

Unfortunately, I believe that this situation presents as one where politics has come before the wellbeing of the students. I am aware that there may not be much that can be done, however the only goal that I have in writing this letter is to spread awareness of the issue, in hopes that it is seen as what it is: a plea for help, on behalf of some of the most vulnerable members of our community. Queensland is in desperate need of more mental health facilities, and it is a well known fact that the prevalence of mental illness in young people is increasing. It is for this reason that any justification for going without a specialist facility, that helps to treat adolescents, is beyond my scope of reason. I do not want to speculate on what the devastating potential outcomes could be for adolescents – who are losing this safe place with no equivalent alternative in sight – however I will say that I am personally distressed by these thoughts and carry grave personal concerns about the wellbeing of the students, should the centre close.

I would like to thank you for taking the time to read this letter, as I believe this issue to be of the highest importance.

Yours Sincerely



Robert Ellis

**Amy Tuite (Crown Law)**

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**From:** [REDACTED]  
**Sent:** Wednesday, 20 November 2013 12:21 PM  
**To:** Qld Mental Health Commission  
**Subject:** Attention: Professor Harvey Whiteford  
**Attachments:** The Board Mary Corbett.docx; scan0001.pdf

**From:** [REDACTED]  
**Sent:** Tuesday, 19 November 2013 6:11 PM  
**To:** [REDACTED]  
**Subject:** Closure of the Barrett Adolescent Centre

Dear Professor Whiteford,

Firstly, I apologise for contacting you via this email address however I could not find an address for you on the QMHC website. I wish to communicate with you in your capacity as Chair of the Queensland Mental Health and Drug Advisory Council.

You will most likely be aware of the closure of the Barrett Adolescent Centre. Parents and the Community have been advocating for months for WMHHS to keep the centre open. Regardless of anyone's views on the appropriateness of Barrett's model of care, or whether the Forensic Services are being expanded, there are some very clear and alarming consequences if the closure goes ahead. I have attached the letter I have just sent to the Board of WMHHS which clearly describes the consequences of the closure.

Professor Whiteford, there has been so much wrong with this whole process. Initially it appeared – or we were led to believe - that there would be a relatively seamless transition from the closure of Barrett to the 'new services' being operational. I even have a letter from Mary Corbett, Chair of the board of WMHHS stating "the Barrett Adolescent Centre will continue to provide services until this [new] model is operational". I can show you a large number of documents stating that services will be available from 'January 2014', from WMHHS documents, replies from the Premier, the Health Minister, the Director-General Health and statements in the media. But this will be anything but the case. I recently met with Dr Peter Steer CEO Children's Health Queensland. CHQ oversees the Committee that is developing the new model of care for the new Tier 3 service and associated statewide services. Dr Steer advised it would be 12 months before the new service would be available – the Committee has not yet finalised a model. The attached letter therefore outlines the consequences for young people with severe and complex mental illness – those who would normally be treated by Barrett, but for whom now, will have to wait 12 months for a chance at treatment. The reality is that some may die. Some will sink further into the torment of their mental illness and take longer to recover if and when they access treatment and rehabilitation. That is on top of the existing 18 month waiting list, as advised by Dr Stephen Stathis. Professor Whiteford, this situation is nothing short of cruel and inhumane. I refer to an analogy of cancer treatment, and how the community would be outraged if similar waiting times were in front of young people with cancer. They die – so do young people with untreated mental illness. Sam Mostyn, a National Mental Health Commissioner refers to the inequity between mental health and other medical conditions. She says she aspires to make mental health gain parity with other medical conditions. The proportion of funding is not equitable, nor is its status.

If there is one thing you could do in your advocacy, it is ask for the Barrett Adolescent Centre to remain open. I fear that Bureaucrats are pushing the agenda to close it – people who have no idea about mental health and the misery it creates for young people and their families. The thought that people who understand adolescent mental illness have a hand in this does not bear thinking about. To knowingly subject young people to months and months without treatment in this day and age is bordering on criminal. For people like the Minister to say things that give the impression he understands mental health or has compassion for people with mental illness is just lip service.

Confidential

[REDACTED] I am  
 also hearing now, the distress of parents who are being expected to accept options that are inadequate for their

children, with no recognition that these young people are going to be forced to accept new clinicians and therapists, with whom they will have no rapport – and have to tell their stories again. No one even examined the outcomes at Barrett – statistically. Even the new service is not guaranteed to achieve better than what Barrett has. And as for the claims it is not a 'contemporary' model of care, the Committee will still end up with a residential facility of some sort – potentially with onsite schooling, as the ECRG recommended – which is exactly the same as Barrett. Everyone from the Premier down has been saying the Barrett model is inconsistent with the National Mental Health Service Planning framework. We have a letter from the Project Director of the NMHSPF that clearly states inpatient care is regarded as necessary for those with severe and complex mental health disorders (letter attached). Some young people require that. Where the gap is, is in the lack of step down services and day services, still with a need for inpatient services outside Brisbane.

Please Professor Whiteford, is there anything you can do to help us make WMHHS, the Minister and or the Bureaucrats see that young people are at high risk with such an enormous gap in treatment services when Barrett closes?

Thank you for the time to consider this issue.

Regards,

[Redacted signature]

Dear Ms Corbett,

I last corresponded with you in early August this year. In your reply to me, you stated:

“Children’s Health Queensland will provide the leadership for development of a new model for adolescent services. In the meantime the Barrett Adolescent Centre will continue to provide services until this model is operational.”

Ms Corbett, on 07 November I met with Dr Peter Steer CEO CHQ, Dr Stephen Stathis (Clinical Director CYMHS) and Ingrid Adamson (Project Officer Statewide Adolescent Extended Treatment and Rehabilitation Services – SW AETRS). I believe they are doing their best to come up with the best plan for the new model of services. However Dr Steer advised an operational service would be **12 months away**. WMHHS is still stating that a flexible date for closure of Barrett Adolescent Centre is early January 2014, but that Barrett won’t close until young people are placed into alternative services. However constantly over recent months we have been led to believe that ‘new services’ would be in early 2014. Even the Letter I received from the Premier on 07 November stated “young people requiring extended mental health treatment and rehabilitation will receive services through a new range of contemporary service options from early 2014.” This will not be the case, according to Dr Steer. If those ‘new services’ referred to are what is available in Townsville, there will be 8 beds (half Barrett’s capacity) and a day program only 4 days per week. This will do nothing to reduce the waiting list, still means young people will have to travel – just in a different direction, and will still result in young people going without the extended treatment and rehabilitation they desperately need. This is still not the ‘**new contemporary service options**’ on which CHQ is working.

Closing Barrett now will expose young people with severe and complex mental health conditions to increased risk and misery. The Expert Clinical Review Group (ECRG) recognised this by stating in Recommendation 3: “interim service provision if BAC closes and Tier 3 is not available is associated with risk.” In 3 (a) the ECRG stated “a Tier 3 service alternative to be available in a timely manner if BAC is closed.” I do not regard **12 months until a Tier 3 service** is available as ‘timely’: it is certainly not timely if you are a parent who can’t sleep at night wondering if your child will be alive in the morning or you are watching your child torture themselves. CHQ is doing their best to develop the new model but it is going to take time – time that doesn’t seem to have been accounted for in the decision to close Barrett. This now seems to be completely independent of the process to close Barrett. But WMHHS is responsible for the closure of Barrett – as the Minister constantly reminds us when asked to comment on the issue. The closure of Barrett will have extremely disturbing consequences for young people and their families across the **whole of Queensland**. I wish to put those consequences in context and make very clear what those consequences are.

In a recent meeting Dr Stathis advised the current waiting list for Barrett is **18 months**. The community would never stand for that type of waiting time for young people with cancer – they would consider it cruel and inhumane and there would be a public outcry. But there is such a waiting list, on which there are young people who are suicidal – **actively trying to kill themselves**. Some of the young people on the waitlist will be cutting, burning or hurting themselves in ways that leave horrible scars and that may actually result in death if the damage is severe and they don’t receive treatment in time – hurting themselves because they find the mental and emotional pain of living unbearable. Other young people on the list will have anxiety so debilitating that they cannot leave their home – may barely leave their room and have no contact with their

peers or society: anxiety so severe that it causes them to shake and vomit at the slightest exposure to daily life. There may be others who suffer from severe eating disorders leaving them facing a daily fight against starving to death as well as against the feelings that have driven them to such extremes. And there are other adolescents who have a mixture of these symptoms .

All of the young people on this waiting list have parents, brothers and sisters, cousins or grandparents. These people will watch their child's torment – day in, day out – knowing that it could be 18 months before they get help. But if you add another 12 months until the new model is operational – and then add the number of extra young people in that time that will develop the need for a Tier 3 service, the number of people deeply affected by this is more significant and the waiting list will be longer. The extra tragedy is that some of the young people on the waiting list could have already come to Barrett to be treated but intake was stopped months ago.

***If you put yourself in the shoes of the families – of these young people – could you wait another 12 months for the chance of help?***

And if anecdotal evidence is not sufficient, the statistics<sup>[1]</sup> don't lie. For the period 2010 – 2012,

- 48 young people aged between 15 and 17 committed suicide and
- 15 young people aged between 10 and 14 committed suicide

with suicide the leading cause of death for 15 – 17 year olds <sup>[2]</sup> and third for 10 – 14 year olds. In the 15 – 17 yr age group, this is more than the figures for death from cancer, diseases of the nervous system, congenital and chromosomal disorders and drowning combined.

Not just numbers – these are 63 young people – sons/daughters, nieces/nephews, grandsons/granddaughters. And these are only the numbers for which suicide could be verified as the cause of death. This does not account for suicide attempts that did not result in death. Although severe and complex mental health problems will not be the cause of all of these, what if – at a conservative estimate – only one quarter had severe and complex mental health needs? That is 15 young people who, with access to the right mental health services, might still be alive. The impact of a single death – on family members, friends, teachers, sporting teams, people in the neighbourhood – resonates through a community wreaking irreparable damage. But if you multiply that single death by 10 or 15, the serious effect that will have on so many lives is overwhelming .

***If you knew that in the next 12 months, some young people will attempt suicide and some will scar themselves with cuts and burns, would you not do what you could to save them?*** Well the statistics say they will. They will because Barrett Centre will close before another Tier 3 facility is ready. The closure of the one place that could have saved some of these young people will have far-reaching ramifications.

And for those that don't attempt suicide, there are other dangers:

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<sup>[1]</sup> From <http://www.ccyprg.qld.gov.au/pdf/publications/reports/snapshot2013/snapshot-2013-demographics.pdf>

<sup>[2]</sup> Equal with transport accidents

Intentional self-harm has been rated the third highest cause of hospital admission for 15 – 17 year olds in 2011 -2012, behind transport incidents and falls<sup>[3]</sup> (again – these are only the verified incidents) with at least

- 764 young people aged 15 – 17 years and
- 108 young people aged 10 – 14 yrs

hospitalised for intentional self-harm injuries, excluding admissions to psychiatric hospitals. That's approximately 870 young people who hurt themselves on purpose so severely that they had to be admitted to hospital. 870 families that had to watch scars accumulate on their child's body, powerless to do anything to prevent more from appearing.

So together, more than 900 young people were reported to have self-harmed or suicided in the period 2010 – 2012. If only 10% of that number needed a Tier 3 service and could have accessed that service, then 90 young people's lives and the lives of their families could have been very different. And none of these numbers account for young people with eating disorders and other psychiatric conditions that don't lead to suicide or hospitalisation for self-harm.

The closure of Barrett is also affecting the current young patients and their families. Whatever the alternatives offered, parents are having to knowingly choose an option that will compromise their treatment and recovery. Changing clinicians and therapists mid-treatment cannot happen without a consequence – even if that consequence is a stagnation of recovery. Parents only hope that is the worst outcome they face. For some it could be significant regression in their recovery because of the distress of changing environments, clinicians and therapists and feeling like they have to start all over again. If you were one of these parents, could you accept that this was not something you chose, but was being forced upon you and your child?

If you, the Board members of WMHHS could save a life, would you do so? If you could help save young people from a torturous existence, would you do so? You can. If it was your child, your niece/nephew, would you stand by and let someone close down the only place that could give your child the chance – the hope – of a normal life and a future?

Ms Corbett, will you stand by your statement to me that Barrett adolescent centre "will continue to provide services until [the new model] is operational"? It is very clear what the consequences of closing it will be for young people and their families across the whole state. There must be an ONGOING extended residential treatment and recovery service. There can be no gap between the end of one Tier 3 service and the availability of another. The ECRG alerts you to this risk.

On behalf of those mothers and fathers and grandparents and sisters and brothers and friends and all of those connected to these vulnerable young people, I implore you to keep Barrett open. If you close it, you are condemning some of these young people to physical pain and scarring, mental torture and possibly death, by denying them the treatment they desperately need. I can think of nothing more important that you could do as a Board than to guarantee Barrett will stay open. The consequences of its closure are simply too unbearable to think about.

Regards,




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<sup>[3]</sup> As per 1



Our ref: H13/88187-1

Ms Alison Earls  
Via email: [REDACTED]

Dear Ms Earls,

Thank you for your recent communication.

The development of the National Mental Health Service Planning Framework (NMHSPF) was commissioned by the Commonwealth Department of Health and Aging (DoHA), with a process established for the development of the model agreed to by both DoHA and jurisdictional representatives.

Expert Working Groups were established with broad representation from across Australia. The membership of these groups was drawn from representatives nominated by the various jurisdictions. This membership has included consumer and carer groups, representatives from the non-government sector, clinicians, researchers, policy makers and technical advisors. These representatives included those with extensive experience working with young people in a variety of settings including hospitals and community based ambulatory and residential services. The Expert Working Groups also included consumers who had received care as young people and carers of young people with psychosis.

Please note that various models of care were considered by the Expert Working Groups and consideration was given to international and national reviews of the issues surrounding non-acute inpatient mental health units for adolescents. Across jurisdictions, these facilities report a low occupancy level over a long period of time and access to services from rural and regional populations is often difficult. It has been recognised that to remain relevant in a comprehensive health care system, it is likely the model of extended inpatient care of adolescents will continue to evolve with a clear focus on adolescents with severe and complex mental health disorders. International guidelines have indicated that inpatient care is regarded as necessary only for the most severe and complex young people and the emphasis is on intensive day patient, community-focussed programs and step-up/step-down youth mental health care.

The role of the Expert Working Group is now finished and the collective work is currently being consolidated into a model that is being refined and tested. It will then be provided to the Commonwealth Government for their consideration. The distribution and application of the Framework will be determined at that time by the Commonwealth.

Yours sincerely

[REDACTED]  
**Brian Woods**  
Project Director  
National Mental Health Service Planning Framework

*All project correspondence to:*  
Mr Brian Woods  
NMHS Project Director  
Mental Health and Drug and Alcohol Office  
Level 4, 73 Macquarie Street, LMB 901  
Sydney, NSW 2000

**Lesley Van Schoubroeck**

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**From:** Marita Stinton [REDACTED]  
**Sent:** Thursday, 27 March 2014 9:51 AM  
**To:** [REDACTED]  
**Cc:** [REDACTED] Lesley Van Schoubroeck  
**Subject:** State Government closure of the Barrett Centre in Brisbane

Dear all,

I am writing in relation to the State government's closure of the Barrett Adolescent Centre.

I am extremely concerned about the increasing levels of mental illness being experienced by young people. My niece and the daughter of a close friend, both only 12 years old, have in the past year been hospitalised as a result of mental health issues. It is frightening to think that kids so young are being affected, and to think about how many young people need help now and how many might need help in the future. I heard a psychologist who works with adolescents say recently that it is estimated that 1 in 4 teenagers will experience some form of mental illness.

Clearly, these figures mean that most of us are going to know individuals and families who need help. It also seems clear to me that there will be significant consequences for all of us if help is not available. I've watched my sister and my friend struggle to cope with the consequences of this illness, which affects their whole families, their ability to work and their ability to contribute to our communities in the way they did before. It is almost beyond my ability to comprehend how a 12 year old can be suicidal. But it is happening. And for their families, the fear is constant and unrelenting. I have also seen how intensive, expert care can help.

I strongly believe that a residential facility that offers care and treatment for young people with severe mental health issues is needed in Queensland.

I have heard the Queensland Government repeatedly provide reassurances that alternative services would be provided as a result of the closure of the Barrett Centre, but I understand this has not happened.

I urge you all to listen to the expert advice that is being provided and to ensure that replacement services are put in place urgently.

Yours,

Marita Stinton

Upper Brookfield  
Brisbane



## EXHIBIT 130

Pages 152 through 161 redacted for the following reasons:

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The Commissioner has granted confidentiality to parts of this document under correspondence dated 3 November 2015. Confidential