

EXHIBIT 204

RE: Request for information to respond to MS Earls correspondence by 20 May please.

From: Lesley Van Schoubroeck [REDACTED]
To: DPC Health Team [REDACTED]
Cc: Carmel Ybarlucea [REDACTED], Mental Health Commissioner
Date: Thu, 14 May 2015 17:39:03 +1000
Attachments: image005.png (36 kB); QMHCmeetingsummary earls.docx (22.62 kB)

Hello

Yes, I met with Alison Earls, [REDACTED] on Wed 11 Sept 2013.

Attached are our agreed notes of the meeting.

In relation to government employees attending the meeting, I recall advising Ms Earls that if they did, their presence would be a matter for the public record and therefore they may wish to take that into account especially since the meeting was during the working day.

The QMHC Act creates us a statutory body to drive ongoing reform towards a more integrated, evidence-based, recovery-oriented mental health and substance misuse system.

Unlike the Victorian Mental Health Complaints Commission, we are not established or resourced to investigate complaints on behalf of individuals. The Act requires the Minister for Health to arrange an independent review of the performance of the Commission before 30 June 2016 and to review the effectiveness of the Act as soon as practicable after 30 June 2016. I am sure their views will be taken into account at that time.

In relation to independence it is true that stakeholders who responded to our first annual survey thought we should be more independent of government (see page 30 at http://www.qmhc.qld.gov.au/wp-content/uploads/2014/11/REPORT_QMHC-Evaluation-Final-Baseline-Report-17Nov2014.pdf). We will continue to monitor this to get the appropriate balance.

(Please send requests to [REDACTED] in future so we can process them expeditiously)

(Bron please file)

Dr Lesley van Schoubroeck
Mental Health Commissioner
Queensland Mental Health Commission

t: [REDACTED]
a: [REDACTED]
e: [REDACTED] www.qmhc.qld.gov.au



EXHIBIT 204

From: Carmel Ybarlucea
Sent: Thursday, 14 May 2015 2:31 PM
To: Lesley Van Schoubroeck
Subject: FW: Request for information to respond to MS Earls correspondence by 20 May please.

Hi Lesley

We need to provide DPC with a response to this correspondence from Mr Earls who said that he met with you in September 2013 regarding the Barrett Centre.

Carmel

From: DPC Health Team [REDACTED]
Sent: Thursday, 14 May 2015 10:26 AM
To: Carmel Ybarlucea
Cc: Mark Tuohy
Subject: Request for information to respond to MS Earls correspondence by 20 May please.

Morning Carmel

The Premier has recently received the correspondence below from Ms Alison Earls. I am contacting you in the first instance and if you are not the right person for the queries below please just let me know. I am out of the office today but contactable on my Mobile. Alternatively, Mark Tuohy is also available.

In order to prepare a response for Ms Earls could the QMHC please provide:

- some clarity around the events surrounding the meeting on the 11 September that Ms Earls refers to
- a statement around the independence of the QMHC
- any additional information you believe we should know.

At this stage please treat this in a confidential matter as we are seeking information only and not requesting any direct contact with Ms Earls or other participants.

I have also sent a request for additional information to QH in regards to their policies etc and to the Department of Education

If possible, could I please have this by 20 May 2015.

Thank you in advance, and please call if you have any queries.



Shellee Valentine
 Senior Policy Officer
Part-time: Monday, Tuesday, Wednesday, Thursday
Social Policy
 Department of the Premier and Cabinet

From: Alison Earls [REDACTED]
Sent: Tuesday, 5 May 2015 7:27 PM
Subject: Queensland Mental Health Commission – Act revision will ensure independent advocate

Dear Ms Palaszczuk and Mr Dick
 You and your departments are likely to be aware of my advocacy for those that needed the Barrett Adolescent Centre for young people with severe and complex mental health issues. I have written to you recently to emphasise the need for both a Commission of Inquiry into the Centre's

closure and a concrete plan for the reinstatement of a Tier 3 facility for adolescents which offers comprehensive inpatient treatment and onsite schooling. I will continue to do whatever I can to ensure that both of these pre-election promises are undertaken by your government as soon as possible.

As I have also indicated in past correspondence, I – based on research and the invaluable input from those with extensive professional and lived experience in the area – believe that the young people of Queensland would benefit significantly from a review of services across the board to ensure that individuals and families in need have access to comprehensive support across a range of areas than can be affected by mental health issues i.e. education/training, employment, finance, housing, justice/legal services. To deal with the scope of needs effectively requires a collaborative system which, in the long term, would ensure greater efficiencies across the government as a whole, making it beneficial for all parties. So a broad review of youth services is warranted with input from those with expertise in the area of severe and complex adolescent mental health a key element. If there is any way that I can assist with ensuring this comes about (having established lines of communication with relevant individuals and groups across Queensland), please get in touch and I will do whatever I can to facilitate the required consultation and planning.

However, beyond the specific actions required relating to the closure of the BAC and a move to a more integrated approach to support for those dealing with youth mental health issues, the release of a draft bill to amend the Mental Health Act on the 2nd of May has spurred me to contact you on an issue of legislation that I think impacts all those affected by mental health issues across Queensland.

I believe that it is vital that, along with the Mental Health Act, the **Queensland Mental Health Commission Act** (Act 7 of 2013) MUST be revised to enable the statutory body to act **independently** and, therefore, be a genuine advocate for Queenslanders sufferers of mental illness. As it currently stands, in both policy and practical terms, the QMHC is a representative of the government, not of the broader community and since its inception has operated as a conduit FROM the government TO the people. Although there have been listening tours and attendance at public forums, there is not enough evidence of viable change to indicate that the flow of communication FROM the mental health community (sufferers, families, practitioners, advocates) TO the government has been anything more than a token gesture. I would hope that the current (*Labor*) government would prioritise actions ensuring that a body whose primary function should be to advocate for the powerless and suffering would be able to do so by amendment of the act and a redefinition of the Commission's focus.

As it stands, even at a glance by someone with no legal background, it's clear that passages in the QMHC Act 2013 do not allow the Commission to be much more than a government mouthpiece. i.e.

9 *Commission represents the State*

(1) *The commission represents the State.*

(2) *Without limiting subsection (1), the commission has the status, privileges and immunities of the State.*

p 10

and

13 *Ministerial direction*

(1) *The commissioner is subject to the directions of the Minister in performing the commissioner's functions under this Act.*

(2) *The commissioner must comply with a direction given by the Minister. (3) The commission must include in its annual report details of –*

(a) any direction given by the Minister under subsection (1) during the financial year to which the report relates; and

(b) action taken by the commissioner as a result of the direction.

p 13

Whereas, the NSW Mental Health Commission seems to have no such impediments:

*“The Mental Health Commission of NSW is an **independent** statutory agency responsible for monitoring, reviewing and improving mental health and wellbeing for people in NSW.”*

(<http://nswmentalhealthcommission.com.au/about-us>)

and neither does the national body:

*“We are Australia’s first National Mental Health Commission, set up in 2012 to provide **independent** reports and advice to the community and government on what’s working and what’s not.”* (<http://www.mentalhealthcommission.gov.au/about-us.aspx>)

The concerns about the QMHC’s lack of independence were more than borne out when I met with the Commissioner in September 2013. Dr van Schoubroeck agreed that individuals directly connected to the BAC issue could attend our meeting on 11 September 2013 but contacted me the day before to make it clear that any attendees who were employed by the government would have their names passed on to the government and that if that was a problem that they should not attend. The members of the Barrett education team that had been planning to attend indicated that they believed that it was not outside their code of conduct of employment to be providing information to the Commissioner regarding the wellbeing of students/patients so authorised me to pass on their names (which was a requirement of attendance). The night prior to the meeting, however, parents were contacted by the West Moreton HHS to inform them that a key clinician had been stood down that day from his position and families and staff were extremely concerned that this action went beyond issues of ‘clinical governance’ to being part of an effort to destabilise Barrett staff, particularly those with a strong commitment to the patients/students. So on the day of the meeting, the Barrett education staff decided not to join the two parents/carers who had made great efforts (one travelling from ██████████ to join me at the offices of the QMHC. However, the teaching staff members’ names were clearly passed on to the government anyway as they were later warned by their department against participating in such activities. In a climate of increased public service unemployment, this was extremely troubling. Of additional concern was the way that the traumatised family members of at-risk adolescents were dealt with during and following the meeting. The Commissioner, having set up the September meeting in late July when she was already aware of the Expert Clinical Reference Group Report (in Hansard from the Health Estimates Meeting on 24 July 2013, she was asked about the report, the summary of which became publicly available within the week that followed) said, on 11 September that she had still not read the report so couldn’t comment on its recommendations. She could only say that she would pass on the concerns expressed by those present (as well as the documentation provided outlining supporting research and statements from the wider community) and that she understood that families find change very difficult. This was in response to desperate pleas for help to, if not keep the centre open, ensure that any transition happened at a pace that would ensure no further instability to the patients (now at even great risk due to the removal of a key clinician). Advocacy at the level hoped for was patently not available for Barrett families via the QMHC. This was so evident and the carers felt so bereft that ██████████ – the ██████████ who had been putting (and continues to put) significant time and energy into ensuring that the young people and families not be subjected to more turbulence – felt the need to go immediately to the offices of the Commission for Children and Young People and Child Guardian to seek support for those who were now so clearly in crisis. Unfortunately, the Children’s Commissioner could only do so much. And now we are at a point when the lack of adequate support has proven to have been fatal.

Whoever is in government, the state’s Mental Health Commission must be in a position to do more for those it should represent. And that is not the government itself but the people who NEED representation, those affected by mental health issues. Of course the QMHC must liaise between government and community, it must communicate the undeniable constraints of bureaucracy and finance to those requesting changes in policy and procedure but it MUST be a body that is free to challenge the government when vital service needs are not met. As it states in the Memorandum of Understanding between Australian Mental Health Commissions and the New Zealand Mental Health Commissioner (May 2014):

“Commissions and Commissioners play an independent role in: representing the needs and

EXHIBIT 204

aspirations of people with lived experience of mental health problems and their families, whānau [extended family], carers and other supporters; setting reform visions and strategies; catalysing and influencing system and behavioural change; improving accountability; and measuring progress and outcomes.”

http://www.mentalhealth.wa.gov.au/Libraries/pdf_docs/2014_1873_Signed_Memorandum_of_Understanding_-_MOU_-_between_Australia_and_New_Zealand_Mental_Health_Commissions_2_1.sflb.ashx

The QMHC, in my experience, is currently not able to fulfill these basic requirements so legislative amendments ensuring the body's independence would liberate it to perform productively in the way that similar such bodies in other states and parts of the world are able. (Incidentally, that same MoU states on p11 that the “QMHC is a lean, focused, independent entity” ... a definition I believe to be aspirational rather than currently accurate. I hope your government will address this ASAP.)

Thanks and regards,

Alison Earls

This email is intended only for the addressee. Its use is limited to that intended by the author at the time and it is not to be distributed without the author's consent. Unless otherwise stated, the State of Queensland accepts no liability for the contents of this email except where subsequently confirmed in writing. The opinions expressed in this email are those of the author and do not necessarily represent the views of the State of Queensland. This email is confidential and may be subject to a claim of legal privilege. If you have received this email in error, please notify the author and delete this message immediately

Unless stated otherwise, this email, including any attachments, is intended for the named recipient(s) only and may contain legally privileged, private and/or confidential information and may be protected by copyright. You may only use the email if you are the person(s) it was intended to be sent to and if you use it in an authorised way. No one is allowed to use, review, alter, transmit, disclose, distribute, print or copy this email without appropriate authority.

If this email is received in error, please notify the sender immediately by return email or contact the Commission on 1300 855 945. You must delete this email from your computer system network and destroy any hard copies. Any legal privilege or confidentiality is not waived or extinguished if this email is received in error.

Please be aware that the contents of any emails sent to or from the Commission may be periodically monitored and reviewed. The Commission respects your privacy. Our privacy policy can be accessed from our website: <http://www.qmhc.qld.gov.au>.

Unless stated otherwise, this email represents only the views of the sender and not the views of the Commission or the Queensland Government.

It is the recipient's responsibility to ensure that this email does not contain and is not affected by computer viruses. The Commission does not guarantee that the information is free from any virus, nor that the integrity of this email has been maintained i.e. the email has not been intercepted or interfered with during transmission.