



**Children's Health Queensland**  
Hospital and Health Service

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Barrett Adolescent Centre Commission of Inquiry  
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Dear Sir/Madam

**Barrett Adolescent Centre Commission of Inquiry ("Commission") – privacy and confidentiality**

I have been asked to provide an opinion concerning the potential risks associated with the disclosure and publication of information concerning former patients of the Barrett Adolescent Centre (BAC), including those who transitioned into alternative care arrangements, impacted staff (now employed across multiple Queensland Health Hospital and Health Services), and my view of potential risks associated with public hearings.

With respect to this, I offer the following comments:

1. In line with the proposal that has been contributed to by my colleagues; Associate Professor John Allan, Dr William Kingswell, Dr Andrew Aboud, Dr Sean Heatherill, and Associate Professor James Scott, I concur with their clinical opinions regarding their applications for non-publication orders and to conduct closed hearings.
2. As it progresses, evidence provided to the Commission may contribute to distress in some patients and their families which conceivably could result in serious psychological and physical harm.
3. In view of this risk, it is important that this entire process should manage information security with the utmost sensitivity.
4. Patients and their families are entitled to have their clinical records kept confidential. I echo my peers' advocacy that the Commission should do everything possible to prevent any publication of content that could conceivably impact their privacy. This cohort of patients and their families are a vulnerable group, and their ongoing health could be detrimentally impacted through any form of publication.
5. I would also advocate that equal consideration be afforded to current and previous Queensland Health staff who will be impacted by this Commission. Similarly to the patients and their families, these staff represent a small and easily identifiable cohort of individuals, who may experience adverse effects associated with the Inquiry.
6. If staff are exposed to public hearings, they are at risk of unfair and uncontrolled public scrutiny which could impact on their personal welfare, and ongoing confidence to operate in a clinical service setting.
7. The staff who are likely to be called to provide information throughout the course of this Inquiry are dedicated, hardworking individuals who have contributed to ensuring the safety and wellbeing of patients and their families during the BAC closure and transition periods.

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8. I would be hesitant to create an environment where this dedicated workforce were inhibited from working to the best of their professional abilities, and feel that publication of information pertaining to staff records, correspondence, clinical decisions, etc. poses an equal risk to identifying these individuals, as well as the patients they were supporting.
9. Further, the Commission has the potential to conduct hearings in public with the additional live streaming of content via the Internet. It is, in my clinical opinion, an equitable risk to patients, families and staff, to be easily identified and persecuted outside the realm of this Commission of Inquiry.
10. I am happy to provide further feedback on my views, as the Commissioner requires, and appreciate that my concerns will be afforded due consideration in light of those identified by my peers.

Kind regards



Dr Stephen Stathis  
Medical Director  
Child and Youth Mental Health Service  
**Children's Health Queensland**  
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