

Commonwealth of Australia  
STATUTORY DECLARATION  
*Statutory Declarations Act 1959*

I, Justine Oxenham, teacher of c/- Sparke Helmore Lawyers Brisbane QLD 4000.

make the following declaration under the *Statutory Declarations Act 1959*:

I am required to give the following information in a written statement by the Commission of Inquiry into the operation and closure of the Barrett Adolescent Centre. For ease of reference the questions I have responded to are set out in bold font. I declare the following responses (in normal type) are true and correct to the best of my knowledge and belief:

**Background and experience**

**1. What are your current professional role/s, qualifications and memberships? Provide a copy of your most recent curriculum vitae.**

The attached Curriculum sets out my experience and qualifications.

- I was a teacher's aide during the early 1990s at BAC.
- I am Registered as a Teacher in the ACT and QLD and I have a general registration to Work with Vulnerable People – General Registration, ACT.
- At present I work in the ACT with the Communities@Work charity, as a teacher at their Galilee School. The Galilee School is a school for kids at risk and disengaged from mainstream schooling, which I thoroughly enjoy.
- I completed a degree in Education (Primary) in 1995.

**2. Provide details of your background in education of special needs children and adolescents.**

I started teaching 'at risk' children at Woodridge State Primary School, almost straight away. I was asked to take on this role because of my personal commitment to 'at risk' and vulnerable children and because of a shortage of teachers in that field at the time.

I received a commendation for my work at Woodridge State School. My work at Woodridge State School helped to transition the children to primary school effectively and safely. I wrote a special teaching program for the children at Woodridge which met their special needs.

My husband is in the Royal Australian Air Force, meaning that we moved locations fairly often during my career since 1996. We have two children now aged 13 and 11.

Since working at Woodridge I have worked at Silkstone Special School (Special Education Unit), Bohlevalle School (Townsville), Goodna Special School, Brassall State School, and Claremont Special School, amongst other contracts. From 1996 I was a permanent teacher with Education

Queensland and remained so until I resigned my permanency due to family commitments in 2004. Later and until I accepted permanency again with Education Queensland in 2013, my work was of a part time contract or relief nature so as to balance my family needs with work. Generally, I worked in schools with a dominantly low socioeconomic demographic, with kids with special needs or with vulnerable or at risk children. My work gave me very significant insight into the needs of vulnerable children and I through interest, professional development and experience, I developed strategies to ensure the children advanced academically and personally. My work led me to understand that relationship based teaching and learning was beneficial for the children I taught.

In 2010 I began part time work at the Barrett Adolescent School.

### **Involvement with the Barrett Adolescent Centre (BAC) School**

- 3. Explain the circumstances in which you became involved in a professional role with the BAC School. In particular,**
- a. on what date, in what position and on what terms did you first become involved with the BAC School?**

I had worked as a teacher's aide at the BAC in the early 1990's.

In 2010 the Department had a 'tracer' website through which I found out about a job available at the BAC for a Physical Education Teacher available for one day per week. I got the position and eventually the job grew to 3 days per week. Occasionally, I attended the BAC on 4 to 5 days per week, as requested. There were many times I attended the school on my day off (unpaid and voluntarily) to attend a meeting or event in order to support the students, staff and families.

- b. describe your duties and responsibilities in respect of your position with the BAC School; and**

My initial role as a PE teacher at BAC later grew to include teaching Human Relationships Education, Values Education, Maths, Smart Moves, and involvement with the Community Access program (see CV).

- c. detail all relevant documents and communications, including the job description and letter of offer in relation to how you became involved with the BAC School.**

Regrettably I no longer have these documents. I moved house from Flinders View, Ipswich to Brassall, Ipswich and then on to Canberra concurrently with the BAC school moves from Wacol to Yeronga to Tennyson; some of my work related documents were lost. DETE will have copies of my HRM documentation. I give my permission for those documents to be made available to the Commission of Inquiry.

- 4. Explain and detail any changes in your position and/or terms of employment or engagement throughout your time with the BAC School. In particular,**
- a. what was the change, what were the reasons for the change and on what date did the change occur?**

I became a permanent worker on 8/7/2013. The Principal (Kevin Rogers) encouraged me to seek and obtain permanency.

**b. describe any changes in your duties and responsibilities in respect of your position with the BAC School; and**

See my responses to questions 3(a) to 3(c) The duties and responsibilities were constantly evolving – we had to be flexible and adaptable in the teaching environment and although this was sometimes challenging, generally I enjoyed performing my roles and responsibilities at BAC.

**c. detail all relevant documents and communications in relation to any changes in your position and/or terms of employment or engagement.**

DETE will have this information. Regrettably due to house and school moves I no longer have these records. My state of mind was not conducive to keeping these records as I normally would.

**5. Explain and detail the reporting structure at the BAC School. In particular, detail**

**a. who were your supervisor(s) and/or the people to whom you reported; and**

The BAC Principal (Kevin Rogers initially) was my supervisor. I also reported to the education/health care team in Case Conferences and Care reviews, as required (CC weekly – rotating roster, CR 6 weekly per adolescent, represented education perspective on student allocated to my class. Trevor Sadler was the Director of the BAC.

**b. anyone who reported to you as a supervisor or manager.**

We had an ethic of collaborative reflection – which meant a flat hierarchy. There were teacher's aides that 'reported' to me.

**6. To your knowledge, describe the teaching program at the BAC School. In particular, describe**

**a. the educational curriculum;**

The BAC employed the concept of 'differentiation' meaning that the curriculum was responsive to student needs – so, timetabling subject to change. Generally, weekly timetable included literacy, numeracy, science, history, PE, community access, cooking, gardening, drama, vocational education, smart moves and HRE programs.

**b. the structure of the teaching staff;**

There was a good mix of part time and full time staff.

**c. the engagement between the teaching staff and other professionals; and**

We were very collegial/collaborative, supportive, and adolescent focused. Generally, we had a 'can do attitude' to solving problems. This changed after Trevor's time finished.

**d. whether the program was tailored to suit the needs of the BAC clients and if so, how was it tailored and the structures in place to develop tailored programs.**

Yes the program was structured to meet the needs of BAC clients, very much so. In an audit

carried out in 2012 I remember that the BAC rated outstanding on 'an explicit improvement agenda', 'analysis and discussion of data', 'a culture that promotes learning', 'an expert teaching team' and 'differentiated learning'. We adjusted the curriculum to meet individual needs. We were very well regarded for our work.

Structures included but were not limited to: a school framework that was relationship based, trauma informed pedagogy, a differentiated curriculum, collaborative reflection process, also informed by care team considerations (weekly CC, 6 weekly CR, morning meetings)

**7. Describe your work at the BAC School. In particular,**

**a. on average the number of students you taught or assisted in teaching at any given time;**

ranged from 5 to 8 per class to whole school (capacity up to about 20??)

**b. the subjects you taught or assisted in teaching; and**

I taught PE, maths, HRE, Values Ed, community access, smart moves. I always assisted when/where that I was required.

**c. your roster at the BAC school including how long was each class and how often you taught or assisted in teaching.**

Each class approx. 30 minutes long, but kids occasionally stayed instead of returning to ward at break. Outings went for longer. There was a Roster to meet kids needs and / or as per timetable.

**8. Detail and explain the nature and level of communication between clinical and educational staff at the BAC School, including whether there was any formal structure of communication between clinical and educational staff.**

Formal – CCs and CRs, as well as contributions to clinical notes. Informal – morning meetings. Communication was collegial (in the Trevor Sadler era). After Trevor's time finished, then things reverted to being overly and unhelpfully formal, in my opinion.

**9. Detail and explain the nature and level of involvement of student families in school activities and curriculums.**

This was essential to the way we worked. Families received weekly emails to update on child's progress. Families were invited to Café Days and celebrations. Families were always welcomed and included, as was practical. We tried to bridge the gap between the students, the school and the families by letting the families know how their child was progressing at school; in this way, we also assisted connection and positive relationship development between student and parent or guardian.

**10. Detail and explain key challenges in your role at the BAC School, including**

**a. actions taken, if any, in response the challenges; and**

Immediately the biggest challenge was the cultural change post Trevor Sadler – the culture became one of secrecy and distrust. No longer collegial or collaborative. There were letters written

to Ministers, our kids went to Parliament. There were petitions created. Next challenge was the move to Yeronga – there was uncertainty and conflicting information. There were opaque and sometimes conflicting messages from departments i.e. an example of this was the constant question of whether we would continue to exist as a school, as what model and where. Additionally, I perceived that bureaucrats, when they visited, wore the ‘assassin’s smile’. I struggled with the inexplicable change and the sense of having to watch what we said when departmental representatives visited the school and with understanding their true agenda for visiting us, which was often disguised as interest in supporting what we were going through. Unfortunately, these visitors rarely demonstrated support, rather they were ‘information gathering’; i.e. perhaps trying to determine if we were acting as health providers of some form, rather than strictly as teachers. Mark ‘Campling’ was one such bureaucrat who once told me that he could see in my eyes that I was ‘caring’ and ‘affected’ by the situation. He also told the group to be careful that we were only ‘teaching’. No real support was forthcoming and ultimately, I was shocked and saddened to realise that despite 3 deaths within a 5 month period, no comprehensive support would be (or was) provided by the department for our community; as a school, we organised and provided our own support opportunities.

- b. detail relevant communications, if any, you had with anyone else in relation to the challenges.**

See my response to the document production notice.

**Decision to close the BAC and transition arrangements**

- 11. Explain the circumstances in which you became aware of the intention to eventually close the BAC. In particular,**
- a. on what date, by whom, and by what means were you informed about the intention to eventually close the BAC? and**

There was an unofficial television announcement made just after our Queensland Schools Review (QSR) presentation, which was highly successful.

- b. detail all relevant communications in relation to how you became aware of the intention to eventually close the BAC.**

I do not believe I have any.

- 12. The Commission understands that on 6 August 2013, an announcement was made to ultimately close the BAC. Explain the circumstances in which you received official notification of the decision to ultimately close the BAC. In particular,**

As – above – the decision was telegraphed on TV following our QSR presentation.

- a. on what date, by whom, and by what means were you informed about the decision to ultimately close the BAC?**

I am unable to remember but it was sudden.

- b. detail all relevant communications in relation to how you became aware of the**

**decision to ultimately close the BAC; and**

I don't think I have any.

**c. what reasons were provided for the proposed closure?**

As I remember, the decision was based on an opinion that the centre ran an out-dated model of treatment.

**13. Since 31 October 2012, has anyone from the BAC or the BAC School consulted you or, to your knowledge, other staff from the BAC School in relation to the closure of the BAC and the transition of students to alternative care? If so, describe****a. on what date, by whom and by what means were you consulted? and**

Initially I was on the Transition Panel – it was part of my job to do this until I eventually agreed to leave the panel. I have made some notes (transcript) of statements made by members of the Transition Panel. I found those statements unsatisfactory as to the best care of the students and it was a very difficult and fraught time personally. For various reasons I felt Management had been led or pushed into making poor decisions about BAC transitional arrangements and management would not listen / make themselves available to consider reasoned argument – there was no platform for such discussion. I have nothing against anyone at a personal level, I just hope similarly poor decisions can be avoided in the future.

**b. detail all relevant communications in relation to the consultations.**

see EQ emails, transcribed notes, personal emails in response to production notice. I recall a directive to remove pictures of the staff and students from the walls of the BAC – it seemed designed to de-personalise the BAC. Gradually existing staff were removed and inexperienced casual staff appointed.

**14. Since 31 October 2012 has anyone provided support to you or to your knowledge, other staff from the BAC School in respect of the decision to close the BAC and the transition of students to alternative care? If so, describe****a. on what date, by whom and by what means was support provided? and**

I saw Philip Davidson from Optum Health twice in 2014. Other staff also got help as they determined they needed it. Georgia came to school, as did Trevor... (post [REDACTED]). This is an example of how the school organised and provided our own support opportunities.

**b. detail all relevant communications in relation to the support offered.**

personal emails inviting parents and students to meet with Georgia post [REDACTED].

**15. Since 31 October 2012 have you, or to your knowledge, other education staff, been consulted about the students' ongoing educational needs and how those needs would be met during the transition period? If so, describe****a. on what date, by whom and by what means were you consulted?**

Please see my response to question 13 a.

**b. who was responsible for the educational transition of patients;**

I had an advisory role only. School staff all helped to facilitate as very best we could. The arrangements were necessarily ad hoc but we made great efforts to re-settle the children. Some efforts were successful, others not, but we did everything we could.

**c. what were those educational transition arrangements;**

Various. Individualised. School facilitated in consult with kids and carers. Uploaded to 'One School', an EQ intranet site.

**d. how were clients' educational needs taken into consideration in the transition arrangements; and**

the school advised the Transition Panel in consultation with kids, parents, schools, other stakeholders (CYMHS, if they were actively involved e.g. [REDACTED]) Later, and post 'Transitional Panel', the school continued to be heavily consultative in finding appropriate transitional arrangements for the kids.

**e. detail all relevant communications in relation to the consultations.**

see EQ and personal emails

**16. Since 31 October 2012, to your knowledge, have there been any management decisions related to the intention to close the BAC that impacted on the day to day operation of the BAC school? If so, describe**

Affective allied health staff removed, casual nursing staff replaced experienced staff – compromised what we could do and also ended allied health programs and therapies. Directives to limit outings. Changes to procedures regarding outings. (i.e. paperwork to be completed days before outing, food to be ordered by school, not nursing staff, difficulty in accessing ward van). Constant departmental requirements that appeared to demand we validate our existence. The management decisions had the effect of compromising the primary purpose of the school – to teach.

**a. changes to staffing arrangements, if any, including who made the decisions in relation to the change, when was the decision made and communicated, how was the decision communicated, what was the change, and what were the reasons given for the change;**

I don't remember any official notification that allied and nursing staff would be changing, it just changed, people suddenly were no longer there. School staffing and roles had to be flexible to meet demands of delivering curriculum and to juggle departmental demands i.e. staff themselves had to pack up the school. The process seemed to lack compassion for all.

**b. changes to student and teaching arrangements, if any; and**

school had to adapt. We tried to keep it similar to the routine kids knew i.e. although OT did camps in the past, we now did these. We organised holiday program etc.

**c. any other relevant management decisions.**

decisions came down through to the Nurse Unit Manager (NUM) to deliver – was just a directive given, we had to comply. No reasons elaborated upon e.g. to remove photos from the walls.

**17. What were the arrangements for the continuation of the employment of educational staff working at BAC following the decision to close BAC, up until closure?**

Permanent staff to keep their jobs. Deb Rankin was resourceful and found a way for us all to keep our jobs.

**18. When did you cease your employment with the BAC school?**

I am on leave. Effective from, I think, about end of Feb. Please confirm with DETE.

**Relocation to Yeronga**

**19. To your knowledge, state whether you were aware of the decision to relocate the BAC School to Yeronga. If so,**

**a. on what date, by whom and by what means did you become aware? and**

I am unable to remember except that we had EQ departmental approval to exist. I do remember that Peter Blatch was helpful.

**b. detail all relevant communications in relation to how you became aware.**

Nil

**20. To your knowledge, state whether you were aware of and/or involved in the process to relocate the BAC School to Yeronga. If so,**

**a. on what date, by whom and by what means did you become aware of the process to relocate the BAC School to Yeronga?**

I am unable to remember due to stress.

**b. on what date, by whom and by what means did you become involved in the process to relocate the BAC School to Yeronga? ?**

Sorry I am unable to remember. This was a fraught time for me and stress has affected my memory on some matters.

**c. detail all relevant communications in relation to how you became aware of the process to relocate the BAC School to Yeronga;**

I have no notes.

**d. detail, to your knowledge, why Yeronga was chosen as the relocation site; and**

I do know that there was extensive search to find a new home. I remember discussion concerning a need to be close to transport. However, there is no administrative reason why I should have knowledge of this procedure.

**e. detail all relevant communications in relation to your involvement in the process to relocate the BAC School to Yeronga.**

Nil

**21. How many BAC students were transitioned to the new site at Yeronga? What happened to those who did not transition to Yeronga?**

I do not remember the exact number. I can remember that many kids went to alternative locations around the state (back to their original communities / homes, and most were then without educational support. I was worried for them.)

**22. Was the school at Yeronga able to continue offering an appropriate level of education and care to clients with severe mental health issues?**

Educationally, yes. Care, no. Although we did have a 'mental health' nurse, we did not have a care team to support the students, as we had at Wacol.

**Subsequent relocation to Tennyson**

**23. To your knowledge, state whether you were aware of and/or involved in the process to relocate the BAC School to Tennyson. If so,**

**a. on what date, by whom and by what means did you become aware of the process to relocate the BAC School to Tennyson?**

Always knew Yeronga was for one year only – year seven to occupy our premises by 2015. Expedited with storm damage.

**b. on what date, by whom and by what means did you become involved in the process to relocate the BAC School to Tennyson?**

Involved in the physical move, as was everyone.

**c. detail all relevant communications in relation to how you became aware of the process to relocate the BAC School to Tennyson;**

Nil

**d. detail, to your knowledge, why Tennyson was chosen as the relocation site; and**

most available – there was a storm event at Yeronga and this accelerated the selection of Tennyson which was already on the list as a possible site – this is my understanding.

**e. detail all relevant communications in relation to your involvement in the process to relocate the BAC School to Tennyson.**

Nil

**Current School at Tennyson**

**24. How similar is the school in its current form at Tennyson to the BAC school at Wacol?**

Only staff is similar – there is no comparable program to the BAC. Tennyson seems an inappropriate site given it is in an industrial area. There are no nurses on site to treat any self-harm incidents.

**25. What type of students does the Tennyson school teach? In particular****a. How many students attend the school?**

Presently, I don't know.

**b. What are the ages of the students?**

Presently, I don't know.

**26. What are the criteria for entry to the Tennyson school?**

Presently, I don't know.

**27. Is the Tennyson site well suited to a special school?**

No.

**28. How many staff work at the school? How many of these are education staff? How many are clinical staff? Does the school employ a psychologist or social worker?**

I don't know.

**General****29. Detail the concerns, if any, you had in relation to the closing of the BAC, including****a. if you discussed your concerns with others, on what date and with whom did you discuss your concerns? and**

see EQ and personal emails and letters to ministers etc. My response to the document production notice contains my concerns in writing in various ways and means of concerned advocacy. BAC demonstrated relationship based trauma informed model of care which I thought was excellent and appropriate. It was an inspiring model of care. The model required us to make the child feel safe, secure, and develop trust with us. We understood that the aberrant behaviours were caused by trauma and that medications affected learning. We tried to engage the students to enhance learning. The BAC model was highly regarded. The seeming rejection of the model of care and tuition at BAC was inexplicable to me. The move to Tennyson and Yeronga meant the end of the model of care and upset me deeply. Tennyson and Yeronga had inadequate space and were completely non therapeutic when compared to the BAC – they were poles apart in all respects.

**b. detail all communications in relation to your discussions under (a) above.**

see EQ and personal emails and letters to ministers etc.

**c. Elaborate upon any other information or knowledge (and the source of that knowledge) that you have relevant to the Commission's Term of Reference.**

see EQ and personal emails and letters to ministers etc.

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

Please see below table representing a list of documents provided:

Document Date	Document Type	Document Title
09-Oct-13	Email	Re Save the Barrett Centre
31-Oct-13	Email	Re Support for keeping the school
31-Oct-13	Email	Re Response: Barrett Adolescent Centre
31-Oct-13	Email	Re Barrett Holiday Program
12-Nov-13	Email	Re AMA meeting
17-Dec-13	Email	Re Notes from Parent Meeting with CHQ/WHM 11 December
26-Dec-13	Email	Re [REDACTED]
31-Jan-14	Email	Re Fwd: Appointments for [REDACTED]
07-Apr-14	Email	Re Key points for evaluation/recommendation re Barrett.
08-Apr-14	Email	Re Contact
09-Apr-14	Email	Re Barrett Adolescent Centre - evaluation
13-Apr-14	Email	Re [REDACTED] of ex-Barrett Patient
21-Apr-14	Email	Re Wednesday
01-Aug-14	Email	Re ABC 7.30 report
09-Aug-14	Email	Re [REDACTED]
10-Aug-14	Email	Re [REDACTED] of Barrett's Reddit post has been removed ...
09-Aug-14	Email	Re Fwd: Facebook posts on Campbell Newman's site
11-Aug-14	Email	Re [REDACTED] story
02-Sep-14	Email	Re live forum Children's Hospital & Health Service
12-Nov-14	Email	Re ABC news
25-Nov-14	Email	Re Agenda for meeting with Director General.
26-Nov-14	Meeting Agenda	Draft 4 Agenda
27-Nov-14	Email	Re FW: Barrett Adolescent Centre
25-Nov-14	Letter	Letter from [REDACTED]
	File Note	Extra Support
	Letter	Letter to Ashley
	Minutes	Transcript of quotes taken verbatim at Transition Panel meetings between October 15 and October 29, 2013 at Barrett Adolescent Centre (BAC) conference room
	Letter	Letter to Ms Miller and Ms Palaszczuk
09-Dec-14	Letter	Barrett Adolescent Centre School Education Report for [REDACTED]
	Letter	Newman letter
11-Nov-13	File Note	Case conference notes

	File Note	Save Barrett Adolescent Centre
09-Aug-14	Media	Copy of [REDACTED] Story
	Letter	Justine Oxenham CV

I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 11 of the *Statutory Declarations Act 1959*, and I believe that the statements in this declaration are true in every particular.

Signature  
of person  
making the  
declaration

..... [REDACTED]  
.....

Place  
Day  
Month and  
year

Declared at Canberra ACT on 24 November 2015

Before me,

[REDACTED]  
.....

Signature of  
person  
before  
whom the  
declaration  
is made

8 Full name,  
qualification  
and  
address of  
person  
before  
whom the  
declaration  
is made (in  
printed  
letters)

..... FLIGHT SERGEANT MICHAEL PATRICK OXENHAM

..... HQ 1 JMO&P HQ JOINT OPERATIONS COMMAND, BUNCEBORE

Being a Member of the Australian Defence force who is a non-commissioned officer within the meaning of the Defence Force Discipline Act 1982 with 5 or more years of continuous service.

**From:** [REDACTED]  
**To:** [Health](#)  
**Subject:** RE: Save the Barrett Centre  
**Date:** Wednesday, 9 October 2013 10:57:00 PM

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Thank you for responding to my email.

My name is Mrs Justine Oxenham and my postal address is [REDACTED]  
[REDACTED]

If the Minister would like more information concerning my correspondence and opinion, please do not hesitate to contact me as I work directly with the children of the Barrett Adolescent Centre and can give specific detail to the impact of this situation on the lives and of these children.

Yours Sincerely,  
Justine Oxenham

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**From:** Health [REDACTED]  
**Sent:** Wednesday, 9 October 2013 11:57 AM  
**To:** [REDACTED]  
**Subject:** RE: Save the Barrett Centre

Thank you for your email to the Honourable Lawrence Springborg MP, Minister for Health.

If you would like to provide an opportunity for the Minister to respond, please email back with your title, postal address and your correspondence will be actioned as appropriate.

We appreciate the time you have taken to contact our office.

Kind regards

Office of the Minister for Health

E-mail: [REDACTED]

Phone: [REDACTED]

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**From:** [REDACTED]  
**Sent:** Monday, 7 October 2013 11:03 PM  
**To:** Health; [REDACTED]  
**Subject:** Save the Barrett Centre

Dear Sir

Since late 2012, the people of Queensland have been waiting to find out if young people suffering with severe mental illness will continue to receive the outstanding treatment that the Barrett Adolescent Centre has been providing for 30 years.

The announcement of the centre's closure at Wacol has devastated many. But compounding that with more waiting about future mental healthcare options is too much

to ask of people whose lives are already filled with daily pain and distress.

The Expert Clinical Reference Group has recommended retaining a model of care that includes INPATIENT EXTENDED TREATMENT and ON-SITE SCHOOLING. So I am writing to ask you to announce publicly that your government will ensure the provision of exactly such a service.

The details of how such a model will put into practice may require the final months of the life of the Barrett Centre at Wacol to finalise – but the ongoing availability of LONGTERM RESIDENTIAL TREATMENT with a MULTIDISCIPLINARY TEAM that includes ON-SITE EDUCATION provided by SPECIALISED TEACHERS must be confirmed as soon as possible so as not to cause any more disruption to the lives of people who are already suffering.

SEVERE mental illness goes beyond depression and anxiety. SEVERE mental illness can mean violence, self-harm, extreme isolation, family torment and ultimately suicide. You have the power to lighten the loads that would be, to many of us, already unbearable.

Please announce as soon as you can that adolescents with severe mental illness will have access to INPATIENT EXTENDED TREATMENT ON-SITE SCHOOLING from 2014 onwards.

Thank you.

Justine Oxenham

[REDACTED]

QLD 4305

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**From:** [REDACTED]  
**To:** [REDACTED]  
**Subject:** Re: Support for keeping the school  
**Date:** Thursday, 31 October 2013 9:43:54 PM

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Thanks so much. I google the NRT but couldn't find anything so book would be great. You're a gem.

Sent from my iPad

On 31/10/2013, at 9:39 PM, [REDACTED] wrote:

Hi [REDACTED]

More references towards the importance of investment in relationships read Dave Ziegler extract of book 'Neurological Reparative Therapy' at [http://www.jaspermountain.org/books.html#neurological\\_reparative\\_therapy](http://www.jaspermountain.org/books.html#neurological_reparative_therapy) as well as articles published by Dave Ziegler. You might find the article

A Residential Care Attachment Model

([http://www.jaspermountain.org/residential\\_care\\_attachment\\_model.pdf](http://www.jaspermountain.org/residential_care_attachment_model.pdf))

particularly useful – many of his works have been used by Barrett to inform aspects of our operational framework. Another good read is 'Mental Health Promotion and Young People' edited by Rowling, Martin and Walker (McGraw Hill, 2002), particularly chapters 4, 9, 12 and 13, all of which promote the importance of attachment/healthy, supportive relationships in effective learning. (There are copies at the school and I will find one for you, if I can.)

Also, Debbie is meeting with Sharon Kelly and Peter Blatch tomorrow, so maybe some more info from there...

More emails to come, just keep getting interrupted, urgh...

Justine

**From:** [REDACTED]  
**Sent:** Thursday, 31 October 2013 8:39 PM  
**To:** [REDACTED] Darren; [REDACTED]  
**Subject:** Support for keeping the school

Justine - THANK YOU!

Just read the guide for teaching traumatised children you suggested last night. Below is the conclusion. Remember Greg Fowler said last night said to find evidence for maintaining the school. I'm sure there's more but this is a good start. Greg suggested I ask Dr Peter Steer about the idea of having the school together with the Tier 3 service (when it comes!) and ask him to consider it when I meet with him. I'm waiting on a call back from his office for a date for the meeting.

Take care all. I'll keep you updated.

[REDACTED]

## <!--[if !supportLists]-->1. <!--[endif]-->Conclusion

As the traumatised child develops greater relationship skills and regulation capacities they will begin to take pleasure in learning and draw strength from a strong attachment bond to their school.

Schools can become—or continue as—an extremely important point of reference for children whose lives are marred by abuse and neglect. Wherever possible, when a child's placement changes, schools should try to keep the child with them. **A strong attachment to their school can provide a child with stability in an otherwise unstable world: offering relationships, maintaining friendships, providing positive and enjoyable learning opportunities and ultimately building resilience and hope.**

(Stability when you are forcing everything else around them to change!). Also I received a reply to my letter to Minister Langbroek today and he gave me Peter Blatch's contact details to talk with him. He also passed on my Barrett Research Proposal to Minister Springborg. It probably won't do any good but he's done more than Springborg!

Sent from my iPad

**From:** [REDACTED]  
**To:** [REDACTED]  
**Subject:** Re: Response: Barrett Adolescent Centre  
**Date:** Thursday, 31 October 2013 11:19:38 PM

---

Thank you Justine. I totally understand your position and believe you definitely need to be there! I wouldn't ask you to do anything that would jeopardise that and agree we need to be careful. I am going to ring consumer advocate tomorrow about a few things. I think she's ok - she told me to go to the media, to do whatever you have to do! I am very aware that I would be persona non grata by now, as is [REDACTED]. I believe though that there are some people in places that may still be able to help - and want to, but who also have to be careful. I think they are hearing us, but have to be seen not to. I just don't know how they go about working the situation to our advantage. But I do believe in Karma and they may just make a mistake somewhere. I'm going to talk to Peter Blatch and see what I can get out of that and hope Dr Steer is positive about onsite schooling. I'll have plenty of info prepared to hand over for him to consider.

I'm going to write to the board again and I think I have enough 'ammo' to take on all the claims of lack of consultation.

Take care of yourself and we may have to bide our time on some issues. We really need you in there. Thank goodness you are!

[REDACTED] x

Sent from my iPad

On 31/10/2013, at 10:51 PM, [REDACTED] wrote:

This is a brilliant achievement! Well done!

As regards the 4<sup>th</sup> paragraph of Dr Steer's letter – Dr Steer is misled, as parents who have not been consulted in the planning process can testify and I quote Anne Brennan on family meetings: "...do we really need to do that...can't the CCs do that?" (Wed. 23/10/13 2.45pm) And it might be noted that CCs are also not involved in the planning process – merely told what to do.

Also, on Tues. 15/10/13 at 2.06pm, Anne highlighted conflict with parent groups as "now heightened" and warned the Transition Panel "do not leak bits and pieces to parents". I am not sure how you might use this information, but it does give some indication of the lack of respect and due consideration given to the rights of the kids and their careers in this process.

You should have received an email from Steve today, too. He may have included my suggestion that you engage the 'consumer advocate' at The Park to be present during any planning meetings you may have...I don't have details with me at home, but I will find their contact details and pass these on should you need them.

[REDACTED] I have quotes that are very demeaning of some parents and their children and I am concerned that I may put you, myself, the kids and my workmates in danger by sharing them just yet. I am willing to use them, but I need to stay on the panel in order to record and place a careful 'spoke in the wheel' when decisions

look set to be made that would compromise the future safety of any of the kids. I am concerned that my position may be challenged at a meeting between Sharon Kelly, Peter Blatch and Deb tomorrow. I do know that the health department plans to make complaints against the education department's participation in the Transition meetings and as I can be quite outspoken, that complaint will regard me. I know that Deb will fight to maintain our position, but I can't jeopardise that position on the panel any further at this point; already, since Kev has left, Anne has stopped using her mobile phone in the meetings (by the way she was using it, I suspect she was recording) and has toned down her rhetoric – I am getting less and less damning discourse.

Despite this though, ask me anything and I will at least give you a good indication of what you need, but we'll have to be careful on how we use it.

Take care and all the best, you are such a blessing to not just [REDACTED] but each child at Barrett! Thank you for what you are doing!

Justine

---

**From:** [REDACTED]  
**Sent:** Thursday, 31 October 2013 10:21 AM  
**To:** Darren; [REDACTED]  
[REDACTED] Alison Earls  
**Subject:** Fwd: Response: Barrett Adolescent Centre

Sent from my iPad

Begin forwarded message:

**From:** "CHQ\_HHS CHQ\_HHS" [REDACTED]  
**Date:** 31 October 2013 9:39:18 AM AEST  
**To:** [REDACTED]  
**Subject:** Response: Barrett Adolescent Centre

Good Morning

Please find attached correspondence from Dr Peter Steer, Chief Executive, Children's Health Queensland for your attention.

Thank you,

Katarina Tomic  
Correspondence Officer

---

Children's Health Queensland  
Hospital and Health Service  
[REDACTED]

E: [REDACTED]  
Level 1, North Tower, RCH  
Herston Rd, Herston QLD 4029  
[www.health.qld.gov.au/childrenshealth](http://www.health.qld.gov.au/childrenshealth)

>>> [REDACTED] 8/10/2013 6:24  
pm >>>

Dear Dr Steer,

It is with great concern that I write to you again. Below are the letters I have sent to Minister Springborg and Director General Mr Maynard. Parents are extremely disillusioned with the way this whole process has been handled, and, if you note the references to legislation, strategy and standards below, believe that from the Minister down, Queensland Health has failed to adequately engage in an appropriate manner with consumers and their families, and the community for that matter.

I understand that you have only become involved relatively recently. My concern now is that the process from here is improved. You will note my dealings with Lesley Dwyer and that Lesley has been very helpful. But parents shouldn't have to feel like they have to monitor this situation so that things happen the right way and the right thing happens by our children. Dr Steer, that is how we feel – and not without justification. Is there any possibility of a meeting with you to ensure that under your governance, the practices of consumer and carer consultation are respected and followed? And for other young people and their families who have the misfortune to require mental health services, there are processes in place to ensure parents only have to worry about their children and not the structures that are supposed to be supporting them.

Regards,

[REDACTED]

---

**From:** [REDACTED]  
**Sent:** Tuesday, 8 October 2013 5:41 PM  
**To:** [REDACTED]  
**Subject:** Barrett Adolescent Centre

Dear Minister Springborg,  
I have added below the email I sent to the Director-General Queensland Health this afternoon. I particularly wish to draw your attention to the Health and Hospital Network Network Act 2011, the West Moreton Health Governance Framework Part E: Consumer and Community Engagement Strategy and *Standard 2* of the National Safety and Quality Health Service Standard, Partnering with Consumers.

I am still seeking a meeting with you – parents from other regions are still prepared to travel to Brisbane to meet with you. It is very

disappointing that in Mental Health Week, we are still left wondering what services are to be provided, how much more pressure our children can handle, and feeling totally dissatisfied and disappointed with this whole situation.

I look forward to hearing from you regarding a date you can meet with Parents.

Regards,

[REDACTED]

---

**From:** [REDACTED]  
**Sent:** Tuesday, 8 October 2013 4:13 PM  
**To:** [REDACTED]  
**Subject:** Attention Axele: re DG071767

Dear Mr Maynard,

I understand a West Moreton Health was preparing a reply to my email of 16 September – DG071767. With respect to West Moreton Health, Mr Maynard, I requested a meeting with you as I believe the other levels of Queensland Health – including the Minister - are not understanding some of the really important issues. I am desperately hoping you can bring some humanity to this process, that has not been available elsewhere. Parents are desperately trying to monitor this situation and check that proper process is being followed – as well as monitor the effect of the closure on our children – the people in this situation who can least afford to be under stress, but who are. Parents do not feel like we can trust the Health Department, so we are watchful and sceptical – to ensure the safety and well-being of our children.

I have had a meeting with West Moreton Health and been in regular contact with Lesley Dwyer. In fairness to Lesley, when I have raised concerns, and asked for more involvement and input for parents to the process, Lesley has either made arrangements to respond to my requests or put me in contact with other people who have listened to my concerns (on behalf of other parents). My concern though, Mr Maynard, is that I shouldn't have had to complain or make requests or suggestions about parental involvement and contribution to this process. It should have been offered, and parents and their children at Barrett, should have felt confident and cared for in this process. That hasn't happened. According to WMH Consumer and Community Engagement Strategy it supports

- “• Engagement occurring at different stages and in an ongoing, sustainable way
- The involvement of consumers and community throughout the entire process, **from the beginning** through to the monitoring, evaluation and review phase
- The use of a variety of mechanisms and methods that are tailored

to meet the needs and purpose of the engagement

- Early engagement enabling the achievement of positive outcomes for both consumers / communities and the WMHHS
- The provision of information to consumers / communities up-front about the level of influence that their engagement will have on the outcomes”

I draw your attention to point two in particular – “the involvement of consumers and community throughout the entire process, from the beginning...”. Had the Minister and WMH acted in accordance within this Framework, the young people at Barrett and their parents/carers would have been told the Minister wished to investigate the provision of more mental health services for young people throughout Queensland; that he wanted to review Barrett as the model of care for extended services to young people with severe and complex mental health issues back in November 2012 when the news was first leaked. Instead, it has taken 10 months to get a means to have input - we have had to advocate on our own behalves to get input, very late in the process. It would seem that even legislation has been ignored:

Health and Hospitals Network Act 2011 - Section 13 (h) *there should be engagement with clinicians, consumers, community members and local primary healthcare organisations in planning, developing and delivering public sector health services; and*

the principles of ‘patient and consumer centred care’ in *Standard 2* of the National Safety and Quality Health Services Standards

have barely been given lip service. I have to say parents feel completely disillusioned by anything we have read about consumer/carer involvement and that whilst it is represented as one of the corner-stones of State and National Health/Mental Health Frameworks and Plans, it doesn’t appear to be in practice in reality – certainly not from the experience of parents and young people in this matter. I would have expected the Minister to be the ultimate upholder of such principles but we feel ignored and that another agenda is being pursued - other than what is the best and most appropriate care for our children and other young people with severe and complex mental health problems.

One important point about Barrett is that it is much greater than the sum of its parts – the interaction of its parts create community, security, safety, reassurance and trust for these young people – and inclusion, one of the most important aspects of life that often for years has either eluded them, or they have actively disconnected from due to their mental illness. The interaction of its parts – and the cumulative knowledge and experience of the team of people that work at Barrett – also greater than the sum of its parts. The

Government, in replacing Barrett, will just say Psychiatrist – tick; Psychologist – tick; Mental Health Nurse – tick; without realising they are completely dismantling a facility that provides much more for these young people than just ticks in boxes. That’s why it’s so important, and why in all Mental Health Plans, Hospital Governance Frameworks and most organisations generally now, there is primary reference to and active engagement of the ‘consumer’, carers and the community, right from the planning stages and across all stages of services. These people can tell health managers what it’s like to use the services, what it feels like to be a patient, how it helps them – what the problems are or why it doesn’t work. Families and the young people at Barrett have been denied this opportunity from the beginning.

Mr Maynard, I ask you to put yourself in our position. We think the government is making a huge mistake in removing this service; that the replacement service would lack something that may be difficult to measure but was what really what made Barrett successful; that rather than close Barrett, the Health Department look at the key features of Barrett, and build on it to make it even better. In my previous correspondence I even suggested ideas. There are no qualitative or quantitative measures of Barrett’s performance – and even if there were, they haven’t been compared with the new service as one hasn’t been selected. Surely one of the main reasons for changing to another model of care is to improve outcomes for the young people it services. In this case, it feels like this is very low down in the list of priorities and desired outcomes. What outcomes will the new model deliver – we can’t even say because no new model has been chosen. Yet the young people are under pressure preparing for transition – to what they don’t know. It’s a huge gamble to take with young people’s lives – of the young people in Barrett now, and of those who are waiting for their chance at recovery on the waiting list. This whole process has been back to front and wrong.

Please Mr Maynard, could you spare some time for a meeting?

I thank you for your time to consider our position.

Regards,

[Redacted signature]

\*\*\*\*\*

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\*\*\*\*\*

**From:** [REDACTED]  
**To:** [REDACTED]  
**Subject:** Re: Barrett Holiday Program  
**Date:** Thursday, 31 October 2013 11:28:40 PM

---

That is disgraceful. I had on good authority we could trust Anne - I asked specifically. How wrong! Animals would be treated better. Good god - she is a mental health clinician. Maybe we need to look at that whistleblower legislation. Take special care. So glad we had that meeting and we all have each other now. I will keep trying to find a way. There must be someone we can trust to tell this to who will handle it the right way. These people shouldn't be in these jobs. Hang in there Justine.

Will keep you up to date. Call any time if you want to or need to.

[REDACTED] X

Sent from my iPad

On 31/10/2013, at 11:07 PM, [REDACTED] wrote:

I ment to add, closes Australia Day, Jan 26, so skeleton staff (which they would like to avoid), from 13/12/13 to 26/01/14. This has been stated in almost all Transition meetings. Most discharge dates are for before 13/12/13 because Anne wants to avoid any clinical effect caused by a 'mass exodus' on the 13<sup>th</sup>.

Also, lots of little, menial tricks to dehumanize the entire situation – our party on Monday night can't be called a 'Farewell Party' (may be clinically destructive), and it has been "strongly recommended" that photos of staff with kids be removed (of course we haven't done this at the school). Essentially, by degrees, Anne is aiming to remove a sense of belonging at BAC, which in turn, makes people feel worse about being there and engenders a greater feeling of 'I want to leave'. As staff are stood down, take stress leave and kids are removed etc, this feeling intensifies. The other effect of all this is a flow on weakening of the culture of BAC, which in turn leads to an inefficient service where due to staff shortages, over work of the remaining staff and low morale, the needs of the kids are severely compromised.

And yes, these people are essentially stupid, but have tremendous bullying power; the depths of their depravity and expertise in forcing their will coupled with a complete and total lack of compassion astound me – are they human at all??

---

**From:** [REDACTED]  
**Sent:** Thursday, 31 October 2013 10:18 PM  
**To:** [REDACTED]  
**Subject:** Re: Barrett Holiday Program

I sent her 3 emails about it to try and get her to say they wouldn't need it because it was closing or it would go ahead and then I'd have her if it closed. She couldn't be that stupid could she? I was worried it was some kind of trap for me. but she told me to ask the school. I wrote to Lesley Dwyer about that and got no reply and I

emailed Langbroek to make sure he knew, and so he knew parents appreciated it and that we commended you.

I have to say I am seriously unimpressed that she's discussing [REDACTED] with Anne and that Anne is telling her about him. It sounds so patronising when she says "You should be so pleased".

J

Sent from my iPad

On 31/10/2013, at 10:03 PM, [REDACTED] wrote:

Deb will be on to this one tomorrow – the holiday program is allied health and as we did not have allied health staff willing to run the program, and on realising that the kids would be kept in a 'locked ward' for the duration of the holidays, teachers, aides and volunteers stepped up. I find this comment particularly offensive as it denigrates the huge sacrifice made by everyone involved to make that program happen!!

Also, Anne Brennan has stated on a number of occasions that the centre will be effectively closed by December 13 (last day of school). A skeleton staff 'may' remain on the ward to manage emergencies. Holiday program?? Sounds like a pacifier...but Deb will manage this one tomorrow and I will pass on how that goes, if Deb doesn't let you know first!!

But, if there is any opportunity for kids to remain on the ward, we will have to have a program 😊

Justine

---

**From:** [REDACTED]  
**Sent:** Thursday, 31 October 2013 4:27 PM  
**To:** [REDACTED]  
[REDACTED] Steve Marriott  
**Subject:** FW: FW: Barrett Holiday Program

Apparently 'Education' is responsible for the holiday program?  
[REDACTED]

---

**From:** Sharon Kelly [REDACTED]  
**Sent:** Thursday, 31 October 2013 3:11 PM  
**To:** [REDACTED]  
**Cc:** Anne Brennan  
**Subject:** Re: FW: Barrett Holiday Program

Good afternoon [REDACTED]

I spent some time with Anne yesterday and understand [redacted] is progressing well and there are some good plans in place as he moves toward discharge, you must be pleased with his progress.

I understand we are certainly working with each individual to ensure their clinical plans for mental health care are appropriate, but in regards to the "holiday program" this is the role of education as I may have mentioned in earlier correspondence.

However I have a meeting with the Assistant Regional Director in the coming days where I can confirm what their plans might be, but you may be better able to get this from the school.

Regards  
Sharon

Sharon Kelly  
Executive Director  
Mental Health and Specialised Services

**West Moreton Hospital and Health Service**

T: [redacted]  
E: [redacted]

The Park - Centre for Mental Health  
Administration Building, Cnr Ellerton Drive and Wolston Park Road,  
Wacol, Qld 4076  
Locked Bag 500, Sumner Park BC, Qld 4074

[www.health.qld.gov.au](http://www.health.qld.gov.au)

>>> [redacted] 29/10/2013 1:43 pm  
>>>

Hi Sharon,

I refer to my email of 18 October regarding the holiday program at Barrett. Can you advise if West Moreton Health is going to support Barrett to run a holiday program, prior to the January 2014 transition?

It will be helpful to know to organise other arrangements during that period.

Regards,

[redacted]

**From:** [redacted]  
**Sent:** Friday, 18 October 2013 10:35 AM  
**To:** [redacted]  
**Subject:** Barrett Holiday Program

Dear Sharon,

Would you be able to find out from Barrett management what is planned for the holiday programme, with the transition due for January 2014?

Regards,

[redacted]

\*\*\*\*\*

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\*\*\*\*\*

**From:** [REDACTED]  
**To:** [REDACTED]  
**Subject:** Re: AMA meeting  
**Date:** Tuesday, 12 November 2013 11:09:56 PM

---

Oh Justine I'm so sorry! That's awful. Just know for as long as you were on the panel the kids had a strong advocate - I'm not saying Debbie isn't, but for all you did and noted, you made a difference. I imagine the complaint is an internal thing, but if there's anything parents can do to support you, we'll be there for you in heartbeat - although my name might not do you any favours. Interesting that they are now focusing on the kids needs now when that was supposed to be the whole focus all the way along. Did you mean Lesley Dwyer or Sharon Kelly? I thought if anyone would be in trouble it would be Sharon.

I've got weekly meetings with Anne now - which I thought everyone was given but I have spoken to a couple of parents who haven't heard about that so that's not fair if they've just done that to try and shut me up. I'll have to check further and find out.

Hopefully with some of the recent events we've at least bought some time.  
Thank you so much for commitment and dedication - at great personal risk.  
I'm very proud to know you too Justine.  
Take care, will keep in touch.

[REDACTED] xx

Sent from my iPad

On 12/11/2013, at 9:55 PM, [REDACTED] wrote:

> Hi [REDACTED]  
>  
> You have achieved some fabulous successes - be so proud of yourself!! I am  
> certainly proud to know you!  
>  
> We have noticed the impact of your work, too, as the rumour is Lesley Dwyer  
> has been moved out of her position! Leanne Geppert is thought to be taking  
> over though, and she's not known to be terribly sympathetic. However, the  
> reason for the change is supposed to be around the issue of communication  
> with parents, so well done to you!! Also, we have been instructed to put  
> Transition on the back burner and focus on the kids' needs - another win,  
> thanks to you!! This means that Transition Panel meetings have been  
> cancelled for this week while parent meetings are supposed to be happening.  
> I really hope that does happen, and will be interested to hear how it all  
> goes...  
>  
> Also, I was moved off the Panel last week. It was heavily implied that  
> constant complaints and a pending formal complaint against me from the  
> health department was the reason behind this decision. Regardless, the order  
> came from Peter Blatch (Deputy Director, Specific Purpose Schools for our  
> region) so I had to go. I still have to do all the ground work, just stay  
> out of notice and report to Debbie as she is still on the Panel and now the  
> only education staff member to attend meetings. Debbie is a voice of calm  
> and reason, so hopefully good things can still be influenced. However,  
> Debbie is not as likely to diarise anything defamatory or anything that  
> indicates risk as that's not how her mind works (Deb is beautiful and very  
> aware of the kids needs and safety, but more inclined to see the roses  
> before the thorns, and less likely to take the clippers to the bush!!)  
>  
> Anyway, ANYTHING I can help with, let me know!!  
>  
> I might add, your email summarising your meeting with the Steering Committee  
> made me cry...you are both so brave! Thank you!!  
>  
> Take care!  
> Justine

>  
>  
>  
>  
> -----Original Message-----  
> From: [REDACTED]  
> Sent: Tuesday, 12 November 2013 6:57 PM  
> To: [REDACTED]  
> Subject: Fwd: AMA meeting  
>  
> Hi Justine,  
>>>> AMA are keen to take it on! Dr Christian Rowan (Pres) will talk to CEO  
> of AMA, talk to their strategy people, look at media and direct to Minister.  
> He said he can't promise anything but they are onto it! Hope you are doing  
> ok. Heard there's been a bit of slowing down?  
>>>> [REDACTED] :)  
>>>>  
>>>> Sent from my iPad  
>

**From:** [REDACTED]  
**To:** [REDACTED]  
**Subject:** RE: Notes from Parent Meeting with CHQ/WMH 11 December  
**Date:** Tuesday, 17 December 2013 10:10:00 PM

---

Hi [REDACTED]

I will read more carefully and critically in the days to come – so more will follow but my initial concern is that CYMHS will be main referral agency – these guys don't engage with clients who don't/won't engage with them and do not necessarily see clients daily or even weekly (I am thinking of particular BAC kids here who were deemed 'too hard' to engage with and so lost service), so once again, these 'critical' kids will slip through the net and all will depend upon the integrity of an over extended service that reaches 'tip of the iceberg' or those well enough/motivated to engage with them. I am assuming that referrals will be accepted from private psychiatrists, the courts, schools, GPs??? Can't be just CYMHS?? Anyway, I will read/think more and pester you with more queries in days to come....

Was at BAC today to pack a bit more and caught up with [REDACTED] and some of the other kids....got a low down on the latest mismanagement of transitions, too...the school staff are all looking forward to the New Year and being able to operate with some consistency and adherence to good practice and care – and less to do with Ministers and associated folk!!

Take care of you.

Talk soon.

Jus

**From:** [REDACTED]  
**Sent:** Tuesday, 17 December 2013 7:57 PM  
**To:** 'Alison Earls'; [REDACTED]  
[REDACTED]  
[REDACTED]

**Subject:** Notes from Parent Meeting with CHQ/WMH 11 December

Hi all,

This is my best recollection with my notes from the Parent meeting at WMH on 11 Dec. I must get a recorder. Please ask to clarify anything that is unclear. Email me with any questions/concerns/comment you want me to include in a follow-up email to CHQ/WMH. I will be sending that soon (if not before Xmas, in the first week of New Year). I've got a feeling there'll be a lot more emails to send to the Minister and associated folk.

Kind regards,

[REDACTED]

**From:** [REDACTED]  
**To:** [REDACTED]  
**Subject:** [REDACTED]  
**Date:** Thursday, 26 December 2013 11:07:03 AM

---

Hi all,

I hope you don't mind me emailing you today, but i thought you might like to know [REDACTED] is doing ok at the moment. [REDACTED] said i could let you know. Her leave was approved and so far [REDACTED] and [REDACTED] have been enjoying their time together. The only thing [REDACTED] is worried about at this stage is that [REDACTED] won't want to go back to [REDACTED]. They will cross that bridge when they come to it though. [REDACTED] will maintain contact with [REDACTED] and [REDACTED] while she's away.

I won't go into detail now but WMH has acknowledged how poorly the move [REDACTED] was managed. It was always their intention to have [REDACTED] was available but this was never communicated to [REDACTED] or [REDACTED] until [REDACTED] expressed her upset about the process and continued expressing it, also with support from Children's Commissioner after i suggested [REDACTED] advise them. They were most concerned with the process. [REDACTED] have been supportive and understanding and as it stands, [REDACTED] is relatively satisfied with how things have ended up so far but extremely annoyed and dissatisfied with the process. IT will be difficult managing [REDACTED]  
[REDACTED]

I just thought if you hadn't heard, this may put your mind at rest that [REDACTED] has managed stoically and is now home [REDACTED]

I wish you all a peaceful and joyous time with your families. Relax and enjoy your holidays knowing you have all gone beyond the call of duty to care for and support these young people through such difficult times. they have managed as best as they can due to your continuous commitment and dedication and genuine love for them and what you do. i am in admiration of you all and can't thank you enough on behalf of all parents for everything you have done.

May the new year be one of hope and promise.  
My best wishes to you all.  
[REDACTED] xx=

**From:** [REDACTED]  
**To:** [REDACTED]  
**Subject:** Fwd: Appointments for [REDACTED]  
**Date:** Friday, 31 January 2014 7:55:30 AM

---

Just to let you know where things are at with [REDACTED] situation after our Psych pulling out yesterday.

[REDACTED] XX

Sent from my iPad

Begin forwarded message:

**From:** [REDACTED]  
**Date:** 30 January 2014 10:24:34 PM AEST  
**To:** [REDACTED]  
**Cc:** Leanne Geppert [REDACTED]  
**Subject:** Fwd: Appointments for [REDACTED]









**From:** [REDACTED]  
**To:** [REDACTED]  
**Subject:** RE: Key points for evaluation/recommendation re Barrett.  
**Date:** Monday, 7 April 2014 11:15:00 PM

---

Hi [REDACTED]

Yes, [REDACTED] knows that [REDACTED] was at my house last night, but not the details of my letter to Alison - I didn't want to upset her with details and only let her know that [REDACTED] was OK.

I will text Georgia tomorrow with your details.

I am home tomorrow, hopefully! Although with my two little ones, anything can happen!

Talk to you then!

Justine x

-----Original Message-----

**From:** [REDACTED]  
**Sent:** Monday, 7 April 2014 11:08 PM  
**To:** [REDACTED]  
**Subject:** RE: Key points for evaluation/recommendation re Barrett.

Hi Justine. Thank you so much. I will contact you tomorrow if that's ok.

Thank you so much for what you did for [REDACTED] I was so relieved to find out from [REDACTED] - or [REDACTED] I can't remember now q that [REDACTED] was going to be with you. Thank god! I would like the contact details you mentioned. [REDACTED] mentioned advising the [REDACTED] with particular concern for [REDACTED]

The more I write the more furious I get. Something has to be done. I would like to talk to you about your notes it may not need to be straight away  
 - I can put in the evaluation that I have more evidence for some of the claims I make. I only want to do what is right and not get you into trouble. We can think about it for a bit. For now, bless you. You were [REDACTED] angel last night. Thank you. Does [REDACTED] know?

[REDACTED] xx

>-- Original Message --

>From: [REDACTED]  
 >To: "[REDACTED]"  
 >Subject: RE: Key points for evaluation/recommendation re Barrett.  
 >Date: Mon, 7 Apr 2014 22:48:00 +1000

>

>

>Hi [REDACTED]

>

>

>





>personal/human ignorance and arrogance. Still, I am happy to share if you think they might help.  
>  
>  
>  
>Also, Georgia Watkins-Allen (was a psychologist at BAC, stood down just  
>before Trevor was dismissed) is very interested in helping where she can.  
>Do you have her contact details? If not, I will help you two to get in  
>touch.  
>  
>  
>  
>Take care [REDACTED] I hope you and [REDACTED] are OK.  
>  
>  
>  
>Kindest Regards,  
>  
>  
>  
>Justine  
>  
>  
>  
>  
>From: [REDACTED]  
>Sent: Monday, 7 April 2014 2:34 PM  
>To: [REDACTED]  
[REDACTED]  
>Subject: Key points for evaluation/recommendation re Barrett.  
>  
>  
>  
>Hi all,  
>  
>I realise it's holidays and on top of that, an extremely difficult time  
for  
>everyone. Only if you have time and feel up to it, would you consider  
>these recommendations and comment/add where you can. The list is not  
>comprehensive but the priorities I have identified so far. Again, any  
>additions you wish to make feel free. I will take no offence, but be  
>extremely grateful for your input. These recommendations are  
>retrospective  
>- what I/we would have done - what they should have done. I will be  
>backing up with examples that show why it was wrong. Again anything you  
>have to support the recommendation will be valuable or if there are  
>points you think are important to make. I do want to stick with the  
>most critical thought to maximise the impact of what we have to say.  
>It won't change anything now, but I want it made very clear to 'them'  
>how inappropriate, inconsiderate and completely ignorant of best  
>practice and mental health considerations their actions were. It is  
>more important now than ever that 'these people'  
>realise how wrong they were so other adolescents and their families,  
>carers and other helpers/educators/support people are never put in this  
>situation again. Also please let me know if there is anything you are  
>unhappy with me mentioning either because it may identify someone or  
>your preference is  
for  
>it not to be mentioned. I will respect that. I will just summarise  
>points so you don't have too much to read:  
>  
>  
>  
>1. Closure: time frame and process -

>  
 >Barrett should never closed before the alternative model services were  
 >up and running as was first stated (and regularly repeated) by WMH.  
 >The only transition young people should have made was to the new  
 >services that were specifically designed to support this special cohort  
 >of adolescents - in various stages of recovery from their severe and  
 >complex mental health issues. Not referring them to whatever was  
 >available privately or in the community for them to go to despite not  
 >being specialist adolescent services, but adult services in some cases  
 >(that don't acknowledge the special circumstances of 18 year olds who  
 >still require specialist adolescent services for their particular  
 >needs). They came from these services to Barrett - they were not new  
 >or 'contemporary' - just what was there and the adolescents were just  
 >sent to what could best accommodate them, not what was the best service  
 >for them. This would have ensured the specialist health and allied  
 >health workers at Barrett could have been retained and transitioned to  
 >the new services to maintain continuity of working relationships with  
 >adolescents and retaining the valuable pool of knowledge and expertise  
 >that is found nowhere else in other services or Queensland. One of the  
 >biggest issues for the adolescents was the loss

of  
 >the crucial therapeutic relationships with treating staff which caused  
 >irreparable damage to their recovery. In most cases, there was little  
 >time to build any kind of relationship with the new service/therapist.

>

>

>

>2. Transition - ties in with previous point. 'Transition' means  
 the

>process of moving from one situation to another - usually gradual, so  
 >as to make the move as easy as possible. Instead the transition time  
 >was used trying to find places to send the kids to. In some cases,  
 >kids were 'transitioned' a few weeks before, the week before - even a  
 >few days before the centre closed. [REDACTED]

[REDACTED] Places should  
 >have been found and confirmed well before a closure date was decided.  
 >That way 'transition'

-

>in

>the true sense of the word - could have actually taken place.  
 >Treatment could have continued fully and uninterrupted until placements were located.  
 >But if the above process was followed, the only transition to be taken  
 >would have been to the specifically designed new, contemporary  
 >adolescent services. This would have ensured minimal disruption to the  
 >lives of adolescents, their families and staff, and ensured adolescents  
 >didn't have to accept placements based on being the only ones available at the time.  
 >Some Parents were told Barrett didn't know where they would be able  
 >find to place their children. Some parents were told placements were  
 >found only to find out they were completely inadequate for their  
 >child's circumstances.

[REDACTED]  
 [REDACTED] And the carer was not told until after the  
 >adolescent was informed. Some adolescents were given brochures to take  
 >home, advising of services that might be suitable. In mental health  
 >guidelines, it is best practice that the service conducts face to face  
 >meetings with other services. In this case Barrett should have called  
 >a meeting with this service, in suggesting them as an option, so that  
 >parents and adolescents could have listened to/asked questions, to then  
 >consider if they thought they could offer something for their child.  
 >Some parents waited days or weeks for replies and responses from  
 >Barrett in relation

to

>where their children might go. The perception is this was rushed, not  
 >thought through properly, fastest process chosen, so that the  
 >adolescents could be transferred out of Barrett as fast as possible.

>Perception is everything. It showed lack of respect for adolescents  
>and the families, fostered mistrust of the process. I heard the Mental  
>Health Commissioner say at a Mental Health Forum during Mental Health  
>Week, that perception  
is  
>everything - if the perception of the public is that you (the service,  
>government) aren't communicating enough or the message isn't getting  
>through, even if you think you have done a good job, you need to do more.  
>  
>  
>  
>  
>3. Consultation and Communication.  
>  
>Every mental health guideline I have read states that carers and  
>consumers should be engaged in the process right from the planning  
>stages - or earlier  
>- and through every stage through to implementation. No young person  
>from Barrett was ever asked to contribute to the ECRG process or at any  
>other stage before the process. In every contemporary model now,  
>adolescent contribution and consultation to services for adolescents is  
>considered crucial to the success and relevance of the service, right  
>from the planning stages. No parents were consulted during the ECRG  
>process. Parents were only given the opportunity to contribute a  
>submission to the AETRS Committee after a desperate plea from a parent  
>for a chance to contribute (I have written communications to support  
>this and will document in detail in the full evaluation). Again the  
>chance to present to the committee in person was not offered but the  
>result of the request of the Committee. This was the only contribution  
>we got to make - and we (and adolescents) were the current users of the  
>service. If the mental health system values 'lived experience' so  
>highly, then the Mental Health division in charge of Barrett and Qld  
>Health obviously didn't. I respect the community representatives on  
>the Committee and the potentially difficult position in which they  
>found themselves, but if they were representing us, there was no  
>opportunity for us to give them our opinion on any issue - it was never  
>sought. I don't think one person can fully represent us in such a  
>situation - certainly  
not  
>on current issues and problems - and in such a monumental change to a  
>service - and I told that to WMH, Executive Director CYMHS and CEO  
>Children's Health Queensland. No parents received anything other than  
>emails with WMH 'Fast Facts' to keep them up to date with what was  
>happening with Barrett, right from when the closure was mentioned in  
>the Child Protection Inquiry November 2013 (if anyone has information  
>to the contrary, please let me know). This is exactly the same  
>information that was available to the general public on the WMH  
>website. The first personal contact - face to face - I believe was the  
>WMH meeting with Alison Earls and Myself. Whilst this was offered by  
>WMH, it was only as the result of some very challenging emails from us  
>and other parents and the community, and motivated I believe to try and  
>quell the vocal community opposition to the closure of Barrett. SO 1  
>meeting with 1 parent and a community member in  
>9  
>months and only 4-6 weekly emails with little variation in the information.  
>The only other face to face meetings were with the Mental Health  
>Commissioner (initiated by community - 2 parent/carer + 1 community  
>member);  
>2 meetings with Children's Health Queensland, one including WMH (1  
>parent  
>-  
>one of these meetings initiated after scathing letter sent to WMH board  
the  
>other requested by parent); presentation to AETRS Committee (2 parents  
>- initiated by parents) and the meeting with the WMH to advise of

>progress on the pilot, initiated by WMH - \*(I think that's all. If  
>anyone recalls another, please let me know - Alison?)\*. I also met  
>with President of the AMA, requested by me.  
>  
>  
>  
>The infuriating thing for was that in replies to correspondence with  
>WMH, Qld Health (from Director General, Health Minister) and the  
>Premier, there was regular reference to how much communication there  
>was with parents  
-  
>as  
>if they were doing such a good job keeping parents up to date with  
>everything - "personal emails, fact sheets and follow-up phone calls"  
>(Premier 07 November), "personal phone-calls, meetings and emails"  
>(Fast Facts 7, 26 September), personal phone calls from Sharon Kelly,  
>"followed up with personal letters to the parents and carers to provide  
>a reflection  
on  
>the discussions held" (Fast Facts 10, 20 November); a "comprehensive  
>communication strategy.face to face meetings" (Health Minister's office  
18  
>November 2013). The personal emails, face to face meetings, personal  
>phonecalls etc were all reactions to complaints about incidents from  
>either myself or other parents. None were initiated by WMH. I am also  
>following up the information that parents should have been in contact  
>with the Consumer Consultants, however we were only offered phone calls  
>from the Consumer advocate. Again, contact with the consumer advocate  
>was as a result of  
an  
>intense phonecall with WMH in response to another 'incident'. I can  
>verify all of this with email exchanges and record of phone calls.  
>  
>  
>  
>In fact, in relation to having access to the Consumer Consultant, this  
>should have been offered to parents in the meeting that should have  
>occurred immediately after the announcement that Barrett was to close  
>in November 2013, to ensure that parents knew where they could get help  
>if they felt they needed support. Phonecalls from the consumer  
>advocate were not 'offered', but initiated by WMH following a desperate  
>complaint for the  
need  
>for parents to have support, again from myself.  
>  
>  
>  
>At the point where Anne Brennan took over as Acting Director, there  
>should have been a meeting called for parents. In this age of  
>technology, it should have been possible to have a link with all  
>parents - those who could attend, and others via skype, phone  
>conference etc (20 years ago I used to regularly sit in on phone  
>conferences with 20+ participants). Parents should have been presented  
>with the clear plan for how the transition was to progress; information  
>on how their children might be affected; strategies for managing the  
>distress for both themselves and their children; what to do in even  
of  
>a  
>crisis at home during this time (I know of an incident where a parent  
>needed help and they were just told to take the child to acute - no  
>offer to talk to the child, have the child brought out to see someone  
>at Barrett, or someone to go to the home to talk to the child). They  
>should have done everything to try and calm the situation and those  
>processes should have been in place and given to parents. The reason  
>none of this was done was that there was no clear plan other than get

>the kids out - close the centre at the end of January. Anything in  
 >between was whatever they managed to come up with at the time. Some  
 >parents were just told take your child to private clinicians and given  
 >a brochure for a community service. As for 'wrap around care', I saw  
 >little or no evidence. \*(Please correct if you have other info)\* This  
 >meeting would have also given parents to ask questions, have input,  
 >etc. Again a missed opportunity to build relationships with parents,  
 >value their opinions, and respect the traumatic process they and their  
 >children were about to endure. And perhaps more importantly, a chance  
 >for parents to meet each other and be told to be there for each other.  
 >All of us had something in common. The parents I did have contact with  
 >called each other if they needed to, to find out info, or to chat to see how the other was doing.  
 This group support was invaluable.

>There was no recognition whatsoever, despite WMH being told, that some  
 >parents avoid confrontation, are exhausted from battles with their  
 >children (often trying to get appropriate care), feel disempowered or  
 >intimidated by the system and being able to lean on each other would  
 >have been invaluable for them all. It may also have helped some  
 >parents challenge the options that were suggested for their children  
 >where they didn't believe they were adequate, if needed. Parents also  
 >felt concerned that any advocacy for their child may hold negative  
 >consequences for their child, if WMH perceived them to be pushy or  
 >problematic - I'm pretty sure there are some of us that were seen in  
 >that light.

>

>

>

>4. Follow-up

>

>I will also outline concerns in the evaluation regarding the lack of  
 >followup for the adolescents. I am in the process of trying to find  
 >out from as many parents as I can, but as much as I can gather there  
 >was a phone call or an email. That was it. There actually should have  
 >been a small

team

>of people who monitored every young person to evaluate how the  
 >transition proceeded and to identify any problems as they arose so  
 >there was still

a

>departmental advocate to help families negotiate care, and to be a  
 >familiar support for adolescents until transition was complete - again  
 >remember transition is a process over time, not closing the door behind someone.  
 >This information could have been used to inform transition between the  
 >new services - if they ever get here. Dr Stathis advised at the Pilot  
 >meeting that it would be envisaged that young people would enter and  
 >exit services at different levels of service depending on their needs  
 >at a particular time, so transitions from care to home or between  
 >service levels would be common.

>

>At no stage have I or anyone else that I know of been asked to complete  
 any

>kind of evaluation form etc. Again - poor follow-up.

>

>

>

>Just to let you know again, there is a supposed 'announcement' about  
 >the 'new' services. That was weeks ago now and we have heard nothing.  
 >Alison sent me a link for comment on Barrett by the Springborg in  
 >Parliament last week. He alluded to all the good work that has been  
 >done. I'll let you

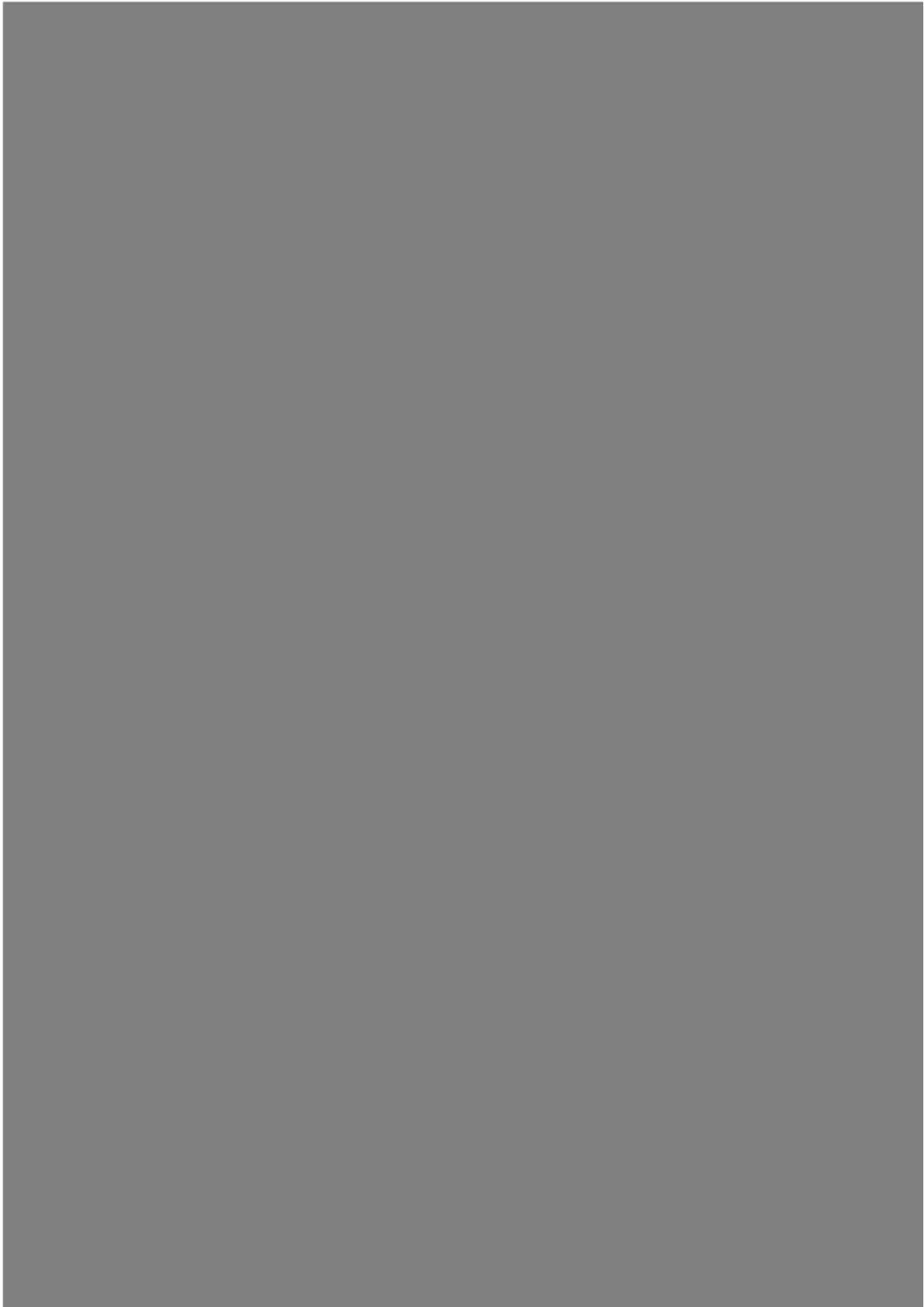
read

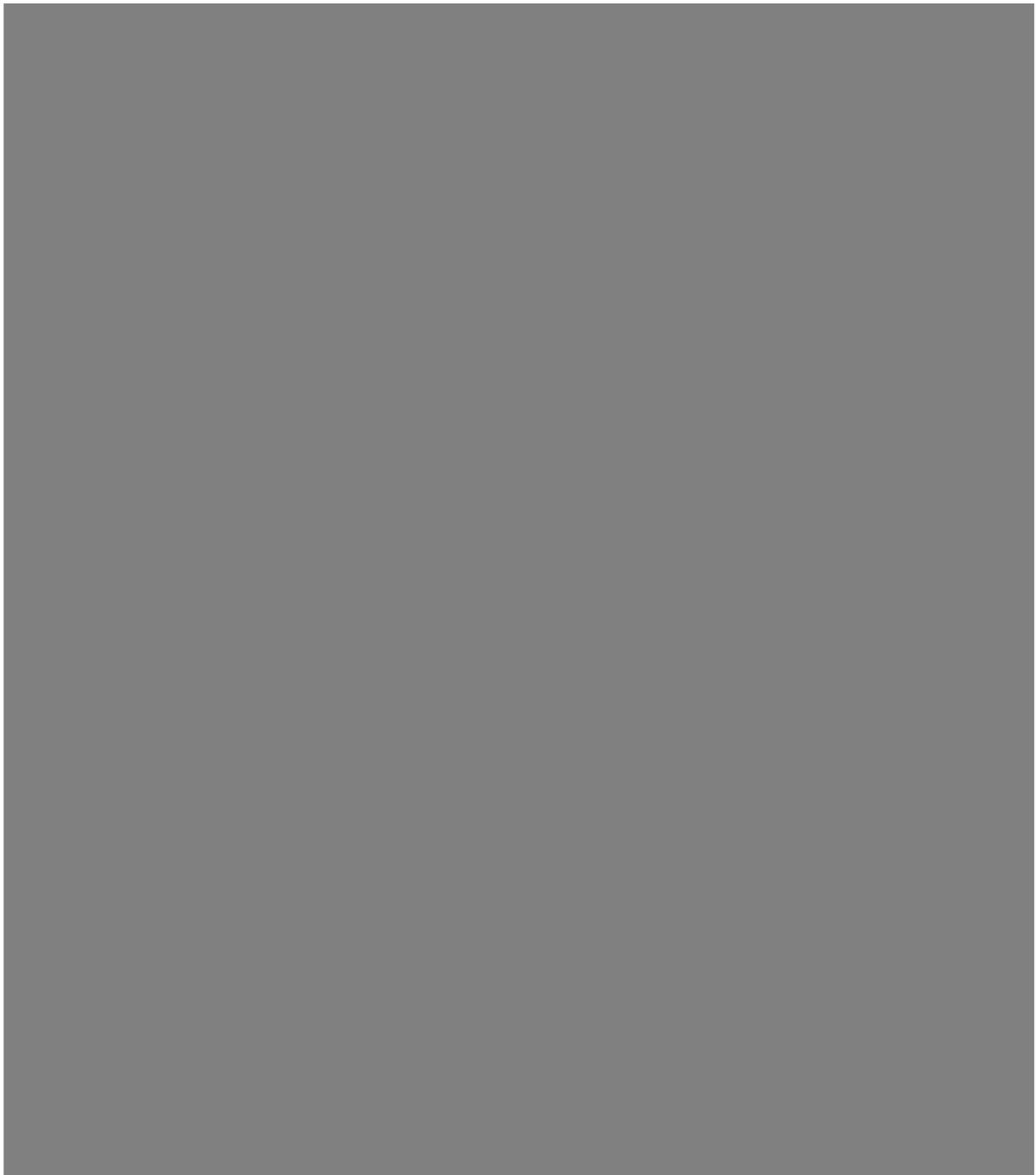
>it and imagine your reaction will be the same as mine. I am not  
 >criticising the work of the Committee, or certain individuals within  
 >WMH that actually have been helpful. This debacle is all the result of  
 >agendas much higher up in Mental Health and the Government, and people

>at different levels who  
do  
>not understand anything about mental health - but telling those that  
>do, how things are going to be. That is the disgrace and the tragedy.  
>  
>  
>  
>If you can, I will appreciate any contribution, however small. Please  
>excuse the rough nature of this. I wanted to get the points out for you  
to  
>consider. If you think I have missed anyone out, please forward on. I  
>don't have all parents' emails or all staff emails. Maybe, we can have  
>some influence so that nothing like this ever happens again.  
>  
>Kindest regards,  
>  
>  
>

**From:** [REDACTED]  
**To:** [REDACTED]  
**Subject:** RE: Contact  
**Date:** Tuesday, 8 April 2014 9:35:00 PM

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**From:** [REDACTED]  
**To:** [REDACTED]  
**Subject:** Re: Barrett Adolescent Centre - evaluation  
**Date:** Wednesday, 9 April 2014 10:13:48 PM

---

Thanks Justine. Xx

Sent from my iPad

On 09/04/2014, at 7:59 PM, [REDACTED] wrote:

Hi [REDACTED]  
[REDACTED] name is [REDACTED]  
Just get a couple more confirmations, though...  
I am so glad the coroner is investigating, too!  
Jus

**From:** [REDACTED]  
**Sent:** Wednesday, 9 April 2014 6:28 PM  
**To:** [REDACTED]  
**Subject:** Fwd: Barrett Adolescent Centre - evaluation

Can anyone confirm [REDACTED]? And last name [REDACTED]  
Thanks.

So glad the coroner is going to investigate.

Sent from my iPad

Begin forwarded message:

**From:** [REDACTED]  
**Date:** 9 April 2014 4:50:15 PM AEST  
**To:** [REDACTED]  
**Subject:** RE: Barrett Adolescent Centre - evaluation

[REDACTED]  
Margy Nightingale has advise me that [REDACTED] is this  
Friday at Caboolture.  
Annastacia does not think it appropriate that she attends but she  
does want to send a condolence card.

I need to confirm I have the correct spelling of [REDACTED] and [REDACTED]  
[REDACTED] Can you assist?

I have confirmed that [REDACTED] has been report by police to the State Coroner and will be investigated.

Greg

---

**From:** [REDACTED]  
**Sent:** Friday, 4 April 2014 2:12 PM  
**To:** [REDACTED]  
**Subject:** FW: Barrett Adolescent Centre - evaluation

Hi [REDACTED] I would be very wary of any publicity at this stage out of respect for the family but I wanted you to know that this is how I am proceeding at this point. I really am writing an evaluation but had just not gotten around to finishing it. I don't need any more motivation now to try and make it count for something.

Kind regards,

[REDACTED]

---

**From:** [REDACTED]  
**Sent:** Friday, 4 April 2014 2:05 PM  
**To:** [REDACTED]  
**Cc:** [REDACTED]  
[REDACTED]  
**Subject:** Barrett Adolescent Centre - evaluation

Dear Lesley,

I have been reviewing the process of the closure Barrett Adolescent Centre in recent weeks in order to develop an evaluation of the process and a set of recommendations so that our experiences as consumers, parents and carers may count for something. It would be my hope that no other parent, child or consumer would go through such an experience and my desire that these recommendations could be considered in the development of future services for young people with severe and complex mental health issues. I have almost completed this evaluation.

[REDACTED] I became aware of a tragic incident involving an ex-patient of Barrett, so I am even more intent on clearly communicating the experience of the young people and their parents during the closure of Barrett, highlighting the problems and distresses endured by all – and the concerns and warnings we made frequently to all levels of the Health department, the Mental Health Commission and other agencies. There are many questions that arise: considering the drastically different care options to which some of these young people transitioned, many of us now find ourselves asking ... who has been checking to see if the alternative care and treatment for these

young people was adequate – appropriate? How has this been recorded and reacted to? And of course, WHEN will we hear of an adequate replacement for the service that has been taken away when the Barrett Centre closed? A particular point I will be making in the evaluation, which was emphasised throughout our discussions at all times, was the lack of services and expertise for those young people 18 or about to turn 18 who, on Barrett’s closure, would be required to access adult services. These young people have a set of specific vulnerabilities inconsistent with adult services, and adult services lack expertise in dealing with adolescents. We raised specific concerns for their short and long-term well-being because of this. And this is only one of the concerns we raised. We didn’t feel our concerns and warnings were acknowledged before the closure – will anyone acknowledge them now?

We begged for Barrett to stay open until alternative services were in place. This was the original commitment from the Chair of WMHHS, Dr Mary Corbett on 09 August 2013: *“In the meantime, the Barrett Adolescent Centre will continue to provide services **until this model is operational.**”* We were constantly reassured that the care and needs of the adolescents were a priority and the reason for the closure was in order to provide better care for this cohort of young people. As recently as yesterday, the Minister stated in Parliament, *“It behoves us all to consider also that we are dealing with extremely troubled young people...”* If he really thought that, he would not have enforced the closure to achieve another agenda. The mental health of young people around the state could never be a priority if the one place that could help them was taken away. He also said *“The facility and the service was being run down, it certainly was not operating at 100 per cent and certainly was not providing, in my view, the best possible environment.”* The building may have been run down but the level of specialist and expert treatment and support that was being delivered in the building was still there and the proven results over 30 years clearly indicate that it is what these young people in such circumstances need. They were being given treatment and support that wasn’t available anywhere else. The closure meant that young people had to settle for whatever was available on transition out of Barrett – not what was best. To be put in a position as a parent, to be forced to accept secondary care for your child when optimum care COULD be made available, is unconscionable. This would never happen in an equivalent medical situation – to children with cancer or life threatening diseases. As is very clear, our children’s lives are at risk, and will continue to be without appropriate services. For a government that claims to want to promote understanding of mental illness, the treatment that sufferers and their families have received belies this public assertion.

There is a young girl in hospital and a traumatised and devastated

family, whose life will never be the same. There are traumatised friends and a traumatised community. I will complete my evaluation and forward it to you and the appropriate governmental bodies as soon as possible, Lesley. It is my hope – and that of the many that have been so devastatingly affected by the events of the last 17 months – that the reality of the current situation and the possible implications for the future will *finally* elicit an appropriate response to our ongoing pleas for the right mental health services for the young people of Queensland.

Regards,

[REDACTED]

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**From:** [REDACTED]  
**To:** [REDACTED]  
**Subject:** RE: [REDACTED] ex-Barrett Patient  
**Date:** Sunday, 13 April 2014 10:53:27 PM

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PS [REDACTED] and co left on an afternoon flight after the morning one was cancelled on Saturday. [REDACTED] said landing was horrendous and they were the last flight to land for the day! Their place is ok, just very wet. I talked to [REDACTED] tonight and [REDACTED] is keen to help prepare something for the coroner. I'll keep in touch and see you on 23<sup>rd</sup>. ☺

**From:** [REDACTED]  
**Sent:** Sunday, 13 April 2014 9:55 PM  
**To:** ' [REDACTED]'  
**Subject:** RE: [REDACTED] of ex-Barrett Patient

Hi [REDACTED]

Georgia, our past psychologist from Barrett, will be coming to the new school on Wednesday, April 23 to have a talk with the kids and help them to further process [REDACTED] in a healthy way. The invitation to attend is open to all past and present Barrett kids and their parents. I am hoping to arrange for Trevor to be available on the day, too, but this can't be confirmed just yet.

If it's not too 'out there' of a request, would you mind asking [REDACTED] to post these details on the kids' private Facebook page? I've also contacted [REDACTED] (who was going to attend [REDACTED] but became too unwell) and [REDACTED] but I don't have [REDACTED] details to let them know personally.

If they are still with you, please wish [REDACTED] and [REDACTED] a safe trip home to a whole a house from me!

Hope you and [REDACTED] are getting a bit of a break...

Justine

**From:** [REDACTED]  
**Sent:** Thursday, 10 April 2014 9:39 AM  
**To:** [REDACTED]  
**Subject:** Fwd: [REDACTED] of ex-Barrett Patient

I informed Children's commission and this is there reply.

Sent from my iPad

Begin forwarded message:

**From:** NASH Diane [REDACTED]  
**Date:** 10 April 2014 9:13:53 AM AEST  
**To:** [REDACTED]  
**Subject:** RE: [REDACTED] of ex-Barrett Patient

Dear [REDACTED] I sadden to hear that a [REDACTED] My [REDACTED] I have engaged in discussions with my Director and we are in the process of formally writing to the Health Ombudsman. I am hoping to have a draft to the Commissioner by the end of the week. I will consider contacting Qld Health, however we felt that given the level of advocacy being undertaking by you and other concerned community members that a formal response may be beneficial.

I will keep you informed of our progress

Kind Regards

Diane Nash  
Manager (Complaints Resolution Team)  
Individual Advocacy and Resolution Program  
Commission for Children and Young People  
and Child Guardian

*Promoting children's rights, interests and wellbeing.*

Please consider the environment before printing this email

---

**From:** [REDACTED]  
**Sent:** Tuesday, 8 April 2014 5:20 PM  
**To:** NASH Diane  
**Subject:** [REDACTED] of ex-Barrett Patient

Hi Diane,  
I'm sorry to pester you again. The [REDACTED] I referred to in my last email has [REDACTED] [REDACTED] There are concerns within the Barrett Community about [REDACTED] Is there any role for Children's Commission to play in monitoring that there is an appropriate response to the other Barrett patients from the Health department? I do believe that the appalling handling of the closure of Barrett and inappropriate placement for some young people has been an issue. We warned them young people were at risk from [REDACTED] The unceremonious dismantling of the support, security, treatment and valuable treatment relationships showed no understanding whatsoever of the crucial value of these components of mental health care for adolescents, which were lost when Barrett closed – and were drastically eroded in the months leading up to the closure. We have already lost one of our community. We can't lose any more. Is there anywhere else we can go to get help or to investigate the process of closure further?

Kind regards,

[REDACTED]

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**From:** [REDACTED]  
**To:** [REDACTED]  
**Subject:** Re: Wednesday  
**Date:** Monday, 21 April 2014 5:36:00 PM

---

That's ok Justine. Thanks. It will be great to get [REDACTED] signed up for that - reconnect with you guys! It would be great for [REDACTED] to get [REDACTED] confidence back and feel like [REDACTED] is working towards something. It was great that the family could stay with us. [REDACTED] and [REDACTED] had a nice night playing cards. It was great to see them just being kids, after the day we all had. I hope you had a chance to recharge over the remainder of the holidays. See you Wednesday.

[REDACTED] xx

Sent from my iPad

On 21/04/2014, at 4:55 PM, [REDACTED] wrote:

> Hi [REDACTED]  
 > We're in a bit of a technological black hole at Yeronga, unfortunately. That said though, I know skype has been on the cards since we moved there, so I expect we are some distance along getting it all set up (however, wireless has only just been sorted in some rooms so far, and I know my laptop still does not pick it up - so I my hopes are not high) I will find out where we are at with it tomorrow and let you know.

>  
 > I hope to get confirmation of all being good to enrol [REDACTED] in Access 10 tomorrow, too, so will talk with [REDACTED] and [REDACTED] when that comes through - more reason to make that skype happen asap!!!

>  
 > Thanks [REDACTED]

>  
 > Jus

>  
 > -----Original Message-----

> From: [REDACTED]  
 > Sent: Monday, 21 April 2014 3:17 PM  
 > To: [REDACTED]  
 > Subject: Re: Wednesday

>  
 > I know its probably not possible, but there's no way for the 'out of towers' to hook up? I was thinking of [REDACTED] - [REDACTED] went back into [REDACTED] last Thursday [REDACTED] [REDACTED] asked to go which is positive - rather than being impulsive in a negative way. [REDACTED] said [REDACTED] was coming home today. Do you have any capacity for phone hook up or Skype at school? I guess not but thought I'd ask.

> Take care,

[REDACTED]  
 >  
 > Sent from my iPad

>  
 > On 21/04/2014, at 12:01 PM, "M & J Oxenham" [REDACTED] wrote:

>  
 >> Sounds great - all invited! Fantastic [REDACTED] can come along! I was going to bring chocolate (yes, yes, I know!) and I am sure the school will get some nibbles organised, too.

>>  
 >> See you there!

>>  
 >> Jus

>>  
 >> -----Original Message-----

>> From: [REDACTED]  
 >> Sent: Monday, 21 April 2014 10:45 AM  
 >> To: [REDACTED]  
 >> Subject: Re: Wednesday

>>  
 >> So ok if I tell others to be there for 1pm? I know [REDACTED] was going to organise with the school for [REDACTED] to come?

>>  
>> Want me to bring anything - nibbles to have with cuppa for parents?  
>>  
>> [REDACTED] xx  
>>  
>> Sent from my iPad  
>>  
>> On 21/04/2014, at 10:33 AM, "M & J Oxenham" [REDACTED] wrote:  
>>  
>>> Hi [REDACTED]  
>>>  
>>> Sorry if time wasn't clear - Georgia is expected to arrive before 1pm. I think time has been posted on the kids' Facebook site, but I don't have access to check. Would you mind asking [REDACTED] and if it's not there, would [REDACTED] mind posting a reminder that includes the time?  
>>>  
>>> Way too much chocolate here! Hope you enjoyed Easter, too!  
>>>  
>>> See you on Wednesday?  
>>>  
>>> Jus  
>>>  
>>> -----Original Message-----  
>>> From: [REDACTED]  
>>> Sent: Sunday, 20 April 2014 6:52 PM  
>>> To: [REDACTED]  
>>> Subject: Wednesday  
>>>  
>>> Hi Justine,  
>>> Sorry to bother you, but I just wondered if there had been any times set for Wednesday when Georgia comes to the school? Just let me know when you have something. I had a few queries regarding time.  
>>> Hope you have enjoyed a wonderful Easter with your kids - and lots of chocolate!  
>>> Take care  
>>> [REDACTED] xxxx  
>>>  
>>> Sent from my iPad=  
>>>  
>>  
>

**From:** [REDACTED]  
**To:** [REDACTED]  
**Subject:** Re: ABC 7.30 report  
**Date:** Friday, 1 August 2014 6:07:49 PM

---

That's ok Justine, no need then. I wasn't sure what you had. It would be lovely to catch up but just do what you can - I know how busy you are. I don't know how you do it. I hope your hubby is better. Kathy McLeish (7.30 report) is contacting some parents. Are you in contact with [REDACTED] Kathy wants to talk to [REDACTED] but I don't have a contact.

Don't stress over catching up. I'm not really interested in dissing Ann although it does bother me that she didn't withdraw when it became apparent what was happening. I would have had to quit. But i realise it may not be that cut and dried for her. But Sharon, Lesley WMH and Minister are who I want exposed. Hopefully Kathy can do that.

Take care, we'll catch up soon.

Sent from my iPad

On 31/07/2014, at 9:53 PM, [REDACTED] wrote:

> Hi [REDACTED]  
 > Sorry has taken so long for me to reply - has been crazy around here!  
 > Have thought a lot about the information I have and how it might best be used and I am no longer sure it would be useful - I'd love to share what I have with you and Alison, but I am fairly confident you may agree, unfortunately.  
 > Basically, I have nothing to implicate the true perpetrators of all that has happened - namely, Elizabeth Horan, Sharon Kelly and Lesley Dwyer; no written directives, not even verbal directives. These women were so very careful to pull the strings of those around them and gave nothing at all directly to anyone, that I know of, except Anne Brennan. I am not sure that even Vanessa got direct instruction.  
 > What I have diminishes Anne, that's all.  
 > Even so, I am happy to get together, share a coffee, a chat and see what we want to do with what I have; but, I am afraid you might be disappointed.  
 > Anyway, if you're keen, let's nut out a date for a get together! I may be able to organise some time after school next week, but that will depend on my husband getting some more time off work - I'll know more tomorrow night.  
 > See you tomorrow!  
 > Justine  
 >  
 > -----Original Message-----  
 > From: [REDACTED]  
 > Sent: Friday, 25 July 2014 10:16 PM  
 > To: [REDACTED]  
 > Subject: ABC 7.30 report  
 >  
 > Hi Justine,  
 > Just wanted to make sure you knew Kathy McLeish from 7.30 report contacted Alison and I yesterday. She is interested in doing a story. Im sure she would talk off the record. i spoke to her last night for about 45 mins. she seemed to clearly understand the limitations of some people when i commented to her there would be people who could crack the issue of closure and transition process wide open, but cant comment because of their position. I'm sure she would talk to you off the record if you wanted to. I didn't know if you wanted to comment any - or were in a position to or if you wanted to save your info potentially for a Coronial inquest. I can't remember now if I got back to you about that. Coroner's office said a submission can me made any time. No real time limit. But if this becomes political and via ABC gains momentum, maybe an inquest may be brought forward. I don't know if they can put one case ahead of another or whether it is always in order as they present but hopefully it is investigated soon. For the sake of our kids and all kids like them that need the right care.  
 >  
 > Debbie mentioned today your hubbie wasn't well. Hope he's ok and that you are going ok. See you around soon. Will keep you up to date as things happen.  
 > Take care.

> [REDACTED] xx  
>  
>  
>  
> Sent from my iPad=  
>

**From:** [REDACTED]  
**To:** [REDACTED]  
**Subject:** RE: [REDACTED]  
**Date:** Saturday, 9 August 2014 10:15:00 PM

---

Hi [REDACTED]  
I didn't mention [REDACTED] post as I haven't read it. When I spoke to [REDACTED] I reminded [REDACTED] of [REDACTED] safety plan and told [REDACTED] that regardless of time or circumstance, [REDACTED] could call any one of us. I'll ask Deb to call [REDACTED] on Monday and to remind both [REDACTED] and [REDACTED] that at this time, [REDACTED] - looking after [REDACTED] has to be number one. At the time I spoke to [REDACTED] was asleep. Let me know how you go...where can I see this post? Daz was going to send it through, but I haven't got it.

No worries about weekends - kids first!

Take care!

Jus x

-----Original Message-----

**From:** [REDACTED]  
**Sent:** Saturday, 9 August 2014 10:03 PM  
**To:** [REDACTED]  
**Subject:** [REDACTED]

Hi Justine - just wondered if when you spoke to [REDACTED] today you told [REDACTED] about the post [REDACTED] made (we think [REDACTED] made)? I spoke to [REDACTED] earlier today and [REDACTED] said [REDACTED] doesn't think [REDACTED] be able to get [REDACTED] I don't think [REDACTED] went any day last week. [REDACTED] been down, and found it hard that [REDACTED] hand't shown up last Monday and because it was the first day of lessons, didn't think [REDACTED] would be up with the other kids - even though the lessons don't work like that. I am in regular contact with [REDACTED] I'll check in with [REDACTED] in the morning but I want to know if you mentioned the post so I know to talk about it or not.

Sorry to interrupt your weekend.

[REDACTED]

Sent from my iPad=

**From:** [REDACTED]  
**To:** [REDACTED]  
**Subject:** RE: [REDACTED] ofBarrett's Reddit post has been removed ...  
**Date:** Sunday, 10 August 2014 12:11:00 PM  
**Attachments:** [image001.png](#)

---

Hi [REDACTED]  
I am taking this on to Deb for further advice.  
Thanks.  
Jus

---

**From:** [REDACTED]  
**Sent:** Sunday, 10 August 2014 8:48 AM  
**To:** [REDACTED]  
**Subject:** Fwd: [REDACTED] ofBarrett's Reddit post has been removed ...

Sent from my iPad

Begin forwarded message:

**From:** Alison Earls [REDACTED]  
**Date:** 9 August 2014 9:49:54 AM AEST  
**To:** [REDACTED]  
**Subject:** [REDACTED] ofBarrett's Reddit post has been removed ...

but I took a screengrab last night so that's attached here. If you think the info needs passing on, I know you'll do what's appropriate. It's just hard to read these things and move on with your life without doing something.

Thanks.

Alison



**From:** [REDACTED]  
**To:** [REDACTED]  
**Subject:** Fwd: Facebook posts on Campbell Newman's site  
**Date:** Monday, 11 August 2014 10:04:06 AM

---

Hey jus  
 Here's the Facebook posts

>>

>> -----Original message-----

>> From: Alison Earls [REDACTED]

>> To: [REDACTED]

>> Date: Friday, August 8, 2014 11:21:41 AM GMT+1000

>> Subject: Facebook posts on Campbell Newman's site

>>

>> I couldn't access 'cos I don't do Facebook so [REDACTED] sent a few through over the last couple of days ... [REDACTED] told [REDACTED] that after [REDACTED] one below that that Campbell's people have contacted [REDACTED] and said they are arranging a meeting for Barrett kids and parents. [REDACTED] says [REDACTED] believe that when it happens.)

>>

>>

>>

>> [REDACTED]

>> Today at 4:11pm

>>

>> I really wish there was some sort of way I could organise a meeting for all us Barret patients & families to speak to you and tell you personally how we feel EXACTLY! instead of trying to explain the impossible to you over facebook. Maybe if you had the slightest amount of consideration you would organise something for all of us. Maybe you're just too afraid to hear the truth behind what you've done. We need to be heard Campbell ! not only on here but in person! We are sad, we are lost & we are grieving the loss of our dear friends because of your stupid decisions.. doesn't that mean something to you? Do you not feel any guilt? I'm really upset that all we are worth are the same copied & pasted message. Here we are trying to reach out to you & you cant even give us the decency to respond individually. Obviously other unimportant things are more important! For Australia being such a great country it sure has some complete idiots as their leaders!!!!

>>

>>

>> [REDACTED]

>> Today at 3:25pm

>>

>> I must say what a poor response from the premiers team in relation to many patients and former patients of BAC and their loved ones. They has been a massive outpouring of grief and alarm that since the closure [REDACTED] After be tossed out of a centre that for many was the only place they felt safe and where people cared. BAC offered an unique service as it was a tertiary adolescent mental health facility within Qld and northern NSW. I note the outpouring by many former patients and loved ones [REDACTED] the other day. It all these kids mean to you is a cut and paste message. They are human beings potential voters, and current voters they deserve more they deserve answers and respect. Let me say this to the kids there are people that care about you and that you are worth fighting for and we will fight with you... Blessings

>>

>>

>> [REDACTED]

>> Today at 11:14am

>>

>> Nice cut and paste job Premiers Team. You are a joke. Two beds....are you kidding? So you can close Barrett, cause the death of 3 kids and write to all concerned that 2 beds are available. And some more will be available later this year. Tell me what you are going to do for these grieving families. They are now suffering because of YOU.

>> Like  
>> Like .

>>

>> [REDACTED]

>> Today at 10:24am

>>

>> Dear Mr Newman. Your inability to recognise my friends and I as individuals only acts as further proof that you do not know what you are talking about Most of us (patients of Barrett) have already been to the services you mentioned in your comment in my previous post. The very reason my friends and I found ourselves at the Barrett Adolescent Centre to begin with was because all these other facilities e.g CYMHS, failed to suit our needs as individuals. If these services are as good as you say, then why are three of my friends dead?

>>

>>

>> [REDACTED]

>> Today at 9:53pm

>>

>> Three young lives have been lost due to the closure of the Barrett Adolescent Centre. Regardless of which government deemed it needed to close, it is the current government that closed it without providing appropriate and equivalent care. My friend's [REDACTED] family's request to allow [REDACTED] to reside at home was denied. [REDACTED]

[REDACTED] that your government is refusing to either acknowledge responsibility for nor provide adequate care facilities. As a hard working , tax paying health professional, I challenge you to publicly accept responsibility and immediately ensure the remaining patients are provided with equivalent care. The fight for justice for these teenagers will not end until some resolution occurs that ensures no further lives are lost. On this particular issue your government is an absolute disgrace. It makes me ill to contemplate my hard earned taxes funding your government's over-inflated wages, when it seems you are all inept and unable to provide our state's residents with the proper care for mental health patients.

>>

>>

>>

>> [REDACTED]

>> Today at 8:13pm

>>

>> Please look at my profile picture. The [REDACTED] on the right with beautiful [REDACTED] is [REDACTED] was a former Barrett patient [REDACTED] This picture was just after [REDACTED] and brought [REDACTED] She [REDACTED] for two months only and never got to experience half the things [REDACTED] should of been looking forward too. [REDACTED] is no longer in our life any more or ever. Look at [REDACTED] You closed that centre. You caused this [REDACTED] You might be too coward to reply or speak out about this matter. But I hope u see your face in your dreams..... I hop [REDACTED] and [REDACTED] friends who have also [REDACTED] all haunt you every night. We are all in so much pain, yet u can't even consider us enough to give this serious situation the time of day.

>>

>>

>> [REDACTED]

>> Today at 6:43pm

>>

>> THREE young amazing people are DEAD because of YOU and your government!!! These young people fought a fight you will never understand. They sought help and were let down by YOU! Not many people are brave enough to ask for help, to seek help, to admit their illness...that's why these kids are amazing Strong beyond words but FAILED by a government. I am the proud [REDACTED] of one of the dead. I wrote to you, I am still waiting a reply. I wrote to your health minister. I got a reply, a reply full of inaccurate information. Your health department can't even tell the truth. I watched your health minister be questioned in the health committee estimate hearings about Barrett & my [REDACTED] I listened to him on ABC radio be questioned about Barrett. How can you people be so uncaring? So insensitive? How do you live with yourselves? What if it were your children? Mr Newman, you need to do something. 3 deaths is 3 way too many. Please at least ensure an inquest is held. You owe the young people of Barrett, you owe the families of the 3, you owe all the young people of Queensland who are yet to go through this. But most of all you owe these three who you failed. They deserved so much more.

>>

>>

>> [REDACTED]

>> Today at 8:01pm

>>

>> Another young person [REDACTED] Another ex Barrett patient. How many more people have to die before YOU take notice???? The longer there is no centre like Barrett the more the chance these young people will not cope. YOU NEED TO DO SOMETHING !!!!

>>

>> [REDACTED]

>> Today at 7:02pm

>>

>> I am a [REDACTED] of the Barrett Adolescent Centre. BAC was closed in January without proper alternative measures in place, despite promises that it would not be closed until sufficient alternatives were available. Did you know that in 27 years, there was not one [REDACTED] at BAC? Attempts occurred at least monthly, often more. I'm sure you've heard that since the closure in January, there have been [REDACTED] who were patients at BAC until it's closure. The third one happened last night. These people were my friends. THREE BEAUTIFUL YOUNG PEOPLE HAVE TAKEN THEIR OWN LIVES BECAUSE THEY WERE NOT RECEIVING THE SUPPORT THEY NEEDED. Do you even care?

>>

>

**From:** [REDACTED]  
**To:** [REDACTED]  
**Subject:** RE: [REDACTED] story  
**Date:** Monday, 11 August 2014 12:05:00 PM  
**Attachments:** [image001.png](#)

---

Hi Daz,

This is the second email from you...only got the first this morning. Looked back at the one I read yesterday- it was from

[REDACTED] Stoopid technology, hey!

Spoke to [REDACTED] again last night and she mentioned that she thought [REDACTED] ad best rapport with YOU! No pressure...but you are loved!

Jus

**From:** darren'n'jacqui bate [REDACTED]  
**Sent:** Saturday, 9 August 2014 2:53 PM  
**To:** [REDACTED]  
**Subject:** Fwd: [REDACTED] story

Sent from my iPad

Begin forwarded message:

**From:** "darren'n'jacqui bate" [REDACTED]  
**To:** [REDACTED]  
**Subject:** [REDACTED] story

Sent from my iPad



**From:** [REDACTED]  
**To:** [REDACTED]  
**Subject:** RE: live forum Children's Hospital & Health Service  
**Date:** Tuesday, 2 September 2014 10:21:00 PM

---

Just in case we can't participate, a biggy worth mentioning is the absolute need for psych services based at the school (kids mental health issues impede access to learning and so, someone like Georgia Watkins-Allen, for example, would be great to have on the education pay roll so that kids' mental health needs can be met in school.) As you know, many of our kids do not have the capability of accessing such services within their communities – having such a service to run group sessions in DBT, resilience training, counselling etc. is invaluable and critical for those unable to access such services at other times or places. Sounds like a basic, but there has been such resistance to implementing such a service at the school setting – the focus has been 'we are an education setting, not a health setting'. As I see it, we need to provide both services in order to run an effective practice for our kids and I believe such a service has high potential to complement educational goals. I have asked that such a proposal be given great consideration in planning the future model. What do you reckon??

Jus

---

**From:** [REDACTED]  
**Sent:** Tuesday, 2 September 2014 10:03 PM  
**To:** [REDACTED]  
**Subject:** Re: live forum Children's Hospital & Health Service

Don't know how much opportunity there will be to raise mental health but will give it a shot. I plan on asking - if I get the chance - how education is catered for in the "rolls Royce" model they are proposing. Also how long will we have to wait for the Resi's they are proposing - or tier 3 equivalent - and where will they be and what kids are supposed to do in the meantime, since its already 12 months since Springborg said residential services would be available around Queensland - that was one of the reasons he gave for closing Barrett - care closer to home. See what happens. I will let you know if I get to ask anything and what the response was.

[REDACTED] xx

Sent from my iPad

On 02/09/2014, at 9:17 PM, [REDACTED] wrote:

Thanks [REDACTED] I am sure Deb has heard of it, but I hadn't! I'll speak with Deb tomorrow to see how we can participate – thanks again!

Jus

---

**From:** [REDACTED]  
**Sent:** Tuesday, 2 September 2014 5:18 PM  
**To:** [REDACTED]  
**Subject:** Fwd: live forum Children's Hospital & Health Service

Hi ladies,  
 Had you heard of this?

Sent from my iPad

Begin forwarded message:

**From:** Greg Fowler [REDACTED]  
**Date:** 2 September 2014 4:32:25 PM AEST  
**To:** [REDACTED]  
**Subject:** FW: live forum Children's Hospital & Health Service

[REDACTED]  
A public opportunity to remind people about children's mental health services ....

**Facebook search: [Live Q&A Forum: The Lady Cilento Children's Hospital](#)**

**Tomorrow 1:00pm – 2:00pm**

**Greg Fowler** | Health Policy Advisor | Office of Anastacia Palaszczuk MP |  
Leader of the Opposition  
Level 7, 41 George Street, Brisbane QLD 4000  
PO Box 15057 City East QLD 4002



[REDACTED]  
[REDACTED]

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**From:** [REDACTED]  
**To:** [REDACTED]  
**Subject:** RE: ABC news  
**Date:** Wednesday, 12 November 2014 11:11:05 PM

---

Hi Jussy,

Thank you so much for the item you sent. It sounded so good that I want to go there! I hadn't seen it so it was good to read. That is the vision I have of something for our kids – and those that will follow.

Thank you so much for your thoughts and ideas. I have contacted Kate Partridge to pick her brain re: OT stuff. I have asked parents and kids to contribute their ideas. I don't think most people really understand what OT's do though, especially what they can do for these kids. So I'll be asking Kate for some suggestions, like you have given. Your ideas are great and exactly the kind of thing we want to push with the DG. I met [REDACTED] at the airport today – [REDACTED] [REDACTED] As if she didn't have enough going on. We are drawing up a plan of attack for the meeting (hopefully we'll get it). My strategy was to get the request into the media so that it would be really hard for him to ignore/refuse as the media can report that if he does. (Gotta be sneaky some times!) Our focus will be to discredit the report released last week, then focus on trying to get anything we can out of him for the remaining kids. Basically anyone who was ousted in the time since Trevor was removed. We are wanting the input so we can say we have consulted with kids/families without identifying anyone in particular and produce something that incorporates all of that. Once we finalise it (if we get time) I will forward it to you all at school to see if you think it is feasible. I was thinking of a team of clinical + allied health to take on a caseload of these kids to help them directly but also navigate the other services and help them find their way. That may not be practical but it was my first thought but [REDACTED] and I will take all ideas and go from there. I want to try and hammer Qld Health for anything we can get out of them, short of them providing an extended inpatient treatment and rehabilitation centre with research functions and links to community – a modernised, upgraded Barrett on steroids! A particular focus will be on 18 – 20 somethings as a priority. I am going to ask for a concession for the kids that are 18 so that they can be admitted to adolescent acute wards should they require it, until such time as there is a specialist 18+ acute, sub-acute service. It breaks my heart to see [REDACTED]. I would be horrified about having to go in there myself. The cow that let [REDACTED] in last night when we dropped [REDACTED] back hardly looked at [REDACTED] didn't say hello, didn't answer us when we said hello to her. When [REDACTED] saw her coming [REDACTED] said "I F@#\*in hate her – she is so mean!" I couldn't blam [REDACTED] I thought that and we didn't have to go in with [REDACTED] They just don't understand adolescents and I'm sure they tend to see [REDACTED] behaviour as 'teenager' brattish or bad behaviour I am sure. They are considering dropping [REDACTED] from [REDACTED] because [REDACTED] has cancelled appointments. Well that tells you something – and it's not that they should drop [REDACTED]

Anyway, I won't get wound up as it will wind you up and then neither of us will get any sleep!! Hang in there and be kind to yourself [REDACTED] I understand how hard it is for you to write to the coroner. I wish it wasn't so painful for you. I am always here for you any time. I don't sleep much so if you need a yarn in the middle of the night, chances are I'm awake. We must do something nice soon with everyone. I'll be in touch again soon. And I will keep an eye on [REDACTED]

Take care xx

[REDACTED] xx

---

**From:** [REDACTED]  
**Sent:** Wednesday, 12 November 2014 10:35 PM  
**To:** [REDACTED]  
**Subject:** RE: ABC news

Hi [REDACTED]

I've just sent you something you may have already read, but just in case, I've sent it on anyway... sounds pretty good, doesn't it!

Otherwise, you've done a great job putting together some ideas that I hope will be seen as essential. From an educational/school based perspective, I've got a couple more to add to the 'wish list'...

- Once per week, psych education sessions similar to sessions run by Georgia (DBT or group sessions of the nature of DBT)
- Once per week, speech/language sessions such as those previously run by Angela (social skills in group format)
- Once per week, occupational therapy sessions such as those run by Kimmy and Kate (living skills in group format)

Why these sessions are important -

1. Psych. Many kids with psychiatric illness do not understand what is happening to them or know of a safe and healthy way to find their way through their confusion and pain. Academic education is great, but does not happen effectively until they have an understanding of their own psychology and a sense of 'where to and how to get there'. Psych education is essential to this understanding and can also help establish a sense of hope for a future of manageable pain – no understanding or hope = no point in an education / why bother with school.
2. Speech/language. Mental illness is intensified by rumination in loneliness and, by its very nature, mental illness is so lonely. Social skills in a group format can open the door to an awareness that 'I am not alone in my illness' and can also equip kids with the skills to interact with the world in a healthy and safe way; self esteem etc grows as the social skills to build relationships grow.
3. Occupational therapy. Essential to healthy participation in society! From being able to tie one's own shoelaces to accessing public transport, filling out forms, answering a phone, applying for a job, keeping a job...even attending school, completing assessment, asking for help. The list is endless.

Deb has told me that she assumes such services will be available to future students though our alliance with the Lady Cilento, but consideration of such services has to be mandated, not left to the assumption of Lady Cilento having good will – we have not been able to access these services for our present kids (we've even been told, *repeatedly*, that we are not a hospital, we are a school and such services are not to be initiated by us – the kids are to access said services *through their own initiation* with their health providers...and you and I both know how well THAT works!)

In the meantime, as you I know, I am just a little unorthodox and apply my creative thinking processes to finding the many roads to the top of the mountain (so to speak) and have established relationships with the Mt Gravatt PCYC, Brisbane Youth Service and Headspace to

manage social and relationship skill building. We have also included community access programming to try and tackle some of those occupational therapy type issues as well as pseudo psych education through the Values Ed and HRE programmes. These will continue next year. BUT, these are not good enough, as far as I am concerned, and professional attention must be applied for best outcomes for all kids who are already behind the eight ball and struggling.

Hope these help and good luck with the DG !

PS and for your info - I have seen Trevor at the school a couple of times now and have spoken with him about my submission to the coroner. I am really struggling with it, it's just so difficult. I have spoken with Deb today, too, and she is going to help me as well. Slowly, I am getting there, it's just getting that limbic system of mine to settle down enough so that I can think instead of cry! I will get there...

Jus

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**From:** [REDACTED]  
**Sent:** Tuesday, 11 November 2014 3:31 PM  
**To:** [REDACTED]  
**Subject:** FW: ABC news

Just sent this to parents I'm in contact with.

If you had a few minutes, would you mind jotting some quick points if you have any? No obligation. Just thought if you had something you've noted or a new idea, we can put it together to consider. Or any general comment about the current situation for kids – ones that come to school, outreach, other kids you have contact with but not officially. I won't identify where any of the ideas come from. I just want to put together a list of the kinds of things needed so we can put that into some form for the DG. Whether it turns out to be a small multi-disciplinary team that works with the kids, which would encompass most things we might suggest; a couple of people to case manage the kids so that they can navigate/advocate with current providers/school/clinicians/obtaining new supports. This is the kind of thing I had in mind at a minimum – short of a new treatment, recovery centre with onsite schooling. We want to discuss that with DG too. This is wish list stuff – but I'm going to try my hand. This is the best chance we have of getting anything out of them.

Thanks so much – anything you can jot down will help.

Hi all,

There should be a small news item on ABC news at 7pm tonight covering Labor's commitment to a Commission of Inquiry and my request for a meeting with the Director General. Hopefully the public reporting of our request for a meeting will mean he can't refuse.

In preparation for that meeting, we are wanting to present him with the current care needs of your young ones so we can hopefully get a commitment from him to bolster or upgrade what they are currently getting. So far we have: special concession for 18 yr olds to access adolescent acute wards instead of being admitted to adult wards; **specialist adolescent** support workers/therapists etc (incl. allied health) if they don't already have it; more than 10 subsidised

psych sessions; more frequent sessions than once a fortnight or whatever you have, if you feel your child is not getting enough support often enough (might apply to CYMHS); lifeskills courses (do you get outreach for your adolescent Think outside the box – what's your wish list? I can't promise anything, but if we are ever going to get anything out of Qld Health , now is our opportunity. What do you believe you still believe you need? Add your own needs as well. We could consider a Mental Health First Aid course for parents (training on how to manage a range of Mental Health situations, identify risks/problems etc). We should have all been given information by Barrett on relapse prevention, support options for parents etc according to the National Mental Health Standards. Even if it doesn't apply to your child, add it separately if you think it's a need.

Would you mind also giving me a list of what you do have – what you were given/what was organised for you in the transition please? I don't need names. I'm just trying to ascertain how extensive (or not) the support is for kids. EG, 1 psych – fortnightly appointments, 1 psychiatrist – once every 6 weeks. If you don't feel comfortable giving me frequency of visits, I understand. If you could then just put psych – enough/need more/desperate etc. Dot points will be fine.

Thankyou,

██████████

**From:** [REDACTED]  
**To:** [REDACTED]  
**Subject:** Agenda for meeting with Director General.  
**Date:** Tuesday, 25 November 2014 11:15:31 PM  
**Attachments:** [Draft 4 Agenda.docx](#)

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Hi all,

Just keeping you in the loop. We will be giving the school a special mention tomorrow in terms of providing continuity for the kids – something that health didn't do. The importance of the relationship with the young person (and I wish I could tell them how far you have extended yourselves to help and support them all but I can't) but they will know within what you are permitted to do, that you have done it with passion and excellence, and that has saved lives. I'll report back with a meeting summary, probably Thursday.

[REDACTED] xx

Meeting with

Mr Ian Maynard, Director-General, Queensland Health  
and  
Representative parents and caregivers of inpatients at the former Barrett  
Adolescent for Mental Health, Wacol

Wednesday, 26 November 2014  
6.00pm – 7.30pm  
Queensland Health Building, 147 Charlotte Street, Brisbane

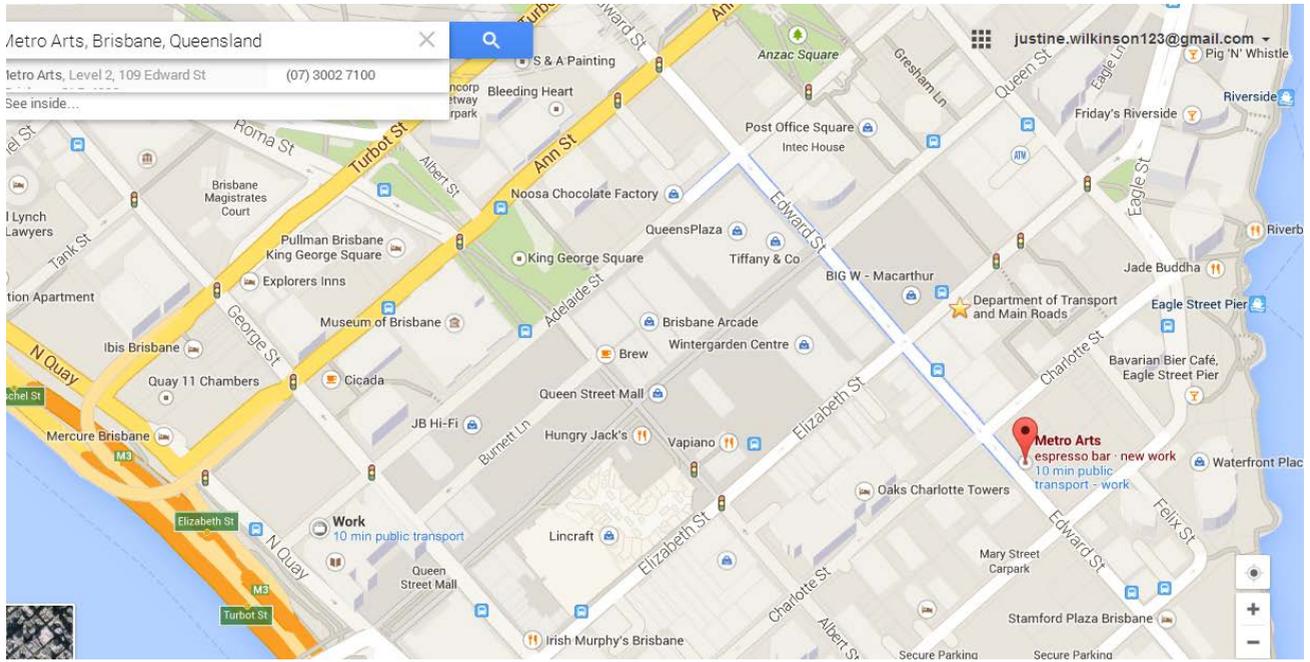
### **Agenda**

1. Feedback on Transition Report 10'
2. Impact of Barrett closure on adolescents, parents and concerned stakeholders (caregivers, staff etc) (Barrett parents) 30'
3. Request for a Commission of Enquiry into the closure of the Barrett Centre. 5'
4. Current issues with former patients (some who are at serious risk) and request for services and actions to safe-guard them. 15'
5. Request for practical support for parents/caregivers of former patients.

### **Where to now? Negotiating a constructive way forward**

6. Discussion about a consultation process with parents and key stakeholders to follow up on the ECRG report.
  - a. The transition process and its legacy
  - b. Parameters of a consultative model of engagement
  - c. Levels of governance during the engagement process 20'

Barrett representatives will meet at 5pm at **Metro Arts** at 109 Edward St (just down from Charlotte St) – see attached google map.



**From:** [REDACTED]  
**To:** [REDACTED]  
**Subject:** FW: Barrett Adolescent Centre  
**Date:** Thursday, 27 November 2014 10:53:08 AM  
**Attachments:** [image001.png](#)  
[Barrett\\_25112014.docx](#)  
[extra support dg.docx](#)  
**Importance:** High

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Hi all,

Please pass to other school staff whose email addresses I do not have. You know my thoughts and those of all the other parents towards you and the magnificent work and support you do for our kids. Well last night we made that clear to the DG. This is part of my presentation to the DG last night, which was rowdily (?) received and endorsed by the other parents (my notes not proper good English!)

*“Remiss of me not to mention the Dept of Education and School. They recognised and maintained the expertise of their team, and the continuity of their service to the adolescents. Recognised how vital relationships are to working with young people – the principles of trust and reliance and supporting them to achieve their goals, in this case, their educational goals. I have no hesitation in telling you that without this continuity provided by the school, the death toll would be higher. They have been a vital life line for some of the adolescents and their efforts to facilitate these young people to pursue educational and vocational goals have been extraordinary.*

- *Lack of Allied health staff for September school holidays.”*

I expanded on the September holiday issue, and what an unthinkable situation it was that the Education department could recognise and provide for the needs of these kids yet the service and department that responsible for their mental health couldn't. You guys are champions and everything we said last night was said with absolute sincerity as you have saved lives. I have a further letter to Bill Kingswell almost complete I will forward to you as well. I think now that we may have some movement on the mental health side of things, it is well time we start some action for you. I hope you don't think we have forgotten you. You have been our rock and our saviour so we will not let you all go without a fight either. Whatever we can do, we will do. Stay tuned. Just as we have sought for input into the mental health side of things for our children, it is time that Education give us some input into the direction of specialist mental health education. The first letter will be about what we presented to the DG Health regarding your efforts for these kids, and it will go to the DG Education, Ministers, opposition etc.

There aren't words to explain how amazing you are and how much gratitude parents feel for what you have done. I just hope you all know that. Hang in there.

All the Love and support I can give, on behalf of all,

[REDACTED]

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**From:** [REDACTED]  
**Sent:** Thursday, 27 November 2014 10:10 AM  
**To:** [REDACTED]  
**Subject:** Barrett Adolescent Centre  
**Importance:** High

Dear Ian,

Ian I ask that you read all of this letter as there are further concerns I wish to express. Firstly, aware of our time constraints last night, I omitted discussing the experience of another young person who had transitioned from Barrett earlier in 2013. As [REDACTED] specifically provided this for the meeting, I would appreciate if you could add it to the information we provided to you as it is yet another appalling example of the treatment these young people can experience when attempting to access adult acute services. I have highlighted the relevant sections as I appreciate your time constraints. When you consider the small sample of young people we presented last night and the frequency of this type of response when presenting to acute services, can you imagine how prevalent this must be amongst the general population that presents to these services?

At a Lifeline Suicide Prevention Walk for World Suicide Prevention Day in September, I spoke with other parents of young people still living, and those who [REDACTED] within very recent contact with acute wards (some the same day or within a couple of days) – none of whom had never had contact with Barrett, and some who had never even heard of

Barrett and were astounded why its service had never been suggested for their adolescent – who recounted almost identical experiences with acute services. Another very common theme was the ignorance of parents' concerns about their child being discharged, but discharge from the service resulting regardless. I believe this is an urgent issue that must be addressed by Queensland Health and/or the Mental Health Commission. I will be contacting the MHC on this and other issues in adolescent mental health.

I also omitted another extremely important issue last night as it is a much broader topic, but potentially has an enormous impact on this cohort of adolescents: it is attitudes within the Mental Health administration. You mentioned Bill Kingswell is the person responsible for organisation of adolescent mental health services and I have a serious concern about this. This is an excerpt from a letter I am sending to Bill regarding the Transitional Care Report:

*"Firstly Bill, do you honestly expect us to trust and have faith in the system you direct, when you have your name on a public document in which the adolescents' conditions were described as:*

**"bad behaviour more than highly disturbed."**

-



Page 174 submission O5 on Tue 4 Dec 2012 2-4pm AEDT

(<http://www.ihpa.gov.au/internet/ihpa/publishing.nsf/Content/mental-health>)

*Tell me how you reconcile that description with the Report's findings that "the young people were a very complex group with various combinations of developmental trauma, major psychiatric disorder and multiple comorbidities, high and fluctuating risk to self, major and pervasive functional disability, unstable accommodation options, learning disabilities, barriers to education and training, drug and alcohol misuse.....**high, complex and enduring clinical and support needs**"? Coming from a group of presumably, professional, highly qualified, experienced (*in adolescent mental health?*), **powerful, influential people in charge of mental health spending, who contribute to and influence mental health policy,***

**provision of mental health services? I believe we could be excused for thinking that if this is the opinion attributed to people at the top of the mental health system in Queensland, it is little wonder that Barrett was closed, as it would be seen as an unnecessary indulgence for 'badly behaved' teenagers.** I don't know if any of the people listed on that document have sat beside the intensive care bed of their child, wondering if they would survive, and if they did, how they would keep them alive? Is the adolescent in that bed there because they are badly behaved? Or have they ever done everything in their power – exhausted all supports –

Maybe that's 'bad behaviour'? I could give you any number of other examples Bill, not to mention the that robbed these 'badly behaved' adolescents of their chance to fulfil their potential."

from stated last night, there are many theoretical perspectives on service models. It is also very true that there are a lot of varying attitudes towards adolescent mental health. There is an enormous stigma that adolescent mental health problems are just 'bad behaviour' and equally if not moreso, a stigma against parents, that their child's behaviour is the result of bad parenting. I have been a victim of this myself Ian, on many occasions and it is the most insulting, wounding and derogatory comment that a parent can hear. All of the children of the parents with whom you met last night, would be dead now if it wasn't for the constant, desperate, efforts of the parents, sacrificing everything for our child. That is the reality, not an exaggeration. As a parent you would understand to what lengths you would go to save your child's life. Imagine then, that the very service you have sought out for your child, blames you directly for their condition. I acknowledge there are children from some families in which abuse, trauma and neglect is responsible for their child's condition. But that is no justification for making the assumption that is the case for all. I would need many pages to provide to you with my personal, professional and life experience

and the extraordinary lengths I have gone to, to do the best I can for my [REDACTED]. The same goes for all who attended last night, and those who could not. I am not accusing Bill of holding this attitude, but with information such as this in the public domain in a document from the highest levels of Queensland Health, can you understand the cynicism of parents, and our constant frustration that no-one is listening and the fight is pointless? This is not an isolated incident either. A senior Qld HHS employee was overheard to say when the issue of adolescent mental health was raised on the agenda "Isn't that just a parenting problem?" While there are people in these positions who hold this attitude, our fight will be constant, and perhaps fruitless. But I and other parents will not stop for the chance that some change or some gain can be made. This is not unique to Queensland, Australia – it is worlds wide. But it is something that multiplies the distress and angst of parents. I am, some parents give up. They become exhausted, and/or lose their child to [REDACTED].

I did not, because of time, detail all in the explanation of request for support for parents. In fact a further suggestion is that support groups for parents of adolescents with severe mental health conditions be another consideration. I have attached the 'Support' component of my presentation for your full reference.

I am, you are the final stop in our long desperate fight to help our children. However this is not just for our children, this is for all adolescents and their families who are in similar positions. We are advocating as strongly and as desperately as we can in the hope that we can spare just one other parent, but hopefully many, many more, from the most horrible and traumatic experiences myself and the other families have endured specifically in the last two years, and for the many, many years prior to that. I look forward to open and genuine collaboration with you and the services of Queensland Health.

Kind regards,  
[REDACTED]

25 November, 2014

To whom it may concern,

I would like to provide information on my family's experiences since my [REDACTED] left the Barrett Adolescent Centre in April, 2013. There have been many misleading statements in the media recently that would give the general public the impression that the current state government managed transitions for young people from Barrett into the community with sensitivity and care. This could not be further from the truth. Despite this government taking the position that care for young people with serious and chronic mental health problems should be splintered so that 'care can be provided close to the families', in any other serious health care situation (e.g. coronary care or oncology), health care is provided in a specialized unit or magnet hospital in order to attract dedicated staff and to provide a holistic approach to care. Ask any parent of a seriously ill child, and they will tell you they are willing to travel anywhere and do whatever it takes to access the best level of care for their child, so the argument that services should be endlessly duplicated across the state without consideration of what that care entails is a complete fabrication and fallacy.

[REDACTED]

[REDACTED]. Although Barrett was not perfect, most of the nursing staff were highly motivated to support young people with chronic and serious mental health care needs, and the centre itself was a place of safety and understanding that provided a holistic approach to care including educational opportunities, diversionary therapy and a multidisciplinary model of care.

As a [REDACTED] I find the absolute incompetence involved with transitioning patients from Barrett when there was no similar alternative care option available completely reprehensible. Contrary to recent statements, no former Barrett patient was offered access to the two beds supposedly available at the Mater Children's hospital, and the planned Mater Adolescent and Young Adult Care program will not be available for some time.

As a psychologist who specialises in working with children and adolescents, I attempted to raise my concerns with the Queensland Commissioner for Mental Health, only to be dismissed as "You Barrett people...". I truly despair at the growing need for mental health services in this state for those young people with serious or chronic mental illnesses. I can only express my outrage and disgust when I hear about the many frivolous programs financed by this government whilst our young people who are in such desperate need of support are repeatedly ignored and abandoned by the people who have the power to address this crisis. Surely, these young people deserve better treatment than this? They receive less support and care than those in the juvenile justice system, yet their only crime is to have a mental illness. I look forward to hearing the outcome of the Coroner's Court who is investigating these needless deaths, and pray that my own [REDACTED] does not become another statistic in the meantime.

[REDACTED]

#### **4. Extra support.**

Adolescents moved from multidisciplinary care to community based, private psychology and psychiatry. No other supports. Not holistic, not multidisciplinary, no case management or management team. May have been transitioned out of Barrett but doesn't mean their need for those supports disappears. There has been no monitoring, no follow-up. What would you find if you did a follow-up of all the young people? Maybe that would more worthy of a report and to inform future policy in what not to do, than the positive learnings on governance.

On top of all of the difficulty of transitioning to other clinicians, services they have had to deal with the death of three friends. Additionally they have the worry of others not being ok. How do you think that has impacted on them and affected their capacity? One of the foundations of Recovery-oriented mental health on which both Govt and NGO services should be working, is HOPE: they started losing it in November 2012.

First issue – complete inadequacy of 10 visit Medicare Better Access to cover the needs of adolescents in this group. Personally approx. 2000 out of pocket already, and that's including a period of time where our psych was via CYMHS. Psych and psychiatry required till the end of the year will be minimally subsidised by private health. My and others costs will escalate as will the others.

Requested that of CEO, advised she would consider – never a reply re extra funding.

No allied health to support school and other services. Psychology and education objectives need allied health support. Particularly OT. Essential for health functional participation in society. Necessary for everything – public transport, job applications, negotiating agencies (Centrelink, Banking, Housing), attending school, time/task management, organisation, personal management.

Requested Funding consideration from CEO for OT for my son based on funds available for 'wrap around' care as per ECRG recommendations. Clinician advised it was a good idea based on the fact my son was a complex case and would need Case Management. No OT, no case management. 1<sup>st</sup> Psychiatrist said looks like you'll be the case manager again. I was told by CYMHS that their OT couldn't do what Barrett OT did because they don't leave the office. That's the community service.

Who decided what 'wrap around' care was and who got it? What funds were expended? What was left and where did that go?

Young people moved into the community but not given all the supports.

We are trying to tell you what we think these young people need. What we want is for them to be able to be reviewed – for someone to talk to them and their families and see how they are now, 10

months after the closure. A multidisciplinary review: Whatever is identified as being needed, that it is provided. You can't just ask families or the young person what they want – they may not know. This must be a genuine effort to redress the failure to properly prepare and provide for these young people – not a “well we asked and they said they were ok”. Part of the NMHS is respecting the position, background, knowledge and other features of a family. This must be done in a respectful and supportive way, with a genuine intent of helping these young people regain their progress towards to recovery.

Concession so that the adolescents, should they need it, be allowed acute treatment in an adolescent acute ward. There has been no provision for acknowledging the developmental lag that occurs with mental ill-health in adolescents. They are not their numerical age.

Example of being in the adult ward, dropping off at adult ward.

RCH in Melbourne has provision for adolescents over 15, to access the acute services of Orygen Youth. What provision is there for these adolescents. Even best efforts in an adult ward are not good enough. Research supports the concept of adolescent delay and there are services that are already moving towards

#### **5. Support for parents: CARERS**

Unless you have lived it, you cannot know what it is to care and support an adolescent with mental ill-health and the myriad and multitude of other problems that come hand in hand with that.

- Carer's well-being supported; services, training and education how to manage
- Standard 7 of National Mental Health Care Standards is about carers.
- Standard 10, Delivery of Care – 10.1.10 Carer Centred Approaches

At a minimum, a Mental health first aid course for parents. Not every parent feels comfortable asking questions, some feel intimidated, others don't want to make demands in case it affects the care of their child, others don't know what they can ask for or what their rights are. Ask any parent here how their general health, mental health and general well-being is and how well that was acknowledged during the transition? And how much we have spent – I don't just mean financial - trying to maintain ourselves so that we can ensure that our adolescents make it through to adulthood and beyond.

No numbers, contacts, etc or anything to deal with our own difficulties.

Hi Ashley,

This letter is written pertaining to the Barrett Adolescent Centre Commission of Inquiry.

My name is Justine Oxenham and I was a teacher employed at the Barrett Adolescent Centre School from 2010 to early 2015. I was the educational representative on the Clinical Care Transition Panel until I was removed from this role.

Information that I have in my possession is of a personal nature; I have many emails between myself and caring, concerned individuals who acted as guided by their own best judgement to advocate for the young people of Barrett.

These emails reflect the culture of Barrett as one moving from collegiality to suspicion and distrust. These emails also reflect the frustration of Barrett staff and associates to affect appropriate care for the young people as they were transitioned from 24 hour care, 7 days per week to an unknown and slippery future; the process of this transition was often 'third person directed' and not at all transparent.

I have the emails I wrote to Joanne Miller, Anastasia Palaszczuk and Lawrence Springborg; all imploring for understanding and support.

Please consider the following before you seek to subpoena my information or myself:

- Emails in my possession are not original directives.
- Emails in my possession may comment on directives delivered by third parties.
- Emails in my possession are of a private nature and are between people with a genuine concern for the safety and well-being of the clients, families and staff connected to Barrett.
- Breach of confidentiality or actions to expose privacy may add further hurt or injury to those individuals mentioned in the emails, or to those who contributed to authorship of the emails.
- I now live and work in Canberra with my husband and young family. The consequence of my involvement in the Transition period of Barrett has affected my memory and cognitive abilities – there are aspects of this period that different people have attempted to remind me of that I simply do not remember.

If due consideration is given to the above statements and it is found that this information may aid the Inquiry, then I will do what I can to help; however, due to the long term and ongoing exposure to extreme levels of stress and the resultant effects on the mental health of myself and other individuals, I appeal for the Commissioner to apply confidentiality and non-publication of any information I supply.

Thank you in advance for your compassion and understanding.

Yours Sincerely,

Justine Oxenham



**Transcript of quotes taken verbatim at Transition Panel meetings between October 15 and October 29, 2013 at Barret Adolescent Centre (BAC) Conference room.**

In brief – quotes indicate systemic problems with the transition process and acknowledge three main points:

- Transition services were with NGOs and were acknowledged as not adequate for safety and care of the complex mental health needs of adolescents – despite BAC Transition updates issued to carers stating that young people would only be transitioned to appropriate care comparable to the standard set by BAC.
- There was inadequate inclusion of parents and carers in the Transition process; this was not considered necessary to the process and was demeaned when parents insisted on consideration.
- The Transition process was closely monitored by executives at West Moreton Hospital and Health Board who imposed a constructed deadline for closure of the centre and who also demanded fast transition results – this mitigated a safe and transparent process in investigating suitable options for adolescents.

**As regards available Transition services and ‘fast transition results’:**

On October 15, 2013, during a Transition meeting, Anne Brennan stated: “don’t want to sound like there’s no services...need to get some new services...present services need to supply services, not stand on moral high ground saying ‘this is what we do’, but just do it. HQ need to get services available”. Anne also reported that she had told executives (West Moreton Hospital and Medical Board?) that there was “no data, no point of contact for services...no central data collection point of service providers”.

On October 23, 2013, Anne Brennan stated: “clinical stuff not getting done...that day’s all meetings, that day...everything’s all dogged up with meetings”. In this regard, adolescents often complained that they no longer had access to therapeutic services; just prior to and during the early stages of the Transition process, BAC went from having a Director (Trevor Sadler), who was available for therapy, 2 psychologists (Georgia Watkins-Allen and Ashley Trinder), 2 full time Occupational Therapists (Kim Hoang and Kate Partridge), a social worker / family therapist (David Ward), and a speech pathologist (Angela Clarke) to an Acting Director who was very intermittently available for clinical therapy (Anne Brennan), two part time psychologists (Ashley Trinder and Danielle Corbett), a social worker (Carol(?)), and one part time Occupational Therapist (Megan (?)), who did not provide therapy. Some of the adolescents were in the midst of Trauma Therapy when their therapists were removed from the centre; [REDACTED] and [REDACTED] were two such patients (both [REDACTED]).

The Transition Panel often acknowledged that adequate services simply did not exist for four adolescents ([REDACTED], [REDACTED], [REDACTED]). On October 23, 2013 and in discussing [REDACTED] options, Anne stated that “risk mitigation was finally acknowledged in housing” (acknowledged by executives of West Moreton Hospital and Health Board?) [REDACTED]

[REDACTED]



The request for assistance with learning to drive was denied. [REDACTED] was transitioned to [REDACTED] family and did not engage with transition services. To my knowledge and to this day, [REDACTED] rarely leaves [REDACTED] house.

I was removed from the Transitional Panel as Education Representative very late October or early November, 2013. I do not remember the details of this removal, at all. Kevin Rodgers (Principal of BAC School at the time) has since informed me that he and I had had a detailed discussion about the removal and that it involved a request for an investigation into my professional conduct – made by Sharon Kelly (West Moreton Medical Health Board) to Peter Blatch (Assistant Director, DETE). Kevin told me that the report was based on a letter I had written to Lawrence Springborg (then Minister for Health). The letter was referred on to the DETE Ethics Committee, but was deemed ‘no case to answer’. Additionally, as I was morally and ethically challenged by the processes of the Transition Panel, my tenure on the Panel was ended.

Dear Ms Miller,

As you may be aware, today saw a mention in the QLD Child Protection Inquiry of closure of the Barrett Adolescent Centre School at Wacol.

In the past you have spoken out in Parliament in support of our Centre and at this crucial time of uncertainty, particularly for our very vulnerable students, I am seeking your support of us, once again.

Ironically, today we made our presentation of the BAC School's Quadrennial School Review - a showcase of our recent past achievements as well as a four year projection of our plans to continue and maintain a level of excellence in service delivery for Queensland's most vulnerable adolescents.

During our presentation, Assistant Regional Director of Education, Peter Blatch acknowledged the essential nature of what we do at BAC and commended us on the calibre of our work - particularly in relation to stories our past and present students personally shared with him today.

Those same students do not as yet know of the Liberal Government's intentions regarding their futures - futures that the experience of today made seem so much brighter. Our past students gave testament to the possibility of life as a productive member of society, and acknowledged the support of our Centre in making the potential of their lives a reality.

Our Centre caters for adolescents with suicidal and homicidal tendencies, dissociative disorders, personality disorders, eating disorders, anxiety, depression in kids who may be homeless, abandoned, abused...the list goes on with the point being - where do these kids go, how do they get quality, continuous care when there is no facility like ours left to care?

For some, there will simply be, no one left to care and no hope of a fruitful future.

Please help us to continue in our role of turning the hopeless, broken adolescents we serve into the beautiful, valuable members of our society they all have the potential to become.

Please help us.

Yours Sincerely,

Justine Oxenham

Teacher

Barrett Adolescent Centre School



PS. If you would like to come and meet with us, and witness the day to day experiences of our Centre's adolescents, you would be most welcome.

Dear Ms Palaszczuk,

As you may be aware, today saw a mention in the QLD Child Protection Inquiry of closure of the Barrett Adolescent Centre School at Wacol.

At this crucial time of uncertainty, particularly for our very vulnerable students, I am seeking your support of us in influencing a reversal of the Liberal Government's decision to end our service.

Ironically, today we made our presentation of the BAC School's Quadrennial School Review - a showcase of our recent past achievements as well as a four year projection of our plans to continue and maintain a level of excellence in service delivery for Queensland's most vulnerable adolescents.

During our presentation, Assistant Regional Director of Education, Peter Blatch acknowledged the essential nature of what we do at BAC and commended us on the calibre of our work - particularly in relation to stories our past and present students personally shared with him today.

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Our Centre caters for adolescents with suicidal and homicidal tendencies, dissociative disorders, personality disorders, eating disorders, anxiety, depression in kids who may be homeless, abandoned, abused and occasionally, from Inala...the list goes on with the point being - where do these kids go, how do they get quality, continuous care when there is no facility like ours left to care?

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Please help us.

Yours Sincerely,

Justine Oxenham

Teacher

Barrett Adolescent Centre School



PS. If you would like to come and meet with us, and witness the day to day experiences of our Centre's adolescents, you would be most welcome.

9 December, 2014

**To Whom It May Concern,**

RE: Barrett Adolescent Centre School Education Report for [REDACTED]  
[REDACTED]

[REDACTED] currently attends the Barrett Adolescent Centre School (BACS). [REDACTED] has been enrolled at the school since [REDACTED] and I have been [REDACTED] teacher for the duration of this time.

Due to [REDACTED] ongoing anxiety and [REDACTED] unpredictable, antisocial and occasionally dangerous behaviours to self and others, BACS has offered [REDACTED] opportunities to engage in modified and highly assisted (one to one) support in school work, work experience, adventure therapy, community access, human relationships education and vocational education.

When [REDACTED] first arrived at BACS [REDACTED] behaviour was highly disruptive, destructive, avoidant and non-compliant. [REDACTED] behaviours inhibit positive learning experiences, social and emotional interactions. At this time, psychiatric, psychological, occupational therapy and speech therapy advice indicated that much of [REDACTED] behaviours were driven by [REDACTED] medical diagnosis and compounded by negative life experiences in school, home and community.

At present, [REDACTED] behaviours remain inhibiting to positive learning, working and living.

Despite this, [REDACTED] has begun to consolidate supportive relationships with both [REDACTED] peers and school staff, however, [REDACTED] continues to require a high degree of support in all school-based activities. [REDACTED] generally 'has a go' at school-based tasks with this support but has not yet achieved independent success in [REDACTED] area of the school curriculum. These attempts are also hindered by fine and gross motor deficiencies.

[REDACTED] continues to require transport assistance to travel to and from school. Due to [REDACTED] anxiety disorder, [REDACTED] is unable to access public transport or community independently. At this point in time, [REDACTED] requires at least two support staff and a management plan in order to access public transport or the community. Even with this level of support, success has been extremely limited.

To date, BACS has attempted many transitional activities to engage [REDACTED] in a productive senior schooling life. These activities have included work experience at Mitre 10, Mt Ommaney, Busy Beat Café, Ipswich (a work place that aims to help socially excluded people re-engage with the labour market) and Endeavour Foundation, Wacol. [REDACTED] has also observed numerous work place practices through our vocational education program. Additionally, [REDACTED] has attended school-based experiences at [REDACTED]

[REDACTED] and Mt Gravatt. Most recently AMYOS have also had direct involvement in attempting to assist [REDACTED] in this process.

To date, the extensive impact of [REDACTED] mental health issues and other compounding factors have resulted in [REDACTED] ending all transition experiences prematurely, with no prospect of future success.

BACS staff will continue to work with [REDACTED] to assist [REDACTED] to access transitional support as [REDACTED] moves towards an end to [REDACTED] formal school-based education.

We remain extremely concerned that [REDACTED] complex needs cannot be adequately supported without governmental acknowledgement of [REDACTED] disabilities which remain a serious impediment to [REDACTED] positive and productive learning, working and living experiences.

Yours Sincerely,

Justine Oxenham

Teacher

Barrett Adolescent Centre School

Tennyson

Debbie Rankin

Acting Principal

Barrett Adolescent Centre School

Tennyson

Dear Sir

On September 10, 2013, when Barrett patients began the process of 'compassionate' transition into 'more appropriate' facilities, here's what happened...

1. The Director of thirty years' service to the Barrett Adolescent Centre was secretly stood down - the result of which was a spike in suicidal and self-harming behaviours, patient and staff anguish, 'gags' on communication between stakeholders. Confusion, chaos, anger.

[REDACTED]

[REDACTED]

3. In the following days and under new and inexperienced directorship, the following incident occurred: a high risk, [REDACTED]  
[REDACTED]  
[REDACTED] was found [REDACTED] by  
concerned civilians and restrained and returned to Barrett.

[REDACTED]

5. On learning of this last transition, patient suicidality and self-harm again spiked...patients asking aloud, "is this going to happen to me?"

More incidents....did you realise...when your West Moreton Hospital and Health Services Executive Director of Mental Health and Specialist Services was told that teachers would be volunteering their time over the school holiday period to run a 'holiday program' for the adolescents of Barrett because

'not enough health staff were employed to run the program', her response was "...well, I guess you have to do what you have to do...".

The same Executive Director finds teachers covering the short staff of health employees to do 'blues nursing' acceptable, too.

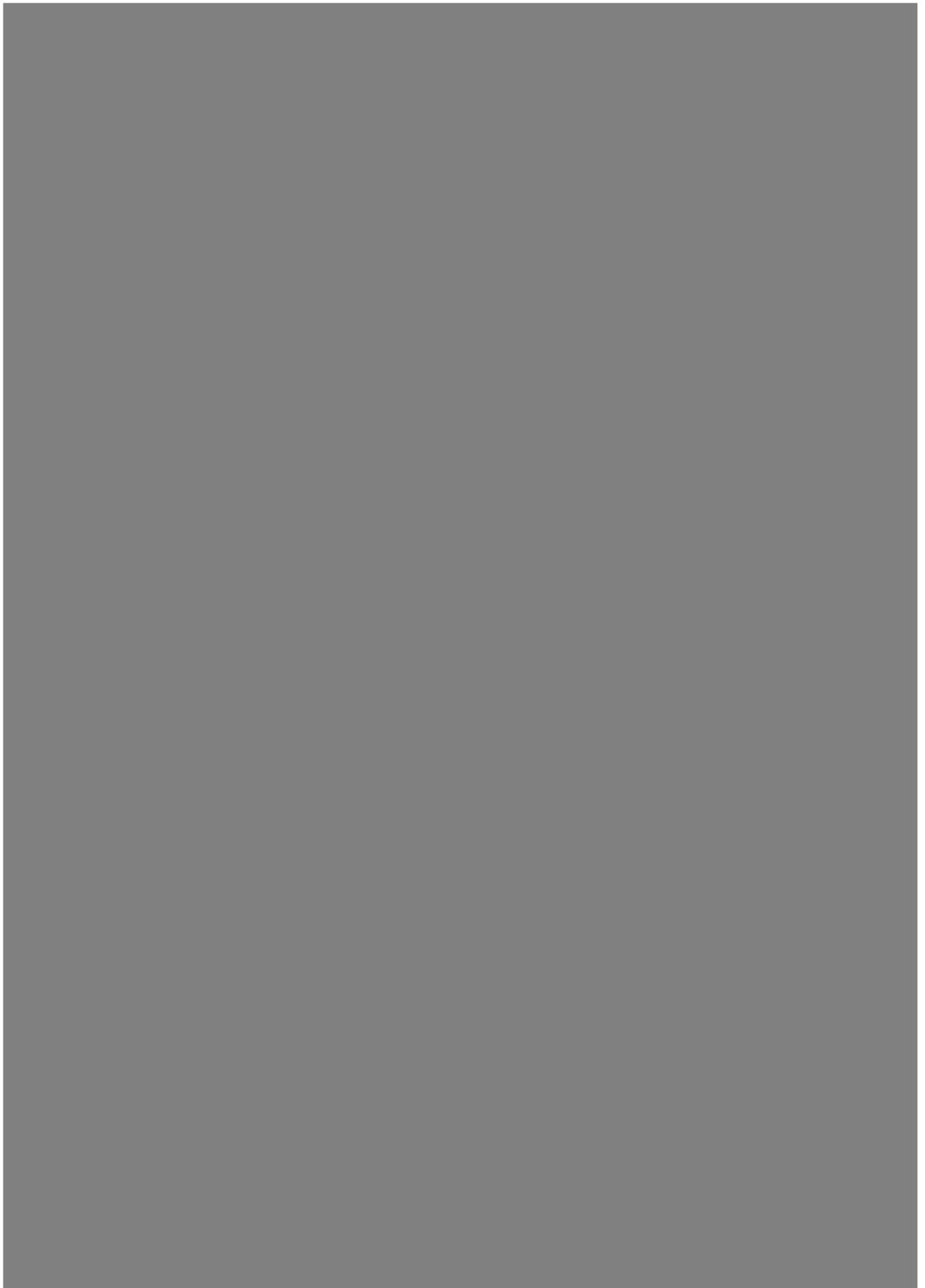
I wonder what the media might do with this abominable disregard you have for Barrett, Mr Premier?

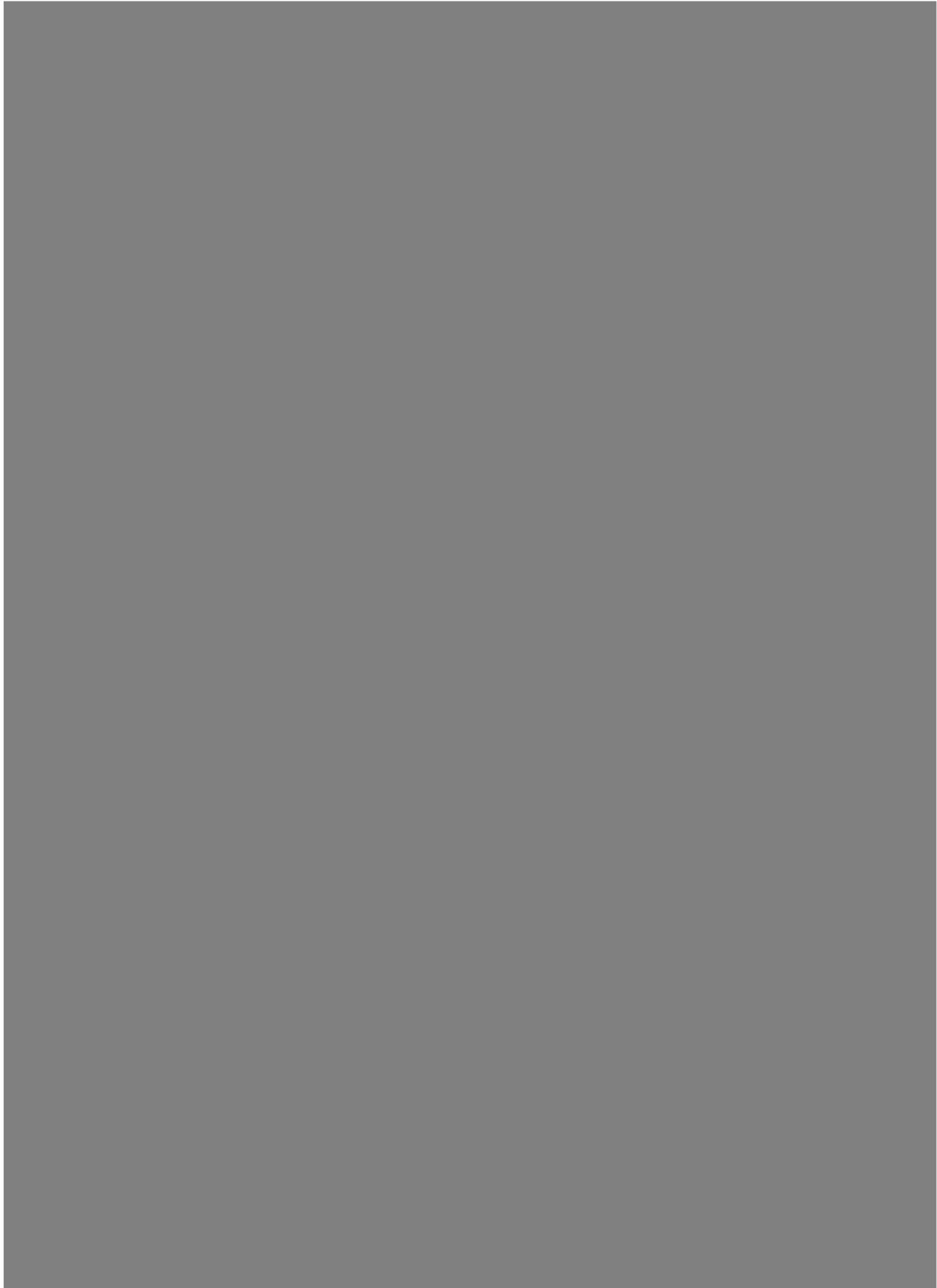
I wonder what the public will do when they realise the implications of closure of the only secure and long term facility of care for chronically mentally ill adolescents that Queensland has? What do you think 'vicarious trauma' will cost this state, Mr Premier?

I am certain it will be more than \$15 million per year.

Think carefully, Mr Premier. This closure may cost you more than you expect.

Thank you.





## SAVE BARRETT ADOLESCENT CENTRE

“Eloquence has power to sway and move minds in every possible way” Cicero

Jo Ann Miller.

Member for Bundamba

[www.queenslandlabor.org.au](http://www.queenslandlabor.org.au) (tab ‘labor people’ then tab ‘state labor’ then tab ‘Jo Ann Miller’ then tab ‘email Jo Ann’)

Annastacia Palaszczuk

Leader of the Labor Party

Leader of the Opposition

Member for Inala

[www.queenslandlabor.org.au](http://www.queenslandlabor.org.au) (same tabs as above, but look for Annastacia’s name)

Campbell Newman

Premier of Queensland

Leader of Liberal National Party

[thepremier@premiers.qld.gov.au](mailto:thepremier@premiers.qld.gov.au)

John-Paul Langbroek

Minister for Education, Training and Employment

[Education@ministerial.qld.gov.au](mailto:Education@ministerial.qld.gov.au)

Lawrence Springborg

Minister for Health

[Health@ministerial.qld.gov.au](mailto:Health@ministerial.qld.gov.au)

Also, if you’d like to petition against the closure of BAC, get online and create links on your social networking sites to <http://www.communityrun.org/p/savebarrettcentre> so that your friends and their friends can all add their names to a petition to **SAVE BAC!!**

*Copy/paste of original screen grab from Alison (email details as follows)*

**From:** Alison Earls [REDACTED]  
**Date:** 9 August 2014 9:49:54 AM AEST  
**To:** [REDACTED]

**Subject:** [REDACTED] of Barrett's Reddit post has been removed ...



http://www.reddit.com/r/SuicideWatch/comments/2cy5u4/i\_dont\_know\_what\_to\_do\_i\_cant\_even\_comprehend/

Tour de France OpenAir BOQ UBank Google Maps Google Image Search Google News Hardman & S...ary Agency Gmail

SUBREDDITS FRONT - ALL - RANDOM | DOCUMENTARIES - SPACE - TWOXCHROMOSOMES - JOKES - MOVIES - AWW - WORLDNEWS - FITNESS - NOSLEEP - NEW

let's talk SW comments related

From the SW Mods | If you see abuse, trolling, or guideline violations, click here to message us!

**I dont know what to do, i can't even comprehend what's happening anymore. Anyone have i**  
 submitted 8 hours ago \* by tobyofbarrett

Sorry if i waste your time, i really just want to tell someone what's on my mind and see if it helps at all.  
 So far in the last 6 months 3 of my best friends who i lived with for months have [REDACTED] all were 18 and amazingly beautiful vibrant living human beings. 1 of them died 3 days ago and i guess it was the straw the broke the camels back.  
 It was so easily preventable and i know if these same circumstances happened last year all 3 of them would still be alive because they would of been in there room down the hall from me and if they were that upset they would of had lots of people around to comfort them and doctors and nurses to take care of them.  
 So a few years ago i was diagnosed with major depressive disorder as well as social anxiety disorder + panic disorder and i had a very unhealthy lifestyle with no friends and a family that had no clue how to deal with me.  
 I had at the time been doing nothing but sleeping at home all day then getting up at 5pm to play computer games till 5am in the morning. When i was awake i would constantly be eating anything i could and drinking pepsi max like it was watter. I did zero physical exercise and i barely even went outside. I had stopped going to school (year 9) and cut all contact to the outside world.  
 Then around a year later i was dragged by my parents to an interview at the Barrett Adolescent center. At the time i had no idea what this place was but i knew i didn't want to be there. They took me on a tour of the facility's then they had 2 doctors interview me, after talking for 2 hours they side that they thought they could help me get better. But at the time i definitely didn't want to be taken from home a put in a long term psychiatric unit for adolescents. So we went home and no one talked about it for 2 weeks.  
 Then they threatened to put me on an involuntary treatment order and forcibly take me to the center for treatment. the reason they were doing this was because i was at the time unsafe and endangering my own health. Eventually i was taken to the center and forced to stay for awhile.  
 Once i started to participate at the center and became a part of the community of 50 or so people the most amazing thing happened. I started to get better. I was talking to psychiatrist and psychologist multiple times a week and i had a 5 day a week 9-3 school built into the ward so i was occupied throughout the day and getting an education and above all i made so many real friends and actually felt important to some people.  
 Things were going great and i was starting to go back to mainstream schooling to finish high school with the support of barrett. But then in 2013 the Queensland health department was forced to close the barrett adolescent center mostly because of the huge debt they were in and the government forcing them to make budget cuts. As well as there being a demand for a more adequate facility because the current facilities were slightly old and run down, but the treatment and care provided was definitely the best there was. They had been successfully providing treatment for 30+years and helped hundreds of young people. Barrett was also the ONLY long term facility in queensland for adolescents and it had patients from as far as cairns.  
 So at the end of last year the center was shut and all the kids were sent home to go back to the places that had failed to help befor. And i promise you i feel as tho i am going further backwards everyday. And the only way i will get better now is if i do it myself. but these last few weeks that seems to look impossible and i feel i'm about to take a very wrong turn sometime soon. Sorry for any spelling or grammar mistakes i have a learning disability and dyslexia );  
 some relevant links for more info or if you would like to so your support:  
<http://www.savebarrett.org>  
<http://www.brisbanetimes.com.au/queensland/call-for-inquiry-after-two-barrett-centre-suicides-20140714-zt7a0.html>  
<https://www.communityrun.org/petitions/don-t-close-the-barratt-centre-for-adolescents-with-severe-mental-health-issues>  
<https://www.change.org/en-AU/petitions/hon-campbell-newman-call-for-a-commission-of-inquiry-into-the-circumstances-surrounding-the-closure-of-the-barrett-adolescent-centre>

## Justine Oxenham

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### Contact Details



### Specific Skills

**Relationship management and interpersonal communication skills** in inspiring, influencing, developing, initiating change and conflict management with adolescents, working teams and stakeholder groups within often stressful and complex environments.

**Problem Solving** - Highly developed problem solving skills and ability to 'think outside of the box' or to follow guidelines, as appropriate, in negotiation and action of best outcome resolutions of complex problems.

**Reporting** – Compilation, development and presentation of oral and written reports, reviews and audits to work teams, management and stakeholders, community groups, external nongovernmental and government agencies and organizations.

**Administration** – Proficient administration skills in accessing organizational specific record and data bases and in use of MS Office and email software programs. Demonstrated capacity to learn and use unfamiliar systems.

**Working** – Demonstrated ability to work independently or collaboratively with management, work teams and stakeholders in planning, presentation and action of goals.

**Time Management and High Work Ethic** –Use of time effectively and productively in meeting teaching and learning responsibilities while also applying diligence, attention to detail and organizational skills in prioritizing and meeting deadlines for extended work roles and responsibilities.

### Employment

**2010 to present**, Teacher. Long service leave with extended leave to 2017 at Barrett Adolescent Centre Specific Purpose School (BAC), Wacol/Tennyson, QLD.

**1996 to 2010**, Teacher. Education Queensland with teaching appointments in Primary, Secondary and Special Schools throughout Queensland.

## Key Responsibilities

The Barrett Adolescent Centre (BAC) existed as an inpatient psychiatric unit with a school offering a day program for up to 25 adolescents with chronic and severe mental illness. BAC had a thirty year history of providing recovery-oriented transition care between inpatient treatment and community based youth mental health services for adolescents. In November 2012, a transition period of change began for BAC staff and adolescents when plans were announced to close BAC. This plan was made effective by December 2013.

The BAC school continues as a day program for adolescents with psychiatric needs who have disengaged from main stream schooling.

Prior to and during this time of transition for BAC, my key responsibilities included:

- teaching: planning and delivery of individually differentiated educational programming, instruction and support in mathematics, physical education, Human Relationships Education (HRE), Values Education and community access for severely, chronically mentally ill adolescents at risk of suicide and self-harm.
- Supervision, mentoring, care and advocacy for student needs.
- Quantitative and qualitative data gathering and collation for preparation and presentation of oral and written reporting in weekly Case Conferencing and Individual Care Reviews within a multi-disciplinary health and education team.
- Working cooperatively and effectively within the team to problem solve solutions to meet the complex health and educational needs of students.
- Developing, supporting and maintaining stakeholder relationships supportive of individual students.
- Negotiating, developing and action of Individual Learning Programs appropriate to the needs and requirements of students and stakeholders.
- Developing best practice knowledge and expertise through collaborative learning within the team and by engaging in professional development.

## Key Projects

Responsible for the development, authorship and implementation of:

- Annual Implementation Plan (2012, 2013, 2014)
- Triennial Teaching and Learning Audit (2012)
- Yearly Action Plans across key areas of strategic development
- Developing Performance Frameworks for all staff (tri yearly)
- BAC Mobile Device Policy.
- Holiday Programming, Risk Assessments and Camp Planning.

## Qualifications

**2015** Queensland Teacher Registration.

**2014** December – Youth Mental Health First Aid.

**2013** October - St John Ambulance Perform CPR, Apply First Aid and Provide Basic Emergency Life Support.

**2011** April - Group Facilitator, My Friends Youth Resilience Program.

**2011** February - Group Facilitator, Friends For Life Child Resilience Program.

**2000** October - Certificate IV in Assessment and Workplace Training. Bremer Institute of TAFE.

**1996** Graduate Diploma of Education. Queensland University of Technology, Kelvin Grove.

**1994** Bachelor of Modern Asian Studies. Griffith University, Nathan.

## Referees

Kevin Rodgers  
Principal (on leave)  
Barrett Adolescent Centre School  
[REDACTED]

Debbie Rankin  
Acting Principal  
Barrett Adolescent Centre School  
[REDACTED]