

In the matter of *Commissions of Inquiry Act 1950*
Commissions of Inquiry Order (No.4) 2015
Barrett Adolescent Centre Commission of Inquiry

SUPPLEMENTARY AFFIDAVIT

I, **DEBORAH RANKIN** C/- Gilshenan and Luton Legal Practice, Level 11, 15 Adelaide Street Brisbane, in the State of Queensland, do solemnly, sincerely and truly affirm and declare that:

1. My name is Deborah Rankin. I am the Principal of the Barrett Adolescent Specific Purpose School (BASPS) located at 38 Lofter Street, Tennyson.
2. This further statement is in addition to my statement sworn 11 October 2015.
3. This statement has been prepared in response to and in compliance with requests issued by the Commission of Inquiry on 24 December 2015 and 18 January 2016.
Exhibit DR-1 to this Affidavit is a copy of those requests.
4. In response to the questions posed I state the following:

To supplement question 4

In paragraph 20 of your statement you state that training and professional development for staff has increased significantly since the [REDACTED]
[REDACTED]. Please provide details of these training sessions, their content, who conducted them and what ongoing support or follow-up was provided to staff by the training providers following these training sessions.

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DEBORAH RANKIN

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SOLICITOR

**SUPPLEMENTARY AFFIDAVIT OF
DEBORAH RANKIN**

Gilshenan & Luton Legal Practice
Level 11, 15 Adelaide Street
BRISBANE QLD 4000

[REDACTED]

5. The Barrett Adolescent Specific Purpose School (the 'School') staff received training specific to supporting adolescents with mental health needs regularly throughout their employment when the School was located at Wacol.
6. Following the relocation of the School to Yeronga, the School staff were able to access and attend more professional development sessions than they had done previously. Staff found it easier to attend sessions without the students being disrupted; this was as a result of the reduced number of students.
7. After the [REDACTED] it was necessary for staff to seek additional training in specific areas such as: suicide postvention, workplace health and wellbeing, and reflection and collaborative working. Please see the table below which details the support the staff received:

Date	Topic	Training provided by	Reference
5 April 2014	Initial meeting with the administration team to discuss all available support and the School Wellness Plan.	Brenda Lack	
06 May 2014	<i>Grief at Schools.</i> A basic overview of how grief might manifest at school. The presentation was tailored following the	Dan Mobbs at Headspace School Support	DRA.001.001.0448

Date	Topic	Training provided by	Reference
	█ of a former student.		
9 May 2014	The Mental Health & Wellbeing of Young People.	Generation Next Workshop (Brisbane).	Exhibit DR-2
13 May 2014	<i>Finding Balance: Support & Self Care for School Staff.</i> This discussion focused on the staff and how their stress may be impacting their health and wellbeing.	Dan Mobbs at Headspace School Support	DRA.001.001.0448
26 June 2014	A further support session after the █ of a former student. This session refreshed staff on the facts surrounding suicide and ways to deal with complex grief.	Dan Mobbs at Headspace School Support	

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Date	Topic	Training provided by	Reference
14 July 2014	Staff critical incident review of postvention actions. This was a critical incident review of the processes used by the School and staff following the [REDACTED]. The processes follow predetermined guidelines and make recommendations for best practice.	Dan Mobbs at Headspace School Support	Exhibit DR-3
4 & 5 August 2014		Australian Child Foundation Conference (Melbourne)	
15 August 2014	School review of the postvention plan informed by the critical incident review.		

[REDACTED]

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Date	Topic	Training provided by	Reference
12 September 2014	Mindfulness Seminar	Brenda Lack	
15 October 2014	Wellness Seminar, Flourishing	Brenda Lack	
19 & 26 March 2015	Non-Violent Crisis Intervention.	Angela Kristenson	DRA.001.001.0565 and Exhibit DR-4
31 March 2015	Suicide Postvention.	Email received from Dan Hobbs at Headspace enclosing the Suicide Postvention Plan.	DRA.001.001.0578 and DRA.001.001.0580
19 October 2015	Wellness Seminar, Transitions and Engagement. A presentation that looked at how staff can best move between tasks and	Brenda Lack	

Date	Topic	Training provided by	Reference
	present for new tasks in the best possible state.		

8. Workplace health and safety issues were addressed with the assistance of Brenda Lack, Occupational Health and Safety Consultant, Human Resources, Department of Education and Training (DETE). Brenda assisted the School staff with recommendations about our workplace health and safety, wellness plan and gave individual presentations that addressed staff self-care and coping skills.
9. Brenda also reminded staff that they were entitled to staff support from the Optum Counselling Service.
10. Brenda kindly arranged a visit to the School by [REDACTED], Clinical Psychologist from Optum. He attended over a two day period. The majority of the staff spoke with Phil for at least 30 minutes and some sessions were up to an hour.
11. I cannot recall the dates for this visit.

To supplement question 6

In paragraphs 27 and 28 of your statement you quote student and staffing numbers.

Where do these figures come from?

12. Prior to 2012 the BAC had no access to OneSchool and I therefore used the physical student files to calculate the student numbers. The figures are now available through OneSchool since the school was given access to enrol students using our service as .1 on that system.

13. I also had a recollection of the student numbers for the period 2012 to 2015 because I was a teacher and/or Acting Principal throughout that period; nevertheless I used the student files and information now held on One School to verify the student numbers.
14. To the best of my recollection, the staffing allocations were provided to me during discussions with Kevin Rodgers, Peter Blatch or Jenny Hart in the last term of the year. The school then used that information to produce a template at the beginning of each year and that is what I have based my figures on. The numbers may have changed throughout the year at any given time because of Human Resource issues but these would have been minor changes.

To supplement Question 14

Paragraph 62 of your statement refers to Peter Blatch and Judith Dunkers' visit to the school on 21 August 2013. What did you understand to be the purpose of this visit?

15. I now, with the assistance of emails (**Exhibit DR-5**), believe that this visit may have occurred on 14 May 2013.
16. I believed the purpose of the visit was for Mr Blatch and Ms Dunker to assure the staff that their jobs were secure. Additionally, I thought they were visiting to advise that the Department of Education and Training was obliged to continue supporting the students in accordance with the *Education (General Provisions) Act 2006* (the Act).
17. At the meeting Mr Blatch and Ms Dunker told us that they could not provide any further information concerning the future model of the School.
18. I recall Mr Blatch spoke highly of the team, noting that we should remain together because of our expertise.

19. The meeting was very informal; I believe it occurred during a lunch break. I believe Mr Blatch did this in an attempt to keep staff calm and prevent further stress.

At that meeting, what were you told about the reasons the school was being relocated?

20. At the meeting on 21 August 2013, Mr Blatch and Ms Dunker advised that the School would be relocating. They advised that this was because Queensland Health, who owned the BAC buildings, would be shutting them down.

To supplement question 17

In paragraph 70 of your statement you state that neither the students nor their families were consulted in relation to the decision to relocate the school to Yeronga. What is the basis for this statement?

21. To the best of my knowledge, the parents and/or families were not consulted in relation to the decision to relocate to Yeronga because it was a technical decision based merely on available facilities.
22. Once the location had been decided all parents and families were consulted.
23. The basis for this statement is the knowledge I gained through informal discussions with the students and/or their families/carers.

Please provide examples of the consultations you conducted with parents and families in order to arrive at this conclusion.

24. There were occasions when the parents and/or family members of the students approached the School staff informally and expressed their concerns for the future of the School. It was clear from these discussions that their attention was focused upon the wellbeing of their child and they were pleased to have an education option

available. The families were not concerned, at the time about location etc. they were happy as long as it was accessible.

25. These parents were concerned primarily about the health of their students and how that was to be managed.
26. Once the decision to move to Yeronga was confirmed, parents and families of the students were consulted by the School staff about arrangements including transport, provision of food and hours of attendance. The topic of food was discussed because previously, Queensland Health had provided food for the students at the BAC and it was now something families needed to consider.

Which families did you consult and when did these consultations occur?

27. All families were consulted about the Educational Transition Plans. There was no formal process to discuss the relocation position with families but it was done on an informal basis when families were contacted or when they contacted us for other reasons. I have no recollection of receiving any emails from families nor did I take any notes following these informal discussions.
28. Families were more concerned about the welfare of their children and were not focused on the provision of education.

To supplement question 19

In paragraph 81 of your statement you state that you were aware of a number of changes that came about due to the closure announcement. How did you notice these changes? Were these changes communicated to you by other staff members? If so, when and by whom?

29. I became aware of these changes during the morning handover meetings. During the meetings these changes were communicated to me verbally by other staff members (health, allied or School).
30. One of the changes included reduced school attendance. Please see **Exhibit DR-6**.
31. Additionally, I witnessed some of the changes myself.

To supplement question 18

What support was provided to staff in relation to the closure and transition of patients?

32. Kevin Rodgers (former principal), Dianne Wallace (former Guidance Officer) and myself supported staff to the best of our ability by creating a collegial environment and encouraging an open and honest sharing of information about the closure and transition arrangements.
33. We all offered an open door policy and encouraged staff to discuss any concerns they may have had.
34. Self-care was spoken about and people were encouraged to reflect on how they were responding to the constant changing environment.
35. Kevin and I encouraged Peter Blatch to visit as regularly as he could and he responded well to this. Kevin and Steve Marriott also encouraged the Teachers Union to support the staff and they also responded well to visits. **Exhibit DR-7** to this Affidavit are two emails regarding the Teachers Union attendance.
36. **Exhibit DR-8** to this Affidavit are two emails that demonstrate the support given to the school staff and family members.

Who provided this support and who was it provided to? How were these support arrangements put in place? Did education staff raise concerns that they were unsupported?

37. I am not aware of education staff raising concerns.

38. Staff were concerned about the students and their families and tended to focus on their concerns for these people.

If so, when were these concerns raised and by whom?

39. The staff expressed on many occasions, their concerns about the BAC community.

To supplement question 20

In paragraph 85 of your statement you state that staff members who were not permanent were offered permanency by the Department of Education. When did this occur?

40. To the best of my recollection this occurred after Ms Dunker visited the School at the end of August 2013.

When were staff members advised to apply for permanency?

41. I believe this was shortly after Ms Dunker's visit at the end of August 2013.

To supplement question 28

Paragraph 103 of your statement makes reference to Dr Anne Brennan putting forward an argument to slow down the transition process. What was the original timeframe given for the transition process?

42. To the best of my knowledge, the transition was to be completed no later than the end of the 2013 school year, i.e. December 13th.

43. To the best of my knowledge, Dr Brennan requested that the transition deadline be extended to late January 2014. The request for an extension was sought on the basis that additional time was required to finalise the transition arrangements for students who had complex cases.
44. The West Moreton Hospital Health Service (WMHHS) arranged for a holiday program to take place during the 2013 summer school holidays.
45. We were advised that the Barrett Adolescent Centre (BAC) buildings would be locked and no access would be permitted at the end of the Christmas Break.

Who gave this original time frame?

46. To the best of my knowledge the timeframe was given by either Sharon Kelly or Lesley Dwyer soon after the 2013 announcement of closure in a general staff meeting.

How and by whom was it communicated?

47. I believe this information was given to me by other staff members.

Additionally, in paragraph 103 you state that you reviewed the 2013 school staff minutes. When did you review these documents?

48. The staff minutes are located on the School server (G:/Drive). The server was collected by the Department of Education and Training in August 2015 and to the best of my knowledge the contents were disclosed to the Commission.
49. I reviewed the minutes when the server was returned to the School at the end of September 2015.

Were these documents then provided to Crown Law disclosure?

50. Yes, to the best of my knowledge they were included in the initial collection of material.

To supplement question 34

Paragraph 107 of your statement makes reference to you being the only school staff member to attend transition panel meetings from 23 October 2013 onwards, due to other school staff being obstructive and not encouraging of the transition process.

Which school staff are you referring to? What is the basis of this statement?

51. To the best of my knowledge, complaints had been made to Peter Blatch against Kevin Rodgers and Justine Oxenham.
52. It was not my perception that Kevin or Justine were being obstructive, rather, this was the information given to me by Kevin as a criticism levelled against education staff. I believe Kevin told me that he had received this information from Peter Blatch.
53. To the best of my recollection, Kevin told me that the complaints concerned him and Justine asking too many questions in relation to the education transition arrangements.

To supplement question 36

In paragraph 110 of your statement you refer to "normal school arrangements" being used to monitor the adequacy of education of BAC patients post transition. What are these "normal school arrangements"?

54. The School normally created a Transitional Educational Plan for those students who were transitioning.
55. Any formal monitoring is usually the responsibility of the new school.

56. Some teachers went above and beyond the usual arrangements with respect to students who transitioned from BAC. [REDACTED]
[REDACTED]
[REDACTED] This assistance extended to Jeanine visiting the RBHS on more than one occasion.
57. Any request from a new school for information regarding a transitioned student was actioned. There were occasions when the new school made no such requests for the student's educational history.
58. This would not have been an issue but (until 2015) the School were not permitted to enrol students, the students information was not able to be uploaded to OneSchool and consequently was not accessible by any new school or base school.
59. OneSchool allows those who have access to upload documents, notes and files etc. relevant to each student. The School was not permitted to enrol students between 2014 and 2015 and could therefore not upload the abovementioned documents to OneSchool, which were relevant to each student.
60. Therefore unless a specific request had been made, any new school or base school was unable to view previous notes concerning each student.

To supplement question 46

In paragraph 132 of your statement you state that the school, staff and families were always aware that the school would be required to move to another site in 2015. However, paragraph 133 of your statement refers to the "short time frame" involved in the decision to subsequently relocate the school to Tennyson. If the school had notice that a further relocation was necessary for 2015, why have you described the

timeframe as being short?

61. I state in paragraph 133 that "time was short and options were few".
62. We moved to Yeronga in 2014 and were required to leave within one year. During that year [REDACTED] Additionally, there was a change in Government. My involvement in the decision to move the school to Tennyson was slight and I was merely consulted about the decision. Nevertheless, I felt that progress seemed slow and measured due to the complex nature of the schools needs and the incidental timing around the events.
63. From my understanding, the DETE did not think it was appropriate to finalise the School plans for 2015 until late October 2014. I believe this was because they were affected by the election and they were waiting for Queensland Health to develop a plan that considered the needs of adolescents with chronic and severe mental health needs. Unfortunately during early November we were then disrupted heavily by a hail storm that damaged our classrooms and this caused further delays.

To supplement question 48

In paragraph 134 of your statement you refer to "our school". Are you referring to the school at Yeronga?

64. I am referring to the Barrett Adolescent Specific Purpose School which at the time was located at Yeronga.

In paragraph 134 of your statement you refer to Tennyson Special School as being a "behavioural model".

Please explain what this means.

65. A behavioural model is a model that attempts to change behaviour with a set of procedures, actions and consequences that are static and based on the idea that all

behaviour is functional. These changes are assumed to transfer to other environments with continual practice.

66. Functional behavioural management is for children who have behavioural problems and require consistent unified processes. Such processes don't work with mental health students.

Additionally, you refer to "our school" being a relational model. Which school are you referring to when you refer to "our" school?

67. Our School is the Barrett Adolescent Specific Purpose School.

What do you mean by relational model?

68. A relational model in a school environment is one that is built on developing relationships between the students and staff. The relationship then enables trust to develop and leads to the students (who have lost trust in themselves) being comfortable enough to engage in education/learning.

The Commission understands that the BAC school at Tennyson now takes its own referrals.

69. These are no longer named referrals instead they are described as 'Requests for Support'. The School now has a defined process for accepting or declining Requests for Support.

Do referrals that the BAC school at Tennyson currently receives, differ from those that the BAC school at Wacol received?

70. When the BAC School was located at Wacol the referral was made to Queensland Health and from my understanding that referral was a tertiary referral. A public or private psychologist would make the application to BAC. My understanding is that in

order to be considered the young person must have exhausted all other mental health providers in the community.

71. To assess admission applications a case conference would be held between the School and Queensland Health (QH) staff at the BAC. From my recollection QH refused some admission applications on the basis that the patient would have been too much of a danger to themselves or others.
72. Once a patient had been admitted to the BAC by QH the School had no option to consent or decline the young person's enrolment at the BAC School.
73. After the closure of the BAC, the School was not permitted to enrol any new students. This was because school enrolments at the BAC at Wacol were always dependent on Queensland Health admissions; the School was not accepting new enrolments once the BAC at Wacol stopped admissions.
74. In approximately June/July 2014 the School was granted permission by DETE to 'support' students.
75. In order to 'support' a student they must satisfy the following criteria:
1. They must have a 'base school'; and
 2. They must have a mental health provider.
76. At that time, a base school could include a TAFE or distance learning program.
77. This 'support' process allowed students to be taught in person at the School, at their home or in the community.
78. In June/July 2015 further criteria for support were imposed by DETE. In order to now be supported by the School the student must satisfy the following criteria:
1. They must have a Mental Health Provider;

2. They must be enrolled in a State School; and
 3. They must have a Negotiated Education Plan which became a Student Plan at the end of 2015.
79. The requirement that a student be enrolled at a state school means that students once enrolled at a private school or TAFE are no longer able satisfy the criteria for entry to the BACSPS.
80. Requests for Support are now received from the Senior Guidance Officer. The School then considers the application. If the application is accepted a Student Plan must be developed with the parents, the state school and the mental health provider.
81. These requests differ greatly from those that were received at Wacol because the young adolescents we support now must be enrolled at a state school. They must also have a mental health provider they have developed a relationship with and who is agreeable to engaging with the School to develop a Student Plan for the student.
82. We are not able to educate adolescents who require a high degree of mental health support and intervention or may be of danger to themselves or others.

How is the student cohort currently attending the school at Tennyson different from the cohort who attended at Wacol?

83. The School is not able to support students who require a high degree of medical assistance and/or intervention or those that may be of danger to themselves or others.
84. The School has been in a position to offer support to some 'difficult' students but this has been with the assistance and intervention of the Queensland Police Service and Queensland Ambulance Service.

85. There are some students who would not have satisfied the criteria for entry into the BAC at Wacol because their mental health needs are not severe but they are now in a position to be supported by the BACSPS.

To supplement question 54

In paragraph 150 you refer to an alternative service model that would be better suited to treating adolescents with complex mental health needs. Is the alternative service model that you describe in this paragraph similar to what existed at the BAC site at Wacol? If so, in what way is this alternative service model different to BAC?

86. Yes, it would be a similar but enhanced version of the BAC at Wacol as was contemplated in a previous review:

"In May 2006 Barrett Adolescent Centre initiated a two day forum to establish a state-wide plan for services for Adolescents and children with mental health issues. The sixty attendees represented most services throughout the state. This forum endorsed the work of BAC and sought an enhancement of the service in the future plan with additional beds and day clients." (DET.002.001.5077)

87. Any alternative model would consist of purpose built facilities which would have current evidence based design features.
88. Such an alternative model would use an extensive multi-disciplinary team like that at BAC at Wacol, which allowed the combination of expertise, such as health, allied and education, to benefit adolescents.

In paragraph 151 of your statement you refer to having visited "alternative/similar service models" in the Netherlands and Finland. Which centres did you visit in these counties?

89. In 2008 I visited the following centres:
- A school in Nokia, Finland (I cannot recall the name) which consisted of

residential units operated jointly by the health and education department.

- Koivikkopuisto Hospital Based School in Tampere which was physically attached to the hospital and accessed by students through a tunnel. The buildings were new and were designed for the specific provision of combined health and education.
90. In 2012 I visited the Utrecht Hospital School in Amsterdam. The Hospital fell under the umbrella of the University. The buildings were brand new, specific purpose and there was an integrated program between the hospital and the school.
91. There were other schools I visited in the Netherlands which offered similar programs to those that existed at BAC at Wacol, these included:
- Attra College
 - Orion College
 - Coronel School
92. These programs were relational based; they combined health and education, academic curriculum and activities as an alternative to academic focus.
93. In Australia there exists similar models, these are at the following locations:
- Rivendell, Sydney
 - Travencore, Melbourne
 - Mather Street, Melbourne

Specifically, what are they? What did they do? Please expand upon this. Do you know of any relevant literature considering these models?

94. Unfortunately I do not have this information. I suggest that Trevor Sadler would be the person to talk to about any alternative models.

In paragraph 152 you refer to "our school". Are you referring to the BAC school in its current form at Tennyson? Please explain what you mean by the "previous model". How do you envisage that this service would be structured?

95. Yes, I am referring the Barrett Adolescent Specific Purpose School which is currently located at Tennyson.
96. I am referring to the previous model at the BAC at Wacol, where adolescents were offered the combination of mental health and education services from an in-patient facility.
97. The structure would consist of a fully wrap around service.

In paragraph 154 of your statement you refer to a "step down facility". Please explain what you mean by a step down facility. What is it? What does it mean? You also refer to "those who do not benefit from the ward environment". Please explain who you are referring to.

98. A step-down facility is a housing facility not located within the in-patient unit. It consists of individual dwellings that assist patients who do not cope well in a shared/ward environment.

To supplement question 55

Paragraph 158 of your statement refers to the education staff suffering from obvious trauma. On what basis do you make this statement?

99. Having worked so closely as a team with these staff members for a number of years it became obvious to me when liaising with them on a day-to-day basis that they were/are suffering.

100. I am also a trained mental health professional (Master of Mental Health – Art Therapy) as well as an educator.
101. The School staff have dedicated all of their working and spare time for the benefit of the students however they are so exhausted that they are no longer able to engage in staff social activities like they would have done previously.
102. The staff members' sense of humour is not as apparent as before.
103. The tolerance for differences between staff members has lessened.
104. The School staff have told me that the provision of counselling has been invaluable. Many staff have told me that they would not usually have sought such assistance but they have found it very beneficial.

What did you observe that lead you to form this opinion? Was there an increase in education staff taking time off as a result of this trauma?

105. At the end of 2014 there was one staff member absent on stress leave, with the hope that they could return to work in accordance with a return to work program.
106. Another staff member was working from home because it was too difficult to be at the site.
107. In 2015 more sick leave was accessed than usual and staff were expressing a need for mental health leave.
108. Please refer to the following documents:
- DRA.001.001.0368
 - DRA.001.001.0529
 - DRA.001.001.1048

Please outline your working relationship with Dr Sadler with particular focus on the interaction between education staff and clinical staff.

109. In my opinion, Dr Sadler was very personable.
110. Dr Sadler would regularly talk and interact with health, allied and education staff on an informal basis in the shared kitchen or passage ways of the BAC at Wacol.
111. Education staff would interact with Dr Sadler in relation to the students when attending the daily handover meetings, case conferences or Intensive Case Work Up's.

Please outline your involvement (if any) and knowledge of the events surrounding Dr Sadler being stood down.

112. I had no involvement in the events surrounding Dr Sadler being stood down.
113. To the best of my recollection I was advised that Dr Sadler had been stood down the following day by Ms Ramsey who was Dr Sadler's administration officer. It was devastating news.
114. Later I also became aware of the suspension through radio and media reports. These reports, in my opinion, were horrendous.

What effect (if any) did Dr Sadler being stood down have on patients and staff at the BAC with particular focus on the effect on the transition of patients given the impending closure. Please provide examples.

115. Dr Sadler being stood down made staff concerned for the future of the BAC and its patients.
116. Many of the patients at the BAC had complex cases and whilst the transition process had not yet properly commenced when Dr Sadler was stood down. I think

Dr Sadler's extensive knowledge of potential alternative services for the patients would have been invaluable and that was lost when he was stood down.

What (if any), contact did you have with Dr Sadler after he was stood down?

117. After Dr Sadler was stood down my contact with him was minimal. I recall communicating with him in the following emails:

- DRA.001.001.0348
- DRA.001.001.0633
- DRA.001.001.0643

When Dr Sadler was stood down, what were you told to tell the students about why he had been stood down?

118. To the best of my recollection we were instructed by WMHHS to say that Dr Sadler was on leave not that he had been stood down.

119. This explanation became obsolete when the patients heard the media reports. Education staff had little, to no interaction with the patients prior to these media reports.

120. Following the media reports, we were instructed by Dr Brennan to only reveal the most minimal details, only those that had already been disclosed in the media reports.

The Commission understands that you were in receipt of a number of staff communiques outlining the closure of the BAC and the new services that were to be put in place. To the best of your recollection when and why did these communiques stop?

121. I was in receipt of two communiques regarding the closure of the BAC. Please refer to DRA.001.001.0297 and DRA.001.001.0357.

122. I have no knowledge of the reasons for why these communiques stopped.

Please outline your working relationship with Dr Brennan with particular focus on the interaction between education and clinical staff when Dr Brennan took over.

123. When Dr Brennan started at the Centre in the position of Dr Sadler a divide developed between education and health staff.

124. Dr Brennan was on-site most days and became the point of contact for issues that staff wanted to raise with WMHHS.

125. I personally appreciated the pressure Dr Brennan was under and formed a good working relationship with her that continued post the BAC closure.

126. On several occasions when Dr Brennan and I were working late I noticed that she was upset. She was fighting hard to extend the transition deadline.

127.

What effect (if any) did Dr Brennan taking over from Dr Sadler have on the transition process? Please provide examples.

128. In my opinion Dr Brennan was not received well by staff, patients and families. Dr Brennan took over from a respected leader in a clandestine fashion and I think this led to negative implications.

129. In my opinion Dr Brennan did not have as much experience as Dr Sadler and did not have as many relationships with alternative mental health providers. Accordingly,

this lead to difficulties when she attempted to find alternative accommodations for patients. I specifically remember her being distressed one day regarding the lack of response she had received from The Department of Communities, Child Safety and Disability Services.

In paragraph 143 of your statement sworn 11 October 2015 you state that your preference is to return to a model that is similar to the BAC model. Are you able to expand and explain the basis for this position?

130. A model similar to the BAC could assist those adolescents who are suffering from such severe and chronic mental health issues and who are unable to seek or receive assistance elsewhere.
131. A model similar to BAC would offer residential facilities, step-down facilities, and day patient options. This model would allow adolescents to engage with a community.
132. The model would need to be flexible and the team would need to continually consult with the adolescent, their family and others involved in their care and management.

The Commission understands that you have been involved in a working group that formulated a recommendation for the BAC School, the Tennyson Special School, and the hospital schools at the Mater and Royal Brisbane Hospitals to be combined, and allocated to the Lady Cilento Hospital School. Please identify those involved in the working group, explain the model proposed and its similarity to the BAC model (ie the one that you have identified you would like to return to).

133. In 2014 there were discussions in relation to the Mater Hospital School and Royal Brisbane Hospital School being amalgamated in to the Lady Cilento Hospital School.

134. At this time, the BASPS and the Tennyson Special School were also being reviewed.
135. The discussions were managed by the Department of Education Metropolitan Region.
136. The members included:
- Me
 - Kevin Rodgers
 - Peter Blatch
 - Susan Flemings
 - Michelle Bond
 - Susan Christenson
 - Sue Howell
137. The full and accurate details of the model proposed are contained in the briefing note; DRA.001.001.0508. The model was not similar to the BAC - it suggested the combination of state-wide services.

Please explain in more detail the benefits of the BAC school being co-located with an inpatient mental health care provider.

138. When the BAC School was co-located with an inpatient mental health care provider the adolescents were able to access the education, health or allied professionals as and when they needed or wanted them.
139. The adolescents at the BAC were very fragile, if they expressed a need to access a service it was imperative that they had access at the earliest opportunity.

140. Currently, if a student at School needs to access their mental health care provider they must do so by telephone. If that mental health care provider isn't available then the school has to make arrangements for that student to be transported to hospital, usually by ambulance. However, due the nature of some students mental health the anxiety associated with being taken to hospital by ambulance is too great and their mental state deteriorates further, so much so that the School may require the assistance of the Queensland Police.
141. When the BAC School was co-located with an inpatient mental health care provider any assistance required by a student was available immediately, therefore negating the need for the assistance of Queensland Ambulance or Police Service.
142. Additionally, I believe that the BAC at Wacol was able to provide structure for students.

Please explain in detail the difference between the three cohorts of students you identified attended the BAC School at Wacol, Yeronga and Tennyson.

143. At Wacol, the cohort of students were diagnosed with chronic and severe mental health issues. They had usually exhausted all other community, private or in-patient options.
144. At Yeronga, cohort of students were those who did not have as severe and chronic mental health issues but they nevertheless must still have exhausted all community, private and in-patient options. Some students who were supported by Yeronga were outreach students who did actually attend the School, rather, a teacher would visit them at home.
145. At Tennyson, all current students must have exhausted all other community options and they must be seeking the assistance of a mental health professional. The

School is now supporting students whose mental health needs are not very high but still require adjusted education programs to ensure they do not become completely disengaged from learning.

Please explain in more detail the educational model currently employed at the BAC School at Tennyson. Are you able to identify how the cohort of students who attended the BAC School at Wacol would be catered for under the new model?

146. Each student has a base school that provides for the students adjusted curriculum, assessment and reporting. The base school develops the Student Plan with assistance from BASPS, the student's family and the student's mental health provider. That plan is then followed and reviewed by BASPS. The School also investigates the student's skill gaps and makes adjustments accordingly to ensure they are able to access their curriculum. There is constant communication between the BASPS and the base school regarding the student's progress and attendance.
147. The BASPS also assists with their social abilities with the intention to have them successfully integrate back in to a base school or alternate program.
148. Some of the students who attended the BAC School at Wacol would simply not be catered for at the School because of their high level mental health needs. They could only be supported by way of an out-reach program.

Please explain the educational model employed at the Albert Park Flexible Learning Centre. How would the BAC cohort at the Wacol site fit into this educational model? Is this model suitable for adolescents with severe and complex mental health needs?

149. From the knowledge I have, I understand the educational model employed at Edmund Rice, Albert Park Flexible School involves an expert team of staff who provide educational alternatives to young people who are more sophisticated/street wise and do not conform to the regular state school model.
150. I do not believe that Albert Park Flexible School would be suitable for adolescents with severe and complex mental health needs. Our effort to transition some former students to Albert Park has been difficult and with little success, despite the good partnership between the schools.
151. I suggest talking with Simon Clowes, Head of Campus, regarding specific education models.

What educational options, in your view, are currently available for adolescents with severe and complex mental health needs, such as those students who attended the BAC School at the Wacol site?

152. I do not know of any current options.

What educational services exist for 17 - 24 year olds with severe and complex mental health issues? Is there currently a "gap" in services?

153. The BASPS offers support to students who are over the age of 17 but have not received the 24 semesters they are entitled to under the Act. We are able to offer those students extra semesters.

154. However, the ability to assist older children is restricted due to our environment and staff expertise.
155. All the facts and circumstances herein deposed to are within my own knowledge and belief save such as are deposed to from information only and my means of knowledge and source of information appear on the face of this my affidavit.

SIGNED AND SOLEMNLY, SINCERELY AND TRULY AFFIRMED AND DECLARED

by Deborah Rankin on the *5th* day of *February* 2016
at *Brisbane* in the presence of:


.....
DEBORAH RANKIN


.....
SOLICITOR

SUPPLEMENTARY AFFIDAVIT OF DEBORAH RANKIN

INDEX TO EXHIBITS

No.	Description
DR-1	Requests issued by the Commission of Inquiry on 24 December 2015 and 18 January 2016.
DR-2	Generation Next attendance certificate – 9 May 2014
DR-3	Critical Incident Review.
DR-4	Email from D Rankin to School staff dated 4 March 2015 Re: Non-Violent Crisis Intervention training
DR-5	Email from Kevin Rodgers re: Mr Blatch and Ms Dunker attending the school.
DR-6	Email from Kevin Rodgers re: students non-attendance at School
DR-7	Emails re: Teachers Union support
DR-8	Emails re: support for the staff

SIGNED AND SOLEMNLY, SINCERELY AND TRULY AFFIRMED AND DECLARED

by Deborah Rankin on the 5th day of February 2016
 at Brisbane in the presence of:



DEBORAH RANKIN



SOLICITOR

INDEX TO EXHIBITS

Gilshenan & Luton Legal Practice
 Level 11, 15 Adelaide Street
 BRISBANE QLD 4000
 Tele: 3361-0222
 Fax: 3361-0201

EXHIBIT DR-1

SCHEDULE**FURTHER QUESTIONS FOR DEBORAH RANKIN**

1. **To supplement question 4**
2. In paragraph 20 of your statement you state that training and professional development for staff has increased significantly since the [REDACTED] Please provide details of these training sessions, their content, who conducted them and what ongoing support or follow-up was provided to staff by the training providers following these training sessions.
3. **To supplement question 6**
4. In paragraphs 27 and 28 of your statement you quote student and staffing numbers. Where do these figures come from?
5. **To supplement Question 14**
6. Paragraph 62 of your statement refers to Peter Blatch and Judith Dunkers' visit to the school on 21 August 2013. What did you understand to be the purpose of this visit? At that meeting, what were you told about the reasons the school was being relocated?
7. **To supplement question 17**
8. In paragraph 70 of your statement you state that neither the students nor their families were consulted in relation to the decision to relocate the school to Yeronga. What is the basis for this statement? Please provide examples of the consultations you conducted with parents and families in order to arrive at this conclusion. Which families did you consult and when did these consultations occur?
9. **To supplement question 19**
10. In paragraph 81 of your statement you state that you were aware of a number of changes that came about due to the closure announcement. How did you notice these changes? Were these changes communicated to you by other staff members? If so, when and by whom?
11. **To supplement question 18**
12. What support was provided to staff in relation to the closure and transition of patients? Who provided this support and who was it provided to? How were these support arrangements put in place? Did education staff raise concerns that they were unsupported? If so, when were these concerns raised and by whom?
13. **To supplement question 20**

14. In paragraph 85 of your statement you state that staff members who were not permanent were offered permanency by the Department of Education. When did this occur? When were staff members advised to apply for permanency?
15. **To supplement question 28**
16. Paragraph 103 of your statement makes reference to Dr Anne Brennan putting forward an argument to slow down the transition process. What was the original timeframe given for the transition process? Who gave this original time frame? How and by whom was it communicated?
17. Additionally, in paragraph 103 you state that you reviewed the 2013 school staff minutes. When did you review these documents? Were these documents then provided to Crown Law disclosure?
18. **To supplement question 34**
19. Paragraph 107 of your statement makes reference to you being the only school staff member to attend transition panel meetings from 23 October 2013 onwards, due to other school staff being obstructive and not encouraging of the transition process. Which school staff are you referring to? What is the basis of this statement?
20. **To supplement question 36**
21. In paragraph 110 of your statement you refer to “normal school arrangements” being used to monitor the adequacy of education of BAC patients post transition. What are these “normal school arrangements”?
22. **To supplement question 46**
23. In paragraph 132 of your statement you state that the school, staff and families were always aware that the school would be required to move to another site in 2015. However, paragraph 133 of your statement refers to the “short time frame” involved in the decision to subsequently relocate the school to Tennyson. If the school had notice that a further relocation was necessary for 2015, why have you described the timeframe as being short?
24. **To supplement question 48**
25. In paragraph 134 of your statement you refer to “our school”. Are you referring to the school at Yeronga?
26. In paragraph 134 of your statement you refer to Tennyson Special School as being a “behavioural model”. Please explain what this means. Additionally, you refer to “our school” being a relational model. Which school are you referring to when you refer to “our” school? What do you mean by relational model?
27. The Commission understands that the BAC school at Tennyson now takes its own referrals. Do referrals that the BAC school at Tennyson currently receives, differ from

those that the BAC school at Wacol received? How is the student cohort currently attending the school at Tennyson different from the cohort who attended at Wacol?

28. To supplement question 54

29. In paragraph 150 you refer to an alternative service model that would be better suited to treating adolescents with complex mental health needs. Is the alternative service model that you describe in this paragraph similar to what existed at the BAC site at Wacol? If so, in what way is this alternative service model different to BAC?

30. In paragraph 151 of your statement you refer to having visited “alternative/similar service models” in the Netherlands and Finland. Which centres did you visit in these countries? Specifically, what are they? What did they do? Please expand upon this. Do you know of any relevant literature considering these models?

31. In paragraph 152 you refer to “our school”. Are you referring to the BAC school in its current form at Tennyson? Please explain what you mean by the “previous model”. How do you envisage that this service would be structured?

32. In paragraph 154 of your statement you refer to a “step down facility”. Please explain what you mean by a step down facility. What is it? What does it mean? You also refer to “those who do not benefit from the ward environment”. Please explain who you are referring to.

33. To supplement question 55

34. Paragraph 158 of your statement refers to the education staff suffering from obvious trauma. On what basis do you make this statement? What did you observe that lead you to form this opinion? Was there an increase in education staff taking time off as a result of this trauma?

SCHEDULE**FURTHER QUESTIONS FOR DEBORAH RANKIN**

1. Please outline your working relationship with Dr Sadler with particular focus on the interaction between education staff and clinical staff.
2. Please outline your involvement (if any) and knowledge of the events surrounding Dr Sadler being stood down.
3. What effect (if any) did Dr Sadler being stood down have on patients and staff at the BAC with particular focus on the effect on the transition of patients given the impending closure. Please provide examples.
4. What (if any), contact did you have with Dr Sadler after he was stood down?
5. When Dr Sadler was stood down, what were you told to tell the students about why he had been stood down?
6. The Commission understands that you were in receipt of a number of staff communiqués outlining the closure of the BAC and the new services that were to be put in place. To the best of your recollection when and why did these communiqués stop?
7. Please outline your working relationship with Dr Brennan with particular focus on the interaction between education and clinical staff when Dr Brennan took over. What effect (if any) did Dr Brennan taking over from Dr Sadler have on the transition process? Please provide examples.
8. In paragraph 143 of your statement sworn 11 October 2015 you state that your preference is to return to a model that is similar to the BAC model. Are you able to expand and explain the basis for this position?
9. The Commission understands that you have been involved in a working group that formulated a recommendation for the BAC School, the Tennyson Special School, and the hospital schools at the Mater and Royal Brisbane Hospitals to be combined, and allocated to the Lady Cilento Hospital School. Please identify those involved in the

working group, explain the model proposed and its similarity to the BAC model (ie the one that you have identified you would like to return to).

10. Please explain in more detail the benefits of the BAC school being co-located with an inpatient mental health care provider.
11. Please explain in detail the difference between the three cohorts of students you identified attended the BAC School at Wacol, Yeronga and Tennyson.
12. Please explain in more detail the educational model currently employed at the BAC School at Tennyson. Are you able to identify how the cohort of students who attended the BAC School at Wacol would be catered for under the new model?
13. Please explain the educational model employed at the Albert Park Flexible Learning Centre. How would the BAC cohort at the Wacol site fit into this educational model? Is this model suitable for adolescents with severe and complex mental health needs?
14. What educational options, in your view, are currently available for adolescents with severe and complex mental health needs, such as those students who attended the BAC School at the Wacol site?
15. What educational services exist for 17 – 24 year olds with severe and complex mental health issues? Is there currently a “gap” in services?

EXHIBIT DR-2



This is to certify that

Debbie Rankin

Attended

***The Mental Health & Wellbeing of Young People
Brisbane***

Held on

Friday 9 May, 2014

9.00am to 5.00pm

at

UQ Centre, University of Queensland



Dr Ramesh Manocha

Principal & Convenor, Generation Next

EXHIBIT DR-3

CRITICAL INCIDENT REVIEW

How effective was our management response to the suicide of

Immediate Response (1= Not Good 3=OK 5=Good)

1	2	3	4	5
---	---	---	---	---

Comment

First Day

1	2	3	4	5
---	---	---	---	---

Comment

First Week

1	2	3	4	5
---	---	---	---	---

Comment

First Month

1	2	3	4	5
---	---	---	---	---

Comment

Longer Term

1	2	3	4	5
---	---	---	---	---

Comment

Does it need updating/changing?

What worked well?

What can be improved in an emergency situation or if advising another school?

EXHIBIT DR-4

Claire McGee

From: RANKIN Deborah [REDACTED] on behalf of RANKIN Deborah
Sent: Wednesday, 4 March 2015 11:16 AM
To: Daniel Goodall; Darren Bate; Debbie Rankin; Dianne Wallace; Elayne Raisin; Janine Armitage; Jill Medew; John Morahan; Justine Oxenham; Kev Rodgers; Liz Marlay; Margie Nightingale; Megan Vizzard; Robert Ellis; Ruth Brown; Serena Marriott; Steve Marriott; Sue Cassidy
Subject: New Dates for NCI

Follow Up Flag: Follow up
Flag Status: Flagged

Hi All,

The new dates for the Non-violent Crisis Intervention are Thursday March 19 and 26 from 2.30 till 5.30 and after holidays on Thursday April 23rd. These hours will count towards our student free day make up time and our QCT Professional Development Register. The teachers from LCCHS will present it here to both staff groups and we will provide afternoon tea.

Next Wednesday afternoon will be our Pizza Afternoon and we will join with Tennyson to have Pizza and a chat.

38 Lofters Street
Tennyson
4105

[REDACTED]

EXHIBIT DR-5

RANKIN, Deborah (drank5)

From: RODGERS Kev [REDACTED] on behalf of RODGERS Kev
Sent: Wednesday, 1 May 2013 10:48 AM
To: Darren Bate;Debbie Rankin [REDACTED] Jill
Medew;Justine Oxenham;Liz Marlay;Margie Nightingale;RAISIN Elayne;Serena
Marriott;Steve Marriott;Sue Cassidy
Subject: Barrett future

Follow Up Flag: Follow up
Flag Status: Flagged

Dear all

With all the uncertainty of decisions about Barrett I have asked Peter Blatch out to talk to staff. Peter has told me all along that the intention of DETE in his discussions with the A/Director General Lyn McKenzie is to keep the school together as a whole.

Peter Blatch Assistant Regional Director, School Performance and Judith Duncker Manager (Workforce Services) will be at our staff meeting Tuesday 14th May to discuss future directions for the school and the support DETE can offer.

Kev

Kev Rodgers PSM
Principal
Barrett Adolescent Centre School

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EXHIBIT DR-6

RANKIN, Deborah (drank5)

From: RODGERS Kevin [REDACTED] on behalf of RODGERS Kevin
Sent: Monday, 16 September 2013 12:56 PM
To: Darren Bate; Debbie Rankin; [REDACTED] Jill Medew; Justine Oxenham; Liz Marlay; Margie Nightingale; Megan Vizzard; RAISIN Elayne; Serena Marriott; Steve Marriott; Sue Cassidy
Subject: FW: school non-attendance consequences

Follow Up Flag: Follow up
Flag Status: Flagged

From: Vanessa Clayworth [REDACTED]
Sent: Monday, 16 September 2013 12:23 PM
To: [REDACTED] Angela Clarke; Anne Brennan; Ashleigh Trinder; Carol Hughes; Danielle Corbett; Elaine Ramsey; Genae Rance; Jamie Barber; Kimberley Sadler; Kim Hoang; Kylie Bruce; Liam Huxter; Lourdes Wong; Mara Kochardy; Maree Sheraton; Matthew Beswick; Moira Macleod; Peta-Louise Yorke; Reeta Singh; Roderick Archer; Rosangela Richardson; Steve Sault; Susan Daniel; Trevor Sadler
Subject: Fwd: school non-attendance consequences

BAC Staff,

Please read below information from Matt that I have endorsed.

Thanks,

Vanessa.

>>> Matthew Beswick 9/16/2013 10:46 am >>>
 G'day everyone,

Vanessa has endorsed the following to be put into effect immediately. Naturally feel free to communicate concerns or questions.

If an adolescent is

- 1) not at school AND
- 2) we feel that they do not have a legitimate reason to be absent from school

THEN

They have no access to electronic entertainment or communication devices for the duration of their absence from school.

This includes phone, music players, computers etc

Obviously there is a lot of scope in point 2) above. As a guideline I recommend that any legitimate reason should be discussed with CN at earliest convenience. It is possible that an adolescent may report that the School has

EXHIBIT 107

excused them from a need to attend. Please always verify this with school or senior staff. We will be dealing with entrenched avoidant behaviour from some of our adolescents.

Obviously Cat Red patients do not have the option to attend school, therefore refer to their individual treatment plans that are likely to be located in handover book and/or recent chart entries from doctors or CN/CCs.

thanks,
Matt

>>> Matthew Beswick 9/9/2013 8:45 pm >>>
Hi Vanessa,

Trevor has reported to me a decision from Case Conference that he advises me was agreed upon and is to apply to all adolescents.

If an adolescent is

- 1) not at school AND
- 2) we feel that they do not have a legitimate reason to be absent from school

THEN

They have no access to electronic entertainment or communication devices.

This includes phone, music players, computers etc

I support this approach. I am sending it to you to ensure that it is in keeping with your expectations and can receive your stamp of approval (or modifications) so as to be endorsed and implemented.

I will be back on shift on Thursday morning, see you then!

Matt

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EXHIBIT DR-7

RANKIN, Deborah (drank5)

From: MARRIOTT Stephan [REDACTED] on behalf of MARRIOTT Stephan
Sent: Thursday, 18 July 2013 8:47 AM
To: 'Annette Finlay'; 'Darren Bate'; 'Debbie Rankin'; 'Dianne Wallace'; 'Elayne Raisin'; 'Janine Armitage'; 'Jill Medew'; 'Justine Oxenham'; 'Kev Rodgers'; 'Liz Marlay'; 'Serena Marriott (Work)'; 'Sue Cassidy'; 'Tim Hill'
Subject: FW: Possible closure of the Barrett Adolescent Centre School
Follow Up Flag: Follow up
Flag Status: Flagged

From: Kevin Bates [REDACTED] **On Behalf Of** QTU President
Sent: Wednesday, 17 July 2013 2:01 PM
To: [REDACTED]
Cc: papres; Meegan Maguire
Subject: RE: Possible closure of the Barrett Adolescent Centre School

Steve

Thanks for your email, warning us of the impending decision.

I have this afternoon instructed union officers to draft correspondence to the Minister and the Director-General urging them to support the continued operation of the Barrett Centre.

We will provide you with copies of our correspondence and any responses we receive. I will also endeavour to make another visit to your school in the very near future.

Thanks for your ongoing support and your work at the Barrett Centre.

Kevin

Kevin Bates | President
 Queensland Teachers' Union

[REDACTED]
 21 Graham St, Milton Q 4064
 PO Box 1750, Milton BC Qld 4064



From: MARRIOTT Stephan [REDACTED]
Sent: Wednesday, 17 July 2013 12:57 PM
To: Queensland Teachers' Union
Subject: Possible closure of the Barrett Adolescent Centre School

To the President of the QTU,

Dear Sir,

EXHIBIT 107

On behalf of the staff of the Barrett Adolescent Centre School I would like to thank you for your previous visit to our school and offering your support while we wait for news of whether we will close or not.

It has come to our attention that the Minister for Education has called a meeting with the Director General to discuss the Barrett School today. The government has been in possession of the report on Barrett for some weeks but has not made the report public yet, despite the Opposition's expectation that it was going to be available to them as soon as it was presented.

I believe that the decision will soon be made and that if you could highlight the good work our centre does it may swing a decision in our favour.

Hoping to hear from you soon,

Regards,

Steve Marriott
QTU member



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RANKIN, Deborah (drank5)

From: MARRIOTT Stephan [REDACTED] on behalf of MARRIOTT Stephan
Sent: Friday, 9 August 2013 8:50 AM
To: 'Annette Finlay'; 'Darren Bate'; 'Debbie Rankin'; 'Dianne Wallace'; 'Elayne Raisin'; 'Janine Armitage'; 'Jill Medew'; 'Justine Oxenham'; 'Kev Rodgers'; 'Liz Marlay'; 'Serena Marriott (Work)'; 'Sue Cassidy'; 'Tim Hill'
Subject: FW: Attention Meegan Maguire - Re Barrett Adolescent Centre School
Follow Up Flag: Follow up
Flag Status: Flagged

From: Ruth Low [REDACTED] **On Behalf Of** QTU Organisers
Sent: Wednesday, 7 August 2013 1:29 PM
To: [REDACTED]
Subject: Attention Meegan Maguire - Re Barrett Adolescent Centre School

Hi Steve and thanks for your coordination of involvement across the broader staff and community. Last night many fellow members hit the Twittersphere and FB about this and involvement in campaign.

A letter has been drafted to the Education Minister, Director General and Deputy Director General with the intent in urgent meetings to seek clarifications and intentions. I have communicated with Kevin and are looking at both Craig and I joining you for an alliance working lunch early next week to bring together stakeholders so will connect with you about that and you may be able to connect with the reps of other unions and stakeholders to come together at that time to discuss involvement in the future direction of the community campaign and what involvement any alliance could have.

I can't begin to find the right words in response to how your staff and students would be feeling right now. I will stay connected with you to coordinate any next steps.

Ruth Low | Organisers Coordinator *on behalf of*
 Meegan Maguire | Organiser - Moreton
 Queensland Teachers' Union

21 Graham St, Milton Q 4064
 PO Box 1750, Milton BC Qld 4064



Are your details up to date? Have you changed schools?

It is important that your Union has current contact details (workplace, email - private & work, home address & phone numbers etc) for all members.

Please check and update your contact details online in the Member Portal www.qtu.asn.au or email membership@qtu.asn.au.

From: MARRIOTT Stephan [REDACTED]
Sent: Wednesday, 7 August 2013 10:03 AM

EXHIBIT 107

To: QTU Organisers**Subject:** Attention Meegan Maguire - Re Barrett Adolescent Centre School

Dear Meegan,

As you may no doubt be aware, the Health department (and the minister on the radio) has announced that the Barrett Centre will not be continuing in its current location and even in its current form if another review committee decides to change the model of service delivery.

Despite the initial Expert Clinical Reference Group's recommendation that Barrett's model be preserved the new review will examine other (cheaper, privatised) models. This news has had a great impact on our students and staff, both Education and Health.

The Labour opposition is presently considering its options to continue the fight to save Barrett in parliament and staff and students are also willing to lend a hand as much as they are able, considering the restrictions put upon them by privacy and health regulations.

We are all aware of the government's agenda to cut services so this news comes as no real surprise. The new review committee seems to be a smokescreen to placate public opinion until the election is over.

Thanks again for your visit on Tuesday, every show of support helps staff get through these tough times.

Regards,
Steve Marriott

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EXHIBIT DR-8

RANKIN, Deborah (drank5)

From: RODGERS Kev [REDACTED] on behalf of RODGERS Kev
Sent: Wednesday, 19 June 2013 2:37 PM
To: Darren Bate;Debbie Rankin; [REDACTED] Jill Medew;Justine Oxenham;Liz Marlay;Margie Nightingale;RAISIN Elayne;Serena Marriott;Steve Marriott;Sue Cassidy
Subject: FW: Invitation to "Walk Around" the Barrett Adolescent Centre

Follow Up Flag: Follow up
Flag Status: Flagged

From: Trevor Sadler [REDACTED]
Sent: Monday, 17 June 2013 6:38 PM
To: WMHHBoard
Subject: Invitation to "Walk Around" the Barrett Adolescent Centre

In response to Dr Corbett's invitation in her last newsletter to email the Board about hosting a "Walk Around" by the Board when next at a Facility, this is to invite the Board to Barrett Adolescent Centre when next at The Park.

We may not be positive about the future, but we are positive about the work we do with adolescents.

We suggest a variation on walking around. This time, we invite the Board to sit down with us at one of our Cafe Days which can be scheduled to fit in with the Board's timetable.

First this would give us the opportunity to demonstrate the positive programs at the Centre. We have pioneered comprehensive rehabilitation services for adolescents with severe mental illness in Queensland. There are many aspects to this including understanding foods, planning skills, sourcing food from markets and supermarkets, preparing menus, meal preparation, preparing adolescents for part time work (which is often in the hospitality industry) as well as working as a team etc. Holding a Cafe Day allows the adolescents to bring all these skills together.

Secondly, I am tremendously impressed by the positive staff at Barrett. Cafe Day is a seamless collaboration between a number of key teaching staff and our occupational therapists. Teachers, occupational therapists and nursing staff are essential to the rehabilitation program at Barrett. Teachers regularly go beyond what is required of them to meet the needs of adolescents. Nursing staff continue to put the needs of adolescents before their own careers. The health professional staff have adapted any interventions they learnt at uni to provide treatment and rehabilitation for a group of young people whose severity of illness is such that the literature only provides the broadest of outlines about how to proceed.

Finally, and most importantly, I am positive about the young people we treat. Depending on the timing of the walk through, you will interact with young people who were almost certainly completely socially isolated, unable to go to school, often having given up on the future, and for many, even having given up on life itself. To confront the issues they have requires courage and determination. This venue would give the Board a unique opportunity to interact with patients, to hear of their hopes for the future. On the day, some could be too unwell to participate. Others will be out in activities which are reintegrating them into the community.


Thus, we can never predict what a particular Cafe Day will be like. But from past experience, they have been positive events. We invite the Board to share this with us.

Yours sincerely,

Trevor Sadler

EXHIBIT 107

Dr Trevor Sadler
Director
Barrett Adolescent Centre
The Park _ Centre for Mental Health
Locked Bag 500
Sumner Park BC
Queensland 4074



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RANKIN, Deborah (drank5)

From: RODGERS Kevin [REDACTED] on behalf of RODGERS Kevin
Sent: Tuesday, 8 October 2013 2:01 PM
To: Darren Bate;Debbie Rankin; [REDACTED] Jill
Medew;Justine Oxenham;Liz Marlay;Margie Nightingale;Megan Vizzard;RAISIN
Elayne;Serena Marriott;Steve Marriott;Sue Cassidy
Subject: FW: School holiday activities

Follow Up Flag: Follow up
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From: [REDACTED]
Sent: Tuesday, 8 October 2013 2:00 PM
To: [REDACTED]
Subject: School holiday activities

Hi Kev,

[REDACTED]

Just wanted to say thank you to your wonderful staff who took part in the recent school holiday activities. I know [REDACTED] attended a few outings and enjoyed [REDACTED]

What what we do without the support given by not only the teaching staff but the nursing staff(what we have left at any rate).

We are continuing our fight to have Barrett saved though it seems to be an uphill battle at present.

Regards,

[REDACTED]