think, that Metro South had a estimated completion date of, from memory, about August '11, and then by mid-'12 we still didn't have a design or a building approval or even the early stages of a community infrastructure designation process.

You're right, there are a lot of documents about this, and you're right that it moves both – the two figures move, don't they, the amount that's been – that's available or budgeted for the facility - - -?---Yes.

- - - and also the estimate of the project cost?---I think what's important to understand in all of that is there was a finite budget, and it was a finite budget for the whole of the first phase; that was 17 capital projects. They were initially funded to

the tune of 121.5 million, from memory, to be rolled out over – between 2007 and 2011, and then over the course of that program of capital works there were a number of returns to Treasury, if you like, asking for output to equity swap. So unspent dollars, we had 82 point something in operational dollars to be spent on capital works projects, and we also had – I can't even remember now – 350-odd million to spend on community staffing. And so as dollars in that operational bucket did not get spent, you were able to shift them into capital if you went to treasury to ask for that. And so the final figure from memory was about 148, 148 point something million, and that was your cap. So you had to work within that cap, you had to deliver all of the 17 projects within that cap unless you wanted to go back to governor-in-council and – you know, back to Treasury, back to governor-in-council and go through the whole - - -

And do I take it from what you've just said that if you're the – if the project is 17th in time, that is, it's the last of the projects, then it ends up with whatever's left in the bucket?---That's potentially the outcome, yes.

So to go back to my original question, by how far over the budget did you think it was in September 2012?---Well, I think the briefing papers that we got from Health Infrastructure Division estimated it at about 1.4 million, but, you know, that – that figure seemed to move depending on which point in time you looked at it.

Okay. Dr Kingswell, 1.4 million in a budget of 16, three or four years after the project was started doesn't seem a great escalation in a building project of this nature?---One point four out of 16 is not; that's right. But if it's actually seven on 10 out of a finite budget for the whole program, it is a significant budget overrun. That project had run into many other problems other than just budgetary problems.

We'll deal with those. We'll deal with those separately, because you talk about that in your next paragraph, and let's deal with it now. You see in the next paragraph, the project had been plagued with problems, with the main one being identification of a suitable site for the facility. And then you say:

> *After considering other options, Redlands was eventually chosen as the site for the replacement facility, however it was subsequently discovered that there were koalas on the site.*

And then you talk about the lack of drainage. Now, I just want to deal separately with those. What's your recollection of how long it took to identify Redlands as the site for this project?---I can't remember. Aaron Groves, I think, ran that process. There were a number considered. I remember QEII was in the mix. I think The Park itself might have been in the mix, Redlands was considered. I can't remember whether there were any other greenfields sites that were – were considered. But landing on Redlands, it was quite difficult, because if you go back to the original scoping documents for the project the ask of the – of the user group, if you like, was quite specific. You know, it had to be close to amenities but in a rural setting with

park-like surrounds, and it just had a whole lot of things that needed to be ticked off that weren't simple to tick off at all.

Yes. Now, I understand the complexity of what you've just said. What about the actual practical delay that was associated with choosing Redlands?---I can't remember the timeframe it took to choose Redlands, but it was a considerable period of time, and then having landed on it getting a footprint within that lot 30 site became even more difficult when the – when you realised that your building envelope was constrained by some sort of watercourse that was on the site, the proximity that you're allowed to put the building in relation to koalas, how much external space you could have, you might or might not have found in your document search that there was an original proposal for the whole thing to be built on one level, with quite extensive external areas, and then that became unacceptable. The external areas went, all the administrative blocks had to go up above and the – and the patient amenities on the ground floor. It just became increasingly constrained and, you know, one design after another was brought forward, thrown out, and it was a – a very protracted process. I mean, I was involved in this from – as the – I had a role in the Southern Area Health Service, when it existed. My director then was Gloria Wallace, and I was tasked with the implementation of the '07/17 plan within the southern area. So I had some visibility over this for a very long time, and I would've handed it over to David Crompton in 2009. So even then, two years on, we really weren't much further ahead, and then I think David progressed it between then and its eventual demise.

What I want to suggest to you is this timing, and it may or may not with your recollection. But cabinet approved the Queensland Plan for Mental Health on 25 February 2008, and that there was then a 2008 report by the site evaluation sub-group. It's called the Site Options for Redevelopment of the Barrett Adolescent Centre. And that report was produced in October 2008. Does that accord with your recollection? I'll show you that document in a minute---I think I've seen that document. I'm happy to accept that that's the case. I can't remember being involved in that group; I might have been.

Yeah. You subsequently received an email, but let's have a look at MSS.002.006.0307. So just –this is a memo of the 4th of – well, it's stamped as received on 4 November 2008. If we just scroll down a little, see it - - -

MR DUFFY: If it assists, I believe that Dr Kingswell will have a hardcopy of this. Dr Kingswell has a hard copy of a number of the documents that have been notified – not all.

COMMISSIONER WILSON: Thanks, Mr Duffy. It's really up to Dr Kingswell if he wants to look at the hard copy if he's got it or at the screen.

MR FREEBURN: Dr Kingswell, you see the document on the screen?---Yes.

And you were in a former position, weren't you, at that time?---I beg your pardon?

You were in a different position at that time?---Yes. That's right. I was the Executive Director of the Southside Mental Health Service. So that was a – it consisted of the Logan and Bayside and QEII Hospitals, and it was separate from the PA.

Okay. And you'll see it's a memo from Dr Groves. And if we scroll down a little, the subject is adolescent extended treatment site selection. And you'll see there that it's recommending that the district CEOs provide preliminary endorsement of the recommendation of the site evaluation subgroup to redevelop the Barrett Adolescent Centre at the side identified adjacent to the Redland Hospital?---Sure. Yeah.

And – okay. If we scroll right down to the end of the second page of that document, you'll see:

> *Following further consultation and the final selection of an appropriate site by the CEOs, a local user group will be formed to manage the project.*

Sure.

That subsequently happened, didn't it – or I'll come to ---As far as I know, yes.

Yeah. And Dr – sorry – Professor Crompton was a part of that group as it ultimately - - -?---Yes. It would have been quite soon after this that the – Mick Reid was appointed Director-General and the health services were restructured once again andSouthside disappeared. It became part of a much larger district: Metro South. I left at that time and moved into the mental health branch. So this was a period of great change. I might not have had – I doubt that I had any involvement in – in this.

Alright. The – if we – I just want to quickly show you the report that this memo refers to. It's the report of the site evaluation subgroup. It's document WMS.6006.0002.32576.

MR DUFFY: This is one that he does not have a hard copy of, I'm afraid, Commissioner. Would it assist if I hand up a hard copy of it?

MR FREEBURN: Yes. There it is there on the screen. And if we go to the page ending 78, you'll see the executive summary. And you'll see the five options that were considered in those dot points there on page 3 of the document, which is Delium reference 578. Do you see that?---I'm sorry. What are you directing me to?

The five options that were considered?---Yes, yes, yeah, yeah.

You see those five dot points?---Yeah.

And then the executive summary says that the report finds Redlands and The Park is the only architecturally viable options, and that probably refers back to your

comments earlier about it being quite a difficult thing to find inner-city acreage?---Mmm.

And then the report says it identifies redevelopment at Redlands as the preferred option?---Yes.

Now, if we scroll over – you probably don't recall, but there was a site tour as a part of this process?---I've noticed that I was an apology for that site tour.

That's quite right. And page 7 of 34 identifies the target population, that is, the Barrett cohort?---Mmm.

I want to – there's lots of discussion of the options. Can I take you to page 17 of 34, which is Delium 592. You'll see under the heading Site Acquisition – so it says that the land is State Government owned, so it can be purchased from the Department of Infrastructure. And then we've got a heading Koalas?---Yes.

So from the outset, it was anticipated that koalas was an environmental issue that needed to be dealt with?---To some extent, but there was – so at the time this was signed away, they wouldn't have been aware that there was another koala management strategy or policy coming down the pipe. And that did, I understand, significantly delay matters.

Yes. You're quite right. And I'll take you to the email that you received about that. But despite what your statement says that it was subsequently discovered that there were koalas on the site, it was always a matter that needed to be dealt with, wasn't it?---it was going to be a problem, yes. It became an increasing problem over time.

Alright. Now, does this accord with your recollection – so this happens in October this report is produced. There's a purchase of the land in December 2008. Do you want me to take you to the document that records - - -?---I'm happy to take your word for it. Yeah.

Alright. And then – sorry – there's an approval, there's a process – the Minister approves the acquisition of that site for about $10 million in January 2009?---Yes. That's my understanding.

Forgive me, Dr Kingswell, but that seems quite a relatively painless process. The plan is, you'll recall, February 2008. The land is actually – the site is chosen, the koalas are identified and the purchase is made or at least approved - - -?---I'm glad – I'm glad you see that as a painless process. This was a process that was years and years coming. And at May 2012, no design, no building approvals, the process for community infrastructure designation hadn't even commenced. Four years had gone past. I'm struggling to understand which bit of that was painless.

Well, I was asking you about the process which you speak about in your statement of the main problem being identification of a suitable site for the facility. That was not

---There was two – no. Well, that's – it's still true. There was two aspects of the site. There was one – selecting a site in the first place, and that did take some time. The – but once you were on that site – on that 30 Weippin Street site, getting a building envelope within that site was equally complicated. And there were multiple iterations of the building design to try and fit a suitable building footprint. And each one that seemed to be produced ran into one problem or another. I understand that at some point the drainage issues were resolved but the koala issues were not.

Where were you getting your information about what was happening?---I think it's a fair question. The Health Infrastructure Division was responsible for delivering the capital projects. There's probably – can you just take me back to the question that I was actually asked?

Your witness statement?---The – so why did the – the question essentially is: why did the Redlands project not continue? And perhaps my answer there might've been more complete if I'd made it clear to the Commission that the Department was seeking to find $100 million in savings. And I was asked by Dr Cleary of the projects which I had in flight, which ones could potentially be stopped. And this was in May '12. And in May '12 we had 11 projects in flight. So of the 17, six were complete, 11 were in flight. Of the 11 that were in flight, seven were in stages of development that couldn't be stopped. They were either in defect liability period or they were out to tender or there was some other reason why you couldn't possibly sweep them up. There were four that could potentially be swept up. One was an older person's unit at Rockhampton. It had a capital value of $560,000. No one was interested in that when they had a $100 million hole to fill. There was a redevelopment of the Townsville Medium Secure Unit was in flight. It, from memory, had about a $17 million capital allocation to it. It could be delayed but it could not be stopped because the building actually existed. It was a significant piece of infrastructure for Far North Queensland providing secure services to that part of the State. But you could delay it because it was an upgrade. It wasn't a new facility. Then we had a community care unit at Gailes which would've had a build value of perhaps 10 million. And it already had building approval. It had a site to go on, had building approval, was ready to go. And it was part of a much larger project to construct community care units around the whole of the State. The only one that could reasonably be ceased and the money swept up – and this was government priority. We had a new government in Queensland and they were looking for money for regional infrastructure, as I understood it. The only one that could reasonably be stopped completely was the Redlands Adolescent Project. And so I made some inquiries about the impact of that from Health Infrastructure Division and within my own branch. And that was the project that we contributed to the cause, if you like. So, you know, the idea that I went forward and recommended that the Redland Unit be ceased is a misunderstanding that – I was asked and I had a very short timeframe to provide a response.

You started that answer with a discussion of – sorry, with evidence of a conversation that you had with Dr Cleary?---That's right.

And the effect of that conversation, as I understand what you've said, is that Dr Cleary said "we need to find $100 million of savings"?---That's right.

I'm going to have a check made but is that mentioned in your witness statement?---No.

Why not?---Well, I suppose – I guess it's the perspective you took to the reasons that the Redlands Adolescent Centre was closed. So there were a number of, I think, policy reasons – sorry, not proceeded with. I think there were a number of policy reasons and it was a project in peril. It was unlikely to be built in any time soon and we had a looming problem with the Barrett Adolescent Centre on the site that it was on and we needed a solution to that. Redlands wasn't going to deliver that solution for us, not in a timely way.

You see, Dr Kingswell, in the course of answering the Commission's questions, and I appreciate you may have had little time about it, but in the course of answering why not say, "Look, one of the reasons was that I was asked to find $100 million worth of savings and this was the choice I made."?---I have just said that.

Right. You didn't think to say it in your witness statement?---I suppose I could've included it in the witness statement.

You see, we have other reasons, don't we? We have koalas and drainage and a lot of other matters mentioned in your witness statement?---There are a myriad of reasons why you would not have continued with that project.

Okay. Can we deal with the drainage point. And I think you'd probably agree that, you see, the way you've expressed it in your witness statement is that the lack of adequate drainage was an issue and, as a result, the project had to be re-scoped a number of times to fit the changing potential building footprints. Is that – on reflection, is that accurate?---Yes. That's accurate. So I don't think it's a drainage issue. I think it's a water course issue through that block. But this is information that you'd be better to get from our Health Infrastructure Division.

Okay. Let's have a look at a document. Unfortunately, it's split into two documents. But it's MSS.001.002.0297. And then I'm also going to go to the second and third page of the document which is 0298. Now, Dr Cleary, I'm – sorry, Dr Kingswell, I'm assuming that there are committees that run each of these 17 capital projects?---Yes. There'd be local committees that oversight the – and my branch would've been represented by most of them.

Right?---Possibly not all of them.

And - - -?---And I can see John Quinn was on this one. So he was working for me.

And this is – you can see this is meeting number 3 which occurs on 15 October 2009. And you're not at this meeting. So all I'm – I'm not asking you – I'm not saying that

it's your document or – you may not have even seen it before. But this is Professor David Crompton's committee that was to run the Redlands project?---Yes.

And it's called the Facility Project Team Meeting?---Yes.

Okay. Now, if we just go to the next document which is 0298 which is actually a separate Delium document for some reason. Now, we see at point 2 - - -?---Yes. I saw – this was provided to me. I've read this.

Yes?---So that was how I knew that the drainage issues had been resolved.

Right. So in preparing for your evidence today - - -?---I - - -

- - - you saw this document and you realised the drainage issue had been resolved. But you hadn't known that until preparing for today?---No. That's right. I didn't have that at the time that I constructed my statement.

Alright. In various discussions and emails leading up to the decision to cease Redlands, this drainage issue appears to loom large. Do I take it from your answer that you had thought there was a drainage issue and you didn't know that it had been resolved?---I did not know that it had been resolved. That's right.

Was it – did you have a practice of checking the facts that you were - - -?---Well, no. In fact – I mean, it's interesting that you ask that. So when this Commission was announced I had the opportunity to go and endlessly research the issues, and I thought that's possibly not the right approach, that I should approach this from my memory rather than making a reconstruction.

Okay. Alright?---And I certainly checked some facts, but I tried not to over-think it or over-research it because I thought that would just bring to the table false memories and be more confusing than it was worth.

Okay. So you'd accept that there was no re-scoping of the project by reason of the drainage issues?---No, I won't accept that, because it was re-scoped. Whether it had been re-scoped prior to 2009 – I'm just trying to remember my involvement in this project – but as I said before, it started with a very large footprint, and that became increasingly constrained. And then there was a number of attempts to re-scope it because of budget issues to bring it back on a – I think at some point it had hit about 19 million, and then we had to go back to the drawing board and take out various design elements to make it affordable within the budget envelope. It had gone round and round many, many times.

Alright. Now, can I ask you about your knowledge of the koala issue. Where is that coming from? Were you speaking to Professor David Crompton or anybody on this committee?---Well, I can see there that John Quinn was part of this meeting and he was on my staff, so I expect that I had – was getting feedback from these projects so

I have a reasonable amount of visibility around where all of the capital projects are sitting.

I'm just going to show you a letter from the Department of Environment and Resources Management; it's document WMS.6006.0002.54435. Now, I think this is probably what you're talking about, Dr Kingswell, when you talk about the problems you encountered with the koalas?---That's right.

So if you scroll down, it's one of those very lengthy letters that deals with various - - -?---Yep.

- - - acts and - - -?---Yep.

- - - policies - - -?---Yeah.

- - - and those sorts of things. So – but it doesn't – on looking at it, it doesn't look unresolvable; would you agree with that?---No, perhaps not, perhaps not, but not in a timely way.

Alright. Just have a look at the last paragraph on the last page, which should be page 54440; it's page 6 of the six-page document. See there there's at least some ray of hope, isn't there, if you read that paragraph, paragraph 6?---If you read that paragraph in isolation, yes. I think if you go back somewhere in the document it talks about needing to completely re-scope and put the car-parking underground and so on; another whole design re-work. You know, it was going to be expensive and it was going to be time-consuming, and this facility was, in my view, unlikely to progress any time soon.

Alright. But I take it from that answer that you didn't get any expert advice and nobody from the committee was saying look, the project has run into a - - -I think you misunderstand the timeframe. I was asked to find a contribution to $100 million worth of savings, and, you know, did I have – was I invited to go and consult with everybody about that? Absolutely not. You know, we had a very quick turnaround to try and identify savings that would then be put to the rural infrastructure projects that had become a priority for the incoming government.

Okay?---I think I've got an email there somewhere that's demanding an answer by close of business on a particular day coming through the – from Alan Mayer, from Health Infrastructure Division. He would have reported to John Glaister at that time. You know, we weren't invited to go and consult widely about – about this issue.

Alright. So, ultimately, the relocation of the Barrett Adolescent Centre to Redlands didn't proceed?---That's right.

And - - -?---And I think that's possibly a misconception as well. The – the Barrett Adolescent Centre was never, ever envisaged to just relocate to Redlands. Like, to pick the Barrett Adolescent Centre up and reinvent it at Redlands would have been a

terrible, terrible outcome, that there needed to be very significant work around what model of service that Redlands Project would operate on, and by model of service I'm talking about being very clear about the target group that you intend to provide services to, the interventions that you expect to provide to them and the outcomes that you will be able to measure from that project. It was never intended that we were going to build another therapeutic community and institutionalise children for years on end.

I see. And the new model of service – so it was not only going to have a new building. You're saying it was also going to have a new model of service?---Well, to be perfectly honest, it might have been – it might – they might have just replaced the Barrett Centre, because we had lost visibility over it. While I was in Southside Health Service District and had some visibility over this project and some interest of this project, I was completely determined that we were not simply going to relocate an institution into Redlands, that we were going to make something of this service that would contribute positively to the health of Queenslanders.

COMMISSIONER WILSON: Excuse me. Who had lost visibility over it?---Well, it stopped being on my watch in early 2009, and David Crompton took it over. So the model of service delivery that they then took forward would have been little to do with me.

MR FREEBURN: Sorry. Did your branch – are you aware that Professor Crompton and his group produced a new model of service for - - -?---I've seen – I've seen various drafts, yes.

Who was responsible for endorsing the final draft?---So prior to June 30 2012 it would have occurred on my watch. It would have had to come to me for sign-off. Beyond that date, it could have really been resolved at an HHS level. I gather the process that is currently being entertained by the Children's Health Queensland, who are now tasked with finalising this, is to put it through the mental health clinical network and then present it to me for approval.

So there are documents that suggest that there is either a final draft of the proposed model of service for Redlands or an all but final version?---Yeah. I'm not aware - - -

Do you - - -?--- - - - that that's the truth. I – I thought that there was still some consultation going on around that, and that, in fact, the final model of service had been an additional stumbling block to resolving the design and getting the building approvals going.

I see. I want to take you to annexure 4 to your statement; the Delium reference is DBK.900.001.0083. This is the briefing note?---Yes, approve the cessation. Yep.

Yes. Now, we probably have to solve the – so the reference to RAETU is the reference to the what I've been referring to as the Redlands Project?---Yes.

Now, if we scroll down a little, please. I gather what's happening is – so what's happening is, is this part of this process that you talked about involving Dr Cleary where you're being asked to find savings?---Yes, it is.

And your briefing – asking the Director-General to approve the cessation of the project?---That's right.

And then the idea is that this brief go to the Minister?---I'm not sure whether it would have – yes – provided to the Minister for noting. Yes.

What were the high priority HHF projects?---Okay. So – it's not a brief story, I'm sorry. So the HHF funding round 3 was a Commonwealth initiative to provide capital funding for regional infrastructure and some of the priorities within that was mental health. Now, of the 350 million or something that was on the table, Queensland was able to secure 72 million. I considered that a spectacular success. It was going to build four community care units, one in Rockhampton, one in the Sunshine Coast, one in Toowoomba and one in Bundaberg. It was also going to build an acute unit at – at Hervey Bay and it would have refurbished the existing Maryborough mental health unit as an older persons unit and it would have refurbished Mount Lofty Hospital older persons beds so that we could decamp a number of older people from the Baillie Henderson facility. When the Newman Government came – and sorry, I should just explain what – the HHF funding rounds were – you needed to make a state contribution and so the state contribution to these projects was going to be the operational expenditure to run them and that wasn't insignificant. It was about 32 million and obviously that's a year on year expenditure for the life of the – the facilities. When the Newman Government came and started on their fiscal repair strategy they saw those ongoing operational costs as being unacceptable and they reneged on accepting the 72 million from the Commonwealth and trimmed it back to 40 million that would deliver only the CCU – sorry, community care units. I should explain these are sort of residential facilities for adults but they're staffed by health and tend to be occupied by people that have very severe mental illnesses. So they restricted our project to just the CCUs and abandoned the replacement unit for Maryborough. Now, in that capital envelope we had not made sufficient allowance for the ICT infrastructure and so I was being pressed to find savings to contribute to the overall requirement of the department to find $100 million and I was hoping to rescue a little bit of that for mental health by getting my ICT funding which is what this brief is – is doing.

Can we just focus for the moment on what – on the headline issues in this document. You see the first dot point deals with the Redlands capital program and this – obviously this document is prepared by your team, isn't it?---Yes, it is.

And you say there that:

> *That Redlands capital programs encountered multiple delays to date and has an estimated budget overrun of $1.4 million. Additionally, recent sector advice*

proposes a re-scoping of the clinical service model and governance structure for the unit.

What does that mean?---I'd have to go and ask the author, I'm sorry. I didn't write that myself. I signed it off. I assume that they had been attending the – well, I can only read into that that they were probably attending those – I can't remember what they called it - - -

Capital meeting?---Capital meeting – you know - - -

Dr Crompton's - - -?---Dr Crompton's meeting - - -

Yeah?--- - - - and presumably there was some discussion at those meetings that these were ongoing issues.

You've spoken this morning about some of the reasons for not proceeding with the Redlands project as being Dr Cleary's discussion with you that you needed to get $100 million in savings. We talked about drainage, koalas but we have quite a different briefing note here, don't we?---No. I'm not sure I understand the inconsistency. I mean, Dr O'Connell who was being asked to approve this knew we were looking for $100 million savings.

Yes. Well, why is there no mention then of the need to get $100 million of savings?---Well, that was known by the Director-General.

But - - -?---It was – I – I assume, when I was asked by Dr Cleary to find the $100 million that that was an instruction that had come to him from either the Minister's office or the D-G's office.

But this - - -?---I don't need - - -

This briefing note goes not only to the Director-General, it goes back to the Minister, doesn't it?---Well, the Minister must have been aware that he was after $100 million to rebuild his regional infrastructure as well.

But it is important to articulate the reasons, isn't it?---Amongst a group of people that knew the reasons?

Well, the Minister might have said, well, I want all these cuts but I don't want a cut to these sorts of structures when he got the briefing note?---Well, he would have been within his rights to say that when he received the briefing.

So you don't think it was important to actually articulate in a clear way what the reasons for the decision were?---I'm not sure that I shared with my staff that I had been told to go and find 100 million – or a contribution to $100 million.

You see, reading this document isn't it a fair assumption that the decision to cease the Redlands project had nothing to do with koalas or drainage?---No. That would not be a fair assessment at all. That this was a project that was significantly delayed, significantly over budget and was not going to deliver a solution that we required to the Barrett Adolescent Centre.

Dr Kingswell, is there a document or some sort of analysis that sits behind this briefing note that says – that talks about the consequences of this decision?---There was a – some work done by Helen Doyle that appeared in an email somewhere that did a bit of an assessment of the impact of the various projects that were still in flight and what that would do to the system should they be discontinued.

But about the Barrett Adolescent Centre – about what was going to happen to the patients?---The – sorry, I'm not sure I understand the question.

This is a briefing note and typically they're two or three pages or four pages. They provide headline issues and summaries, don't they? Correct?---Yeah, sure.

And what I'm asking you is is there some analysis of what the consequences of this decision are going to be?---Yes.

Where is that?---Mr Duffy, I gave you an email this morning.

So there is an email – from who to who?---There's an email request from – which I spoke to earlier – from Alan Mayer to me asking for advice on what projects could stop and it's to be provided by close of business that day. And then there's an attachment to that where we'd asked Helen Doyle, who worked within my office, to do a little bit of a, you know, discussion paper about what the impact of winding up any one of those projects that was in flight would – would have.

Alright. Well, we'll see if we can locate that document.

COMMISSIONER WILSON: Mr Duffy has something in his hand.

MR DUFFY: Well, I can assist. I'm – I indeed was given an email this morning. But this is the only copy. Perhaps - - -

COMMISSIONER WILSON: Well, arrangements can be made to photocopy it if that's what you want.

MR FREEBURN: May I see it, please?

MR DUFFY: Perhaps the witness could be asked to identify that that's the one he's referring to, of course.

COMMISSIONER WILSON: Show it to the witness. Show it to the witness, please.

MR FREEBURN: Is that the document you're referring to?---Yes. It doesn't help us with the Redlands Adolescent Centre because it notes that the Director General has already provided written approval to cease this project. So it didn't consider the impacts [indistinct]

So is the answer to my – sorry, we'll mark that – do you mind marking that for identification?

COMMISSIONER WILSON: Yes. Could I have that, please? Would the associate get it, please?

MR FREEBURN: So is the answer to my question, Dr Kingswell, that there was no analysis or report prepared on what the consequences of this decision might be?---Well, the consequences were quite obvious. The Redlands project was a replacement for an existing facility. It would just mean that the facility would need to continue operating for some – you know, for some period of time until adequate replacement services were put in place. It was as simple as that.

COMMISSIONER WILSON: Sorry, can I interrupt. The document I've just been given will be marked as B for identification. I'll have photocopies made during the next recess. It's an email from Alan Mayer, M-a-y-e-r, to Helen Doyle and Leanne Geppert of 25 June 2012.

MFI #B MARKED FOR IDENTIFICATION

MR FREEBURN: Excuse me a moment. In the – if we go to the – I just want to go back to the Queensland Plan for Mental Health for a moment. In the Minister's letter that's attached to that – and you'll probably be familiar with it – it's stated that:

> *The various components of the plan have been informed by extensive consultations undertaken with mental health consumers, carers, service providers and key stakeholders.*

?---That's right.

There's a – and it may be for the budget reasons but there's a stark contrast between that on the one hand, that is the decision to – the Queensland Plan for Mental Health and all those capital works decisions being underpinned by those things, consultation with various key stakeholders, and this decision that's being made that we're talking about now?---Sure. And there's a whole lot of reasons why the 2007-17 plan had become completely irrelevant by early 2012. So in August 2011 the State reached the National Health Reform Agreement with the Commonwealth that committed the State to delivering statutory entities referred to in Queensland as HHSs and changed the funding arrangements between the funding arrangements between the State and the Commonwealth fundamentally. And made – and it rendered that plan completely

obsolete in that if you read that plan it's an input based model. It talks about beds and staff and so on. But you can't write an agreement with the Hospital and Health Service around that. You have to write an agreement with the Hospital and Health Service in terms of these are the services that we expect you to deliver, this is the unit price we're prepared to pay for those services and these are the outcomes that we expect you to achieve. This plan was obsolete for that reason. It was also made in part obsolete by the National Mental Health Service's Planning Framework. So the fourth National Mental Health Plan which was committed to by all Australian governments had under its remit one action which was to deliver a nationally consistent set of service elements. That work went on between 2011 and 2013. It cost the Commonwealth something like $2 million and it involved extensive consultation with all jurisdictions. There were consumer and carers and advocacy groups and clinicians and so on involved in that consultation. And I think the Commission has those documents and can see the taxonomy and the service element description that that plan envisages. And within that, there are extended treatment beds for adolescents and they're referred to as Step Up Step Down units and the model that is anticipated is the YPARC model, the Youth Prevention and Recovery Centres that are found in Victoria. Now, that planning group had available to them other potential models such as the Walker and Rivendell Unit in New South Wales and the Barrett Centre in Queensland. They did not come back and say that they thought that the Barrett Adolescent Centre or the Redlands Unit that would have replaced it was a service element that they wanted to see in Australia. The Barrett Adolescent Centre has no peer, so even the Walker Unit in New South Wales has a very different model of service. It tends to focus its attention on psychotic kids and it runs a duration of service of about six months. The Barrett Adolescent Centre, by contrast, ran a therapeutic community for a very disturbed group of adolescents that were predominantly engaged in very dangerous behaviours. And it kept them in that facility for periods of years. It was a violent and very, very difficult place. We didn't really want to rebuild that in Queensland, in Redlands or anywhere else.

So at the time you recommended that the Redlands project cease, did you consider that the Barrett Adolescent Centre would continue in its current form?---I thought it would continue until we had satisfactory arrangements for the very few young people that remained in that centre and that remained on its waitlist. I thought there was an urgency to close it. I was concerned about the extended – the EFTRU, they call it, the Forensic Treatment Rehabilitation Unit, I think, that was to open onsite. I think this Inquiry has heard quite a lot of information that, in my view, is not true, that there was no risk posed to these adolescents that I'm sure you're aware that I was the Director of Forensic Services for the southern half of the State for many years, up until about 2005. And I'd been working at Wolston Park since 1994. So I had a fair visibility of Barrett Adolescent Centre and other facilities on that site. The John Oxley Memorial Hospital which preceded the existing high secure unit used to admit 350 patients a year and 25 per cent of those patients were there in relation to fine default. So if the most dangerous thing you'd ever done was not pay a fine, nobody really cared and you could walk around the grounds and you probably didn't pose a risk to anybody much. That changed over time and particularly changed with the *Mental Health Act 2000* which was proclaimed in 2002 which allowed mentally ill

offenders to be managed in any mental health facility in the state that was prepared to accept the risk. And it constrained the activities of the high secure unit at The Park to only those people that had committed very serious offences; predominantly homicide, attempt homicide and other – you know, rape, very high level offending. The perimeter of the high secure unit is about five metres high and even the dog squad couldn't get over it. The EFTRU is a very different model of service. It's like a community care unit for mentally ill offenders. It's open. They can walk out. It has a gate. The likelihood of some harm coming to an adolescent on that site might not have been high and perhaps the immediacy wasn't urgent either, but the magnitude of the problem that you were going to visit if something went awry was going to be catastrophic, and had anything like that occurred I'd be sitting in front of an inquiry asking a – answering a very different set of questions. People would be asking what were you thinking leaving a group of vulnerable children on that site with that population?

Dr Kingswell, the conversation that you had with Dr Michael Cleary that we spoke about earlier, about the $100 million: are you able to tell us when that occurred?---Not really. It must have been some short period of time before I authored that – before I signed off that brief to Tony O'Connell.

Can I ask the witness to see a document that's – and a letter; it's dated 27 March 2012, and the document ID is QHD.004.014.7257. Now, if we – it's done in the form of an email. You're responding to a letter that Dr Sadler has sent you. If we go down - - -?---Yes, that's right.

- - - go down to the – or we go to the next page we'll see that letter.

MS McMILLAN: Could we just have the reference again, please, Commissioner?

MR FREEBURN: So QHD.004.0147257. Essentially – you'll probably recall this letter, but, essentially, Dr Sadler's writing to you, saying I'm aware that Redlands has some problems and delays. What I want to suggest is - - -?---I suggest he's raising more than that. He's suggesting what I've been trying to raise with you, that he envisages that this Redlands Project is never, ever going to get off the ground.

Alright. We can read the letter. So he talks about two options. One is redeveloping on the current site, and the other was redeveloping at Springfield Hospital?---Yes, that's right.

And your answer, if we go back to page 1, was, first of all, in the second paragraph - - -?---Yes, redeveloping – redeveloping on that site was not an option that anyone was prepared to consider.

Alright. And the second point is - - -?---So this is March 2012?

Yes?---We're talking about relocating a service to yet another site, starting the whole process of acquisition, design, approvals – I mean, I didn't rule it out. I sent it to Health Infrastructure Division. You can see that I wrote on it copies to - - -

Yes?--- - - - Alan Mayer and Health Infrastructure Division. I didn't rule it out, but I didn't think it was likely to be a viable option.

Right. And you're, in essence, saying we've already spent a lot of money on Redlands and we'll lose those sunk costs if we do something different now?---And we'll delay. And we will delay.

And - - -?---So this was before - - -

That's right?--- - - - I had been told we were going to wind it up.

Well, is this – does this pinpoint it for you – this is before your conversation with Dr Cleary, is it?---It must have been, yeah. I wouldn't have written to him if the project had already been canned.

Well, hasn't the sequence got to be that this letter's first, your conversation with Dr Cleary's second, and the canning of the project, the Redlands Project, is third?---They're all occurring around the same time, yeah; that's right. So at the time I wrote this, I wasn't aware – I can't even remember what time – when the government was sworn it, but it was probably about that time. So we wouldn't have really – they wouldn't have really hit their straps by then and started the fiscal repair, I wouldn't have thought. That would have come a little time later.

I may have it wrong, but I think the new government was elected on 22 March, which was around about this time?---And this is 27 March, so the fiscal repair strategy wouldn't have occurred. They wouldn't have even had the Commission of Audit go through the books by that time.

But – alright. But, Dr Kingswell, at this point, at least, the Redlands Project is still proceeding, and that's what you're telling Dr Sadler?---Yeah, proceeding slowly. But he certainly shares the concerns that it was not going to proceed at all.

Thank you. Was any consideration at all given to the Springfield site that he mentioned?---I don't know. That would be a question for Health Infrastructure Division.

You'll remember that that briefing note talked about the capital from the Redlands Project being redirected to regional mental health HHF projects?---A portion of it, so about 3.1 million that we were short for ICT infrastructure that the Commonwealth for some reason didn't put in their funding envelope.

And did that money actually get allocated to the project?---Yes, those facilities are all built and operating. Yes.

So I want to take you to the next briefing note, which is 17 August 2012; it's WMS.0012.0001.24344. I'm just trying to understand, Dr Kingswell, if the 3.1 had been allocated under the previous briefing note - - -?---Yes.

- - - that came off, effectively, the capital budget?---That would have come off the – yes. Yes.

But here – and you'll be familiar with this briefing note - - -?---Well, there's no reason why I would have been. It wasn't prepared by my department, but you need to scroll down.

Alright?---Yep.

So do you know of this file note, or has this come from a separate - - -?---I've only seen it as a – as – in the lead-up to this inquiry.

So you've - - -I've – I've had access to it because of the documents that you've provided for me.

Right. Okay. Well, if we just go up a bit, please. You see, what's contemplated by this briefing note is that the money from three projects be used for three – sorry – 12 rural hospitals?---Yes.

And if we scroll down a bit, we'll see – okay. So the system of these briefing notes is that they generally combine a brief to the Director General and sometimes also a brief to the Minister; is that right?---Depends on the Minister. This Minister liked to have items for noting.

Now, the money – can you see – can you explain: was all the money that was left from the cessation of the Redlands project going to go into this project, was it?---Well, all I have visibility over is the briefing note that was signed by Tony O'Connell. It came up through my team, and that was approved. So all I can assume from that is that whatever allocation was against the Redlands project was swept up for this minus – because it had DG approval – minus the 3.1 or 3.2 – whatever it was – for the ICT for my mental health projects. So I imagine that that ended up with a net effect of, you know, 11 million or something thereabouts.

It doesn't actually say that there'd already been effectively $3 million – $3.1 million taken from the cessation of the project. It speaks about the cessation of the project as contributing to this $41-odd million?---Yes, it does. It's not my briefing.

Right. Commissioner, is that an appropriate time?

COMMISSIONER WILSON: Yes. Would you adjourn, please, until 25 to 12.

WITNESS STOOD DOWN

ADJOURNED **[11.21 am]**

RESUMED **[11.36 am]**

WILLIAM KINGSWELL, CONTINUING

EXAMINATION BY MR FREEBURN

MR FREEBURN: Dr Kingswell, can I deal with the ECRG now. I think it's probably – maybe we can do it without getting the document up, but I'll call for the document anyway; it's WMB.9000.0001.00001 at 149. I'm pretty sure it's – this one's attached to Dr Corbett's – there's various copies in evidence. And if we scroll down to recommendation 2, please; see that there?---Yes.

And if you just read the heading – and probably I only need to take you to the heading – Inpatient Extended Treatment and Rehabilitation Care Tier 3 is an Essential Service Component?---Yes.

A tier 3 service should be prioritised; so did you agree with that?---Yes.

And if we scroll down to heading 3 – so one more page down, please – you can see the recommendation I took you to:

A tier 3 service should be prioritised.

?---Yes.

Did you agree with that?---I wasn't happy with the language, but I was happy with the intent.

What were you unhappy about the language?---Well, I suppose I was a bit frustrated with the expert reference group, period, in that (1) I thought that their remit was uncomfortably broad, in that, to my mind, the really urgent issue that we needed to address was replacement services for the Barrett Adolescent cohort, both inpatients and waitlist. And what they seemed to prioritise was building a whole service for the State for every kid that might be in scope for this service at some future date. And while I thought that was important, it wasn't the urgent issue to my mind. And the other problem I had was I understood that they had been asked to constrain their thinking within the National Mental Health Service's planning framework, and I thought that was important to do so in that that was the policy document of all Australian governments. And I just thought it would have helped if we had a consistency of language, and so tier 3, I thought, was – I didn't – I don't think I actually got it for a while either, that I didn't – in fact, maybe I still don't – whether

it's a build or a – or a service; that – that possibly still remains a little bit unclear for me. So, yes, I – it was completely comfortable with the idea that we needed extended inpatient facilities for a group of adolescents, tier 3, whatever you call it. Yes.

If we go back to the agenda, they explain what they mean by a tier 3 service, don't they? So if we go up, probably, one or two pages?---But this – this is the board paper. This is not their - - -

You see?--- - - - this is not their recommendations. Their paper – the paper that was actually produced, the report of the expert reference group – sorry, I can't – I'm not going to be able to remember the wording – but it's something like a design purpose-built thing. So, you know, really, I wasn't clear whether they were telling us to go and do a build – which wasn't immediately available to us – or whether they were telling us that this was a service type that we needed to find within existing infrastructure and funding.

So just scroll down a bit, please, to the bottom of that page. You see, they explain tier 3 state-wide adolescent inpatient extended treatment and rehabilitation service?---Yes.

So that's – they are saying you need a replacement for Barrett Adolescent - - -?---Well, they weren't very clear about - - -

Hang on a minute?---No, I don't think they were very clear about the form it should take.

Alright?---So if you – you know, if you think about the Barrett Adolescent Centre the Barrett Adolescent Centre had existed since 1983. And when it was first commissioned as such, it was the only adolescent unit in the State. We had – we had – Lowson House was about to fall over because all the psychiatrists had resigned en masse. We had 10B, which hadn't yet become subject to a Royal Commission. We had the Mossman Hall at Charters Towers. We had Bailey Henderson. We had Wolston Park. We had some acute beds at the PA, and we had some beds at CAFTU. That we the State, the whole State – the whole shooting match in mental health in 1983. And so what was true in 2012/13 when were envisaging having to replace the Barrett Adolescent Centre was 68 child and youth beds across the State, about 45 of them specifically targeting adolescent. So that was a new build at Townsville, a new build at Toowoomba. There was – there's an adolescent unit at Cairns that has two beds earmarked for adolescents. There's 10 young person beds at Gold Coast, and there's a child and youth unit there as well. There's another one at Logan. There was one at Mater that was then taken over by the LCCH, and then there was another one within the Royal Brisbane and Women's Hospital. So you had this incredible – sorry – incredible array of resources, most of which was being underutilised. So across the board, you know, I'd get these daily bed availability things, and so on any given day we had some 16, 18 beds available across the State. And so what I wanted this group to tell me was how would we build services around

this cohort that would reasonably replace these services, even if it was an interim process, but at least, you know, what we would do while we got a definitive solution for these. And I couldn't see that in this expert reference group's report; it was a bit frustrating to me.

Might the reason for that be that they were saying to you you actually needed new beds?---Well, that's ridiculous, because you've got excess capacity around the State every single day, significant excess capacity. I mean, I've probably got this morning's email somewhere if you'd like to see it.

Well, all those existing services that you talk about, those existing beds that are all available: they don't necessarily suit the patients that we're talking about here, do they?---Well, possibly not in the long term. You know, in – perhaps at some point in the future you – well, there's absolutely no doubt, actually. So the planning framework that we're currently working on for Queensland, which will be 16 to 21, does envisage that we will rollout PARC facilities around the State.

PARC facilities?---Youth prevention and recovery centres. The - - -

The Victorian model?---Well, we've got advice from Stephen Stathis, who was part of this expert reference group, that we would tweak it for Queensland, but, yes – I mean, subject to ministerial approval, of course. But we'd certainly be heading down that path. But in the interim, we needed something to do – to deal with the cohort that we had, and that issue wasn't resolved for me until Peter Steer made an arrangement with John O'Donnell to provide two beds at the Mater and committed to increasing that to four beds when the Lady Cilento Hospital opened.

And did you envisage and do you understand that those acute beds – sorry, those beds in acute wards – think they're sometimes called swing beds – could be used for subacute patients?---That's right. Yes.

Can I just take – so if we can scroll down, please, to recommendation 3 which should be on the third page – second page, rather – the next page. You see the heading there:

> *Interim service provision if BAC closes and tier 3 is not available is associated with risk.*

Did that concern you at the time?---It did. And we absolutely did our best to respond, well, we didn't just do our best, we responded to that by building individual transition plans around every single inpatient of the Barrett Adolescent Centre and we provided considerable funding to explain – expand the range of services that were going to be available to them on transition.

When you say individual transition plans, wouldn't that have to happen anyway?---Well, it should have happened long ago. Many of the young people in Barrett Adolescent Centre were well over 18 and should have had very clear

transition plans long before the decision to close it was publicly announced and then we had to have somebody essentially come in from outside and make those transition plans because there had been very little done up until that point.

You've diverted a little from my point. Shouldn't those transition plans happen anyway?---Well, I'm agreeing with you, yes.

Now, if we – you've read and you're familiar with this ECRG report, aren't you?---Yes. I am.

And if we go to page – the page that ends 150 – okay. So – scroll up a little bit, please. Yeah. Keep going. That's it. Thank you.

You see in the middle of that paragraph at about the fifth line on the right-hand side there's a line that says:

> *While there was also validation of other CYMHS service types including community mental health clinics, day programs and acute inpatient units it was strongly articulated that these other service types are not as effective in providing safe, medium-term extended care and rehabilitation to the target group focused on here.*

And do you want to read the rest?---Sorry, which bit do you want me to read?

So what the ECRG is saying here is the other services that are available don't fit this cohort?---That's right.

And did you accept that?---Yes.

And when the ECRG said – I think you agreed with that. Okay. Now, can we go to the planning group. Was there – there was – once the ECRG delivered their report there was a meeting of the planning group, was there?---That's right. To respond and provide a – I think that was where the report to the West Moreton board came from – that the planning group had a look at the recommendations of the expert reference group and considered how they might act on those.

And the planning group's recommendations were done in a table form. Is that right?---Yes. That's right.

We haven't been able to find any minutes of that planning group meeting. Are you - - -?---Well, I would not have been responsible for the meetings at that – I would not be responsible for those minutes. That group was convened and managed by West Moreton.

Right. There are – and I'm not sure whether you've seen it – but some handwritten notes?---I have seen those, I think, for the meeting that you're referring to.

Yes?---I think there's a BK and some handwritten notes. I expect that's my contribution to that meeting.

There are four initials on those handwritten notes. We'll see if we can get them up. They should be – I can probably canvass it without going to the document. There's your initials, BK. There's SS for Stephen Stathis?---That would be right.

TS for Trevor Sadler?---I expect so.

And MB for Michelle Bond?---I'll take your word for it.

You don't recall?---Don't recall.

Do you recall who else was at the meeting?---I would have thought Sharon Kelly was there or Leanne Geppert. One of the two.

Right. Anybody else?---Not that I'm aware of. I mean, I don't remember.

Alright?---I would have been attending by teleconference. It's difficult to remember who was on the end of a telephone.

So the ECRG is really warning, isn't it, you need a tier 3 when the Barrett Adolescent Centre closes?---That's right. Yes.

And I think you told me earlier that you accommodated that concern by the transition plans. Is that right?---Well, we – there was much made of the tier 3 both by the expert reference group and in subsequent correspondence and by the planning group. And as I said, I remained concerned that it appeared that there was a view that this tier 3 must be a build. Now, if – if that were the case then that wasn't a practical solution and the whole issue of tier 3 wasn't resolved properly for me until, as I said, that Peter Steer managed to negotiate with John O'Donnell to provide beds at the Mater and then – and make a commitment that those beds would continue and be expanded into the Lady Cilento Hospital. And then I felt that we had – were on track to deliver all of the service elements that the expert reference group had asked us to deliver in that we had beds available, we had – well, we had intended to have youth residential services available by early February. In fact, the contrary – the contract with Aftercare actually said that but then I understand that they didn't become available until March. And then there was a range of other options that the transition team explored and were able to put in place for that cohort.

Alright. I just want to take you to an email. It's an email you sent after the planning group and ECRG reports. It's WMS.0014.0001.05091. And if we scroll down to the bottom and we go up – just up a little bit, you'll see that Dr Stathis is sending you an email and it looks like you've asked him to have a look at YPARC?---Yes.

And he's done what most of us do when you don't know anything about it. You ask Dr Google?---No, I think he actually – well, maybe at that stage he hadn't gone down to visit but he has since been down to see them.

Yes. He went down - - -And we'd – Leanne and I had been down sometime earlier to have a look at the Victorian model.

Well, Dr Stathis went down in the middle of August?---Right. Yeah.

So he has reported back to you on the YPARC model and you've thanked him and then you say:

> *The tier 3 recommended by the ECRG is at odds with the National Mental Health Services Planning Framework and will struggle to attract attention in the ABF model priority for state funding.*

So the issue around the funding model was that the National Health Reform Agreement committed the Federal Government to providing 45 per cent of efficient growth to the states. And that would grow to 50 per cent of efficient growth over the life of the agreement. But it was in relation to activity-based funded services only. So if you were sitting in a block-funded service like most of the stand-alone mental health facilities, for instance, you would miss that bus completely. You would attract no mental health funding at all.

I understand?---The activity-based funding model hinges on a proper mental health classification, and that in turn will hinge on service element descriptions anticipated by the National Mental Health Services Planning Framework. The IHPA is continuing – the Independent Hospital Pricing Authority is continuing to do that work on the mental health classification. It's not yet in place, and the whole issue has become mute because the Federal Government walked away from the National Health Agreements in their 2014 budget, so the efficient growth that was on the table is now off the table and they're moving to a funding model that will grow state funding on a population basis adjusted for CPI. So it is the least generous funding model the Commonwealth have ever inflicted on us.

Okay. Well, just - - -?---Anyway, so that email becomes largely irrelevant.

Okay. Thank you. We'll just scroll up a little bit further?---Okay. So now you're going to show me a fairly intemperate email that I sent to Leanne. And this is – stems from the frustration I was having with the expert reference group getting clear in their – being clear in my mind what they expected us to do about this tier 3. I still had this idea that they were pushing us to do a build, which just was not a feasible solution.

Well, it wasn't a feasible solution because, as you say here, there was no money and no support for the model; is that right?---No money or support for the model if it was a build. That's right.

But you describe it as nonsense?---Well, I think that – yes. I mean, that's intemperate, but that's about the language that they use, so I can't understand why they couldn't – like, I'd sent them the National Mental Health Services Planning Framework taxonomy and service element descriptions, and so I wasn't clear why they didn't use that language – why they invented another language to – and then that became even more confusing when it was – I can't remember the language they used – design built thing, you know.

Dr Kingswell, do you have a clear recollection of sending them that taxonomy?---Yes. I sent it to Stephen Stathis.

Stephen Stathis?---Yes. So I did not send them the tool, because I was not allowed to. And I can't remember which documents I sent him, but I sent him enough so that he'd have some visibility over the taxonomy and the service elements described within it.

Was Stephen Stathis on the ECRG?---I believe so.

Alright?---Whether he was or not, he was the lead for Children's Health Queensland, so he's the leading mental health person – psychiatrist, if you like – within Children's Health Queensland. And Children's Health Queensland had been given by the Minister the responsibility for taking the whole, you know, adolescent mental health extended treatment program forward.

Dr Kingswell, you accept, don't you, that the ECRG was an expert clinical reference group. These were – at least this group included clinicians who were practicing in the area of child and adolescent psychiatry?---Yes.

And were you really saying that they were wrong that you needed a tier 3?---No, no. I just think that they had applied a language that wasn't – wasn't needed. We didn't need them to come back and deliver a taxonomy that was different to the one that had been constructed between '11 and '13 with a whole national consult --- so this is exactly what the National Mental Health Services Planning Framework intended not to do. You know, and if you go to the early communiqués from that project and understand what government signed up to, government signed up to a planning framework that would be nationally consistent because there was concerns that when it was done on a jurisdictional basis there would be significant variation in the way they applied evidence to the production of those plans. And that is exactly what we did in Queensland. The much more important question to ask that group would be having regard to the National Mental Health Services Planning Framework, what are the strengths and weaknesses of the Queensland system and what gaps should we be covering off so that we can properly accommodate this cohort of adolescents at the Barrett Adolescent Centre. We never got that answer from them.

You weren't saying – using the expression tier 3 nonsense because of the language they used?---That's not true. I was quite clearly using it because of the language that

they used. If you look at my actions in relation to the ECRG recommendations, you can see that we strenuously attempted to implement every one of them.

You were saying it was nonsense because there was, as you said, no money and no support for the model?---If – just keep in mind that at that point in time I was still not clear whether they were talking about a build or a service. If it was a service, we could do it. If it was a build, we could not.

You see, if the ECRG were saying – I'll step back a step. Did you ask them to clarify were they talking about a service or were they talking about a build?---I didn't have any direct communication with the ECRG at all. I wasn't involved in it. I just got their report. But I've since had many, many discussions with Stephen Stathis about how to interpret it and what services we should be putting in place, and we've been doing that with considerable energy, I should say. So we had $3.9 million in recurrent funding available to us from the closure of the Barrett Adolescent Centre. And Lesley Dwyer gave in principle support to hand over the whole lot, which was quite interesting in itself, because when we envisaged the redevelopment of the Redlands facility, that project would have seen that one-third of the recurrent funding would have stayed within West Moreton to assist them with ongoing maintenance of grounds and buildings and so on. She very generously handed over the whole lot. I had 2 million available to me that was freed by the Redlands project which we gave to Children's Health Queensland to fund additional programs. I was on the hook for $1 million for a – it was an initiative called the Time Out Housing Initiative. It was a project – it was a five-bed facility created as a time-limited project by Department of Communities at $1 million a year. That funding was to end June 30 '13. We refunded that in full. So by – in a very short period of time, we had doubled our investment in this cohort, and we've continued to do that since.

COMMISSIONER WILSON: Mr Freeburn, could you remind me what your question was, please. I got a little bit lost.

MR FREEBURN: Yes. I did, too. I think I was asking about the expression tier 3 nonsense and the answer was essentially an explanation for what your views were and what subsequent actions had been taken?---Well, I think it's much more important than – to - - -

COMMISSIONER WILSON: Excuse me, Doctor. Would you just answer the questions, because we can't be here all day. If Mr Freeburn wants to ask you questions about what the department is presently doing or what it's done since the Barrett Centre closed, he will. But we are short of time---I'm just asking that if I'm to be taken to task over intemperate language that appeared in an email that I had no expectation would ever appear in an Inquiry, perhaps it would be better to look at my action rather than my intemperate language in one email.

Sorry. I'm directing you simply to answer the questions---Well, sure.

MR FREEBURN: Dr Kingswell, I want to take you to an email that you sent to Dr Sadler on 21 May 2013. It's DTZ.004.001.0202?---Yes.

Now, if we – if you scroll down a bit, you see, this is within a week or so of the planning group meeting we spoke about before?---Yes.

And he's writing to put on record his views?---Yes.

And it's okay, we can read all that. I just want to go to your response. So if we scroll up a little, please, just read your response to yourself?---Yes, I'm familiar with my response.

Dr Kingswell, Dr Sadler was restricted in his response to that, wasn't he, because he would not have had access to the framework documents?---No, but he knew who was on the expert reference group. He had every opportunity to contribute to their thinking.

So are you saying he could go to Dr Stathis or somebody and get a copy of - - -The expert reference group for the National Mental Health Service's Planning Framework: it had a group called the Inpatient Services Group that considered all of the inpatient options. He had every opportunity to contribute to those consultations.

Yeah. But, see, I'm asking you a different question. The question is he – you knew, didn't you, that he didn't have access to the framework documents?---Yes, I knew that he did not have access to the framework documents.

And, Dr Kingswell, you know that this Commission had difficulty obtaining the framework documents?---You can – all the communiqués are out there in the public space, and there are – I can't remember what other elements are in the public space, but a considerable amount of it is public. What was not public was the estimator tool.

Yes, which is an Excel spreadsheet?---Yes.

Alright. Let's go to the – to that document. I want to take you for the moment to the project charter.

MR DUFFY: This is a document I think Dr Kingswell has a hard copy of in his folders. It might be easier - - -

MR FREEBURN: Thank you. The document ID is DDK.500.002.0001. Now, Doctor - - -

MR DUFFY: I'm sorry, I'm not sure that I was entirely correct about that.

MR FREEBURN: I'll clarify. Doctor, before I go to the – have you got a bundle of the documents that's around the framework Excel spreadsheet?---I don't have them with me, but I've got them.

Alright. Okay.

COMMISSIONER WILSON: I have a hard copy of the project charter if that would assist the witness.

MR FREEBURN: We've got it on the screen so I'll go to it in a minute. Dr Kingswell, can I just put this proposition to you: this bundle of documents that we'll call the framework is under construction?---That's right, yes.

It's all in draft?---Well, not – no, not completely. So the service element documents and the taxonomy: they're largely set in concrete. And what is being proposed is that the estimator tool be modified to ensure that the assumptions that it make are correct and that the whole document is made considerably less complex so that it can be distributed at a regional level to inform planning.

Well, do you disagree with the proposition that it's in draft?---I disagree with the proposition – no, no, I don't. I mean, the – the estimator tool is – is draft; it needs a lot of work. And the - - -

And it's – sorry, Doctor, sorry to cut you off. But it's in draft, and there are some defects, and I'll take you to an email that you subsequently sent where you've got an absurd result?---In relation to the estimator tool, so just separate - - -

Yes?--- - - - the taxonomy, the service element descriptions from the estimator tool, the estimator tool has bugs. The whole suite of documents that you have has bugs in it that's probably too complicated to be used at a regional level. So it needs simplification and it needs modification of the assumptions that sit behind the estimator tool. But beyond that, it's a complete document.

And it's not a document that's available to the profession generally?---There are elements that are. So you'd have to go to New South Wales to find out what they've put in the public space and what they haven't, but there is stuff out there and there's stuff that's not out there.

Well, communiqués may be out there, but are you able to identify anything else other than communiqués that's - - -?---I don't have any visibility over what they've put into the public space, no.

Now, I want to suggest to you that it's not intended to be exhaustive?---I think it says many, not all; yes.

That's right. Alright. Now, if we go to the project charter, can we please scroll to page 9 of that document, please. See, it's a project summary, and if we scroll down a little we'll see the heading that – describing what the framework will do?---Yep.

So scroll down a bit further, please. See those dot points? It's based on the data. And you'll see the fifth or sixth dot point, it'll include acute long-stay, Step Up Step Down and supported accommodation services, as well as ambulatory and community-based services?---That's right, yes.

Okay. If we go to the next page, please, page 10, and if we scroll down to the last paragraph on that page they're fairly modest in their ambitions?---Yes.

And it's a long-term project?---Yep.

And you were actually on a part of the team that's developing this?---I was on the executive group for that.

Right. Now, I'll try and speed through this. When you talked before about the taxonomy – now, I want to go to a document that's – let's get the operator to get this up, please: DBK.500.002.0620. Now, there's a watermark on it which says, "Draft-in-confidence: not for citation", I think, not for circulation or citation. If we go to the next page, we'll see that. So we are talking about a draft, aren't we?---Certain elements, yes. Well, you can consider the whole thing in draft, but there are some elements of it that are unlikely to change, large chunks of it that are unlikely to change.

COMMISSIONER WILSON: This document you've just taken the witness to is dated October 2013.

MR FREEBURN: Yes.

COMMISSIONER WILSON: Was there an earlier version at the time of the ECRG?

MR FREEBURN: I'll ask the witness that, yes?---It would have regularly been updated, I would expect.

And if we scroll to the third – sorry, to page 9 of that document, we end up with a table of contents. Is this what you're talking about when you talk about the taxonomy?---Yes. And there's a nice A3 spreadsheet somewhere that delivers the whole of the taxonomy for you in a nice table form – not table form, in a flow diagram form.

Is that something you saw this morning, is it?---No, no. I've - - -

Or in the last couple of days? Or - - -?---No, no. I've had it forever.

Alright?---Well, I've had it for however long the project's been going.

COMMISSIONER WILSON: Mr Freeburn, I'm still puzzled by that date and I'm puzzled by the footer on page 9.

MR FREEBURN: Yes. So, sorry, I'll ask a question to try and clarify it.

Dr Kingswell, are you confident that there is a version of this document that existed at the time you were giving those answers to the emails and at the time of the ECRG report?---Yes.

And can you explain – you heard the Commissioner's comments. It talks at the footer of that:

Version AUSV1, October 2013.

COMMISSIONER WILSON: Could you scroll down on the screen, please?

MR FREEBURN: See at the very bottom of the page?---Yep.

So you're confident, I gather, that there is a previous version of this even though this says that it's version 1?---I'm confident that at the time I was – I'm absolutely confident that at the time I sent that email to Dr Sadler, that I had the taxonomy of services available to me and that I knew that the extended treatments envisaged for adolescents in that document were Step Up Step Down units.

Okay. I want to take you to page 252 of that document. You see this is one of the categories, one of the taxonomy subacute services and it talks about the three elements, one being Step Up Step Down. If we scroll down you should see rehabilitation services. Then if we scroll down we'll see intensive care services?---Yep.

And then we'll see a heading Distinguishing Features?---Yep.

The second dot point:

Subacute Step Up Step Down and subacute rehabilitation units, young people 12 to 17 and/or adolescents are delivered in community residential settings.

And then there's a comment:

Subacute rehabilitation services are often provided as co-locations with non-acute residential services.

Correct?---It's correct. I just wonder whether we're reading it the right way.

Dr Kingswell, this is a service mapping process, isn't it? This is trying to categorise the services across Australia that are provided by various governments and institutions?---So, yes, the document is – it's provider and funder agnostic. So it attempts to capture all of the service elements that you would expect to find for a population. So it divides the population into those who have no mental illness at all for which promotion prevention and whole of government activities are relevant. It considers those that have mild illness and those that have moderate illness. And it would see those as being largely the group that have the capacity to access services through primary and private care. And then it considers people that have severe and persistent or severe and episodic mental illness. And they are largely the remit of the public mental health services. And then it maps service utilisation for those groups and does some costings around what service provision for those groups might look like. But the taxonomy of services, that comes out of the streams of expert reference groups. So there was an inpatient one, a community one, a promotion prevention one and a non-government sector one.

I understand. Thank you?---And those people said, in their view, people with severe and persistent or severe and episodic mental illness, they need this array of services. And so if you go to the A3 spreadsheet with the taxonomy set out in a flow diagram type form, you will find that what it envisaged for child and youth in the – for adolescents, sorry – what it envisaged for adolescents in the extended treatment space was the Step Up Step Down units.

Can I just ask you – if we scroll down another page, please. You'll see at the bottom of this screen:

> *In contrast, non-acute services –*

and then it talks about:

> *Subacute and non-acute intensive care units are usually provided as secure units gazetted to allow for involuntary detention.*

Yes.

And then we've got some inclusions meaning here is what is normally included in this category, this taxonomy?---Yep.

And exclusions. So if we look at the top exclusion, we would find that a service like AMYOS, which you know about, would not be included here. It would be excluded. But it's actually in another category. Correct?---I'm not sure how you're using this document. Anyway - - -

Well, if we just scroll down a bit further, see - - -?---I probably need to look at the hard copy to understand which bit of the document you're looking at.

Well, you see the heading at the top – if we scroll up to the top – Service Element and Activity Descriptions?---Yes. But where abouts in the document are you reading from?

Page – we're on page 253. So it's a description of each of the elements of this particular model?---It looks to me that you're missing up adult and adolescent and older person in an unhelpful way. But I might be wrong about that.

COMMISSIONER WILSON: Mr Freeburn, I'm quite happy to give the witness my hard copy if that's going to help. Would you like a hard copy, Doctor?---I think I have to see a hard copy. I can't - - -

I must say to counsel though, as Mr Freeburn has been coming to things, I've been highlighting them for my own understanding of where he's at. So - - -

MR FREEBURN: Commissioner, I'll circumvent that if I may. I've got a clean hardcopy.

COMMISSIONER WILSON: Good---So, sorry, which page number am I going to?

MR FREEBURN: It should be on page 253. The actual section starts at 252?---So it starts on 252. Yep.

Yes?---Yep.

What I really – and you'll see the distinguishing features on 252 talks about both – I think to answer your question it does talk about youth, young people?---For the subacute Step Up Step Down, yes.

And if we just go to page – you'll see the bottom of page 253 there's a heading Example Services?---Yes.

And then there's adult – the first dot point is:

Adult prevention and recovery care PARC units in Victoria.

?---Yes.

And then I'll just get you to go to the next page?---Yes.

Youth prevention and recovery care, that's the YPARC?---Yes.

Transition recovery program. And then we scroll down – the second last dot point is Barrett Adolescent Unit – The Park Centre for Mental Health?---So they're the services that were surveyed and considered as potential models that could be included in the service element description.

All they're saying they're examples of this service which is one of the categories in this framework document?---So I think what you need to do is go to the A3 which I've referred you to and have a look at how the services under youth fall out and you will find that the Barrett Adolescent Centre is not there. The YPARC is there. So all I'm saying is these were the – the services that were available for them to consider as potential models to be included within the service elements. This document is not telling you that the Barrett Adolescent Centre is a model that would fall out of this framework.

Where in this framework does it say that this is an exhaustive list of the sorts of services that should be available in Queensland or Australia?---Well, it – it can't be exhaustive but it – but it is many, not all. And when it says it's not exhaustive, it's not exhaustive because there are significant differences between jurisdictions particularly around – in fact, there's three areas that it deals with really badly. It deals with indigenous Australians really badly and there's significant variation across the country as to what proportion of their population is indigenous. It deals with rural and remote services very badly because, again, there's enormous differences around the country in that space. And finally, it doesn't deal with forensic populations at all because everybody has their own *Mental Health Act* and way of dealing with mentally ill offenders. But for everybody else it – it is a framework of services and – and describes the range of services that should be available for the population.

Dr Kingswell, forgive me if I've – I'm summarising this – but as I understand it you said to Dr Sadler, look, your Barrett Adolescent Centre doesn't fit into the national framework document?---No, it doesn't.

And yet you acknowledge that it's not intended to be exhaustive of the frameworks?---No. It would be – it's completely adequate to cover an adolescent population in an urban environment. Completely adequate for that purpose. The estimated tool will give you funny numbers but the service element descriptions are not in dispute. Every single policy document from 1993 forward makes it very clear that nobody supports the institutional care of adolescents in a stand-alone hospital.

Nobody?---That is – nobody. Nobody. Every Australian government has signed up to moving services from institutional settings into community settings and I think you will find many, many policy documents that refer to providing services as close to community as is practicable.

Dr Kingswell, that's a most but not all statement, isn't it?---Sorry?

That is a most not all statement?---No, no. All states and – it's an all statement. All states and governments are committed to removing the reliance on stand-alone institutional care for mental health patients be they adolescents or anybody else.

Some patients need to be dealt with in bed-based facilities?---Yes. Absolutely. But I'm not – yeah. Absolutely. But you misunderstand. Bed-based facilities can be

regional. They don't need to be – you know, the concentration of people in stand-alone hospitals has been criticised by Burdekin forward at every level of government.

Were you saying to Dr Sadler, in effect, your model – the Barrett Adolescent Centre and anything like it is not a document – not a type of service that's recognised by the national planning framework?---It was recognised and it wasn't included as a service element that they thought should be taken forward.

And where do we find that?---I'll happily provide you the A3 taxonomy – you know, I'm not sure when.

Alright?---I can provide that for you but I can certainly - - -

Well, maybe you can have a look at it over lunch. Perhaps this is an intemperate email as well but can I take you to QHD.012.002.2433. It's Dr Stathis to you and I just want to draw your attention to – if we scroll down the page – keep going, further down, please.

Dr Stathis asks you:

> *Anything new with Barrett? I've kept your confidence and have not discussed. Is Peter Steer aware of the plan?*

Can you tell me what the plan is?---Not really.

You don't have a recollection of it?---What was the date of this, sorry?

This is 22 July 2013?---I mean, I think in that timeframe I'd probably already had discussions with Sharon Kelly and Lesley Dwyer about our future view so it was very clear from the 2007-17 plan that the – and in fact the 10 year strategy before that, that The Park was going to become a – a stand-alone forensic hospital. I had clear understanding that it was going to be necessary to provide replacement services for the Barrett Adolescent Centre. I've understood that for years and years.

Okay?---So presumably I had discussed that with Stephen, that I'd mentioned to him that I'd met with Lesley Dwyer and that we were considering this.

Okay. Can I deal with – I'm going to deal with another – a few random topics for the moment. Occupancy rates?---Yeah.

On a number of occasions we can see in the emails you've said that Barrett Adolescent Centre operates at less than 50 per cent occupancy rates or – and I think you've given a figure at some points of about 43 per cent. That's based on, I think, what you told Mr Duffy earlier that it's a midnight count?---Well, it would be an average over a period of time of midnight counts. Yes.

Okay. Now, can I deal with transition arrangements, that is, the period from August 2013 to January 2014?---Yeah.

In paragraph 21 of your statement – and there's probably no need to go to it – you say you would have had discussions about transition arrangements but you can't recall the specifics?---So it wasn't really – you know, the details of transition plans weren't really on my watch other than to receive through the West Moreton transition planning group updates at that – I was on something that – I think they called it the CEO Department of Health oversight committee.

Right?---Which I was a member of. And – and we'd get some view of the transition plans at a, you know, global level – not at a patient level. And the other involvement I had in that was that I had a number of requests for funding to be delivered to particular projects to support the transition process.

When you say you had a sort of global helicopter – so helicopter view of these transition plans, there would have been only a few of them, wouldn't there?---I think there was sort of eight inpatients, maybe eight on the waiting list and seven awaiting assessment – something like that.

So perhaps 20 or so?---Yeah. It would have been as few as that. Yes.

So when you say you didn't get into the specifics, what did you see? Did you have - - -?---Well, it wasn't my business to know what was wrong with the children – or young adults, as they were – or what arrangements were being made for their care. They – they were clinical decisions that I had complete confidence were being made by a very expert clinical group that we'd assembled to do those tasks.

And who was on that group?---Well, it was principally Anne Brennan, but she had a team below her, being the Clinical Director of Barrett Adolescent Centre. So she had the staff available to her from the Barrett Adolescent Centre. And above her, she had a Transition Oversight Group. And I never – I was not part of it and didn't – didn't have much to do with it. But I understand Leanne Geppert was part of it and Elisabeth Hoehn, another child psychiatrist, was part of it. I don't know who else might have been.

So I'm just trying to focus then on what's your role?---In the transition planning? I'm the – well, I was the fund-holder, and I was on the oversight committee. We certainly had some responsibility for ensuring that the transition team had the support that it needed, be it financial or service or, you know, if we needed any levers to have other services cooperate with the process.

I'm just trying to get to the bottom of what that means. You had some involvement in what, precisely?---I probably didn't have much involvement at all. I received some requests for funding, which we met. I – Lesley Dwyer wanted me to make some arrangements to fast-track the residential service at Greenslopes, which we did. I can't remember any other involvement that I had in that transition planning process.

Were you aware of any transitioning that occurred before the decision to stand down Dr Sadler?---I don't think so, no. Is that completely true? It might not be true. We had – we did have a – or at least some knowledge or involvement in the movement of [redacted]

I might take you to that – we'll do that in closed court?---So I don't recall.

Can I ask you about the replacement services. Again, as I understand it from your statement, you're not – you don't have a good recollection of the replacement services – sorry – discussions about the replacement services, if I can put it that way?---Well, that – that oversight committee meetings – they were designed to discuss the replacement services.

Yes, but you don't have a recollection of any of the discussions [indistinct]?---I'm not going to be able to remember the timing of it, but I remember the – you know, the documents produced by Children's Health Queensland around the service elements that they intended to put in place and the indicative costings of those services.

Dr Kingswell, do you remember there being some difficulty in locating some of the patients into services that would take them?---Well, I remember there was a meeting. Myself and Ian Maynard went to meet with Michael Hogan in relation to the placement of one of the people involved.

Anything else – do you recall any other occasion?---Well, as I said before, I was involved in assisting with the procurement of the residential service at Greenslopes.

Can I just ask you to look at an email. It's DNZ.001.001.0305?---Yeah. So this is the one that I was talking about – the procurement of the residential rehabilitation at Greenslopes.

So this is fairly late in the process, and you say in that first section:

> *I met with Lesley and her team today. She has had advice from Peter Steer that he will not have a model in place to address the closure of BAC for 12 months.*

Was that of concern to you?---That was – yes, absolutely. Terrible concern. That was not an answer that was tolerable – that was - - -

So then what did you do?---I assisted Lesley with the procurement of the Aftercare to run the five-bed residential rehabilitation service at Greenslopes. And we had an agreement with Aftercare that they would commence operations – from memory, it was 3 February '14, but they didn't actually get started until March '14. And that, of course, meant that somebody had to stay in a hospital bed for a period of time.

Okay. I'll show you another document. DBK.001.002.0211. It's an iPad note?---That's just more of the same, really. That, you know, it was very late in the

process. And this was some of – you know, kind of – this was some of my frustrations that there was this focus on building a service for the whole of the State rather than attending to the urgent issue, which was what were we going to do with the cohort that was occupying the Barrett Adolescent Centre and those that were on the waiting list. This was an enormous frustration. This went on for some time. It was a group of people that thought they had a job, yeah, and maybe they did, but it wasn't the urgent job. They weren't attending to what was right in front of them.

Well, wasn't the problem that they had finding places for these young people?---It wouldn't have been if we'd started commissioning services as early as August when we knew that the decision had been announced by the Minister. So we should not have been in this situation that three months had gone by and nobody had spoken to the non-government sector about the commissioning of the services and nobody had identified the funding or got that moving. That was an enormous frustration.

Did you voice that frustration at the time?---Well, I think my email to Michael Cleary is pretty clear. And I remember texts exchanged between he and I during these meetings that we just couldn't understand why they didn't get it – why they didn't understand the urgency of the task in front of them.

Can I take you to a document DBK.001.003.0586?---Yeah.

Now, this is a couple - - -?---That's an incomplete note. There's a final draft of that letter. I'm not sure whether the Commission has it, but I have one and I'm happy to hand it over.

Alright. Well, it'd be good if you could. But I want to focus your attention on – I'm sorry, it looks like the wrong one. You see, if you scroll down, you see there you express a view:

I was extremely impressed by the thorough nature of the transition planning.

?---Yes, that's true.

You were impressed, but had occasional frustrations; is that right?---Not with the transition planning team, with Children's Health – I'm not even – I'm not even sure it was Children's – yeah, I suppose it was – it was the Children's Health Queensland team that were preoccupied with a task – and there's a funding strategy somewhere that suggests we're going to spend $20 million over four years, and that's fine, happy to do that. But there was a much more urgent task than that.

Did you think at the point that you were getting frustrated we better stop this process and we'd better - - -?---Not – not for a second, not for a second. We had a forensic hospital that was functioning. On that hospital it had 20 beds. The people that were occupying that facility were there, they were detained as insanity acquittees in relation to homicide, attempt homicide and other very serious offences. I believed that the ongoing functioning of the Barrett Adolescent Centre was untenable. I

provided that advice to Lesley Dwyer at the West Moreton, to Michael Cleary within the Department, to the Minister when I was asked. I strongly believe that was the situation we were in. None of those people were – needed to act on my advice. They could all tell me I was completely bonkers and move on. But that was absolutely my belief and my advice.

MR DIEHM: Commissioner, I'm concerned about some parts of that document that are being shown in open court.

COMMISSIONER WILSON: Yes.

MR FREEBURN: I'll ask it to go – I'm going to move onto another document, so if we could pull it down, please.

COMMISSIONER WILSON: Thanks, Mr Diehm.

MR FREEBURN: Can I take you to DBK.001.002.0182. There's occasional emails between you and Dr Scott Harden. All I really want to focus: you see the date, 14 September 2013. So this is fairly early on in Dr Brennan's period of employment?---Yep.

And you're saying there that I think there is room for concern as to how we effectively provide replacement services?---I can't see the context for this.

Can't see what?---I can't see the context for this, what Scott had written to me.

Alright. If you scroll down a bit, you see at the bottom email on that page you were asking - - -?---Oh I know. Yes. This is – sorry – it was just a – you know, a rearguard action, if you like, amongst child and adolescent psychiatrists on some Google Share site.

And he was looking at it for you and giving you some information?---I don't think he was looking at it for me. I think if you go to his statement he shared – he shared the – if you look at Scott Harden's statement that has – the Commission has to hand, he shared the concerns about the failing Barrett Adolescent Centre. And people should be in no doubt this was a failing institution. This had all the hallmarks of institutional neglect, if you like. It was a dangerous, violent place, and I'll hold to that.

Dr Kingswell, can I direct your words – to your words here:

> *I think that there is room for concern as to how we effectively provide replacement services.*

What was the concern that you had?---I think I made those pretty clear, that we had the – Children's Health Queensland working on this whole of state model and

nobody was focusing their attention on getting, you know, concrete replacement services - - -

So - - -?--- - - - in train in a timely way that would allow these young people to transition out of this – out of this institution which I believed to be failing.

So in September, and we see in November you are concerned and frustrated with the transition arrangements; correct?---No, I'm not frustrated with the transition arrangements at all. That's a – I was frustrated with the speed at which people were getting on with putting in place replacement services. So I think – we can go around the paddock a million times, if you like. The Aftercare service was envisaged to be in place by 2 or 3 February, and it was not; it didn't come on board until March. But that was being procured in November. It should have been procured months earlier. That would have allowed for some of the young people to transition to – into a service like that. That was my issue. It was not with the planning that was going on. The planning I was absolutely confident would – was being done absolutely meticulously.

Dr Kingswell, the transitioning of these patients was occurring at least from the time Dr Brennan arrived in, I think, 11 September 2013?---Yes.

So the services really needed to be available from then?---Absolutely. Couldn't agree more.

And - - -?---And why we were still talking about that in November was a source of significant frustration.

Right. And what is it that you did about that, in summary?---Well, once it was put to me that they did not have a concrete plan, they hadn't worked on a concrete plan, they hadn't even started the procurement process, I agreed with Lesley Dwyer that we push that up through – so neither Lesley nor I had sufficient procurement delegation to do that ourselves. I needed to push that up through Michael Cleary; that's what we did. And an agreement was subsequently signed with Aftercare to bring that service on at Greenslopes by 3 February. And then that project, of course, slipped until March.

And so was your frustration mainly directed at getting the Aftercare services online?---No, no. I thought they came on – once they were offered the – so we had to go to what's called a type 4 procurement. So you didn't have time to go to either tender or other – or select tender or open tender, so you had to do it through a genuine urgency provision, which I think this situation met. And we progressed a type 4 procurement through the Department; I think, from memory, it was $900,000 or something like that to bring the service on for half-year effect through to the middle of June '14.

A couple of further points. Now, I'm going to show you a table that has been prepared by Commission staff, and it's about the costs. So it's not evidence yet; it's

just, effectively, a discussion paper, and I just want to get your response to the – and I've got it in hard copy. So I'll hand a copy to you and a copy to the Commissioner. You see, what's – an attempt has been made to try and work out the per day cost of different service models. First of all, I need to ask you: do you – in your position, do you have a regular familiarity with per day costs for beds in different institutions?---Yeah, absolutely. So if you want to know what your yellow column should like, a per diem rate of $2498, the annual operation cost for that would be 2498 by 365 by the number of beds by .95, which would represent 95 per cent occupancy, and that will give you your annualised figure.

Yes. Can I just ask you – you see the – I hesitate to call it – it's the orange column. Are those figures – do they roughly accord with what's – what you're familiar with? And I'm going to ask - - -?---I – I don't remember the detailed per diem costs, but they're all – they'll all be available on the QHEPS – Queensland Health internal electronic environment.

Right. So some check can be made of whether - - -?---I could get – oh – day program – I don't know. So hospital or hospital-like services are all captured within ABF, so they'll have per diem costs. But there's some things that won't translate to per diem costs, so a considerable amount of funding in the mental health space is provided as block funding. So all your ambulatory services are provided as block funding. All your stand-alone psychiatric hospitals are block-funded. It's really only your acute inpatient units that sit within public hospitals that will have per diem costs supplied.

Alright?---And your community care units.

Okay. Well, Commissioner, can we mark that for identification, please.

COMMISSIONER WILSON: It will be C for identification.

MFI #C MARKED FOR IDENTIFICATION

MR FREEBURN: Can I – Dr Kingswell, the ECRG report, I think you agree with me, was – included expert clinicians?---Yes.

Do you accept the proposition that you were sceptical of the ECRG's recommendations?---No. I sat on the – I sat on the planning group, and we accepted their recommendations and we worked on strategies to implement all of them. I was – I was not sceptical as such. I was just disappointed that they'd applied a language to their thinking that wasn't required. All that work had already been done at a national level.

I see. And are you saying that the framework documents are inconsistent with the ECRG and their attitude?---No. I think most of the elements that they have within

their tiers are captured in the National Mental Health Services Planning Framework, and they could have used that document to describe those tiers rather than develop their own nomenclature for it. And when it came to tier 3, the National Mental Health Services Planning Framework would envisage that as a Step Up Step Down unit and then following from that YPARC model in Victoria and an acceptance that there would be some modification of that model in Queensland to meet the expectations of the reference group.

Dr Kingswell, are you sure that the ECRG had the framework documents available to them?---Well, I'm sure I provided them to Stephen Stathis. Where they went from there, I don't know.

Well, they're not mentioned in the Terms of Reference for the ECRG?---Perhaps they didn't. And if that was the case, then that's a reasonable explanation for why they didn't conform their language to that document. But I thought it was in their Terms of Reference that they were to be mindful of the National Mental Health Services Planning Framework.

You see, just explain this to me. The ECRG was specifically looking at this cohort of patients, correct?---Well, I think they were actually a bit broader than that, but yes.

Well, their target – they called them the target group – were the young people who were inpatients at the Barrett Adolescent Centre?---I don't think that's true at all. I think they've focused their attention on the group that might potentially be – that might have been in scope for an admission to Barrett Adolescent Centre either at that time or sometime in the future. They designed something much broader than was going to meet the needs of just those tiny – that tiny group that was in Barrett.

But it at least included what they call the target group?---Yes, yes.

But the framework documents – that's service mapping, isn't it? That's Australia-wide service mapping?---No. It's exactly the same. It's – although obviously the expert reference group was only considering a tiny cohort, but it was a – it was to develop some expectation of the service elements that you would expect to see provided for adolescents, which is what the National Mental Health Services Planning Framework does. The National Mental Health Services Planning Framework does more than that, but that was what they were asked to do – tell us what service elements should be required for this – for this cohort.

Commissioner, that's all I have for this witness.

COMMISSIONER WILSON: You've finished your examination, have you?

MR FREEBURN: Yes. There is one question that – sorry – one series of questions relating to a matter that ought to be in closed court, but I might also – I might consider over lunch whether that's going to be necessary.

COMMISSIONER WILSON: Alright. Now, I'm conscious that a number of people cannot work back beyond sitting in court at about 4.30 this afternoon. How long are various people intending to cross-examine? Ms Wilson, are you intending to cross-examine?

MS WILSON: I am, and I will be – I intend hopefully to be less than my 20 minutes that I've set down for.

COMMISSIONER WILSON: Mr Diehm.

MR DIEHM: I had nominated 10 minutes. I will be less than that comfortably, Commissioner.

COMMISSIONER WILSON: Mr O'Sullivan.

MR O'SULLIVAN: I was initially down for 40. I should think I'd be around 30, Commissioner.

COMMISSIONER WILSON: Thirty. Ms Rosengren.

MS ROSENGREN: I think under 10 minutes, Commissioner.

COMMISSIONER WILSON: Mr Wessling-Smith.

MR WESSLING-SMITH: At the moment, none.

COMMISSIONER WILSON: None?

MR WESSLING-SMITH: Nothing, Commissioner.

COMMISSIONER WILSON: Is there anyone else who's at the moment proposing to cross-examine? Mr Duffy, do you have any idea how long you will be?

MR DUFFY: No, I don't. I thought Ms McMillan had nominated some time.

MS McMILLAN: Yes, I do.

COMMISSIONER WILSON: You did. I beg your pardon.

MS McMILLAN: Yes.

COMMISSIONER WILSON: How long will you be, Ms McMillan?

MS McMILLAN: Probably half an hour, tops, Commissioner.

COMMISSIONER WILSON: Alright.

MS McMILLAN: Some of those matters may be covered by others. I'm just not sure.

COMMISSIONER WILSON: Well, given the time, I suggest that we come back at 2.15. And I ask that you do try to keep to the times you've just given me. 2.15, please.

WITNESS STOOD DOWN

ADJOURNED [1.03 pm]

RESUMED [2.15 pm]

WILLIAM KINGSWELL, CONTINUING

EXAMINATION BY MR FREEBURN

COMMISSIONER WILSON: Mr Freeburn, did you have anything in closed hearing?

MR FREEBURN: I do. Before we go closed, Commissioner, can I just clear up two matters.

COMMISSIONER WILSON: Yes.

MR FREEBURN: With the witness. Dr Kingswell, I think I asked you – I gave you some homework to do over lunch which was to find the colour chart that
- - -?---That's been done, yes.

- - - you talked about in your evidence?---I have that.

And you found that?---Yes.

And it's an A3 sheet of paper. Is that right?---Yes.

Do you have a copy for the Commissioner?

COMMISSIONER WILSON: Is that your only copy, Doctor?---Yes.

Well, you keep it. I'll get one from one of the lawyers. Can I borrow yours, Mr Duffy? Thank you. Thank you.

MR FREEBURN: So that's the framework classification structure that you'd been referring to?---It's a nice flow diagram of the taxonomy, yes.

Yes. Do I take it that you draw attention to – if one comes across there's – it looks like there's one, two, three, four – the fifth column of it and - - -?---That's right. So it's the green column.

Yes?---And it sets out the specialised bed-based mental health care services.

Alright?---And it splits them into acute and then you can go through the separate classifications of acute and you will see there that there's – it envisages perinatal and infant and then child and youth. And then you come down to the next sub – green sub-heading and it's subacute services, residential and hospital or nursing home based and then, again, it's split out by age group. And for youth residential it envisages this Step Up Step Down. Now, there is a companion document so there's a service element descriptor. It's a quite thick book and it has a description of every single service element and when you go to that you will find that the Step Up Step Down youth residential service that is envisaged by this document is the YPARC model from Victoria.

So can I just make sure we're talking about the right thing. There's always acute services. There must be about 10 of them?---Yes.

And then there's another heading and I think this called a category and the ones below it in the hierarchy are called elements. Is that right?---Which document are you looking at? Have you got this one?

Yes. So I've probably confused you. You see there's a heading – after all the acute services there's a heading Subacute Services (Residential and Hospital or Nursing Home Based)?---Yes.

And then within that category there are five either sub-categories or elements?---Yes.

And the top one Step Up Step Down – Youth Residential - - -?---Yes.

That would be – that would cover or comprehend obviously Step Up Step Down and youth resi-type services?---Yes.

And the last category Subacute Intensive Care Service (Hospital) – that would cover the Barrett Adolescent Centre?---Well, that's not my understanding. My understanding is that it was never envisaged that this sub-category would include and child and youth element.

And where did you get that understanding from?---From the planning team.

But we obviously can separately look at the word content of this sub-category, can't we?---Well, I'd need to go to the service element descriptor to see what's intended

by subacute intensive care service but I was not ever – my attention was never brought to that being intended for adolescents.

Alright. Now, can I just deal with – Commissioner, can the witness please see, again, MFI exhibit C – sorry, marked for identification C which is the colour document prepared by Commission staff about the costs.

COMMISSIONER WILSON: Yes, I have it here

WITNESS: I have that. This one?

MR FREEBURN: Yeah. Thank you. Yes. That's right. I just wanted to ask you about the fourth item down?---Yes.

Now, that's obviously – am I right in thinking that within your department at present there is – you are involved in some way in a study to look at options for a new tier 3 facility?---That's right.

And am I right in thinking that it will be that that study involves consideration of whether there should be an adolescent extended treatment service of 22 beds?---So the election commitment is to a 22-bed facility in southeast Queensland with an associated 20 day places. I'm not clear that that group has actually landed on – whether it's one or a number but certainly the election commitment is to 22 beds in southeast Queensland.

And are you part of a group that's looking at that?---I am not. No.

Alright. Do you know who is looking at that?---It's led by the chief psychiatrist. I think the department has been mindful that I'm involved in this Inquiry and it's possibly a good thing for me to be at arms-length of that process.

And the chief psychiatrist is Dr Young?---Is Dr John Allan.

Sorry?---Dr John Allan. Dr Young is the Chief Medical Officer - - -

Sorry?--- - - - Chief Health Officer.

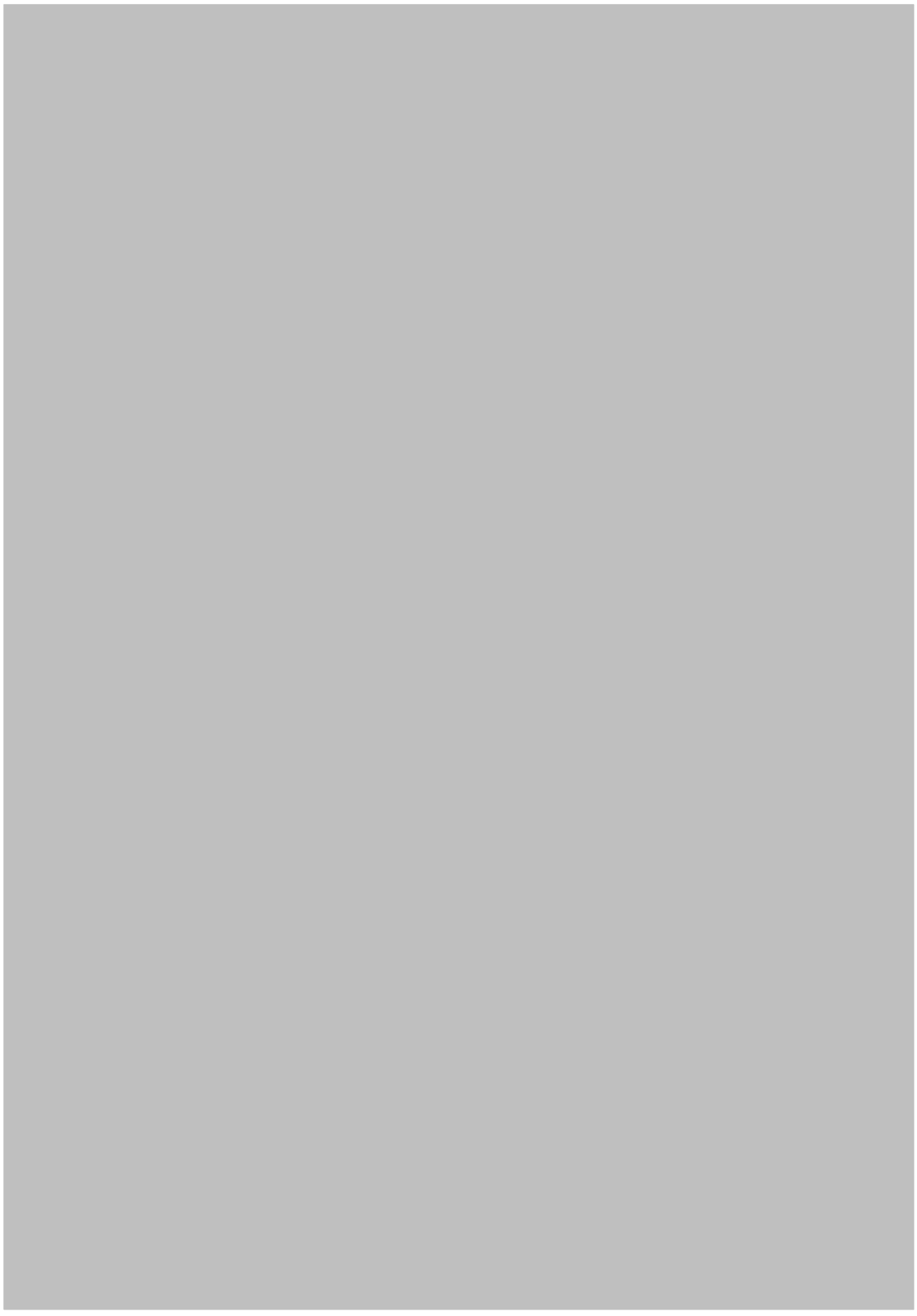
Okay. Now, Commissioner, the next couple of points – and I promise they will be very short – address – are closed hearing matters.

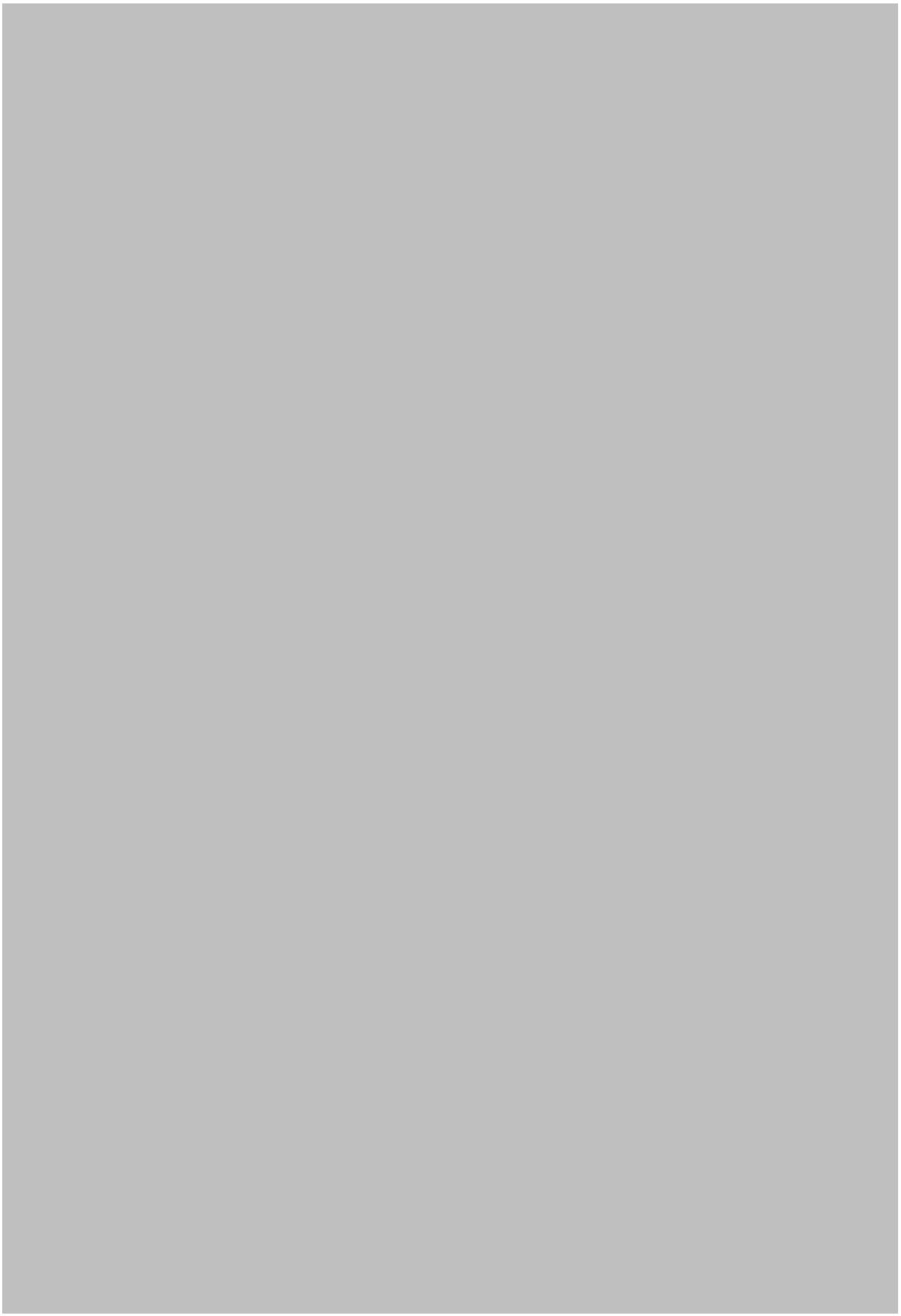
COMMISSIONER WILSON: And you want to deal with them now?

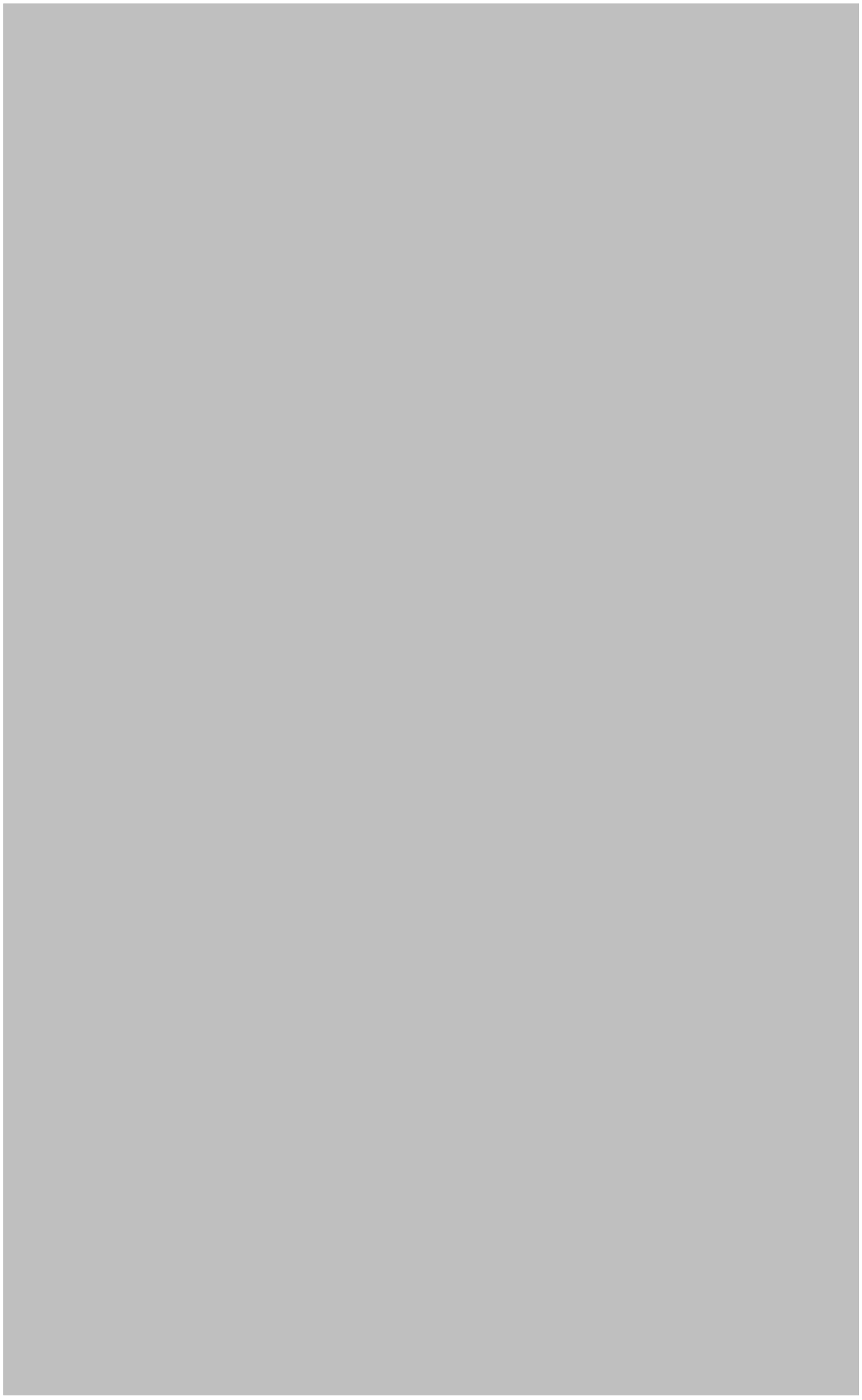
MR FREEBURN: If the other counsel are – it may be.

UNIDENTIFIED SPEAKER: Yes, Commissioner.

COMMISSIONER WILSON: Yes. Alright. I'll close the hearing so that those in the back of the court who are not legal representatives and the live streaming needs to go off, please.







COMMISSIONER WILSON: I understand.

MS WILSON: So I think that would be – I think it's best to ask the questions in open court, but I would be satisfied, Commissioner, if there is a body of questions to be asked in closed court, then I can - - -

COMMISSIONER WILSON: Join in.

MS WILSON: - - - tack mine into that body at the end, to be as efficient as possible.

COMMISSIONER WILSON: At this stage, is there anyone else? Well, we'll deal with your questions in open hearing and see where we go from there, Ms Wilson.

MS WILSON: Thank you, Commissioner.

COMMISSIONER WILSON: The hearing can be opened again, people can come back into the room and the live streaming can come on again, please. There'll be a bit of a disturbance while they're streaming in. That's why I'm waiting Ms Wilson.

MS WILSON: I'll take your cue, Commissioner.

COMMISSIONER WILSON: Take a seat in the meantime.

MS WILSON: It's pretty hard to get back into the seat.

COMMISSIONER WILSON: I think make a start.

EXAMINATION BY MS WILSON **[2.34 pm]**

MS WILSON: Thank you, Commissioner. Dr Kingswell, I'm just going to ask you a series of questions in clarification of some evidence that you gave upon questioning from Counsel Assisting. Now, it seems to be that you were critical of Children's Health Queensland because the new Greenslopes resi was not operational by January 2014?---I don't know whether I was critical of them. I was frustrated by the lack of progress - - -

Okay?--- - - - in putting in place particularly the youth residential service that we were hoping to have up.

Okay. So let's focus on the word of process, because you're aware, isn't it, that there's a process involved in establishing such a facility?---Yes. We – yes.

And it takes quite a long time to stand up new services?---Not the ones that we envisaged. So we'd had – we had models for the youth resi services that we wanted in place – we had one operating in Cairns – and so it was possible to do a kind of

cookie-cutter contract arrangement, if you like, with – and the only complication then was the timeframe didn't allow open tender. It had to be progressed as a matter of urgency.

Yes. Because the tender contractual process can be quite lengthy?---Well, it can – yes, yes.

Are you aware that most of the Barrett Adolescent Centre patient transitions were to existing CYMHS services? And you know what I mean by the acronym CYMHS?---Yes.

And so most of the Barrett patients transitioned to existing CYMHS services or to adult services?---That's right. Yes.

And you had confidence in Dr Brennan and her transition team?---Absolutely.

And you would appreciate that Dr Brennan would have communicated any issue relating to a young person being able to transition because of a lack of services?---Yes. And those issues were raised to us and we had to find funding and other arrangements for some of the young people.

Okay. So when an issue was raised, you dealt with it? Is that what you're saying?---To the best of our ability. Yes.

Okay. There's – following on from that series there's just one question that probably should be done in closed court, Commissioner, and I'll wait until that opportunity arises.

COMMISSIONER WILSON: Alright. Can I clarify something? Did you say there was already a youth resi operational in Cairns at this stage?---Yes. So Cairns had what was called the Time Out House Initiative. It had commenced, I think, in 2011 and it was a time limited funded arrangement that would've expired in June 2013. We funded it along their existing contract lines and then at a later date which now escapes me, it must've been sometime in 2014 – I can't remember the timing, sorry – but we provided additional funding so that they could expand their clinical capability.

Thank you?---I think it was to the tune of about $350,000.

Thanks, Ms Wilson.

MS WILSON: Thank you.

COMMISSIONER WILSON: Don't let me forget that you have some questions in closed hearing.

MS WILSON: Yes. And I'll work with the Commission about when that is best to occur.

Doctor, you're aware, aren't you, of the current continuum of care for adolescent mental health services in Queensland?---I've got fair visibility over it. Yes.

Okay. And when you talk about visibility, what does that actually mean?---Well, I think I know pretty much what's in place. We have obviously inpatient units which I've listed for you before that extend from Townsville to the Gold Coast and west to Toowoomba. We have the CYMHS, the Child Youth Mental Health Services which are largely ambulatory services provided by clinics spread throughout the State. All of the 17 HHSs have CYMHS services attached to them. We have Evolve Services which are funded by the Department of Communities and they provide ambulatory services for children in care of the State. I can't tell you – there's a number of them spread around the State. Right at this minute I can't tell you how many or where they all are. We now have nine or something AMYOS teams. We have ECYMHS. We have a telemed service for some of regional and remote Queensland. We have a small Child and Youth Forensic Mental Health Service which will be much larger with the implementation of the new Act. There might be other elements that escape me for the minute.

I'll take you through the continuum of care. I was actually just interested in the term visibility, because you use it a bit. Does that mean "I know of"? When I have visibility, I know of. Is that what you mean?---I had quite a lot of visibility over the whole system. So I'm the data custodian for - - -

No. But I just want to know what visibility means. Does that mean that you understand - - -?---I can see it.

You see it?---I can see how many patients there are, I can see how often they're seen, I can see – not kind of see, but I can pull it up on the electronic record.

I apologise, Doctor. It was just not a term that I know of. So I just was interested to know actually the definition of that. With respect to – is if the case that with respect to young people with long-term severe and complex mental health needs, that one of the – the primary aim of the extended treatment and rehabilitation model of care is to provide an integrated continuum of care outside of inpatient setting and as close to the home as possible where it can be done?---All of – yes. So the policy direction is definitely that, to provide care that is the least disruptive to people's family and education and relationships and so on.

And the Adolescent Mental Health Extended Treatment Initiative suite of services – and that's called AMHETI. Are you aware of that?---Yes.

So the AMHETI suite of services addresses the care – addresses the continuum of care, doesn't it?---Yes.

So at one end we've got the CYMHS services and at the other end we've got acute beds. Do you accept that?---Yes.

Along the continuum?---Yes.

And in the middle the AMHETI suite of services that provides the continuum of care in the middle?---Yes.

Okay. And the AMHETI suite is comprised of five key service components, one which I think you've referred to on a number of occasions in your evidence is the AMYOS program, the mobile outreach services?---Yes.

There's residential rehabilitation services?---Yes.

Day programs?---Yes.

There's planned Step Up Step Down units?---Yes.

And another component of that suite of services is subacute beds?---Step Up Step Down and subacute get mixed up in this space. My understanding is that they're the same.

Okay. But – and if you've got a continuum of care which satisfies the – this continuum of care covering those services, that would satisfy current national and international benchmarks for best practice in adolescent mental health service delivery?---It would certainly tick off against all of the intended outcomes of the national mental health services planning framework.

Now, I just want to ask you some questions about what has been regarded and we've heard evidence about is a gap in the alignment of adolescent and mental health services in Queensland. So we've got services that are directed towards youth and adolescent mental health and then we've got adult mental health services?---Yes.

Do you see that there is any gap in the alignment of adolescent and adult mental health services in Queensland?---It's probably not specific to Queensland. It's probably across the board. I think increasingly people are of the view that we need to have a service with a slightly different age group alignment. And so, for instance, the headspace program that is run out from the Commonwealth captures 12 to 25 year olds. So a lot of people would say that 12 is too young and the relationship – the difference in a 12 year old and a 25 year old is so great they shouldn't be in the same area. So there's kind of – not so much polarised arguments but there's no resolution of where the, you know, correct boundaries should be. But I think, you know, that Pat McGorry's point that a young person experiencing their first episode of psychosis might find an adult mental health unit a terrifying place, I kind of accept that. There are some places that have attempted to address it. So Gold Coast, for instance, runs 10 young adult beds and they use them for exactly that purpose. When the Southside Health Service district was on my watch, and we were looking at the

construction of a 25 bed unit at the Logan Hospital site, I had intended in that facility that there would be 10 beds for older persons and 10 beds for young adults. And it was also to have a high dependency unit that would've served the whole facility. What actually came to pass there, I don't know. But I think increasingly people have tried to address that age group.

And would it be useful to undertake a service mapping exercise to identify the similarities and differences between current services available in child and youth mental health services and also what is available in adult mental health services?---Possibly not, because we've already done it. But - - -

And when was that?---Well, we commissioned the Queensland Centre for Mental Health Research to map all of our services, our inpatient services, our ambulatory services, our non-government sector services and our alcohol and drug services and give us some ideas of the unders and overs.

Right. And did that identify the service needs for specific groups? For example, you know, you've got 13 to 18, 16 to 21s, 18 to 25s or any number of - - -?---I can't remember the age group splits they used. But there has been – it has been a – it remains a difficult issue to resolve because there's people that really have quite strong views that it needs to end at 18 and others that have equally strong views that it needs to go to 25. So - - -

So that's why – would it be useful then to – a service-mapping exercise that could identify, perhaps, potential gaps – any potential gaps in service delivery for these age groups?---I guess we probably have a different idea about gaps. It's about realigning your existing investment, I think, is what you're talking about, and I think there is some value in doing that.

What about doing a mapping exercise to identify services available and any potential gaps with respect to young people who experience mental health with a co-existing disability?---I'd have to go back and check whether that – whether that group was considered – again, we probably know the strengths and weaknesses of the services in that space.

Okay. And how do you know?---Well, through that same mapping exercise. So we've got a whole team in my branch that's commissioned a number of pieces of research that we could understand the epidemiology, understand the services that are being provided, both at a Commonwealth and state level, and you're probably aware that those two things don't necessarily line up and there can be significant duplications, but there can also be gaps. And so we have – we have done that, and we do have from that – and also being mindful of the National Mental Health Service's planning framework, which has – does exactly this, really, map your service utilisation patterns against the epidemiology of mental illness. So – I mean, essentially, what you say is quite right, but I think a lot of the work has already been done and it just needs to be implemented.

And just a question: when did this, sort of, mapping exercise take place? And the question is – I'm giving it context – did it include the AMHETI suite of services?---So the broader planning framework for the whole shooting match began – well, officially, we did – we did a lot of background work, because – I guess what we were mindful of or what I was mindful of was that the 2007/17 plan was obsolete, and obsolete because the National Health Reform Agreement had come over the top of it, and it hadn't attracted any investment since 2011. The investment in the Mental Health Services Plan ran out June 30 2011, and we hadn't had any success in getting either colour of government to come forward and commit to the continued implementation of that plan. So we needed a new one. We were helped in that task by the Mental Health Commission, that in August – August '14 – yes – August '14 released their strategic plan, and that committed the Department to developing a services plan. But we had already done a whole lot of the foundation work.

Thank you, Commissioner. Thank you, Commissioner. They're my only questions. I may have one question that may be done in closed court. I'm happy to do that if there are any questions in closed court at the end of questions.

COMMISSIONER WILSON: Very well. Doctor, can I ask you one question. You spoke about the Queensland Centre for Mental Health Research. Is that the unit at UQ?---Yes. It physically sits at The Park, headed by Professor Whiteford.

Thank you. Yes, Ms McMillan.

MS McMILLAN: Commissioner, might I follow some of my other friends, because I've discussed with them – (1) I think they may cover quite a number of issues I want to, and (2) out of an abundance of caution I might need to ask a couple of questions in closed session. So it might dovetail better with my learned friend, Ms Wilson.

COMMISSIONER WILSON: Very well. Thanks. Mr Diehm.

EXAMINATION BY MR DIEHM **[2.49 pm]**

MR DIEHM: Thank you, Commissioner. Dr Kingswell, my name is Diehm, and I appear, with respect to the questions I'm about to ask you, on behalf of Dr Cleary. You have mentioned in answer to questions from Mr Freeburn earlier today that the background to the briefing note that was presented to Dr O'Connell on 3 May 2012 about the closure of the Redlands Project, the cessation of the Redlands Project, involved a contact of you by Dr Cleary, raising with you an issue about needing to contribute to $100 million worth of savings across the Health Department budget; you recall that?---Yes, that's correct.

That communication was obviously one that occurred before the transition to the Health Service or the Health Hospital Services from 1 July 2012; you accept that?---I think that's correct. Sorry, some of these dates are - - -

I appreciate that you can get lost in the dates, and that's really the point in the question I'm coming to. Do you recall that prior to 1 July 2012, which happened to the date that the Health Hospital Services came into being, that the senior departmental executive responsible for mental health was, in fact, the Chief Health Officer, Dr Janette Young?---That would be correct, yes.

And that after that date and from that date Dr Cleary commenced in a role of Deputy Director-General, and he assumed responsibility at the highest level for mental health?---Look, I'll have to take your word on it. That – that sounds right.

Alright. The briefing note itself – and I can have it put on the screen if you need to see it again, but you've probably looked at it a bit in recent times. Do you recall that it was, in fact, requested by Dr Young, the chief health officer?---I mean, I'm happy not to look at it again; I'm happy to take your word for it.

Alright. If, in fact, it's right, as you accept, that Dr Young was the one who requested the briefing note to be prepared, would you accept that it was likely to have been Dr Young rather than Dr Cleary who made contact with you about the issue about making savings?---No. No, I don't. I clearly recall Michael talking to me about it. Look, you know, perhaps he'll contradict me. Maybe I'm wrong and my memory's wrong, but my memory says that I was contacted by Dr Cleary, that I met with him in his office. The relationship with Dr Cleary and Dr Young would have been very close. They were both members of DLT. They would both have been aware that there was departmental savings required, and they – there was also some considerable cooperative effort around that time between the two of them because they were finding savings elsewhere, for instance. They went through my community manage mental health program and made a number of unilateral decisions to end some of those funding arrangements.

The briefing note itself was cleared by you, wasn't it?---I remember seeing my date on it, yes.

Yes. And it passed your – passed through your hands before it passed to Dr Young for her to - - -?---Yes.

- - - approve it?---Yes, that's right. So my – my team would have authored that briefing note.

Yes. In those circumstances, it's likely, isn't it, that you had conversations with Dr Young about the topic?---I don't recall. It is very likely; yes, you're right.

Commissioner, I believe the document was marked B for identification, an email that was produced by Dr Kingswell in the witness box this morning.

COMMISSIONER WILSON: Would you like to see it?

MR DIEHM: Yes, please, if it could be shown to Dr Kingswell.

COMMISSIONER WILSON: Certainly?---Yes.

MR DIEHM: This is the email that you produced during your evidence this morning?---Yes.

Now, you're not a party to the original email itself, but you're obviously now familiar with its contents?---Well, I must be a party to the email, because I was able to find it in my group – no, not GroupWise; what do we use now – Outlook.

Alright. Okay?---It's in my archives.

Very well, then. The email itself, I suggest, from its content tends to convey that whilst there was the communications that took place, including in the form of the briefing note itself of 3 May 2012, the issue of the final resolution of determination of the Redlands Project and the budgetary implications of that were still not finalised as at 25 June 2012?---I – I wouldn't know. I expect that would have been a matter for Health Infrastructure Division and – and John Glaister.

Well, can I ask you to simply read the contents of the email – just the cover page, the email itself, please. Just to yourself?---Yeah, sure. I have read it, yeah.

Well, the implication that I suggested to you I thought – I suggest to you comes from the document itself, does it not?---It – it does suggest that the issue is not resolved, yes.

If it was not resolved as at 25 June 2012 it's likely that there continued to be some discussion about the reasons for terminating the Redlands project and the implications with respect to the budget into the financial year that commenced the week thereafter. Do you agree?---If there were they didn't involve me.

See, what I was going to suggest to you is that it's possible that your recollections of discussions with Dr Cleary about those subject matters occurred after 1 July 2012 when he had assumed the responsibility for mental health?---It's theoretically possible but what I'm – would like to make clear to the Commission is that that briefing note says that I am recommending the cancellation of the Redlands project. I'd just like to make it clear that that did not occur in a vacuum. I would never have offered up substantial mental health infrastructure as some sacrifice to the greater corporate good. You will see from my emails back from 2008 that I thought that that project would have been a – notwithstanding that I didn't want the Barrett Adolescent Centre relocated from Wacol to Redlands that I thought that that was critical infrastructure that would have been very useful in Metro South to bolster its overall service provision for adolescents.

Right?---And I remained of that view.

Dr Kingswell, my questions aren't meant to suggest anything different than that to you. It's just a question about the sequence of communications between different

people about the topic. That's all?---Look, I accept that I might be confused on those issues but my recollection is I was asked to find a contribution to 100 million and my recollection was that Michael asked me for that, not Janette but happy to be contradicted by either of those persons.

Alright. Well, the only proposition that I am raising with you for your comment upon is whether you accept that it may be that it was Dr Young rather than Dr Cleary that specifically asked you about finding the contribution?---But it is so contrary to my memory but that's fine.

Thank you?---And I accept it's possible.

Thank you, Commissioner.

COMMISSIONER WILSON: Thanks, Mr Diehm. Mr O'Sullivan.

EXAMINATION BY MR O'SULLIVAN [2.58 pm]

MR O'SULLIVAN: Dr Kingswell, I appear for Lawrence Springborg who was the Minister for Health at the time. Do you have the A3 document there?---Yes.

Your – you were asked a series of questions about the green column under the heading Subacute Services Residential and Hospital Nursing Home Based?---Yeah.

You pointed out that in your professional opinion what this model mandated was for residential interventions. One was looking at a Step Up Step Down service?---That's right.

And it was put to you that if one looked down at the fifth box Subacute Intensive Care Service, it was put to you that, well, that encompasses the Barrett Centre and facilities like the Barrett Centre. Do you remember that being put to you?---Yes.

Are you aware of any psychiatric opinion in Australia that's in support of that interpretation?---Yes.

And what is that?---Well, there's a small number of advocates for the Barrett Adolescent Centre that are clearly of that view.

I see. And apart from the small number of the advocates for the Barrett Adolescent Centre is it right to say that the majority view – and tell me if I'm wrong – the majority view in terms of psychiatric expertise in Australia is that that is not the interpretation that one puts on the meaning of subacute intensive care service hospital?---I mean, all – all I can – I only recommend that people look at many of the statements that have been provided to this Commission of Inquiry. Patrick McGorry, in particular, notes that he sees that as carrying a significant risk of

institutionalisation and stigmatisation I think he describes it as and then there's a number of other – there's - - -

I was going to ask you about that?--- - - - a large number of people that are - - -

I was going to ask you what is the reason, as you understand it, why facilities like the Barrett Adolescent Centre are regarded as suboptimal therapeutic environments?---So the Barrett Adolescent Centre and I think you can find Kimberly's Sadler – no relation – statement in the evidence provided to the Commission – you know, a number of people have made the point that the services being offered within the Barrett Adolescent Centre were out of date, possibly not evidence-based and – but the more overriding concern was that the young people that were housed in that facility were housed there for months and years and sometimes two, three years. The consequences of that is going to be institutionalisation. There was other aspects of the model that were very confusing. For instance - - -

Sorry, can I just stop you there. Just in terms of big picture – I'll ask you some questions about the Barrett Adolescent Centre specifically – but in terms of the concept where one has a statewide, long-stay residential facility of the kind that Barrett represented – just in terms of that concept - - -?---Yes.

- - - you mentioned institutionalisation and stigmatisation - - -?---That's right.

- - - as potential outcomes. I want you to explain in simple terms – in terms of the mental health of the adolescent what do you mean when you refer to institutionalisation?---Well, it's quite likely that you will come into that Centre at a point of time with a set of skills. They might be from your education or whatever. After two years in that Centre of having your meals prepared, your clothes washed, your bed made, all of your relationships are peculiar in that they're constrained to a group that share serious mental disorder with you, that you're miles away from family and school and other social connections – it's likely to be quite a disturbing experience I would have thought and you will emerge from that with none of the skills that you came in with.

Is it your professional opinion that one can emerge damaged by the experience of that type of therapeutic environment?---I don't want to mention any of the cases.

No.?---You can find that in the files of the case.

I understand. Now, you said that the answer to the question as to whether the correct interpretation of the A3 document that you contended for, whether that was right, one would look at the service element descriptor. Do you remember giving that evidence?---Yes.

Is that the document which – if it can be shown to the witness – is DBK.500.002.0620. Is that the document you're referring to – the thick

document?---It'll be a thick document and somewhere there's a – there's a page by page description of all the service elements.

There is. If you could go to page 255?---So that's for the - - -

That is the Step Up Step Down that in your opinion at the time was the appropriate model that Queensland should be moving towards in accordance with the national framework?---My understanding is if you come down to the bottom of that it actually uses the YPARC as the exemplar.

Please, if the witness could be shown the bottom of the document?---Yes. So you can see there that it – it relies very heavily on that YPARC model.

If we turn, thank you, to page 258, is this the descriptor to which you're referring for the subacute intensive care hospital that was put to you by Counsel Assisting as really the Barrett Adolescent Centre-type model. Is this what that is?---I don't think so.

No. Two hundred and sixty-eight?---This looks like it. Yes.

Can you read that to yourself, please. Not out loud. Just familiarise yourself with it. I understood in your evidence earlier – your evidence was that one would need to look at the descriptor to verify your statements?---Yes.

And I'm asking you to look at that and confirm if this is the descriptor?---Yes, yes.

And if you look down at the sources – if the witness could be shown the bottom of the document if that's convenient. Are these the sources upon which the model is based? Tell me if I'm wrong?---Yes.

And your evidence that the Barrett Centre was no part of the subacute intensive care hospital model is – are you reassured in that view by the absence of that line item in the heading Sources?---Yes.

Your evidence is that, in fact, the National Planning Framework Model specifically excluded facilities like the Barrett Centre from the models of care that it endorsed. Is that right?---Yes. I think this document is very important. It anticipates young people with psychotic and treatment-resistant illnesses. It anticipates a length of stay of less than six months, and it looks very close to what the Walker unit would be in New South Wales that Dr Hazell runs.

Yes, yes. And why do you draw attention to the target population being persons who have the symptoms that are identified under the – is it the service delivered element that you're looking at? No. I'm so sorry. It's diagnostic profile?---Diagnostic profile there.

So my question to you is why were you drawing attention to schizophrenia, psychosis – why do you draw attention to that?---Because I think that's consistent with almost all of the witness statements that you have to hand in - - -

Sorry. Just put the witness statement aside. In terms of your professional opinion and your position as Executive Director – we can look at the witness statements, but I think you were trying to make a point that when one is looking at presenting patients who are presenting with schizophrenia, psychosis and so on of the kind that we see here – I think you were trying to give some evidence about what therapeutic interventions one has for those sorts of patients. Are you saying the Walker centre is - - -?---It's a facility in New South Wales that functions pretty much along these sorts of lines.

Yes?---It tends not to target the other groups that are spoken about here – people with severe personality disorder. There is a – it's best to ask a child psychiatrist this, really.

Yes. I understand?---I mean, just keep in mind that I rely on the views of many professionals.

I understand. Yes?---But my understanding is that there is a belief within the child and youth sector that enduring personality disorder, particularly when it's associated with significant self-harm and other problematic behaviours, is not well-treated in these services. In fact, it's likely to be worsened by that.

It requires an acute inpatient admission?---Well, an acute inpatient admission or perhaps even this where, you know, when there's dislocation from family and social connections that you might need a longer length of stay.

I understand?---But institutional care in a stand-alone hospital, I understand from the advice provided to me, is not what people would view as being a appropriate, contemporary model of care.

I understand. If that hasn't been marked as an exhibit, I'd ask that it be marked.

COMMISSIONER WILSON: Now, what you are asking to be marked as an exhibit? This whole elements document or the A3 chart?

MR O'SULLIVAN: The A3 chart and the model elements document, if that is convenient.

COMMISSIONER WILSON: Well, each will be marked as an exhibit.

MR O'SULLIVAN: The document – I draw attention to the fact the only document we have is dated October 2013. And if it's relevant to you, Commissioner, I'm sure inquiries can be made to see what existed at an earlier point in time, if it did.

COMMISSIONER WILSON: Well, I would be interested, because I understand that at least one other psychiatrist has given evidence that there was no earlier document.

MR O'SULLIVAN: No, quite.

COMMISSIONER WILSON: Go on.

MR O'SULLIVAN: I'm sure inquiries can be made.

Dr Kingswell, are you aware of an earlier version of the model – service model elements document that I've been taking you to?---Look, I don't have any clear recollection, but I do know that I've been provided USB sticks over a period of time with all of the products that the National Mental Health Service Planning Framework intended to deliver. Now, the specific dates that I received those and the version numbers that were on them – I have got no clue.

I understand. Can I ask you to look at paragraph 20, subparagraph (5) of your statement at page 7 of Delium. The first number is DBK.900.001.0001 at 7. And I direct your attention to the third paragraph where you say:

Firstly, the Centre had been operated –

and just read that to yourself?---Yeah.

You were trying to give evidence earlier as to your concerns about – and I stopped you – your concerns about the Barrett Centre. You had said earlier in evidence – you described it as a dangerous and violent place and a violent and difficult place. And your evidence is that had the Barrett Centre been simply relocated to Redlands as is, you would regard that as a terrible, terrible outcome. Do you recall that evidence?---I do.

Now, what is the basis for your – the strong opinion that you've expressed to the Tribunal that the Barrett Centre was, in your opinion at the time, from May 2012 onwards, a dangerous and violent place and unique in Australia? What's the basis of that?---Well, it's – so, firstly, if we just deal with the last point –unique in Australia. So there is no similar centre in Western Australia, South Australia, Victoria, Tasmania, ACT, Northern Territory or New Zealand. There is the Walker centre in New South Wales, but it runs on a very different model of care. Barrett Adolescent Centre is truly unique. So that means that 20-odd million Australians seem to get by without a Barrett Adolescent Centre. Those jurisdictions must manage these – this cohort in some other way and apparently do so successfully.

The basis of your – I'm so sorry?---The first part of your question about why did I think this was a dangerous place or a violent place, I - - -

MR DIEHM: Commissioner, before the witness goes on to answer, perhaps he can reflect upon whether the answer that he's going to give might be one that's better off being given in closed hearings.

COMMISSIONER WILSON: Thanks, Mr Diehm. In answering the question, are you anticipating having to refer to particular patients?---No.

Well, there may not be a problem, but you, I'm sure, understand the lengths to which this Commission of Inquiry has gone to preserve patient confidentiality and anything that might lead to the identification of a patient?---Certainly.

So if in answering the question you think there is a risk of your treading into that territory, would you raise a flag of some sort, please?---I don't think there's any risk. There's been a number of reports. There was the McDermott Report – can't remember the date – 2003, I think.

MR O'SULLIVAN: 2003?---And then there was the – was it Wallace in 2009. It's probably worth noting that I had a connection either close or distant to the Barrett Adolescent Centre from 1994 forwards, so I'd had the experience of sewing young people up in the middle of the night. I'd had the experience of calling the police to get young people off the roof of the chapel. I'd had the experience of calling the police to – well, not the police, actually – the fire department to – I didn't personally call them, by the way, but the fire department was called to put out the chapel when it was burnt down. The levels of self-harm in that Centre were very significant, and there were – I think there's a PPQ somewhere – you know better than me – that actually counts the number of self-harm events in the calendar year up till when the Minister announced its closure. And then there was finally these serious allegations that were made ahead of the closure announcement.

Your evidence is that your interpretation of tier 3 as recommended by the ECRG is, as you understood it, is that they were recommending in substance a YPARC type model?---I was never completely sure. It was certainly they said it had to be purpose-designed. I was never completely clear whether it was a build or a service, whether it could be a combination of services.

Yes. Is it right to say that your interpretation – you engaged in some sort of interpretation process, your interpretation that if it was looking at a service model, it was YPARC. Was that because YPARC was endorsed by the national planning framework?---Yes. So, look, I should say that I think in subsequent discussions with Stephen Stathis in some of the correspondence with him, I'm coming – well, I think that the view is that tier 3 is a service, not a building.

Yes?---And it can be constructed from a number of different elements that would include residential rehab, it would include Step Up Step Down units, it would include the assertive outreach teams and so on.

I understand. Just casting your mind back – I'm jumping around so it can be difficult for you. Do you remember you were asked a series of questions about the closure of the – I'm so sorry, the cessation of the Redlands project?---Yes.

I want you just to cast your mind back to around early 2012 when the issue – you were confronted with the issue. Do you recall that?---The cessation of the project?

Yes. You were confronted with that issue?---I was confronted with an issue of needing to contribute to $100 million of savings.

That's right?---Yes.

Exactly. Just – I want you to just put yourself at that point in time. Now, you said twice that – you said twice in your evidence earlier that ceasing – I'll withdraw that. The Redland project would not deliver a solution to the looming problem that we had at the Barrett Centre. Do you recall giving that evidence?---Yes.

What was the looming problem and why was the Redlands project unable to deliver a solution to your problem?---Well, I saw the looming problem as being the opening of the extended forensic treatment unit on that site and the access that that would then give to – a group of mentally ill offenders to a group of vulnerable adolescents. I thought that was a very concerning development. The Redlands project hadn't even commenced community infrastructure designation processes. It was not even going to get building approval for six months, let alone construction. It was – you know, it was something that was off in the distant future.

Yes. So the - - -?---It was never going to deliver what we needed.

So to take a step back for the Commission, the problem – the practical problem on the ground was that the mental health – the funding that had been provided and delivered to alter significantly The Park facility into a high secure adult only unit including the Step Down facility for high index offenders, had progressed a very long way since 2007 but the Redlands project had not progressed at all?---That's right.

And the problem – the problem was the disjunction between one project coming online, as it were, and the other project having stalled?---Yes.

And I think your evidence is that the reason Redlands couldn't provide a solution is because it was simply completely, completely impractical to think that it could be brought online in time?---That's right.

And your evidence earlier is that not for a second – not for a second did you think it was the wrong decision to close the Barrett Centre when it did. Because, as I understand your evidence, is it was a completely unacceptable risk to have young persons in proximity to the persons who would be occupying the Step Down unit?---In my view that was true.

Yes. And I think your evidence is you communicated that strong view you had to others?---It was an idea that was shared by the CEO of West Moreton. It hadn't escaped her attention - - -

Of course?--- - - - that she was going to be responsible for a potential catastrophe.

Because, and I think your evidence is, that those persons who were in the secure unit in the forensic unit were either – had committed - - -?---Well, it's a mistake to think it was a secure unit. It wasn't. It's like a community care unit for mentally ill offenders.

I'm so sorry. Those who were released from the secure unit into the community care unit, your evidence is were persons who had engaged in the most serious offences but they weren't in jail because of their - - -?---That's right. Look, they – don't get me wrong, those people were being very well managed. And the risk management would've been exemplary. But the best risk management in the world wasn't going to reduce that to zero. So I just come back to my point that perhaps the risk wasn't immediate, perhaps the risk wasn't even especially likely. But the magnitude of it was going to be huge should anything have arisen.

It was going to be catastrophic?---You know, I just can't imagine who would've thought that it would've been reasonable to leave those young people on that site and visit that risk. I mean, surely we would be here then answering questions about, you know, why didn't you do something about this situation, why didn't you prevent this from happening, why didn't you protect those people that you were responsible for protecting?

I understand. Is it right to say that – is it right to say that you wouldn't have supported – if you were asked, you would not have supported funding the Redlands project? Assume you were asked to fund it, you would not have supported funding the Redland project for the reasons you gave earlier, that you didn't regard it as being in step with contemporary models of care?---Sorry, I'm not sure I understood that question properly.

It's my fault. The funding for Redlands was taken away?---Yes.

You understood that. The Commission may be interested in a hypothetical question which is this: if you were asked, will you support an application, a new budget application for funding a new centre like Redlands, would you support it if it was the sort of project that was proposed at Redlands? Would you have supported it?---If it were government policy I would support it and implement it with full energy which is the job of a public servant.

Yes, which is what you're doing now. Yes. I'm so sorry. Go on. Yes. If it was government policy, you would have supported it with your full energy?---It's – I mean, I certainly would have ensured that we got the best possible outcome for Queensland.

Yes?---And so when it was public policy and it was my watch to have that project progress in Southside Health Service District, I was crystal clear that we were going to get a good result out of that.

Yes. Because you – yes, I understand. Now, just speaking of government policy and the job of a civil servant to implement government policy, would the – Dr Kingswell be shown – I'm going to show you one document then another one, QHD.006.002.9189. If you turn, Dr Kingswell, to the second page, just to the second page first, you have your name. Commissioner, we've requested that the signature be available to the witness.

That's your signature?---It is.

And you've approved this?---Yes.

If you go back to the first page, I'd like you just to familiarise yourself with the document?---No. I'm familiar with the document. So I've - - -

Now, sorry, if you just go to six. I'm so sorry. The Commissioner will need to follow this. I understand you're familiar with it. Could you just look at item 1, please, Dr Kingswell. You will see that it says:

> *A project plan has been developed to work towards implementation of the South East Queensland and statewide components of election commitments.*

?---Yes.

And there at attachment 1, if you just go to item 6 there are a number of election commitments. I want you to look at the second bullet point?---Yes.

If you go down to the bottom, you have been asked to and have approved a project plan for implementing the South East Queensland and statewide components of that election commitment?---That's right.

And you have done that. So you have – you have approved a project plan to implement the election commitment to establish a new tier 3 subacute facility with up to 22 beds for young people with serious mental health issues including an additional day programs. And now that's election – that became election commitment 146, didn't it?---I can't remember the number but that's probably correct.

If you turn to – I tender that document – QHD.006.002.8929.

COMMISSIONER WILSON: That will be marked as an exhibit.

MR O'SULLIVAN: Thank you, Commissioner. If you look at this document, please, look firstly at the second page, Delium number 893 - - -

MR DUFFY: Sorry to be confusing. The document that was tendered was 9189.

MR O'SULLIVAN: No, I know. I'm moving on to another document.

MR DUFFY: I'm sorry. I'm not sure, Commissioner, that the correct document might have been marked, because my learned friend mentioned 8929 immediately before the Commissioner said that will be marked.

MR O'SULLIVAN: Can I clarify, Commissioner?

COMMISSIONER WILSON: Yes, please, Mr O'Sullivan.

MR O'SULLIVAN: The witness has been shown QHD.006.002.8919. It's a document styled An Executive Director Brief for Approval, Rebuilding Intensive Mental Care in Queensland. It's a two-page document signed by the witness on 3 September last year, Commissioner. I tender that document.

COMMISSIONER WILSON: Just pause for a moment, would you, because I'm starting to get confused. There was a document on the screen, QHD0060029189, at one stage. Do you want to tender that or not?

MR O'SULLIVAN: Nine one eight nine.

COMMISSIONER WILSON: That's the number that you read out; I jotted it down as you read it. Was the number wrong? Could the - - -

MR O'SULLIVAN: No, it is 9189.

COMMISSIONER WILSON: Alright. Well, just a moment. Could the operator please scroll through so that I can see the Delium number at the top of the document presently on the screen?

MR O'SULLIVAN: I'm going too quickly, Commissioner. I'll slow down.

COMMISSIONER WILSON: So we're onto a second document. Do you want to tender both?

MR O'SULLIVAN: I haven't asked any questions about the second one. I do want to tender both, yes, Commissioner, if that's convenient.

COMMISSIONER WILSON: Alright. Well, perhaps we should get the tendering over. So QHD - - -

MR O'SULLIVAN: QHD.006.002.8929.

COMMISSIONER WILSON: Now, can I say there are two exhibits being tendered, QHD0060029189 will be marked as an exhibit, and QHD0060028929 will be marked as an exhibit.

MR O'SULLIVAN: Thank you, Commissioner.

COMMISSIONER WILSON: Thank you.

MR O'SULLIVAN: Thank you very much. Could I ask you to look at the second document. It's stamped 27 August, and it's got a heading, Director-General Brief for Noting. If you turn to the second page, you'll see that it's been signed – appears to be signed by the current Director-General of Health, Michael Walsh. It's got a comment from the Director, and it says it's been cleared by you?---That'd be right. My team would've prepared this.

I'm so sorry?---My team would've prepared this briefing.

Yes. You go back to the first page and read paragraph 4, please?---Yes.

Now, I put to you earlier that the – it doesn't matter, but the election commitment to establish the new tier 3 subacute facility with up to 22 beds became known as election commitment 146. Does this remind you that internally it has been given that designation?---Yes.

It's – there's a separate election commitment, 147, dealt with at subparagraph (2)?---Yes.

Now, you were explaining earlier that the role of the civil servant is to implement government policy, which, of course, it is in any democracy. The people elect the government, who set the policy, and it's implemented?---Yes.

Your evidence earlier was that you don't have, I think, visibility over the progress of election commitment 146, its implementation, because of this Commission; is that so?---It's not – it's not completely invisible to me, but – so I am aware that I signed off on the establishment of that committee to progress some work, and I provided some funding for some site evaluations and some early scoping work.

Yes?---I'm aware that they've, you know, progressed a bit of work around trying to think about a model of service delivery. But they can't take matters too far until the outcomes of this inquiry are known.

Well, the briefing notes don't say that, do they? They say that the instruction is to progress the implementation of the election commitment. There's no mention in any of the briefing notes I've shown you of awaiting the outcome of this inquiry, is there?---Well, they have to progress what they can progress, but I'm fairly – anyway, I understood that there was at least one briefing note or other documents around the place that did note that government was interested in the outcome of this inquiry.

I see. They haven't been provided to my client. That's why I haven't shown them to you, if they exist. Now, in terms of the election commitment itself, this was communicated to you, the content of the election commitment?---So there was a period – and again, my memory's – dates, it's hopeless – but I was doing the Deputy Director-General job of health services, clinical relation division, and so I had all of the election commitments that were health-related - - -

I understand?--- - - - or the majority of them on my watch, and I was keeping a watching brief on all of them.

I understand. Well then, I will give you the election commitment document so you can confirm it for me. This has been provided, Commissioner, in a PDF form, but it may be just as convenient to provide a hard copy to the witness, a hard copy for the Commissioner, and if you turn the page to page 2, please. Just familiarise yourself with that part of the election commitment, under the heading Need More Services?---Yes.

You'll see that there's a discussion of the Barrett Centre?---Yes.

And it's stated:

> *Unfortunately, Health Minister Springborg decided to close it and has not replaced it.*

And then over the page it says "Our Solution"?---Yes.

Just read those two – first two paragraphs, please?---Yes.

The second paragraph on page 2 – well, firstly, it says:

> *Consistent with the Queensland Plan for Mental Health and report of the Expert Clinical Reference Group, Labor will build a new facility to replace the aging buildings and appropriately located on the grounds of secure adult mental health facility at Wacol. The facility will offer up to 22 beds and a day program for a further 20 patients. Previous plans for a new centre at Redlands will be reviewed.*

Now, that's the election commitment that's being implemented, isn't it?---Yes.

And that election commitment says nothing about the outcome of this inquiry, does it?---I'm not sure that this election commitment would of known either of the inquiry or its likely outcome.

No. None of the briefing notes I've shown you refer to this inquiry, do they?---Not the ones you've shown me, no.

No. Now, you'll recall that you were asked a series of questions about the problems, as you perceive them, with the Redlands Project. You recall being asked a series of questions - - -?---I do.

Commissioner, I have used up about 40 minutes.

COMMISSIONER WILSON: How much longer will you be?

MR O'SULLIVAN: I will be another 10 minutes, if I'm allowed. I want to show the witness some documents - - -

COMMISSIONER WILSON: Alright. Well, go ahead, but don't be any longer than 10.

MR O'SULLIVAN: Thank you, Commissioner. QHD.006.005.1554. You gave evidence that after the 2008 site selection group knew problems emerged – I withdraw that – new rules emerged with the management of koalas; do you recall that? It was - - -?---That's right.

- - - in the pipeline, I think you said?---Yes.

You turn to Delium number QHD.006.006.1557, you'll see it says:

> *Environment briefing note number 1, government response to koala taskforce report.*

And you'll see paragraph 3, there's a cabinet directive:

> *The government koala crisis response plan includes a freeze on the disposal and clearing of state-owned land in southeast Queensland –*

etcetera; do you see that?---Yes. yeah.

Now, that eventually did lead to the problems that you identified earlier, that there were new problems in the pipeline in terms of the regulations that surrounded land on which koalas were living; is that your understanding?---My recollection is that Health Infrastructure division recommended that they pause the CID application for a period of time but, again, I can't remember all the dates and - - -

I'll that document at the end if it's convenient, Commissioner.

COMMISSIONER WILSON: Yes.

MR O'SULLIVAN: QHD.007.001.1959. This is a briefing note, 31 August 2009 from yourself to the Deputy Premier and Minister for Health?---Yeah.

And it's not – it seems to be signed – I withdraw that. It bears your name on page 3, Delium number 1961. Now, this would have been when you were working the Southern District?---Sorry, what was the date on it, again?

I'm sorry? You were Acting Senior Director, mental health branch in this document?---Okay.

I think your evidence earlier was that when you were working – and I think it was the southern district where the Redlands facility was you had visibility over it?---Yes.

Yes. And I think you said that at that point in time you were aware of the progress of it?---Yes.

Does this help you to recall that, indeed, by August 2009 you were in the mental health branch and you had some involvement in the project then?---Well, yes. I was – yes, I was in the mental health branch from about May 2009.

I'll tender that document – QHD – next one is QHD.004.014.4244. This is a document of 17 December 2009. It does not bear your signature but just assume that, please. Issues – first bullet point under the heading Issues. You'll see that it says:

> *The freeze on the clearing and disposal of state-owned land in southeast Queensland could impact on the proposed Queensland health infrastructure delivery projects on the Redlands Hospital site.*

That's consistent with your recollection?---Yes.

I'll tender that document. The next document is QHD.007.001.1928. This is a briefing note, Commissioner, of 9 February 2010 to the Deputy Premier from the chief executive officer Metro South Health Service District. Were you in that district in 2010, Dr Kingswell?---No.

If you turn to – you were in the mental health branch at that point?---Yes.

Yes. If you turn to the second page 1929, first bullet point"

> *Construction is expected to commence around December 2010 with the commission of the relocated facility expected to take place between August 2011 and October 2011.*

Your evidence earlier was that you recall that it was supposed to be completed by 2011. Does this help you to recall that that judgment had been formed in early 2010?---I was aware of that, yes.

I tender that document. QHD.004.014.6973. This is a document dated 7 May 2010 to the Deputy Director-General. Page 1, last entry – you will see the principal

consultant fee increases based upon an estimated total project costs of 18.3 million?---Yes.

If you turn the page, under the heading Background Summary, fourth bullet point:

> *The site designation process has commenced for the new Redlands site, however, this is currently on hold waiting the outcome of the review on the child and youth model of service delivery.*

Does that accord with your recollection?---Look, I – I was aware that there were multiple problems contributing to the delays in this project and that was clearly one of them.

I tender that document. Your evidence earlier was that by 30 June 2011 when one reconciled the budget in the 2007 to 2017 mental health plan against the spend there was simply no more money left to progress it. Do you recall giving that evidence?---Sorry?

I understood your evidence earlier that you were giving evidence that one has a finite amount of money which has been allocated under the 2007 to 2017 Queensland mental health plan?---Yes.

And I understood your evidence to be that it was apparent to you by 30 June 2011 – the middle of 2011 – you tell me if I'm wrong – the point had been reached where there was not enough money to complete all of the projects?---That would be a question you would have to ask Health Infrastructure Division. I don't think that's actually true.

No. What was your evidence in terms of the fiscal position, as you understood it, in the middle of 2011? I may have misunderstood your evidence?---In June 2011 that was the last of the – so government had committed something like 632 million into mental health programs over a four-year period - - -

Yes?--- - - - and that was to deliver all of the 17 capital works projects, the operational funding for all of those projects and the significant expansion of ambulatory mental health programs and I'm, you know, off the top of my head it was – I don't – no, I can't remember – but it was 540-odd staff that we brought on into the ambulatory sector over those four years and then in successive budget processes beyond June 30, 2011 there was no further commitment to – so what was anticipated by 7-17 plan was what was called phase 2 - - -

Yes?--- - - - and the price tag for phase 2 was significantly greater than the price tag for phase 1 and there was no commitment to continue with that plan.

I understand. I understand. Thank you. You gave evidence also about – I may have run out of time – just bear with me.

COMMISSIONER WILSON: You have just about, Mr O'Sullivan.

MR O'SULLIVAN: I see that.

COMMISSIONER WILSON: We can't sit beyond 4.30 and Ms McMillan has a deal of cross-examination.

MR O'SULLIVAN: Yes.

COMMISSIONER WILSON: And then there will be Mr Duffy to ask questions.

MR FREEBURN: Commissioner, can I just mention that a lot of the last lot of cross-examination has involved tendering documents. I think I've said to a number of the counsel that from Counsel Assisting's point of view if the idea is just to tender a document it need not be done – necessarily be done in a formal way through the witness. We are content to, by the agreement of counsel, tender documents as exhibits.

COMMISSIONER WILSON: Thanks, Mr Freeburn. I think he has been using the documents to job a witness's memory about - - -

MR FREEBURN: Yes.

COMMISSIONER WILSON: - - - where things were at certain times.

MR O'SULLIVAN: I only have one question left so I've chosen one out of a number that I could have asked.

COMMISSIONER WILSON: Well, ask it.

MR O'SULLIVAN: Could the witness see exhibit 229, please. Commissioner, this was a document that I understand Mr Maynard gave evidence to you about yesterday. It's a briefing note for approval Director-General - - -

COMMISSIONER WILSON: I've got the reference, WMS - - -

MR O'SULLIVAN: I have the reference. Let me do it, please. WMS.0016.00001.16120.

COMMISSIONER WILSON: Could the document be turned up, please.

MR O'SULLIVAN: Now, you will see that this approving the – just take your time. This asks the Director-General to approve the exercise of non-recurrent financial and type 4 procurement delegations. That's an urgent procurement delegation that you were referring to earlier?---Yes.

And if you turn to the third page, the document has not come from you, you will see. It's rather been – it's come from the funding contract management unit governance branch?---That's right.

You see that, Dr Kingswell. And it's been cleared by someone called Vaun Peate for Annette McMullan. I draw your attention to the manuscript entry which you can assume has been entered by the then Director-General, Ian Maynard. It says:

Bill, why has this taken since August to finalise?

Do you see that?---Mine is redacted but I'll take - - -

COMMISSIONER WILSON: Could the unredacted version be shown on the screen, please. I want the unredacted version on the screen, please, from the operator. Thank you. Could you scroll down to the last page now, please. That's still redacted?---So - - -

Just a moment, please, Dr Kingswell. I give up.

MR O'SULLIVAN: It's alright. We'll solve it this way, Commissioner: Dr Kingswell, you've got a clean copy. Just read out what appears in the clean copy:

Bill, why has this taken since August to finalise?

Mr Bailiff, could this be given to the Commissioner, please. Was that a – to your knowledge, was the Director-General – when he referred to Bill, was he referring to you?---I believe so.

Do you recall having a discussion with Mr Maynard about this time in connection with the funding of this project – I'll withdraw that – the funding of this Aftercare?---I don't recall any – any discussions.

Is it consistent with your recollection the Director-General was unhappy that it had taken since August to attend to this?---I think all of us were involved in this were unhappy that it had taken this long to procure a service.

No further questions, Commissioner. If the bailiff would – if the document provided to the Commissioner could be returned, it's actually Mr - - -

COMMISSIONER WILSON: It will be in a moment.

MR O'SULLIVAN: Commissioner, I'm handing up – I'm giving you my copy and recovering the other copy, if that's convenient.

COMMISSIONER WILSON: Thank you very much for that. Now, there are six documents I have noted that you've just tendered; is that correct?

MR O'SULLIVAN: We can attend to it afterwards, if that's convenient.

COMMISSIONER WILSON: Well, is it correct that there are six?

MR O'SULLIVAN: Yes, Commissioner.

COMMISSIONER WILSON: Thank you. They will in turn be marked as exhibits. Now, Ms Rosengren, did you have any questions?

EXAMINATION BY MS ROSENGREN [3.46 pm]

MS ROSENGREN: I do have a few questions. Thank you, Commissioner. Dr Kingswell, I understand that your expertise or experience is in adult psychiatry?---That's right.

And prior to September 2013, are you able to tell us on how many occasions, approximately, that you visited the Barrett Adolescent Centre for the purpose of understanding the model of care?---Prior to September '13?

Prior to September 2013?---I spent between 1994 and 2005 working at The Park Centre for Mental Health, and I've got no idea how many times I would have visited the Barrett Adolescent Centre over that period of time, but it would have been significant; post-2005 to 2013, probably no more than four or five.

Okay. And was each of those occasions for the purpose of understanding the model of care that was being used at the Centre?---I can't recall dates or times or the particular purpose of the meetings. I know I'd been out to meet Dr Sadler once or twice. We've gone out to some presentations on the activity of the service. I don't think I ever saw a documented model of service for that centre.

And could I take it you'd never requested a documented model of service for that centre from him?---It wasn't really my business. I'm not the operational controller of - - -

No, I just want to understand that?---So that's right.

Could Dr Kingswell be shown the document, please – the Delium number is DTZ.004.001.0202, and it was the emails of May 2013. That's right. And if we can go down to the email that was sent from Dr Sadler to Dr Kingswell on 21 May 2013, now, Dr Kingswell, that followed the planning group meeting on about 15 May 2013; is that correct?---I believe so.

And can I ask you this: were there any planning group meetings – because we've been unable to locate any minutes of these meetings. As far as you can recall, were there any planning group meetings after mid-May 2013?---I don't recall.

Can you recall whether there was any correspondence that passed between the members of the planning group subsequent to that time, apart from these emails here?---I – I don't recall specific examples.

Thank you and if we go to the email that Dr Sadler has sent you there, you can see that he indicates in the first paragraph that it was his impression from the planning group meeting that you considered the sub-cohort of adolescents of BAC could be managed by the wraparound service; you see that there?---Yes.

Now, you've indicated earlier in your evidence that it's your recollection that you were present at that meeting via telephone link-up?---Yes.

And can you recall that Dr Sadler was also present via a telephone link-up and that he was up in Townsville?---No, I don't recall that.

Can you recall that at that meeting that while you were advocating for this wraparound service - - -?---I'm not – I'm not actually sure that that's true, but I'm happy - - -

No?---Yeah. It's a suggestion made. I actually don't think I've ever used the term wraparound services; I don't pretend to know what they mean.

Right. Can you recall, at least at that meeting, that Dr Sadler was advocating for a tier 3 service has had been recommended by the ECRG group?---Well, he may well have been, but I'm confident that the ECRG group at that stage was no clearer about what a tier 3 service was.

Thank you. I have no further questions at this point.

COMMISSIONER WILSON: Thanks, Ms Rosengren. Now, Ms McMillan.

EXAMINATION BY MS McMILLAN [3.50 pm]

MS McMILLAN: Yes. Thank you. Dr Kingswell, I appear for West Moreton Health Service and Board. Can I just ask you: the briefing note that you've been taken to a number of times about the cessation of the Redlands Project: Dr Geppert actually prepared it, but as I understand she was part of your team at that time?---That's right.

And it would have been at your instigation, if I can put it that way?---That's right.

Right. Thank you. Now, Doctor, in terms of the CV annexed to your statement, is this a fair summary – and tell me if it's not – that, really, from the beginning of your career, 1990 to about 1998, you were involved in direct clinical service?---I was involved in direct clinical service through to 2009.

Right. So although you've held what might be called executive and directorate positions since about 1998, you've also kept your clinical practice in that sense?---Yes.

In addition?---Yes.

So you would regard yourself as a clinician as well?---And from 2009 - - -

Yes?--- - - - to October 2011 - - -

Yes?--- - - - I continued to keep my hand in, predominantly with teaching and training for the registrar cohort, but I haven't had that luxury since October '11.

Right. Okay. And that's really what I was asking about, you keeping your hand in, as you put it. Doctor, can I ask you: you talked about deinstitutionalisation, and I inferred from your answer you meant adult as well as what might be termed adolescent; is that correct?---Sorry, I referred to?

You've seen – is it the case that at times during your career you've been involved in the deinstitutionalisation; I'm particularly referring to adult services?---Yes. I mean, when I arrived at The Park, it had 540 patients. It now has less than 100.

Right. And I take it from your answer you were directly involved in that process?---Yes, I was.

Right. Okay. Have you been involved personally or at your direction in terms of closing units, mental health units, previously?---Well, I was certainly at The Park for the late 1990s, early 2000s reform. And we did: we closed the John Oxley Hospital and moved it to the – moved the facility to the new high secure unit. But over that period, there were hundreds of patients that were moved from The Park to alternative services. So we had something called Project 300, so we were getting patients into – it's now called housing and support programs. We had the whole – the early model CCUs built and patients moved to those, acquired brain injury moved offsite, older persons moved offsite, whole wards closed.

Right. And so I take it from that you must have been involved in terms of assisting, if not directly – but being involved in transition packages for those people?---Absolutely. I think come – transition's sort of interesting, isn't it, that there's something like 14,000 hospital separations in Queensland mental health services every year. Every one of those patients requires a transition plan to community or alternative care. It's not something that's unusual to us.

Yes. Well, I was – perhaps predicted the next question I was going to ask you. Alright. I just want to move onto another topic. You've been asked a series of questions about the national mental health framework, and you were asked particularly – and I want to take you to page 255. Now, I think it might be easiest – did you have a hard copy of that there, Doctor?---I'm sorry, I don't.

Alright?---I don't have have a copy that version.

I don't think it's got a Delium reference – the service element and activity descriptions – yet. I'm indebted to my learned friend. Thank you. Could I ask you to turn up to page 255, please, Doctor?---Yes.

And the page is headed Service Elements Step Up Step Down Youth Residential, is it not?---Yes.

Right. Now, under Diagnostic Profile, from your knowledge would you say that that diagnostic profile would pretty much meet what you understand the Barrett cohort was?---Possibly not in itself. It would be one element of the services that would support that cohort.

Right?---So I think you are – there's an acceptance that youth residential services can provide longer term housing support with connection to education and clinical services. Also one of the elements would be interested in providing - - -

I suppose what I was just searching for was trying to affix, if you like, a label within the diagnostic profiles within this document?---I'm not sure that the diagnostic profile particularly captures the – that group.

Alright. Thank you. Now, Doctor, can I just ask you, as I understood your earlier evidence, is this the case: your level of frustration in terms of the ECRG recommendations really revolved around – it didn't align to the language used within the framework and the tools that you've talked about. And, as I understand it, really, to secure funding you need to bring yourself within that or you needed to bring yourself within that language as far as possible?---I think, yes, essentially that's correct.

Right. Okay. Thank you. Now, I want to ask you some questions quickly about the Mater at Springfield. Yes. Thank you. You were also asked some questions about the dissemination about those – part of the framework documents. And I think you said you thought you gave it to Dr Stathis with the ECRG process?---I'm sure I did. Not thought I did, I'm sure I did.

Right. Well, can I ask you about – and this is document WMS.3001.0001.00657.

So, Doctor, this is the minutes as you'll see of what's been called, I think, SWAETRI?---Yeah.

And you'll see the attendees include – this is August 2013 – Director of Barrett Adolescent Centre The Park would've been Dr Sadler, wouldn't it, as you understood?---I expect so.

Right. If you go over to page 2 which is point 0065 – sorry, 00659. Sorry to the operator. Under 5.1, just scroll down, please.

Where it says recommendations – and I accept this isn't your document:

New service options need to consider implications of ABF.

From your knowledge of terminology, would ABF be block funding?---No, it would be - - -

What would that be?---It'd be the opposite of the activity based funding.

Sorry, activity. It's getting late. And other funding criteria. And you'll see under discussion points:

Send National Mental Health Service Planning Framework project communiqué with minutes.

Do you think it might've been actually to SWAETRI that those documents went rather than the ECRG?---That's quite possible. I didn't realise Stephen Stathis wasn't a member of the ECRG. I thought I was quite sure he was.

He certainly was - - -?---But I'm obviously mistaken on that point.

He certainly was at the planning group, wasn't he?---I believe so.

Yes. Thanks. Now, I want to ask you some questions about Mater, the Springfield. It's correct, is it, to your knowledge, that it didn't open until late 2015?---Mater Springfield I have no idea.

No. Okay?---So I received that correspondence. I think I marked it appropriately, copies to Alan Mayer and Leanne Geppert for further consideration and I wrote back to Trevor. That would be my usual business.

Right. And so you don't know anything about the range of services it provides?---No.

Right. Okay. Thank you. Now, in terms of the ERCG recommendations, you were asked about tier 3 and there being some association of risk if a tier 3 facility wasn't provided. Do you remember you were asked that by Counsel Assisting?---Yes.

Can I suggest this to you, any issues associated with particularly closing a mental health facility must, of their very nature, have some risk associated. Correct?---Maintaining it had considerable risks as well.

Well, I was going to ask you, was there, in effect, in your view, a balancing of those risks?---It is a balancing of those risks.

Right. Thank you. And I suppose from what you say, the emphasis then was in terms of managing appropriately the transitions for those young people?---Yes.

Right. Thank you. Now, you were asked – there was a matter that arose about bed occupancy. Now, as I understand it, you take an average of midnight, is that right, to see if that bed is occupied?---That's right. So bed occupancy is calculated by – on the basis of beds that are occupied at midnight. So if a patient is on leave, they won't be counted.

Right. So just in terms, generally, of mental health issues, I take it that, of course, it is not unusual for patients who are receiving community care, that they might be on leave from the facility might they not?---The occupancy figures that come out of the child and youth sector are quite remarkable when you think that the adult acute units and, in fact, the subacute and long stay non-acute units in mental health for adult services run at occupancies above 95 per cent, often 100 per cent, more than 100 per cent. So Cairns and Nambour and so on will have outliers in medical wards. To run 25 per cent or 50 per cent just, that is not leave. That is underutilisation.

So when you say 25 to 50 per cent, are they figures that you understood were attributable to Barrett? Is that what you're meaning?---That's right across the board.

Right across the board?---Yep.

So that's child and adolescent - - -?---I mean, there's some that are busier than others. The adolescent unit at Royal Brisbane, for instance, generally runs at 100 per cent occupancy or very close to it. The others tend to have significant capacity at any given time.

So is the point, if there is a distinction, that adults also have leave in terms occupancy? Even involuntary treatment orders, there might be leave associated with those, mightn't there?---That's right. Except adult services will usually function differently and they'll use those leave beds for patients coming in.

Right?---You know, there's just a different way that they're managed.

Right. Okay. Thank you. Now, Doctor, I want to ask you some questions about a letter that was raised before lunch by my learned friend Mr Freeburn. This is a document DBK.001.003.0586. It's a letter – now, I think out of an abundance of caution, because some of the matters are already blacked out in the copy I have, perhaps some of these questions should be in closed session, Commissioner?

COMMISSIONER WILSON: I think so because this copy is not blacked out.

MS McMILLAN: No. So I think that perhaps, could I out of an abundance of caution do that?

COMMISSIONER WILSON: Do you have any other questions for the open hearing?

MS McMILLAN: No, no.

COMMISSIONER WILSON: Alright. Does anyone else have any questions for the open hearing? Well, I'll close – have the hearing closed at this stage.

MS McMILLAN: Thank you.

COMMISSIONER WILSON: So people will have to leave again, I'm sorry. And the live streaming will have to go off. I think it's right to proceed.

MS McMILLAN: Yes. Thank you. Dr Kingswell, if that letter could be brought up, please. Do you want the reference again? DBK.001.003.0586.

Right. Doctor, just so I can understand this, although it's dated 12 October 2015, is it a note, iPad note, of 26 November 2014?---The problem with iPad is that every time you open a document it redates it.

Yes?---So when I wrote it and – that date would have no relationship.

Alright. So do you know what date you did initially write it on?---All I know is that that's an incomplete copy of the letter that I wrote and that the complete version was emailed to Michael Cleary at some point.

Do you have a complete version there?---I don't know that I have a copy here but I'm confident that Mr Duffy does.

Right. I see. Thank you. Just excuse me. So perhaps if we – if I show you a hard copy, because I don't think it's on Delium. Thank you. So, Doctor, if you just have a look at those documents that have been handed to you. Thank you?---Actually, can I just revise that. 26 November is likely to be accurate, because the letter from Dr Sadler is 9 November.

Right. Okay. Right. So just if we look at the sequence of the documents [indistinct] is it Dr Sadler purports, it seems, to write the letter on the 9th of November 2014 to Mr Maynard, correct?---Yes. That's correct.

And obviously matters relating to the Barrett Centre. Then it appears immediately behind that – that's about three pages. Then there's one from you to Dr Cleary on 1 December?---There's another step in this that's missing.

Yes?---So I drafted a response to Dr Sadler for Dr Maynard's signature, and I understand that letter was signed and sent.

Alright. Okay. Alright?---It was a very short letter.

Right. We don't seem to have that. Then behind that is a document that is typewritten, and it is three pages. And it's not signed, but is that your letter to Dr Sadler?---So this was never my letter to send, so my original letter that I drafted on the DG's behalf read:

Dr Sadler, owing to our family connections, it would be inappropriate of me to respond to you. I have forwarded your letter to –

words to this effect, anyway:

I have forwarded your letter to Dr Cleary to provide you a fuller response.

And so I was writing a letter for Michael Cleary's signature.

I see. So the document with three pages – was that the one you penned for Dr Cleary to sign?---Yes.

Right. Okay. Thank you?---In my understanding, it was never signed and never sent.

Right. But if I can ask you then – but I take it, then, the data was through you in terms of what's contained in the letter?---The - - -

Yeah. The contents?---That's my letter. I wrote that letter.

Right. Okay. Can we just go down to the bottom paragraph of page 1. You talk about:

I recall the CEO of CHQ, Dr Peter Steer commented about the comprehensive transition period.

And then you talk about the third death of a young woman who transitioned. And you talk about further – right at the bottom of the page:

It becomes apparent that 19 of the young people treated at the BAC between 1997 to 2014 are deceased. The number is from a cohort of only 413.

Can I pause there. What was the source of your information for those figures, Doctor?---The Queensland Death Register matched to the Client Integrated Mental Health Application.

Right. So did you perform that exercise yourself, or did you have staff do it?---No. I had staff do that.

Right. Okay. Thank you. And then over the page:

So prior to the closure of BAC and three subsequent to its closure. Three died by misadventure. In four cases, the cause of death unknown.

Now, can I just ask you, Doctor, in terms of your collation of them, I take it that would exclude data from interstate because you wouldn't have been able to match

that?---They won't be on the Queensland Death Register. That's right. So the number could actually be considerably higher.

Well, that's what I was going to ask you. And it might be, too, that – was it matched to deaths that were clearly suicide?---No. These are all deaths.

All deaths. Right. Okay. But you make the point in terms of those that died before their 23rd birthday. Alright?---So I think it should be clear to the Commission that the – the information provided to the Commission that there hasn't been a single suicide within a 12 month period post-discharge from Barrett Adolescent Centre is completely incorrect – completely incorrect

Alright. And I take it – was that the thrust of why you were setting those things out in writing?---Not really. There's actually a longer story. We've been interested in the Queensland Death Register for quite a long time. I think you'll recall that Brett McDermott told this Commission that measuring outcomes in mental health is not very well done. Now, we haven't missed that. We've been aware of that for some time. This is a slightly long story, but I think I possibly should take your time with it. Prior to June 30 '12, we controlled the whole shooting match, if you like. We knew how many staff we had. We knew how many beds we had, and when we allocated new money, we would write to the CEO and say here's some new money. This is the people you need to hire, and they're to be put to this purpose. And the CEO would write back to us and say that's fine and accept our money. So we had – our only reconciliation of our mental health spend was how many people we employed, how many beds we had and how many occasions of service we provided. We didn't actually know anything about what quality of services we were getting.

So no qualitative data?---Yeah. And then come 1 July, we didn't even have that visibility any longer. So we came to the National Health Reform Agreements in a very difficult spot. So we now have an investment in Queensland of $1.493 billion in mental health and we have no visibility over the outcomes. And I might just let the Commission know that within that 1.493 billion we're the lowest per capita funded state in the country, but we're the second-highest per capita funded state in relation to child and youth services. I'll just make that point. So what my branch has been focusing their attention on over the last little while is how do we get a measurement framework that tells us something about the outcomes. So what we want to know is is the cohort that we're looking at – I'm talking about everyone that uses our mental health services – are they alive or dead? Are they in stable housing or not? Are they engaged in education, training or employment or not? Are they outside of a prison? Are they outside of illicit drug use? To what extent are they being subjected to coercive practices like seclusion restraint or involuntary treatment orders? We're trying to develop a measurement framework that will give us some visibility over the outcomes of our investment. So we'd been playing with this death data for a while, because we want to know – we want to know what's happening. We want to know whether we've got a Bundaberg or a problem.

COMMISSIONER WILSON: Dr Kingswell, can I ask you to pause for a moment. Ms McMillan, I'm wondering whether there's any objection to the receipt of this quote – I say quote – statistical information in the form in which it's presented. Dr Kingswell has said, I think, that one of his officers extracted this.

MS McMILLAN: Yes.

COMMISSIONER WILSON: With the greatest of respect, there doesn't seem to be much – shall I put it another way. I'm concerned at the number of ways in which it might have been extracted, the potential for error, the lack of any apparent expertise in analysing it and at the small numbers as to whether any conclusions could be drawn from it. I perfectly understand what Dr Kingswell is saying about the dearth of information about outcomes and the need for such information. However, as this information is presented, I am a little concerned about it getting into circulation – that it may not be reliable. And I'm wondering whether there's any objection, first of all, to my receiving it and then, secondly, of course, the weight that I would assign to it is a matter ultimately for me. Can I ask other counsel if there is any submission they want to make about this.

MR O'SULLIVAN: It's a very important issue, and you've heard oral evidence that anecdotally no one – I mean, these are very sensitive matters. You've been told twice anecdotally, you know, certain matters. You know what I'm referring to, Commissioner. You've now got other very imperfect information. You have an information vacuum. In our submission, the proper approach is receive it all and hear submissions about it but treat it with a great deal of caution, because one could be led into error about very important issues. Our submission would be one would receive but with a high degree of scepticism.

COMMISSIONER WILSON: Receive it on a confidential basis?

MR O'SULLIVAN: Most definitely. This should not be circulated in any sort of public sphere, would be our submission.

MS McMILLAN: That's why I wanted it asked in closed session, because I don't think it's [indistinct] data for various reasons. Even if it was, so to speak, bullet-proof, it may not – there may be submissions made about whether it should be out in the public domain in any case.

COMMISSIONER WILSON: Well, I certainly agree with the second. But my point that I was raising was really the first – whether it were bullet-proof.

MS McMILLAN: Well - - -?---Can I answer that?

Yeah. Perhaps I was – we might ask Dr Kingswell about that and he can talk about the liability or otherwise of it?---It's not bulletproof. We've done a recount and the correct number is probably 23 over the same period but, again, it requires validation. I wouldn't put it anywhere near a public forum.

COMMISSIONER WILSON: I'm aware that there was some sort of report given to the Health Ombudsman which contained some statistics. I don't know whether they were the same as these - - -?---They weren't - - -

- - - and nor do I know whether they were bulletproof statistics?---They were – the Health Ombudsman had a very narrow question – though it was the last three years.

MS McMILLAN: Commissioner, I think it important that it go in. I think submissions can be made about its weight but I think it's important in the sense of it's another piece of the puzzle, if I can put it that way, because there seems to be this currency that there were no other deaths other than these three young people. And it's important, in my submission, that you have somewhat rounding out about that.

COMMISSIONER WILSON: Does anyone else want to say anything? Mr Diehm.

MR DIEHM: Commissioner, on the point which I know you need no convincing of about the sensitivity of it to emphasise the concern on behalf of Dr Brennan is that if that information, whether in this form or another form – the statistics themselves were released – it runs a serious risk of undermining the confidence of past patients who are out in the community and perhaps doing well in the treatment that they received and their prospects for ongoing wellbeing so that is a particular concern and that affects how the information could ever be released including in a report ultimately. It remains an important issue for the reasons that my learned friends have stated. If there is a concern about the reliability of the information the best course would be for this Commission, once it's accepted that it is relevant information, to seek the best and most reliable information on the topic that it can rather than to not receive the evidence at all.

COMMISSIONER WILSON: I take your point, Mr Diehm, but I imagine that the difficulty this Commission would face would be the same as the difficulty which the Health Department seems to have faced in that it's almost impossible to get that information. Certainly with the timeframe of this Commission, I'd be very surprised if we could get it.

MR DIEHM: If I may put it this way, Commissioner, the most reliable information that can be obtained with an understanding about what its limitations are at the end of the day is not the precise result which is of relevance to the Commission but rather whether or not the sorts of statements that have been made elsewhere in evidence accurately represent the picture about the outcomes for patients prior to this transition period.

COMMISSIONER WILSON: I'm not sure what you mean by the last sentence. It's a little Delphic to me.

MR DIEHM: Well, there have been statements made by Dr Breakey, in particular, but also referenced in some of Dr Sadler's material to say that there had never been

previously a death of a Barrett Adolescent Centre patient within a period – I think one says six months and another says 12 months of discharge.

COMMISSIONER WILSON: And I think Dr Kingswell agreed that was correct?---No, I - - -

MR DIEHM: No. He said it's not correct?---Absolutely.

COMMISSIONER WILSON: Were you saying it was not correct?---I absolutely don't believe that's correct.

Thank you?---It's nothing like correct.

I'm glad that was clarified.

MR DIEHM: That ultimately seems to be the point and it simply goes to really, ultimately, that there is a serious risk with respect to transition of patients all of the time, not just at this particular point in time.

COMMISSIONER WILSON: Yes. I'm really wondering at the relevance of this correspondence altogether, I have to say.

MS McMILLAN: I don't - - -

COMMISSIONER WILSON: Given that it was never signed or sent by Dr Cleary, that it contains figures which can't be verified.

MR O'SULLIVAN: But that's exactly the same quality of the anecdotal evidence that's already been received, with respect.

COMMISSIONER WILSON: Well, it's a question of the weight that would be attached to the anecdotal evidence that has been received anyway.

MR O'SULLIVAN: That's so, Commissioner. That's so.

COMMISSIONER WILSON: Only – yes.

MS McMILLAN: I don't need to tender that correspondence. The doctor has spoken to it. I think in an effort to make sure that as little might emanate from it I don't intend to tender those – those letters. But - - -

COMMISSIONER WILSON: Well, insofar as the content of the letter relating to statistics has been read out, it will appear in the transcript. I can indicate that at the moment I would regard that as no more than something which Dr Kingswell was prepared to proffer on the basis of unsubstantiated researches by staffers so that it's really in the nature of hearsay. It's no more than evidence that this is what he said rather than evidence of its truth.

MS McMILLAN: Well, could the witness then see WMS.0012.000128398.

COMMISSIONER WILSON: Yes.

MS McMILLAN: Notices have been – notice has been given of this. While that's being brought up I might give the doctor a hard copy just to have a look. Doctor, just if you look through those emails?---Yes.

Is that how you received information about – we'll use the expression data or statistics that you've just referred to?---Yes. So Barnaby Curdle is a data analyst appointed by my team. He took the health statistics unit death register and matched it to the client integrated medical mental health application to find, you know, names and dates of birth in common and so on. We've done a bit more work since and I do have a more detailed report but the story notwithstanding some, you know, possible inaccuracies at the edges because we don't have the whole national picture is that the Barrett Adolescent Centre had an age match mortality rate not seen in any other mental health service in the State. So depending on the age group you looked at the – the excess mortality might be [indistinct] 40 – sorry, I shouldn't exaggerate – between 20 and 40-fold.

So just - - -

COMMISSIONER WILSON: Well, again - - -?---So – so you might expect - - -

Excuse me, just for a moment. Again, Dr Kingswell is giving evidence of "research" by one of his staffers. It would have to be the staffer who gave the evidence before I could begin to treat it as evidence of its content.

MR O'SULLIVAN: That has not been, with respect, the basis upon which you've received a great deal of evidence to date, with respect, Commissioner. There has been a lot of hearsay evidence that has been put in.

COMMISSIONER WILSON: There has been a lot of hearsay evidence. That's quite true.

MR O'SULLIVAN: And so – I'm so sorry.

COMMISSIONER WILSON: This Commission is not strictly bound by the rules of evidence. It can proceed in the way that it thinks is appropriate in the circumstances. I have allowed hearsay in. It doesn't mean to say I'm going to necessarily attach much weight to it and I'm quite prepared to receive submissions with respect to weight that should be attached to particular evidence. But this particular evidence, I think, is such that it ought not to be received as evidence of its accuracy or of its potential truth. There's no reason, as I see it, Mr O'Sullivan, why the Commission can't say that there is some hearsay it will not receive.

MR O'SULLIVAN: No. That's perfectly – you have very wide powers and you may do as you see fit. There's no doubt at that, Commissioner. I only raise to trouble you because I see a discrepancy between the basis upon which we have been proceeding so far which is hearsay has been allowed in and the attitude that you choose to see – that you are currently adopting which you won't receive this material on its hearsay basis. I understand the rational basis for that in that this is evidence of, potentially, depending upon your view about the scope of the Inquiry, of great relevance and importance to you. In our respectful submission, the appropriate course would be to receive the hearsay evidence and to require the direct evidence that you would regard as being appropriate and satisfactory to be provided to you at some other time if you formed the view that this is relevant to your task. In our respectful submission, it would be wrong to not allow this man now to give the evidence that he is willing to give.

COMMISSIONER WILSON: Evidence of this subject matter, if it were reliable, would certainly be very relevant to this inquiry.

MR O'SULLIVAN: I understand.

COMMISSIONER WILSON: I consider it to be of such potential significance that I have to be very careful - - -

MR O'SULLIVAN: Yes.

COMMISSIONER WILSON: - - - before acting upon it. I have to be very careful that it is reliable.

MR O'SULLIVAN: Yes.

COMMISSIONER WILSON: That reliability has not been demonstrated to me.

MR O'SULLIVAN: No, quite.

COMMISSIONER WILSON: There is no inhibition on someone coming forward with evidence which is reliable, if they can find it - - -

MR O'SULLIVAN: No, but - - -

COMMISSIONER WILSON: - - - either asking Counsel Assisting to tender it or asking for leave to tender it themselves.

MR O'SULLIVAN: Quite. And I understand, with respect, the reason why you're proceeding with great caution. I only submit that the correct course procedurally would be to understand what the hearsay evidence is, understand the defects and problems with it, and chart a course from there. The prospect of simply not allowing the witness to explain what he is saying, in our respectful submission, would not be

conducive to the efficient running of it. You though, Commissioner, have power to do as you see fit. Those are our submissions.

COMMISSIONER WILSON: Well, I have already heard what he has to say about the absence of outcomes evidence, and I understand immediately the significance of that. I've heard what he's had to say about the register of deaths evidence and indicated my attitude. I had asked him to pause with respect to what he was now saying so that I could understand whether there was similar problems relating to it. There seem to be similar problems. If he wants to give further evidence of the significance of such evidence, if it were reliable, I'm prepared to listen to that. But in the absence of reliable evidence on the particular matter there's little I can do.

MR O'SULLIVAN: I understand that. I just – at the moment, myself, I don't even understand what the evidence is, Commissioner.

COMMISSIONER WILSON: Ms McMillan, if you wish to proceed on this point with the caveats that I've just expressed, do so, but try and be quick about it.

MS McMILLAN: I am. Can I just say too that bearing that in mind, this would seem to be more cogent than Dr Breakey and Dr Sadler's, which appear to be hearsay, and at the very most anecdotal. It is, really, to countervail that type of hearsay evidence. I accept absolutely the force of what you've said, but it clearly is a relevant issue. Does Mr Barnaby Curdle still, to your knowledge, work for Queensland Health?---No. He's moved to a ministerial advisor position with Mr Dick.

Right. Excuse me. Who would be able to speak to - - -?---Well, I was going to just offer some advice, in that – I'm not sure how this constitutes hearsay when I've seen the source documents, so I know the unit record numbers and I know their dates of death and I know their dates of discharge from the Barrett Adolescent Centre. This is not something that has just been told me in a corridor. I accept that the numbers aren't perfect and they need some work. The Commission might like to take reliable advice from Dr Terry Stedman of the West Moreton Hospital and Health Service. There was a point – and I'm not even going to be able to remember the date, I'm sorry – where we gave him our source data. We gave him the Queensland Death Register and we gave him the client integrated mental health application, and he used that for his statistics research project for a master's – research master's he was doing, and you could rely on that data.

Right. So did you yourself sight was it, the death register?---No. I've sighted out the printout - - -

Right?--- - - - of the unit record numbers, date of admission, date of discharge, date of death, length of time before they're – from their discharge to their death, and then the cause of death.

Right. So - - -?---So I didn't go and do the extraction myself.

Right.

COMMISSIONER WILSON: Do you know what Dr Stedman's master's project was about?---Yes. It was about the – calculating the standardised mortality ratios of - - -

What ratios?---Standardised mortality.

Standardised mortality ratios, yes?---Of people that had access to Queensland mental health services over a period of time. I've got an idea that the data he used is quite old, finishing in about 2010, but he'd be able to talk to that much better than I.

MS McMILLAN: Well, that's something we could make some inquiries about, Commissioner.

COMMISSIONER WILSON: Thank you.

MS McMILLAN: Queensland Health presents another issue for us, but Alright. Thank you. And you said something before about mortality rates in Queensland. What were you talking about there, rates of mortality?---Well, where – there's an – the way you get a standardised mortality ratio is you calculated the observed mortality over the expected mortality. So in a particular age group there'll be an expected number of deaths within that age group, and then you look at the observed number of deaths that you are seeing in that age group. And if it's a number greater than 1, you have a problem. If it's a number less than 1, than whatever you're doing is good.

Right. So that's a qualitative assessment to some extent, then?---No, I think it's a quantitative assessment.

Quantitative, sorry?---So – so there's something called hospital standardised mortality ratios that are calculated and used in the hospital's roundtable. And they're incredibly accurate. You can benchmark yourself against your peers and, you know, if your hospital standardised ratio is greater than 1 you need to understand why that might be, and it might be because the cohort you're looking at is more likely to die than other cohorts. You know, you might have, for instance, the Royal Brisbane, being a tertiary service for the whole of Queensland and Papua New Guinea, is going to deal with much more complex matters than Rockhampton. But what it tells you is that if you've got a number greater than 1 you need to understand it, and that's what benchmarking is all about. It's not telling you whether something's good or bad, it's telling you that this is something that you need to look at.

Yes. Thank you, Commissioner.

COMMISSIONER WILSON: Alright. Now, Mr Freeburn, did you – or was it Ms Wilson who had some - - -

MS WILSON: I don't need to ask that question anymore, Commissioner.

COMMISSIONER WILSON: You don't.

MS WILSON: But can I contribute to the submissions that have been made - - -

COMMISSIONER WILSON: Yes.

MS WILSON: - - - by a number of parties? Obviously, I represent the State of Queensland. If you're – if the Commissioner is interested in this and receiving less hearsay evidence, if you can call that, then we can try to find the person who can access this information and they can set out how they went about that process in a statement and provide that to the Commission, if that's what you want. But we would require - - -

COMMISSIONER WILSON: Well, it would certainly be of assistance if it were possible to get some information along these lines which had some reliability about it. It seems to me, Ms Wilson, if you're able to pursue this then, I suppose, you in the first instance would form a view about whether it seemed to have some reliability and then you might put it before the Commission.

MS WILSON: Commissioner, may I suggest that the process should be that you issue a notice, because I think that it should be done under a notice, and then a statement can be taken. And then the statement will be provided to the Commission, and then - - -

COMMISSIONER WILSON: Well, I'm quite willing to issue a notice, but the questions contained within the notice really need to have some focus, and it would be easier to focus them if we had some indication of the type of information that such a person could present. Mr Freeburn, do you want to add anything to this?

MR FREEBURN: Only this: not only are we concerned about the reliability of whatever statistics we end up with, we're also concerned about the relevance of it. And I say that for two reasons: I think as Dr Kingswell has just said, what do we do with statistics about a particular cohort of people who are particularly vulnerable and what do we compare that against? And I take what Mr O'Sullivan says too, that there is limited weight that is likely to be attributable to hearsay evidence about these sorts of matters, but at the moment, looking at it, it looks like it's an area frought with limited relevance and limited assistance to the Commission. But from Counsel Assisting's point of view, we are happy to investigate.

COMMISSIONER WILSON: Well, I would need to think about it. I'm not convinced it's necessarily of limited relevance for assistance. This is only a preliminary view, but it seems to me that it may well be relevant to the effectiveness or otherwise of the treatment that was offered – that was provided at the Barrett Centre. That treatment has been severely criticised by some, including particularly Dr Kingswell.

Now, I say it may be relevant because the longer the period from discharge to the period of death would seem to weaken any connection, and without knowing the mental health problems and any other problems from which a particular patient suffered and the severity of those problems, it would be, well, nigh impossible to assess the extent to which the patient was at risk of death anyway.

I don't think I can say that it would be irrelevant to presenting a picture of the Barrett Adolescent Centre and the types of patients it dealt with and their subsequent trajectories. It's really a background matter, I think, rather than something that goes immediately to the Terms of Reference in terms of the reasons for the closure decision and the transition. It goes to the reason for the closure decision, as I say, only in the sense that the model of treatment – and I know it wasn't – apparently not documented – is contentious.

MS WILSON: Commissioner, my only point is if the Commission wants this information then it should be done through the process of issuing a notice to - - -

MR O'SULLIVAN: We would urge against that being done now, for this reason: you have an application. You have – there'll be a hearing about the question of transition arrangements, is how you put it yesterday, Commissioner. You'll receive submissions on Monday about that. That may enable you to focus your mind and come to a clear view about the scope of the task. You may take the view that assessing adequacy of transition arrangements means looking at outcomes.

If that's the view you come to, that one looks at outcomes in discharging the task of assessing adequacy of transition arrangements, one is looking at the outcomes of possibly 41, including three deceased. If that's the view you come to, you might attach a different weight to the data and you may look for particular kinds of data. If you come to the view that looking at transition arrangements does not involve looking any further than, say, March 2014 and does not involve looking at outcomes, if that's the view you come to then you would come to a different decision on what sort of data you want and when you might want it. We – in our respectful submission, it's a matter for you, but it may be acting too hastily to issue a notice now. Rather, it may be better until you've heard argument on that.

COMMISSIONER WILSON: I'm not going to do anything hastily, Mr O'Sullivan, I can assure you. I'm for the moment having difficulty seeing the relevance of it to the transition argument, but that argument is to take place. What I will do – and I will do forthwith – is to ask the Commission to contact Dr Stedman to simply find out from him what sorts of statistics he's got - - -

MR O'SULLIVAN: Absolutely.

COMMISSIONER WILSON: - - - and see where it's taken.

MR O'SULLIVAN: That'd make sense. Thank you.

MS McMILLAN: My instructor's happy to do that.

COMMISSIONER WILSON: Well, I would like, if possible, for someone from the Commission to speak with him. If it meets – if you wish it to be in the presence of someone from your solicitor's office, that's fine.

MS McMILLAN: Yes. It would be. Can I say that my learned friend Mr O'Sullivan picks up the point I'd make – is whilst we still have the balls in the air, so to speak, about the transition and a subset of that causal links, if they exist, with the three young people, it is relevant at this stage in terms of the consideration of that, because if it's going to be contended that you link an outcome, that is, the death of those young people, to closing or transition or any of those issues, it must surely be relevant to look at that broader picture.

COMMISSIONER WILSON: Well, I haven't yet received any submissions that I should.

MS McMILLAN: I understand.

COMMISSIONER WILSON: Or should look for such a link. But I'll see what the submissions come up with.

MS McMILLAN: As you please, Commissioner.

COMMISSIONER WILSON: Alright. Now, is there any further questioning of Dr Kingswell either in closed or open court? Mr O'Sullivan?

MR O'SULLIVAN: I just didn't understand the evidence. I'm so sorry. It's my fault. He said something about 20 to 40 times and I didn't understand it, which is my fault. Could I just ask him what - - -

COMMISSIONER WILSON: Yes. Certainly.

MR O'SULLIVAN: Thank you, Commissioner. I appreciate I've taken up more time than I'm allowed.

Dr Kingswell - - -?---So you can just do a crude – well, it's not crude. It's an age-matched mortality rate. And the calculation is very simple. It's the observed number of deaths over the expected number of deaths. And you use a reference figure like per 10,000, for instance.

Yes?---The – if the number is greater than one, then that is bad. You need to look at it. In the Barrett Adolescent Centre cohort, the – depending on which age group you're looking at, the number is between 20 and 40, so it sort of suggests that it's bad. It's not – like, it's not absolutely terrible, because mental health services period have very high age-matched mortality rates. So the ordinary adult mental health services, for instance, are associated with nine- or ten-fold age-matched risk of

mortality. But it is significantly greater than other child and youth mental health services, and it needs to be understood.

That's what I was going to ask you. Do you – are you – does the data you have enable you to benchmark it against other child and youth adolescent mental health services? Do you have 20 and – I'm sorry – the numbers are, what, 40 and 70?

MS McMILLAN: Twenty to 40.

MR O'SULLIVAN: Twenty to 40?---Twenty to 40 times.

What are the figures for other mental health adolescent services?---I can't recall off the top of my head. We'd have to go and do some work for you around that.

But that data exists, does it?---Yes. We can pull that data. Yes.

Is the purpose of pulling that data out – is it – is this the sort of thing that one does in the course of understanding outcomes generally, or is this being done for this Commission?---No, no. This is something that's coming out of trying to get a better handle on outcomes generally. So since July 1 2012, we have been very concerned about how we get some feedback on our investment in mental health.

I understand. This ties back to what you were saying earlier about working out whether the investment you're making on behalf of the taxpayer is delivering the best outcome?---Better outcomes. So mentally ill people have a significantly different life expectancy. For males, it's about 17 years less than the ordinary male average. And for women, it's about 11 years less. We would want to think that if we're spending $1.493 billion on mental health services in this state that we should be able to show a reduction in that life expectancy gap. And there's a number of other issues that we'd like to address, as well. We'd want to know that that cohort is housed, that they're engaged in education or training, that they're not in prison, that they're not using drugs, that they're not being subjected to coercive interventions and so on. It's very important that we get a measurement framework that tells us something about our investment, because at the moment we've got very little.

I understand. And in terms of the Commission – insofar as the Commissioner wanted particular sorts of data, would your unit be able to – sorry – is it your unit to whom one would look to do that work and find that material?---Yes, yes.

Thank you.

COMMISSIONER WILSON: Any other questions?

MR DUFFY: If everyone else is finished, the only thing I've got is this, Commissioner. I've been handed some documents which I haven't examined and haven't had the opportunity to take instructions but which on their face are earlier than October 2013 versions of the document that Dr Kingswell was taken to relating

to the National Mental Health Service Planning Framework. I can deal with it one of two ways: put it in front of him and ask him about it, but he won't have seen it until then, or take instructions and simply tender them tomorrow or another day.

COMMISSIONER WILSON: Look, I think make copies available to Counsel Assisting this evening and I don't anticipate there'll be any problems in you tendering them tomorrow.

UNIDENTIFIED SPEAKER: I suspect not.

COMMISSIONER WILSON: - - - I would like Counsel Assisting to have a look at them.

UNIDENTIFIED SPEAKER: Subject to that, I have no questions in re-examination, so might Dr Kingswell be stood down?

COMMISSIONER WILSON: Yes. Thank you, Dr Kingswell. You can stand down now.

MR FREEBURN: Excuse me, Commissioner. Can I just ask one question?

COMMISSIONER WILSON: Yes. I'm sorry, Mr Freeburn.

EXAMINATION BY MR FREEBURN **[4.45 pm]**

MR FREEBURN: Dr Kingswell, you mentioned in your evidence Professor McGorry's material?---Yes.

One of the things he says is this – and I'll just read it to you:

> *For the group of severely damaged emerging adults in the BAC cohort, my view is that a longer inpatient admission is always likely to be necessary and needs to be available.*

Do you agree with that?---Yes.

Thank you. That's all I have. May Dr Kingswell stand down?

COMMISSIONER WILSON: Yes. You can stand down, Dr Kingswell?---Thank you.

WITNESS STOOD DOWN **[4.46 pm]**

COMMISSIONER WILSON: Strictly, the streaming can be turned on. Is there anything else to be dealt with this afternoon?

MR FREEBURN: I don't think so.

COMMISSIONER WILSON: Mr O'Sullivan.

MR O'SULLIVAN: I tendered more than six documents, but can I give them to Counsel Assisting?

COMMISSIONER WILSON: Yes, please. If you give him a list - - -

MR O'SULLIVAN: Thank you.

COMMISSIONER WILSON: - - - that'll be fine.

MS ROSENGREN: Commissioner, there's just one issue, if I could raise briefly. In relation to this data, Dr Sadler will be giving – is scheduled at this stage - - -

COMMISSIONER WILSON: Just a moment. I think you better turn off that live streaming; I had said it could come on again. Is it off? That's fine. Okay.

MS ROSENGREN: Dr Sadler is scheduled at this stage to give evidence next Tuesday. I'm wondering whether that data's likely to be available prior to that time so that he can consider it prior to giving evidence. If not, it may be necessary for him to put in a further statement when it becomes available addressing that.

COMMISSIONER WILSON: I'll ask Commission staff to liaise with Ms McMillan's solicitors to set up a meeting with Dr Stedman ASAP. At the moment, I can't say precisely when that will be.

MS ROSENGREN: No, I understand the difficulty, your Honour. I just wanted to alert you to the problem from Dr Sadler's point of view, that he is scheduled to give evidence – I know it's only next Tuesday. The evidence of – he has provided in his statement: he's just simply said from my knowledge. It wasn't intended to be anything more than that. One of the issues that will be relevant is to have a look at the cause of death in relation to each of these individuals. There were a number of factors. I mean, given that Dr Sadler was so intimately involved in their treatment I'm sure that he will want to have a look at those.

COMMISSIONER WILSON: Well, look: for the moment, let's assume that Dr Sadler is giving evidence as scheduled. If something arises in relation to these statistics, which – I don't know whether it will at the moment – and if it does so after Dr Sadler has given evidence I would certainly be disposed to having him recalled if necessary.

MS ROSENGREN: Thank you, Commissioner. I just wanted to place that on the record.

COMMISSIONER WILSON: Ms Wilson, you're looking a bit concerned.

MS WILSON: That's just my normal look, your Honour – Commissioner.

COMMISSIONER WILSON: It's something to do with being a Wilson, I think. Alright. Anything else? Very well, 9.30 in the morning.

MATTER ADJOURNED at 4.49 pm UNTIL
THURSDAY, 25 FEBRUARY 2016