EXHIBIT 230

DG 075502

ODG DATE RECEIVED 17 NOV 2014

Previous/related/similar to .....

INVITATION ☐

DG delegated to.....

Comments .....

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Acknowledgement letter completed ☐

ACTION OFFICER ..... DG .....

COPY PROVIDED TO .....

REPLY FOR DG'S SIGNATURE REQUIRED ☐

due (to DG Corro) ...../...../.....

briefing note also required ☐

ACTION DIRECT* ☑

direct action required by ...../...../.....

DG Corro to be advised of completion of action - ☐

Copy of response (letter or email) required ☐

NRR – (No response required - for information only) ☐

COMMENTS .....

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*Nomination of an item as 'action direct' requires the actioning area to determine whether a response is required. The actioning area is also responsible for determining who the appropriate signatory of the response should be.

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Urgent.

Bill - Please draft a response.

[redacted]

[redacted]

9 November 2014

Mr I Maynard
Director General of Health
Department of Health
GPO Box 48
Brisbane 4001

18 NOV 2014

[redacted]

Dear Mr Maynard, Ian

I was the psychiatrist and clinical director of the Barrett Adolescent Centre for 25 years until being stood aside in September 2013.

I have not contacted you previously because of your position, and our family connection. I thought it important that due processes take their course. However, I am no longer an employee of Queensland Health, the investigation is finalised, with the report being made public. I am filled with heaviness after seeing the ABC 7.30 report on Friday, which prompts me to write with one question – was closing the Centre, especially in such circumstances, a wise decision?

Three considerations suggest it may not have been.

The first consideration is the similarities between the Home Insulation Scheme (HIS) and the closure of Barrett. The Royal Commission into the HIS commenced as the last patients left Barrett. As evidence unfolded, I was struck by the parallels between the two processes. Both had artificially rushed deadlines (for Barrett, this was acknowledged in the report you commissioned). In the case of the HIS, that led to insufficient time for adequate training. For Barrett, inadequate alternate services were in place before it closed. Four young men died as a result of deficiencies in the HIS. The Coroner will determine if the deaths of three teenagers were related to Barrett's closure.

The one big difference is that in the HIS, many of the public servants advising government were unaware of the risks.

This was not so with Barrett. I was a member of the Expert Clinical Reference Group (ECRG). I can recall it being stated quite clearly in a meeting that there was a high risk of suicide if it closed. That is why the final ECRG report specifically addressed the issue of risk. I wrote to the ECRG a paper based on the literature outlining why community based treatments were not an option for some young people with the most severe and complex illness. It was one of the reasons they chose to recommend a Tier 3 service, in spite of the specific initial brief of the Planning Group for an alternative which did not include a bed based service.

I was also on the Planning group. At the Planning Group meeting in May 2013, Dr Bill Kingswell expressed his disapproval of these recommendations, and recommended a "wrap around service" for existing patients. I wrote to him, with a copy to Ms Sharon Kelly, (Executive Director of WMHHS)

and a blind copy to Dr Stephen Stathis, outlining concerns about this. I specifically warned that some would die if Dr Kingswell went ahead with this process. My concerns were acknowledged by Ms Dwyer when she informed me of the closure. All I could do was try to advocate for the best services possible and pray for the adolescents. I wrote to senior staff at The Park on 3 October 2013 after I was stood aside, again expressing my concerns that some would die.

To ignore these warnings from a clinician was unwise. I presume the Minister was aware of the concerns expressed in the ECRG report. I obviously do not know if this specific warning was raised with him.

The second consideration that arose from listening to Bill on the ABC report is the enormous chasm that exists between clinicians and health service administrators.

Quite simply, clinicians are daily confronted with the intangibles of health care, as well as the tangibles. Intangibles such as suffering, hope, and empowerment – these cannot be measured. Health service administrators can only deal with the tangibles – length of stay, occupied bed days, policies and frameworks. In my experience, even if an administrator was a clinician, they lose sight of the intangibles after two to five years.

I think mental health has more intangibles than a medical illness, e.g. cancer. A surgeon operates to relieve suffering. For those who have a terminal illness, palliative care is offered. A physician offers medication to cure, relieve or ameliorate the symptoms. In both of these, the active agent for cure lies outside the patient.

In mental health, particularly for those who needed to come to Barrett, medication was already tried without effect. Much of the cure comes from within the young person themselves, with guidance from the therapist. The young person who was so bound by their anxiety that they haven't emerged from their house for over a year, has to be helped to confront their fears first by living in a small, highly supported community and then gradually reintroduced into the world. Another young person who is haunted by the memories of their painful past has to endure those memories increasing in intensity until they are ready to face working through them. In the meantime, the clinicians working with them can only sit with through them in their hours of intense suffering. There is no pain relief for mental pain. Clinicians work daily with this suffering. They must offer hope. They must offer care. These are incredibly important intangibles.

Health administrators neither work on a daily basis with those who suffer, nor can they measure hope.

Young people spoke of the hope Barrett gave them, a sense of connectedness compared with their previous disconnection from the world, a sense of empowerment as they developed new skills. These are articulated in the *National Framework for Recovery Oriented Mental Health Services* released in November 2013, but expounded long before that. As a clinician I saw these intangibles being lived out in real life in the young people. To those who made the decision to close, they are words on paper – ideals to be sought after, for sure, but unaware of what it looked like in real life.

I believe that both the Minister and the Chief Executive of WMHHS received a number of letters from current or former patients, parents and clinicians. I presume these contained even more

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intangibles than I have described. But because they cannot be measured, are not quantified, they are often overlooked by health administrators who deal predominantly in tangibles.

But the intangibles are a real part of our human experience, of healing and of good health care. I believe it is a wise health administrator who can incorporate these into their models of service.

Sadly, a suicide is a tangible. The prolonged, unnecessary suffering a number of former patients continue to experience is not measurable – only the number of times they have been admitted to hospital, or how many have withdrawn to their bedroom. The support of teachers from the former Barrett school is an incredibly important intangible completely ignored by Queensland Health. Without it, even more may not have survived, and the others gone back to how they were before coming in to Barrett. With these teachers, some have progressed well this past year.

The third and final issue as I watched Bill on the ABC was "Why can't we have honesty on this issue?" I do not think people are necessarily dishonest. I think they are either ignorant, or just have not comprehended all the information (including the intangibles).

From the Minister in Parliament or to the Estimates Committee, to Bill, to the Chief Executive of WMHHS through to statements on the Children's Health Queensland web site, comments are made which are not true. Some of them may be just off the mark, or omit pertinent information which would then make them true. In the end truth is the casualty.

Many of these are only smaller details. Taken together, they present a picture significantly different from the truth. When they emanate from so many sources, I become worried that no one has a clear understanding of the truth. The implication is that they do not therefore have a clear understanding of the needs of these young people, not what is required to help them.

Without truth, without a clear understanding of the issues, wise decisions cannot be made.

Without wise decisions, young people have suffered.

Thank you for your time in reading this.

Yours sincerely,

Trevor Sadler