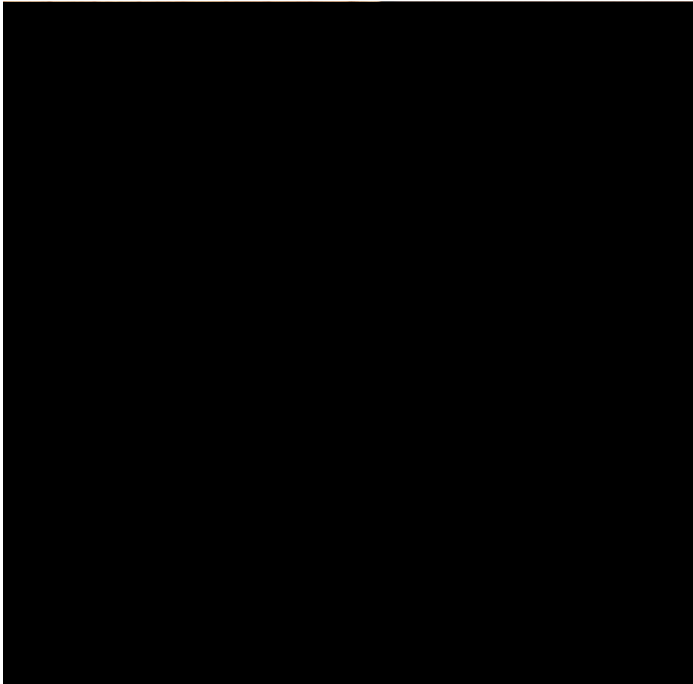


Notes for Royal Commission

Sounds of silence

..... the help that never came.

■ was only 21 years old when he took his life six weeks short of turning 22. We had been informed that he suffered from depression when he was 19 and he was on medication and we thought he was coping.



How do you describe the pain of losing your son to suicide? All I can say is that it is a pain like no other and completely indescribable. It hurts and it cuts very deep. I sometimes say to friends that I now have a tiger that follows me around. The tiger's teeth tend to get sharper each month and when he bites, he bites deep.

It's very hard to stop reliving the events and thinking what else could I have done. There is no way to ever have been prepared for the loss of a child; it's a grief that goes on and on.

There is no answer.

Six months in and each month gets harder, just waiting for a plateau.

I suspect that after the dramatic effect of the loss, the shock takes over and it is only as this begins to wear off that the reality and enormity begins to sink in.

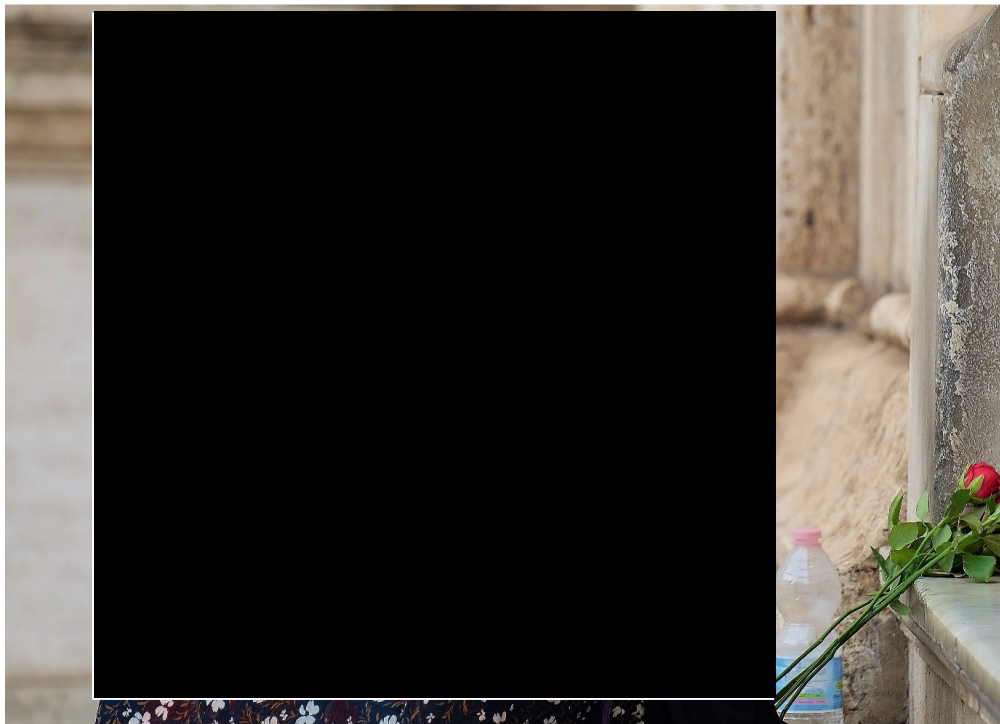
Each day begins with a reflection and like resetting a clock the day begins with acknowledging the past is gone and it will never be the same.

The ripple effect of [REDACTED] suicide reaches far and wide: family, relatives, friends, it goes on. I feel for the effect that this has had on everyone. It takes a tremendous toll on a lot of people. There is not just the emotional anguish and pain but as I am now learning the physical pain. My wife, [REDACTED] has developed severe ulcers and struggles to keep her food down. I have come down with arthritis which feels like it has come from nowhere as I had always been fit and healthy. The arthritis has affected most of my joints.

I can't help but feel for everyone involved.

In 2017 [REDACTED] went on a trip of a lifetime backpacking around Europe and taking some incredible photos which showed his ability to not only be able to compose a picture but also to see beyond and tell a story.

He was 20 when he took this photo.



He was extremely gifted, achieved an ATAR score of 97 at VCE (rarely did any homework; when I asked why he didn't, he politely informed me that he could understand and remember everything that his teacher told him), he could play the most complex classical piano pieces by memory (he said that it was easy, just a series of patterns), played drums, played rock guitar and was extremely athletic. [REDACTED] never wasted a moment of his life; he rarely watched TV he was always living. When he did watch TV, he loved to watch the UK version of The Office and Monty Python. He would watch these over and over.

He had everything to live for.

████ loved animals and was a very caring soul. He told me that one night on his way home from work a kangaroo had jumped in front of his car. He got out, went to the kangaroo, picked it up and carried it to the side of the road. He cradled the kangaroo for some time until it passed. He was very upset by what had happened and felt a heavy sense of responsibility.

I do feel that I was entrusted with a very special human being. █████ friends have told me that to them he had genius qualities. This is not a term that I feel should be used lightly as it should be set aside for people such as Mozart, Einstein, Leonardo da Vinci etc. Nonetheless, █████ was a very rare person. The most intelligent and gifted person I ever knew.

In losing █████ I feel that the world missed out; I suspect given his chance he could have become anything. A combination of intellect mixed with artistic and music passion. He was on a path to greatness. Perhaps he could have contributed to the world in a similar way as: John Lennon, Amy Winehouse, Van Gogh, Jimmy Page, Lang Lang, Bob Dylan... who knows, perhaps a rare combination.

In July 2018 █████ and I had noticed that █████ seem to be struggling. The next available appointment to see his psychiatrist was a 15-minute session in six weeks' time; this seemed an awfully long time to wait.

In August 2018 █████ and I went away for vacation to Europe. The trip had been planned a long time in advance. We were concerned for █████ welfare in the months leading up to the trip. We had met up with █████ psychologist before we went away, and we discussed a plan so his wellbeing could be monitored.

On our way to Europe the plane touched down in Singapore for refueling and █████ noticed a post on her Facebook from █████ The post was along the lines of 'as life is hard and death is easy, why would you choose life.' This post sent a shudder through our core.

When we landed in Europe we spoke to █████ and could tell that his spirits were dwindling. We decided he needed urgent help and with the help of my sister █████ and his GP we persuaded him to go to █████ Hospital.

Some days later we received a phone call from my sister █████ that █████ had left the hospital, purchased a bottle of spirits, and climbed to the top of a building with a view to jumping off. The █████ came and rather than assess him on the roof they decided to help him down by lighting the exterior wall with their flashlights. Thankfully, even in his intoxicated condition he was still able to coordinate his limbs and reached the ground safely.

He was then taken to the emergency department at the █████ Hospital where I understand he waited for many hours unattended. We understood that █████ was being cared for, and reiterated to the staff our concerns for his wellbeing.

On our return to Melbourne, we learned that █████ had become frustrated at the emergency department at not being seen, so had decided to leave without being assessed, and made his way back to █████ Hospital in █████ on foot. When he arrived at █████ Hospital they called the police and he was taken back to the █████ emergency department, where he seemed to be getting very little attention.

████ was told that he would have to be committed to the psychiatric ward; he was terrified of this because he had heard stories made him concerned for his safety. The psychiatrist did nothing to reassure █████ that he would be safe. Eventually █████ was sedated so he could be taken to Maroondah Hospital, where he stayed for approximately 10 days.

The experience at Maroondah Hospital was very positive for █████. He met a couple of other patients that had an interest in music and this really lifted all their spirits. It was just a chance encounter but the benefits were extremely obvious. The benefit of music for these particular patients was possibly a key tool in treating them.

There was also communication between the professionals, the family and █████ about the best treatment for him. He was in good spirits and said that he was keen to come home and see his beloved dog █████, whom he had named after his favorite band █████.

Soon after we arrived home with █████ we were paid a visit by the █████. They talked to █████ and gave us their card and said that we could call them any time. They were very professional and helpful.

We thought it would be beneficial for █████ to spend some time at █████ Hospital where he had been treated when he was 19 for alcoholism. This had worked well for him and he had come home with enthusiasm and knowledge to break his addiction.

We struggled to get █████ a bed immediately at █████; it took approximately 7-10 days. During this period, we needed to contact the █████ on at least three occasions. █████ would suffer from what he said were two types of attacks, one being a severe depression attack and the other being an anxiety attack. The depression attack would generally last for 3 to 6 hours.

When █████ was finally admitted to █████ Hospital, regrettably he only lasted two days. He rang us and said he was wasting his time at the hospital; he felt that all the information was just a repeat of what he had heard before and did not advance his ability to help himself. He became disillusioned and wanted to come home immediately.

At home he was struggling with his depression. His way of coping with these in the past had been to use alcohol, marijuana or to cut himself. He was very determined that he did not want to do any of these things if he could help it.

One night he informed us that he was having an attack and we rang the █████ but were unable to get any assistance as █████ had been discharged from their services. Only a week earlier █████ was being seen by the █████. So that █████ could be reinstated we spoke to the triage nurse. It took over one hour and 50 minutes to get a phone call for █████ by which time █████ had cut himself with a knife over and over again from his shoulder to his ankle. (Further notes and explanation are in █████ timeline document, page 3.)

In September 2018, █████ psychiatrist and psychologist both informed us that they were going on three weeks' annual leave. This was at a time when █████ medication had just been changed and we knew that he was struggling. We also later learned that █████ GP was also going on leave. This left us with no support. In an effort to cope, we made a family decision that I would travel with to █████ to New Zealand to go hiking and do photography as they were two passions that he loved.

We advised █████ psychiatrist of this and he thought it was a good idea and he said he would ensure that █████ name was registered with the █████. Later before heading to New Zealand I called the reception at the █████ to check if █████ name was registered; it was not, and the only way

to have him registered would be to wait until he was having an attack and then speak to the triage nurse. Given it had previously taken one hour and 50 minutes to get assistance, I suggested this was not satisfactory, and was told they have only two people working the phones and that they cannot attend to every call adequately.

In the weeks preceding the trip to New Zealand, [REDACTED] and I spent a number of days researching and visiting music shops with a view that on our return to Melbourne we would set up a recording studio in our lounge room at our home to work on music together.

On arriving in New Zealand [REDACTED] and I had hired a small camper vehicle; we explored Queenstown, Milford Sound, and Lake Wanaka. On the sixth day after [REDACTED] had taken some spectacular photos of the famous tree at Lake Wanaka, we decided to head off to the East Coast to see the famous Moeraki Boulders in Hampden.



During the trip I noticed that [REDACTED] was becoming agitated. About half an hour outside of Hampden we drove through a small town and [REDACTED] asked me to pull over so he could buy a bottle of alcohol. I tried to talk him out of it but I could see he was desperate. When he came back to the van, he asked me to get to a caravan park ASAP.

When we arrived at the caravan park in Hampden [REDACTED] was in a bad way, drinking heavily. He was playing with a knife and swinging on a swing, and I was concerned for his safety. After a while he started walking along the nearby train line.

I was faced with a very big dilemma.

The decision I made is one I have to live with for the rest of my life.

I called 000 for help.

The lady on the other end of the phone decided to send a local policeman.

I understand from the police reports that [REDACTED] was asked to drop the knife. When he did not drop the knife as requested, they drew their guns on him. [REDACTED] then challenged them to shoot him. Thankfully they did not, and they managed to get control of him.

[REDACTED] was then taken to a city north of Hampden and held in the police station until a team of psychiatrists from Dunedin arrived to assess him. They decided he was not well and that he should be taken back to the emergency department at Dunedin for further observation. Several hours later, [REDACTED] from the [REDACTED] Hospital assessed [REDACTED] and decided to commit him to the hospital under the New Zealand mental health legislation.

The next morning when I arrived at the hospital to see [REDACTED] I noticed that two large windows had been covered up with timber in [REDACTED] hospital ward; [REDACTED] had tried to break out by running through two toughened security windows. [REDACTED] had run at the windows at high speed from distance and had gone right through them. He was retrieved by the police, and had many cuts and bruises on his legs and shoulder, and was very sore from the impact with the glass doors.

Both [REDACTED] and I were in a foreign country; we knew no one in New Zealand. In trying to work out what to do, family suggested that I should seek assistance from government officials. I contacted the New Zealand consular support line. Whilst we had numerous phone calls and exchanged a number of emails, they offered very little support or advice.

I then emailed my [REDACTED] and outlined my predicament. He suggested that I contact the [REDACTED]. He said that he would also contact him. He provided an email address for [REDACTED]

I emailed [REDACTED] on three occasions, and requested urgent help and assistance. No response was received directly from him, but he did have the [REDACTED] in Victoria get in touch with me.

I contacted [REDACTED] psychiatrist in Melbourne, [REDACTED] he expressed surprise at what had occurred. I asked him to call [REDACTED] to offer his support. No phone call was ever made or registered on [REDACTED] phone from him. When I told [REDACTED] about our conversation, [REDACTED] said he couldn't understand why [REDACTED] would be surprised, as he had told him that if he ever had the opportunity, he would challenge police to shoot him.

I emailed [REDACTED] twice, requesting urgent help and assistance. I received no reply or response from him or anyone in his department.

[REDACTED] was receiving reasonable care at the [REDACTED] Hospital however he was not being treated, he received no psychological counselling. The head psychiatrist, [REDACTED] was very keen to get him back to Australia as soon as possible.

I decided to contact my [REDACTED] and emailed him requesting urgent help and assistance. I received contact from one of [REDACTED] support staff, [REDACTED] whom I knew as I had worked with [REDACTED] many years ago. [REDACTED] assured me that he would do all that he could to help and was going to take up the cause from a Federal level.

After he had been in the hospital for a week, [REDACTED] tried to commit suicide by hanging himself in the bathroom. Fortunately, a staff member found him in time and was able to cut him down.

We received advice from [REDACTED] that they would not be able to assist with the repatriation of [REDACTED] to Australia; I asked them if it was possible for them to make an exception due to the extreme circumstances, but it was not.

I was also working with our insurance company for our trip to New Zealand; [REDACTED] [REDACTED] Whilst there were numerous discussions and exchanges of emails which all

appeared to be very positive, ultimately they advised us that there was a clause in their policy excluding assistance for suicide or attempted suicide of any person. They would not be able to help us.

My wife received a text message from [REDACTED] psychologist back in Melbourne, saying, "just spoken to [REDACTED] (GP), we agreed the area mental health service and [REDACTED] are now most appropriate for [REDACTED]. His needs are beyond what I can provide in private practice, sorry [REDACTED]. I won't be able to be involved in his care now. I will write formally to [REDACTED]. All the best. Regards [REDACTED]"

This was very upsetting news, particularly for [REDACTED]

[REDACTED] told me he was keen to change his medication back to the drugs that he had been on prior to coming to New Zealand. He spoke to the New Zealand psychiatrist about this, who asked for authorisation from [REDACTED] Melbourne psychiatrist. I called and emailed [REDACTED] on several occasions to ask for his assistance with this; he never responded.

I managed to get the email address of former chairman of [REDACTED] Mr [REDACTED] and I exchanged a number of emails and he informed me that he would contact [REDACTED]

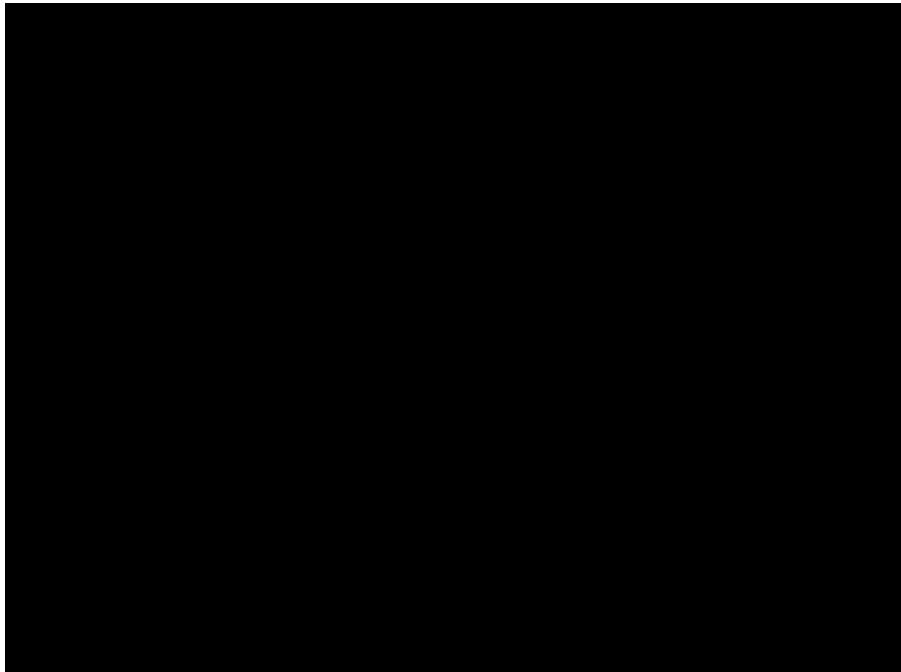
As there was little progress being made, I decided to email [REDACTED]. No response was received.

Whilst I was in New Zealand with limited support apart from close friends and family, there was one shining light; [REDACTED] and [REDACTED] from YODDA were exceptional. The guidance, counselling and love that they provided to me was something I will never forget. It was not uncommon for me to be on the phone at 8 or 9 PM talking with them. They both came to [REDACTED] funeral and after the service we met up and embraced and shed many tears. They deserve special commendation for their care which went beyond the call of duty to assist a father in the pits of despair.

[REDACTED] condition began to improve and after about 12 days the head psychiatrist, [REDACTED] requested that we begin to take [REDACTED] on outings from the hospital for four-hour periods. At this stage my wife [REDACTED] had joined me in Dunedin.

On a number of occasions when [REDACTED] had leave from the hospital we would walk around the streets of Dunedin and call in and out of music shops. Often when the staff would hear [REDACTED] playing guitar they would enquire if he was a professional musician. Sometimes we would jam together; he would play guitar and I would play piano.

On one occasion when we went to a guitar store, [REDACTED] purchased a guitar strap for his guitar back in the hospital, to enable him to practise standing up.



After the success of the outings, [REDACTED] then requested approval from me for [REDACTED] to be given unsupervised leave from the hospital. This was a very big decision but I knew it was a step that we had to take. [REDACTED] successfully went outside the hospital grounds for a period of one hour and to my relief he had returned. At this stage he was making really good progress.

After three weeks in the hospital, [REDACTED] was now comfortable that [REDACTED] was safe to travel back to Melbourne. On Wednesday 24 October 2018, he gave us permission to book commercial flights for 31 October 2018; this would give him time to make plans for [REDACTED] future treatment. We arranged flights for the three of us on an Air New Zealand flight. The airline required that [REDACTED] be accompanied by a nurse; we arranged this with the hospital.

At this time, [REDACTED] spirits had lifted and he was quite upbeat about getting back to Melbourne and in particular getting to see [REDACTED]. We talked about where we would have Christmas and that later in January we would go to Anglesea and Port Fairy as we had earlier in the year.

We had some leave with [REDACTED] on Friday 26 October and he appeared anxious and unsettled, and wanted to know when he would be able to talk to his Melbourne psychiatrist. That day we received an email from [REDACTED] saying:

"[REDACTED], I think it more appropriate that decisions regarding [REDACTED] short to medium-term management be done through the public system, which in this case is [REDACTED]. His level of risk currently demands the kind of intensive and assertive treatment that in Victoria only the public system can provide. They have teams of psychiatrists, nurses and psychologist working together to provide a more cohesive and comprehensive service. In order to reduce the likelihood of mixed messages I think it appropriate that I step back from [REDACTED] treatment at this stage and I therefore will not make suggestions about medications or offer an appointment time. I apologise if that causes disappointment."

When we informed [REDACTED] that his psychiatrist was not going to call him and wouldn't be seeing him anymore, he was devastated. He had a lot of faith in his psychiatrist. He exclaimed, "so now, not only has my psychologist given up on me but my psychiatrist has also dumped me. There is no hope for me."

We tried our best to console him, but we could see that he was completely gutted and at a very low point.

On Saturday morning I went to the hospital and as I entered the ward, I could see [REDACTED] in a meeting room, playing his guitar. I asked the nurse standing next to me if he would mind taking the guitar strap from [REDACTED] possession. He said, "we cannot take everything from him," and that he was under constant surveillance.

Together [REDACTED] and I visited a music shop where he improvised on the piano for the first time. Music flowed out of him. Like with so many things, he was a natural.



After this event I took [REDACTED] back to the hospital and said goodbye.

It's hard to comprehend that a few hours after something so beautiful, [REDACTED] would reach such a dark place that he felt he could not go on.

On Saturday evening [REDACTED] told [REDACTED] that earlier in the afternoon, while on leave from the hospital, he had tried to hang himself using his computer charging cord; it broke. [REDACTED] told staff at the hospital about this incident.

On Sunday morning, after [REDACTED] had not agreed to see us when we visited, the hospital called asking to speak to me. Unable to reach the correct person on the phone, I went to the hospital, where I was informed by a nurse and a policeman that [REDACTED] had scaled the fence in the quadrangle (in a place where other patients were known to have broken out), had climbed a tree, and had hung himself using his guitar strap and computer cord. I drove back to the motel, went into the room and broke the news to [REDACTED]. Our lives would never be the same.

■■ often would write poetry and thoughts in a notebook that he would carry around with him. I found these two poems whilst in New Zealand.

Stuck in a foreign land
trapped behind steel bars
my mental health is dwindling
on stacking up on scars

how did I end up here?
just trying to live my life
people try to help me
guide me to the light

but I won't let that happen
I much prefer the dark
it protects me from this world
like a tree without its bark

why can't I just live?
Why can't I get her back?
Because this life is just too much
because I'd rather go off track

so, I'm back where I began
living one day at a time
putting on a smile
as I slowly lose my mind

Ace up my Sleeve

Living day by day
Barely scraping by

Stuck in my routine

Stuck in all my lies

How long can I last for

I need some space to breathe

Death becomes my saviour

A hidden ace up my sleeve

Maybe not today

Maybe not tomorrow

But one day coming soon

I'll put an end to all this sorrow

I know it doesn't solve anything

And you probably can't relate

But it's still a comforting thought

One last great escape

I hope I'll never need it

I hope the right cards come out

But it's out of my control

The cards that I get dealt

So I keep pushing on for now

Bags packed to leave

One day at a time

With my ace up my sleeve

When your life seems too far gone

The night is darkest just before the dawn

All of your love has been wasted

And all of your strength has been taken

Look back and see only regrets

Look forward and see nothing but death

No point wasting time to grieve

When I can make death the ace up my sleeve

So it is now seven months since this tragedy and what have I accomplished to change and save the next [REDACTED] that follows in his footsteps? So far, sadly, very little.

I decided to put in a complaint to the [REDACTED] about the behaviour of [REDACTED] psychiatrist and psychologist. Due to my grief I did not feel I had it within me to put it in writing. I spoke to a representative from [REDACTED] and he was very empathetic; he wrote up my complaint and emailed it back to me. I made some changes but never received a final version. I then unexpectedly heard [REDACTED] had met and they decided that no action was needed with the psychiatrist's conduct, not even a caution. I emailed them, noting my surprise at the outcome, but they told me the matter was closed.

The report I received in relation to the psychologist's conduct was more thorough and it appeared she acknowledged the way she had informed us that she wished to terminate the relationship could have been handled better.

I also made a complaint to the [REDACTED] concerning [REDACTED] conduct, particularly when the [REDACTED] receptionist refused to put us through to a member of the team for support. I found the [REDACTED] very professional, diligent and empathetic. The [REDACTED] response, whilst I felt it could have gone further, was a step in the right direction. They acknowledged many of their mistakes and said they had implemented change.

I have met with the CEO of Beyond Blue, Georgie Harman, and let her know I am available to assist in change where I can be of benefit. We have had much correspondence and many calls. She has been very empathetic and also expressed concerns for my wellbeing, which I really appreciate.

I have also met with Professor Patrick McGorry, Head of Orygen. Similarly I have let him know I am an advocate for change. I spoke to Patrick when I was in New Zealand briefly and he explained to me that mental health in Victoria has not received adequate funding since [REDACTED]. When I met with him and told him [REDACTED] story, we had a warm embrace after a 1.5 hour meeting.

Based on my experience these are the items where I would like to see change.

1. When there is a suspicion or knowledge that an individual has contemplated or attempted suicide, trained professionals need to be urgently dispatched. The individual should then be taken to an environment that is calm and soothing where they are given the care, love and attention that they deserve. Having people in such a condition taken by police to an emergency department where they are not seen is completely wrong.
2. Once there is an incidence of attempted suicide the family needs to be visited by a professional who can outline all of the services that the State can provide, as well as detail how the public health system can work together with private services.

There then needs to be an appointment of one advocate that is going to assist that family moving forward to make all the right decisions based on knowledge of all of the facts. The family needs to save their energy and strength for assisting their loved one and not wasting countless hours on trying to understand the system.

We felt totally confused by the whole State system and had no idea how it worked together with the private hospital. To obtain information was very difficult and at times people on the other end of the phone appeared as if they were not interested in helping in any way.

3. The whole issue of privacy, and that health professionals cannot release files and information to parents, needs to be reviewed. At the end of the day, we the family need to be kept informed of what state our children are in to ensure their welfare is being looked after, especially when they are no longer capable of doing this for themselves. Whilst in New Zealand, the psychiatrist looking after [REDACTED] was in touch with [REDACTED] Melbourne psychiatrist, who provided him with diagnoses at differing times of schizophrenia and borderline personality disorder. The New Zealand psychiatrist asked us if we were aware of this; we had never heard this before.

4. Psychiatrists and psychologists cannot withdraw their services until they have adequately assisted in providing an alternative health professional and that patient is satisfied with the new carer.

What [REDACTED] psychiatrist and psychologist did, as far as I am concerned, makes them completely culpable in his death.

5. On reflection on my son's life, it has become very evident to me that [REDACTED] was bullied at primary school, high school and then later at his employment by other employees. In his last months he made it very clear the terrible effect this had on his state of mind. More needs to be done in relation to bullying. I am quite convinced that this was a most significant factor in [REDACTED] mental health issues.

6. The federal government needs to urgently change the legislation in relation to insurance and insurance companies' ability to refuse to assist Australian citizens with mental health issues. There should not be exclusions in Australian insurance companies' policies whereby they will not assist people who have become suicidal whilst traveling.

8. The treatment of patients in psychiatric wards needs to be investigated. Distressed people who have tried to suicide are then stripped naked and locked in an observation room with no comforts, not even a blanket. This seems like a punishment rather than something that is going to help them. We know that for upset autistic people, a confined separate space like a teepee, weighted blanket and music can all be of assistance during a crisis. Why then do we offer humiliation and no comfort to psychiatric patients?

Surely asking the patient if they would like to be held or see a family member might be of assistance to some patients in this situation rather than locking them away and cutting off family members from even seeing them.

It also seems counter intuitive to use the term self-medicating to describe use of alcohol and cutting and then to immediately take away these treatments that are at that time helping the patient. Could this not be done in a more sympathetic and helpful way?

1996

████████████████████ known as █████ was born on the █████ ████████████████████ in Mitcham, the younger son of █████ and █████ and little brother of █████. The family lived in East Doncaster, and █████ attended ██████████ Primary School. He was an excellent student, and many of his sporting pursuits started during this time.

At the start of year 7 █████ went to █████ College. This did not go well. █████ found himself without any friends and sitting alone. He later told us that this was the first time he thought about suicide as an option.

Because of the problems at █████ we transferred █████ to ████████████████████ school, and the family moved to their Warrandyte home while he was in Year 7. He again excelled academically at ██████████, taking mostly science and maths subjects for his VCE; English didn't come naturally to him, but he was determined to succeed at it and worked hard until he did. He attained an exceptionally impressive ATAR score. He also continued with his sporting pursuits during high school, there were many...

He was speed skating with his family from about the age of two, and eventually got so good that he represented Victoria. He started playing basketball in about Grade 2 and continued right through until he was about 19. He was a great team player, less concerned about scoring the points himself than about ensuring his teammates were well supported. Although if you played him one on one, that concern for others went out the window; it was ALL about scoring ALL the points himself.

He played cricket and volleyball, ran cross country, took up boxing to build his self-confidence, and participated in swimming and gymnastics. █████ started taking him to the gym after school when he was about 13, and he took to that just as quickly as he took to everything else he had a go at.

The █████ family were lucky enough to go on many varied family holidays over the years, to everywhere from Anglesea and Port Fairy to Vanuatu and Thailand to the US several times. Their US trips included New York (where a then 16-year-old █████ was determined to go for a run around Central Park at midnight and couldn't possibly understand why his parents wouldn't let him), Washington, camping through the Southwest region, both Disneyland and Disneyworld, and dude ranching in Colorado, where they finally found something that █████ was NOT good at: horse riding (he was far too concerned about being kind to the horse to really get the hang of it). They loved travelling together and had many epic adventures on their travels.

2015

█████ lived in a residential college away from home in 2015 when he started university. He started drinking to fit in and failed all his courses. He shifted back home in December 2015.

2016

At the start of 2016 we sent █████ to some counselling sessions as we were concerned, he might be depressed because of the problems of the previous year. He was working as a bartender at that stage. █████ did not get much out of the counselling and seemed to be going okay.

However, by August 2016 it became apparent to us that he was not okay and was in fact depressed and drinking a lot. We sent him to the doctor to get a referral for a psychologist and █████ confided in the doctor that he often had suicidal thoughts. He started taking medicines for depression and going to see both a psychiatrist and a psychologist. He was still drinking a lot of alcohol.

2017

In January 2017 he stopped taking his medication because he felt that it was not working and became very unwell. He was self harming a lot (cutting himself with a razor blade) and drinking a bottle of spirits a day.

In February 2017 he was admitted to a private psychiatric hospital where he was for three weeks. He came out of there sober and much happier on medication that seemed to work.

In August 2017 [REDACTED] went to Europe with a friend for four and a half months. He continued taking his medication, was feeling well and drinking responsibly.

After coming back from Europe in December 2017 [REDACTED] decided he would like to do a photography degree starting in June 2018. He spent his time playing with a new puppy and playing guitar, drums and piano. He seemed quite content. The purchase of the puppy was at the time a very positive step for him because in the past he had not wanted to get one because he was not sure he would not commit suicide leaving the dog without an owner.

2018

In May the university he planned to attend announced that they would not be running the course starting in June so [REDACTED] went back to work as a bartender. He was working very long hours and his mood started steadily going downhill. We tried to get him to cut back his hours but he didn't. We tried to get him into see his psychiatrist and psychologist but he was always working and did not like asking for time off.

August 2018

By the start of August he was in a bad way. He was smoking a lot of marijuana and drinking but not as much as before. He was self harming a lot. He did see his psychiatrist who changed his medicine. We went to Europe on a long-planned vacation. [REDACTED] wanted us to go so we went with much concern not sure we were doing the right thing. On the very first day of our holiday he sent us a text saying "life is hard, death is easy so why choose life" A few days later [REDACTED] meet with his old girlfriend and was very upset because she treated him as someone she hardly knew while he was still in love with her. He got very drunk and from then on was in a really bad way suffering from both depression and anxiety attacks.

With the assistance of an aunt he was admitted voluntarily at our urging into a private psychiatric hospital around the 20th August. On the second day there he left the grounds, bought a bottle of his favourite spirits and climbed the tallest building he could find with the intent of jumping off and killing himself. At that time he made a decision not to jump and was assisted down by police. He was admitted into an involuntary public hospital where he stayed for eight days. We arrived back from Europe during this period.

We found [REDACTED] to be in a much better frame of mind. He was talking to us more than he had in years and seemed determined to live. After eight days in the public hospital he came home with the plan of going back to the private hospital when a bed became available. This was perhaps a week later. During this week his mood went up and down a bit. We went shopping and bought new clothes for the look he now wanted to convey. [REDACTED] and he checked out electric piano's and guitars and planned to set up a music studio at home.

[REDACTED] talked a lot about being bullied at school and the affect this had had on him. We know of some of the bullying but not all of it. He also talked about something that had happened to him two years earlier when he was accused by some of his fellow employees of sexual assault of a girl he worked with on a date. Even though he knew he was not guilty [REDACTED] had a very stressful time waiting to see if the girl would press charges. He had told no one about this and was clearly traumatised by the whole experience. What became clear to us is that [REDACTED] had suffered greatly in the past but rather than share his pain he had bottled it up.

[REDACTED] did not do well in the private hospital. He was very unhappy with the environment and found a razor and cut himself up more than he ever had. He only stayed for three days and then came home.

His plan was to not work and see his psychiatrist and psychologist each week to get the help he needed. Both were going on holidays for a month so we felt that it would be a good idea for [REDACTED] to do some fun activities. His psychiatrist agreed that it would be a good idea for him to go to New Zealand where he could pursue his love of hiking and photography. His mood before New Zealand was up and down. Some days seemed okay while other days he was smoking marijuana and drinking a bit. He was taking pills regularly for anxiety as well as his depression medicine.

24/08/2018

████████████████████ telephone triage service received a call from ██████████ to discuss the pending presentation of ██████████ to the ██████████ he absconded from their inpatient unit on the third day of his admission. ██████████ was assessed in the ED and was subsequently admitted to ██████████ where he was an inpatient from 25 August to 4 September 2018.

04/09/2018

On discharge from the inpatient unit, ██████████ care was transferred to the ██████████ Crisis Assessment and Treatment Team (CATT). He continued to receive community-based treatment from ██████████ CATT until 10 September 2018.

10/09/2018

He was readmitted to ██████████ Hospital where ongoing care was provided by his private psychiatrist. Discharged from ██████████ service at this point.

19/09/2018

██████████ saw Dr ██████████ ██████████ explained that his current medication (Axit 60 mg and Seroquel (50 mg at night) had negatively impacted his sexual functioning. Dr ██████████ changed his medication to Effector (Enlafax) 75mg (this got increased at some stage) and Seroquel 50 mg. ██████████ was very concerned for ██████████ wellbeing, noting that ██████████ GP, Dr ██████████ and ██████████ were on leave for 3 weeks for the school holidays. ██████████ and ██████████ were concerned about the level of support he would be able to receive from his treating health practitioners in this period. ██████████ explained that, as ██████████ loved photograph and hiking, he decided to take ██████████ to New Zealand for a holiday. ██████████ was very excited about this. Dr ██████████ thought it was a good idea.

21/09/2018

I called the ██████████ CATT team number.

I advised that my son ██████████ ██████████ who has previously been treated by the CATT team was in a bad way and he had requested that he would like to speak to the CATT team.

I was advised by the lady on the phone whom I believe was ██████████ that they could not treat ██████████ as he had been discharged from them. I informed this lady that ██████████ was in a bad way and really needed to speak to someone urgently. She said that I must speak to the ██████████ and gave me the number. I called this number and after approximately 20 minutes someone picked the phone up and then put it down. I then called back the CATT number and once again got the same lady from the previous phone call; I advised her ██████████ had a knife and was in the next room and I believed that he would be cutting himself as he had done this in the past to get relief from the pain that he will was experiencing. She informed me that I should then call 000.

I informed her that I was not prepared to call 000 as that I know for a fact that in the past when ██████████ had been taken to the emergency department at ██████████ that no one saw him on his arrival and spent many hours pacing around the hospital emergency ward becoming more and more agitated.

The lady then advised me that there was nothing that she would do and that I must call the ██████████. I then called the ██████████ number and after a lengthy period got through to a lady who informed me that her name was ██████████

She was very helpful. She said that she would immediately get ██████████ registered with the Catt team and asked me to stay on the line whilst she did so. After a while she came back to me and inform me that ██████████ was now registered and that someone from the Catt team would call me shortly.

After approximately 10 minutes, I had not received a phone call so I called that Catt team directly. I once again got the same lady and I informed her that ██████████ was now registered for their services. She looked on her computer

system and she informed me that [REDACTED] was not registered therefore she could not help. I informed her that that is ridiculous and she said that I would need to go back to speak with the [REDACTED]

I called the [REDACTED] back and asked to speak to [REDACTED]. [REDACTED] said she could not believe that the Catt team were being so unhelpful. She said that she would again speak with them and that I should stay on the line. She kept coming back to me over the course of the next 20 minutes saying that she was still trying to get through on the number but I should hold on.

This went on for a lengthy period.

I received a phone call from an Indian gentleman approximately one hour and 50 minutes after my first phone call to the Catt team. I then passed the phone to [REDACTED] and he spoke with a gentleman.

By this stage [REDACTED] had cut his torso and legs over and over and was bleeding all over the floor.

24/09/2018

On Monday 24th September mid-morning, I called the [REDACTED] Catt team to check that [REDACTED] was now registered with them. I was advised that he was not.

I explained to the lady who answered the call that this is unacceptable and that my son needs the Catt team is support urgently. She informed me that there was nothing that she could do.

I asked how do I get my son registered with the Catt team for their support, she informed me that the only way to do this would be to call up when [REDACTED] was having an attack. I told her that this is ridiculous and that last Friday me one hour and 50 minutes to get help from the Catt team and in which time [REDACTED] had cut himself over and over. She advised me that the problem is with the [REDACTED] that they only have two people working the phones and they don't have the resources to answer all calls in a quick manner.

01/10/2018

On 1 October 2018, [REDACTED] and [REDACTED] went to New Zealand. The first five days went well.

06/10/2018

On 6 October 2018, [REDACTED] experienced a major depressive attack. He asked [REDACTED] to stop at a camping site and then purchased a litre bottle of spirits which he was drinking while walking along train tracks hoping to be hit. He was self-harming, had a confrontation with the police during which he asked them to shoot him and subsequently found himself in [REDACTED] Hospital in Dunedin. [REDACTED] was then admitted to [REDACTED] Hospital in Dunedin on 6 October 2018 in a psychiatric ward.

07/10/2018

Contact form from [REDACTED] to [REDACTED]

Hi [REDACTED] I am in urgent need of help for my son, [REDACTED] He is 21. Last night he tried to suicide. This is his second attempt in 5 weeks. (I do not have much space so will be brief.) We are in Dunedin,NZ. We came to NZ to get away on a break for [REDACTED] as his Psychiatrist, Psychologist and GP all informed us that they would be away for 3 weeks leave due to school holidays. This was at the worst time as [REDACTED] was being tried on new medication for his depression and anxiety attacks. Yesterday something inside went wrong and he just wanted to kill himself. He bought a bottle of spirits and walked down a train line in Hampden. Police came and he has been locked up at [REDACTED] in Dunedin. He tried to breakout by running through 2 strengthened glass doors. The [REDACTED] came and he was beaten up. I have agreed to him being detained for his safety. [REDACTED] and I have no support. I have tried to speak to the CATT team at [REDACTED] however this has been refused to me now on 2 occasions. [REDACTED] is very unwell and I know this is his last chance as he is very clear now on how he will kill himself and is very determined and resolute. Can you help me, please.

08/10/2018

Email from [REDACTED] to [REDACTED]

I am very sorry to hear of the significant challenges you and your son are going through at the moment.

As you would be aware, I personally am not in a position to give specific advice, as I do not have any training in this area, but my office is getting in touch with the relevant Department this morning and I am aiming to find what support can be provided.

I will be in touch as soon as I have something to relay to you.

Email from [REDACTED] to [REDACTED]

I have forwarded your email to the [REDACTED] urgent attention. I think it would be worth you also sending an email to him, with the details you have already sent to me, requesting that he refers [REDACTED] case to the [REDACTED] for review.

The [REDACTED] contact details are -

E: [REDACTED]

P: [REDACTED]

A: [REDACTED]

You can also make a complaint to the Mental Health Complaints Commissioner on 1800 246 054 if you feel you have been let down by the CATT team or contact the Commissioner's office at help@mhcc.vic.gov.au <<mailto:help@mhcc.vic.gov.au>> as they may be able to make some suggestions as to your options.

Additionally - and you may be aware of this from your GP - mental health is covered by the NDIS and your GP should be able to direct you to how an NDIS plan could offer some long term support.

I will let you know when I hear from the Minister's office - if you contact him directly please let me know if you receive any contact as well.

In addition, I can suggest Beyond Blue (1300 22 4636) or LifeLine (13 11 14) - both of these organisations are very well placed to offer support and have the training that is needed to support you and [REDACTED]

Email from [REDACTED] to [REDACTED]

I greatly appreciate your assistance and advice. [REDACTED] is a wonderful boy, he's a very talented musician, Loves photography And has so much to give to the world. I only hope I can keep him in it.

Email from [REDACTED] to [REDACTED]

I am in desperate need of help.

I am currently in Dunedin, New Zealand with my son [REDACTED] who is 21.

[REDACTED] suffers from major depression, anxiety and is an alcoholic.

On Saturday evening he tried to end his life By drinking a bottle of whiskey and walking down a train line.

Police came and drew guns on him as he had a knife which he was using to cut himself. He had cut his arm and wrists But fortunately not deep enough to bleed out. He was later transferred to a Psychiatric hospital called [REDACTED] In Dunedin. He decided that he wanted to leave the hospital and then running at great speed ran through to plateglass windows. He is very desperate and wants to end his life. He is currently been detained under the mental health act, New Zealand. They can hold him for up to 5 days until further assessment.

I am Desperate for assistance to help save my son's life.

About six weeks ago my wife and I were in Europe and received news that [REDACTED] was unwell. He agreed to go into [REDACTED] hospital to be treated. After two days he decided to end his life and Left the hospital to find the tallest

building in the area. He had taken a bottle of alcohol with him. He scaled the top of the building by holding onto drain pipes. Police came late in the evening and not knowing that he was totally intoxicated tried to talk him down by flash lights on where he should place his feet on the outside of the building. Fortunately he did not fall.

He was then taken to [REDACTED] Hospital where he waited in emergency for a long period without anyone seeing him. Eventually he just walked out of the [REDACTED] Hospital. My wife and I had rung the [REDACTED] Hospital and they assured us that he had been locked up and was safe and secure. This was not the case. [REDACTED] walked from the [REDACTED] Hospital back to the [REDACTED] hospital and they called the police and [REDACTED] was placed in hospital at [REDACTED] hospital.

There has been a long history of events since.

I decided to come to New Zealand approximately five days ago with [REDACTED] so that he could spend time taking photographs of the amazing scenery. We did this as his psychiatrist had informed us that he would be going on three weeks annual leave during the school holidays and we later learned that [REDACTED] psychologist and GP were also going away for the school holidays. This left us with no support. [REDACTED] psychiatrist said that if issues did arise that we should call the CATT Team.

I have had two incidences now when I have called CATT Team and they have refused to assist me. I have informed them that I am desperate and need to help as my son has a knife and was self harming himself.

I would greatly appreciate any assistance you can provide to me to help me save my Son.

09/10/2018

On 9 October 2018, [REDACTED] spoke to Dr [REDACTED] over the telephone and he said sorry to [REDACTED] about the circumstances and did nothing else. [REDACTED] was in touch with [REDACTED] while he was in hospital, and told [REDACTED] that he would like to speak to Dr [REDACTED] to discuss his medication changes that had occurred prior to travelling to New Zealand. [REDACTED] said Dr [REDACTED] did not get in touch with [REDACTED] to discuss this.

While an inpatient in the [REDACTED] Hospital, [REDACTED] made several attempts to take his own life but was unsuccessful. Through this period [REDACTED] said Dr [REDACTED] had not got in contact with [REDACTED] to discuss his medication changes. [REDACTED] said that he was aware that Dr [REDACTED] was in email correspondence with psychiatrists in New Zealand managing [REDACTED] in order to make arrangements for his care on return to Australia.

Email from [REDACTED] to [REDACTED]

We have notified consular staff at the [REDACTED] in Wellington of [REDACTED] hospitalisation. We have also asked them to provide you with details of companies that can provide a medical escort for [REDACTED]

As mentioned, it may be worthwhile discussing your concerns with the staff at the hospital before his release. Perhaps you could seek their advice on obtaining the services of a medically qualified escort for [REDACTED] And although [REDACTED] travel insurer have said they will not cover the cost of a medical escort, they may help to arrange one.

Consular staff will contact the hospital to check on [REDACTED] welfare, and if it is possible they will raise your concerns with them. However, noting Privacy Legislation (which would be similar to Australia), the hospital may not share information about [REDACTED] or his treatment without his consent.

Email from [REDACTED] to [REDACTED]

I tried contacting you on mobile number [REDACTED] today but was unsuccessful. I contacted [REDACTED] Psychiatric Hospital and spoke to Nurse [REDACTED] requesting for an update on your son's case. Nurse [REDACTED] was not able to release any information. I sent an email to [REDACTED] treating doctor [REDACTED] [REDACTED] and attached a consent to disclosure form to be completed by your son in order for the hospital/doctor to provide Post with an update.

I would be grateful for your assistance in having the form completed and returned to Post. I have also attached contact details for international medical escorts for your information. I would be grateful for your assistance in having the form completed and returned to Post.

Should you require further information/assistance, please contact me on my direct number + [REDACTED] or my mobile [REDACTED]

Email from [REDACTED] Orygen, to [REDACTED]

I understand that you have contacted our general information line requesting assistance whilst you are in New Zealand. Reading the email, it certainly sounds like you are having a very difficult and distressing time and sounding like your son is not at all well. Given you are in New Zealand, it is extremely difficult for us to advise and possibly would not assist you or your son. Can I suggest that given your son is in hospital, that you speak directly to the Director or Psychiatrist in charge of the unit he has been admitted to and raise your concerns? If not satisfied, there will be a Director of the hospital or health service that that person reports to who should be contactable to hear your urgent concerns. It will be much more effective to contact people directly within NZ who are responsible for the care and treatment of your son currently and who can directly work with you as to what is best in terms of flying or not and appropriate care options available to you and your son at this time

I hope that this will provide you with some options to explore

Email from [REDACTED] to [REDACTED]

I note that you are my sons psychiatrist.

I informed you yesterday by phone that [REDACTED] attempted suicide in New Zealand on Saturday evening. To be clear, he walked down a train line with intent to end his life. Fortunately the police came and [REDACTED] tried to encourage them to shoot him and then tried to wrestle their guns off them with intent of shooting himself.

Subsequently [REDACTED] was locked in a psychiatric hospital called [REDACTED] in Dunedin. Furthermore, he tried to break out of the hospital and ran through two plate glass windows. His intent at that stage was to find a building high enough that he could jump off to end his life. Police were called with dogs and he was again detained in the hospital. This was after a severe beating by the [REDACTED]

[REDACTED] has made it very clear to his nurse who is treating him that his intent is to end his life at whatever opportunity he gets.

[REDACTED] has informed us that his desire to end his life has been made very clear to you over the past two years that you have been treating him.

I called your office at 9 AM this morning requesting a phone call due to the severe circumstances that we are facing.

Let this be for the record that I have had no contact from you or anyone from [REDACTED] hospital since my communication with you yesterday morning.

To say we are completely gutted at your lack of support at this time would be an understatement. You are the only health professional that we have in [REDACTED]s life at the moment.

Email from [REDACTED] to [REDACTED]

I have had no response to my urgent plea for assistance.

My sons intent is very clear to end his life.

I have also tried in vain to contact my sons psychiatrist, [REDACTED] However he will not even find the time to return my phone calls.

I remain completely desperate.

Email from [REDACTED] to [REDACTED]

Just so that we are clear I am an Australian citizen, my address is [REDACTED]

I need urgent government assistance As I am currently overseas in New Zealand.

Email from [REDACTED] to [REDACTED]

I have sent an email to [REDACTED] as suggested. At this stage I have had no contact from anyone.

I am absolutely desperate.

[REDACTED] has informed the nurse at The psychiatric hospital that he is currently Locked up in at Dunedin that he has a plan of suicide when he is released.

I have advised [REDACTED] psychiatrist in Melbourne of the situation. His name is [REDACTED] [REDACTED] I have rung his office today to speak to him but have been advise that he is not working today. I have asked them to get a message to him to contact me urgently however I am not convinced that he will contact me.

When we came to New Zealand we had flights for return for this Wednesday night at 9 PM. I am concerned that the hospital is going to let [REDACTED] be released so that we can get that flight. I hold grave fears for [REDACTED] release and I really do need help from professionals in Australia on what to do.

I would appreciate anything that you can do for me at This time.

10/10/2018

Email from [REDACTED] to [REDACTED] copied to [REDACTED]

I have been told you are the psychiatrist looking after the above patient.

Currently [REDACTED] is an inpatient, on the MHA, in [REDACTED] Hospital, Dunedin NZ.

[REDACTED] came to NZ to visit with his father.

On 7 October, [REDACTED] consumed some alcohol. He took a knife and self harmed.

He left the house and went to the local railway tracks, his father assumed [REDACTED] intended to further self harm and called the police.

The police located [REDACTED] He still had the knife. Accounts differ but the outcome was [REDACTED] dropped the knife on request and was brought to [REDACTED] Hospital and placed on the MHA.

A UDS was positive for THC.

[REDACTED] was admitted to an acute psych ward at [REDACTED] Hospital. He made a rapid recovery.

There was no evidence of either psychosis or a major mood disorder.

His personality style suggested group B traits. He was very entitled and dismissive.

He told me he has a long standing desire to "die by cop", i.e. provoke a police officer into shooting him dead.

[REDACTED] is keen to fly back to Australia. I need to check on how safe this is. The airline (Jetstar) need to be informed of the potential risk.

I have no guarantee [REDACTED] won't act out in mid flight, endangering the lives of all on board.

I am contacting you as you know [REDACTED] better than the [REDACTED] team.

Do you have any concerns about [REDACTED] flying back to Australia? Have you any information which can assist in our risk assessment?

A prompt response would be appreciated.

Email from [REDACTED] to [REDACTED] copied to [REDACTED]

Thanks for your email.

I have been informed by [REDACTED] father about the circumstances below, although he also mentioned that [REDACTED] broke through a couple of panes of security glass on your ward.

I have known [REDACTED] for about 18 months but there has not been any dangerous behaviour until recent times. I agree that there are cluster B traits and while definite PD is the most likely diagnosis I am not yet certain about this. I note the history of psychotic episodes in his mother and even considering his quick recovery on the ward I am wondering whether there is axis I illness contributing to his current presentation.

Either way he has very poor insight and self-reflective capacity. When he acts out he later reports that he has no awareness of triggers or build up. There is no way I can comfortably predict whether or not he'll act out on board the plane. Given his recent behaviours, I think there is some risk of him acting out, but I can't really add much to your thinking on this issue. I'm not sure what other options there are to help make the flight safer for him and other passengers, but I think it prudent to canvass those options before making decisions about his travel.

Thanks for the communication and for taking care of [REDACTED]

Email from [REDACTED] to [REDACTED]

Reference to our telephone conversation on 10/10/2018, please find attached a consent to disclosure form to be completed by your son in order for the hospital/doctor to provide Post with an update.

I would be grateful for your assistance in having the form completed and returned to Post. I have also attached contact details for international medical escorts for your information. I would be grateful for your assistance in having the form completed and returned to Post.

Email from [REDACTED] to [REDACTED]

I am the Consular Manager at the [REDACTED] and our role is to offer consular assistance to Australian citizens hospitalized in New Zealand. Following a telephone conversation with nurse [REDACTED] Room 9B on Mr [REDACTED] wellbeing was advised to email you for an update. Please find attached a consent to disclosure form to be completed by a/n's father [REDACTED] and returned to via email.

I would be grateful for your assistance in providing an update on Mr [REDACTED] case.

Email from [REDACTED] to [REDACTED]

Dr [REDACTED] has asked that I forward this form to you

Email from [REDACTED] to [REDACTED]

Thank you for your time today.

Also thank you to you and your professional team for the great job that you are doing with my sons well-being whilst he is in your care. I greatly appreciate all of this effort.

Following our meeting and your comments that you would like [REDACTED] to be met at the Melbourne Airport with professional people to assess his well-being I have been advised that the correct people would be the [REDACTED] CATT Team.

The coordination of this would be done via the [REDACTED] you or your people could contact them on [REDACTED].

You could ask for [REDACTED] as I understand that she is the head of triage and she is up to speed with [REDACTED] condition. Also the head psychiatrist at [REDACTED] is [REDACTED]

I also understand that [REDACTED] Psychiatrist in Melbourne, [REDACTED] is in The process of making arrangements for [REDACTED] assessment when he returns to Melbourne.

Once again thank you very much for all that you are doing for my son, it is very comforting and reassuring to know that he is in such good hands.

Email from [REDACTED] to [REDACTED]

I still not have had any word or advice from you or anyone within your department.

I have met with my Son's treating psychiatrist in New Zealand and he has stated that he is concerned to let [REDACTED] travel back to Australia and not have any treatment plan on his arrival at the airport. I totally agree with this assessment.

Can I therefore ask you and your people to help me put in place the right care for my son on his arrival back into Australia.

I would greatly appreciate if someone could please contact me.

Email from [REDACTED] to [REDACTED]

I need your urgent assistance.

I have been trying to contact [REDACTED] for his assistance Without success. (please see below)

I believe you are a compassionate man. I thought of you when your father passed away.

Can you please help me in my hour of need.

Email from [REDACTED] to [REDACTED]

I have followed up with the [REDACTED] this morning, requesting urgent attention.

It is important that you contact the agencies whose contact details I provided if you have not already, as they are likely best placed to offer assistance.

Email from [REDACTED] to [REDACTED]

Thank you for your note.

I have now sent three emails to the [REDACTED] with no response. Very disappointing.

There is talk at the moment that my son is going to be released from hospital today. I have a meeting with the psychiatrist at 1 PM. The hospital is waiting on news From Jetstar if they will allow my son to fly on our previously booked flight of 9 PM this evening from Christchurch. If this was to eventuate I will need to drive to Christchurch from Dunedin. It is about a 4 1/2 hour Drive.

I don't know if it will be possible but it will be extremely helpful if I could have a medical practitioner To accompany us on the journey to make sure that [REDACTED] is okay.

I appreciate your interest and help today.

Email from [REDACTED] to [REDACTED]

Hi Ryan,

I have been advised by the hospital treating my son that they have not been able to get clearance from Jetstar for us to fly out of Christchurch this evening at 9 PM as planned.

I have still had no contact from the Victorian government [REDACTED]

I have had numerous discussions with a [REDACTED] and they continue to offer no support other than red tape. I have requested that when I am travelling with my son to Christchurch by car that I would like the ability of being able to call someone at the eastern CAAT. I was denied this by a lady in charge of the triage called [REDACTED] She said that they could not do this as I am currently overseas. I think this borderlines on culpable.

I would now request that you get the [REDACTED] to contact me by phone and I would like to outline a number of the incidences that I have had and the shortcomings with the current health system.

Please feel free to contact me by phone at any time.

Email from [REDACTED] to [REDACTED]

You can outline the incidences with me and I can pass them directly to our [REDACTED]

Email from [REDACTED] to [REDACTED]

I sent you an email earlier of my correspondence to [REDACTED] I would appreciate at this stage if you would not forward this on to anyone.

I'm just concerned that I don't want to jeopardise [REDACTED] care on the basis that anyone feels that I have commenced a political action.

I do appreciate your support and assistance to date.

I will continue to keep you informed.

Email from [REDACTED] to [REDACTED]

The latest developments are that Jetstar will require that a security guard and medical practitioner be on the flight for [REDACTED] to come back to Australia.

I understand that The high commission is aware of the situation.

I was wondering if you could provide me with an email address for [REDACTED] so that I may contact him and get some help from a Federal level.

Your assistance is greatly appreciated.

Email from [REDACTED] to [REDACTED]

You can get [REDACTED] on -

11/10/2018

Email from [REDACTED] to [REDACTED] copied to [REDACTED]

Following from our phone conversation last night I wish to confirm our discussion:

- My son's treating psychiatrist at [REDACTED] psychiatric hospital, [REDACTED] has stated to me that he believes I am suffering from traumatic stress
- I tend to agree with this diagnosis, although I have no medical training. I am struggling to function in my normal manner i.e. I cannot sleep, struggling to eat.... Etc
- my wife back home is equally struggling with the situation and I am reluctant to pose any more stress on her. She is in the process of making urgent arrangements to urgently come to Dunedin
- Both psychiatrist assisting my son in New Zealand and in Melbourne have said that my role at the moment needs to be to act as a father first and foremost to my son at this time
- I am on my own in Dunedin with no support
- I do not have access to an office or staff to complete many of the tasks that you are suggesting to me that I need to
- I have reached out to a number of Victorian State government departments and no assistance has been forthcoming and I must assume that this is must be because I am overseas, they do not see it as their problem.

- My son [REDACTED] was cleared to come to New Zealand by his psychiatrist in Melbourne, [REDACTED] [REDACTED] and also his GP [REDACTED] [REDACTED]

I would appreciate a greater level of support and assistance from your department at this critical time.

Email from [REDACTED] to [REDACTED]

I spoke to [REDACTED] father on 10/10/2018 and was advised [REDACTED] will re-do the form and add names of people/doctors he would authorise for Post/father to liaise with on his behalf.

I would be grateful once that form is completed, could you send us an updated copy via email.

Email from [REDACTED] to [REDACTED] copied to [REDACTED] [REDACTED]

I am a bit concerned not to have had a response from yourself regarding an Australian citizen being on the MHA in a NZ mental Hospital.

This man needs to return as soon as is possible to his usual treatment team in Melbourne.

I need to know whether the [REDACTED] intends to help with organizing a security guard + a health professional to accompany [REDACTED] to Australia, a requirement of JetStar.

Email from [REDACTED] [REDACTED] to [REDACTED] [REDACTED] copied to [REDACTED] [REDACTED]

Thank you for the email.

[REDACTED] father [REDACTED] made contact with our office at 13:30 enquiring about consular assistance in regards to Jetstar's policy. Mr [REDACTED] has been advised of our consular role on what we can and can't do. I have also attached the consular service charter for your information. I have also advised Mr [REDACTED] that further details in relation to his enquiry will be provided in due to course.

Email from [REDACTED] to [REDACTED] copied to [REDACTED] [REDACTED]

Many thanks for your response.

I have read through the document you have sent me.

I refer to page 2 of the document "we will explain clearly how we can help"

My question to you is whether the [REDACTED] will provide a security guard + a medical personnel to accompany [REDACTED] [REDACTED] on his flight from NZ to Australia?

Email from [REDACTED] to [REDACTED] copied to [REDACTED] [REDACTED]

In regards to your question, unfortunately Post is unable to provide a security guard and a medical personal to accompany [REDACTED] for his return to Australia.

[REDACTED] has been advised by Canberra and Post to contact his travel insurer and noting [REDACTED] pre-existing conditions was advised to request assistance in arranging one for him or providing him with further advice. [REDACTED] was also advised by Post to discuss with the [REDACTED] Hospital team on alternative arrangements and liaise with Jetstar airline.

Email from Office [REDACTED] in Victoria to [REDACTED] [REDACTED]

We understand you have been in contact with the [REDACTED] office regarding your son's care in a NZ mental health ward. Dr [REDACTED] spoke to you at length on Tuesday this week, to offer support and advice. We would like to confirm our offer to be involved and assist you. Our advice line is [REDACTED] 9-5 Monday to Friday. Dr [REDACTED] or other mental health advisors will be able to talk to you about any issues. We can assist in reducing barrier to care

in the public mental health system in Victoria. The plan for [REDACTED] CATT to assess your son on arrival in Australia is very appropriate. Unfortunately we have no capacity to influence the care of your son or evaluate your son while he is in the NZ mental health system. They will make a clinical decision about his readiness and fitness to travel. Ideally they would provide you, you son and [REDACTED] as hand-over information.

If you are still concerned about the quality of care and would like to lodge a complaint about the public mental health service you or your son has experiences, then the MHCC (Mental Health Complaints Commissioner, 1800246 054) is the appropriate organization to contact. The MHCC can be contacted at any time in the future about recent events.

Email from [REDACTED] to [REDACTED]

I have been in contact with Dr [REDACTED]

He has informed me he can't meet [REDACTED] at the airport when he arrives, but will arrange the crisis team to meet [REDACTED] at his home on the day he arrives back in Australia.

I am disappointed, given the risks and [REDACTED] statements to 9b staff that he intends killing himself when he returns to Australia.

JetStar have sent me a pile of forms to complete, they require so much information.

They require [REDACTED] to be accompanied by a security guard + a health professional.

I am in contact with the Australian [REDACTED] to find out what help they intend offering. So far no response from them regarding any help they will offer.

I really appreciate your input, you came across as a very caring father and [REDACTED] is lucky to have you in his life.

Email from [REDACTED] to [REDACTED]

I am not happy to hear the crisis team will not be meeting [REDACTED] at Melbourne airport.

Given his statements about killing himself when he arrives in Australia, I think it is imperative he is seen immediately and if necessary, offered admission to Hospital to contain his risk.

I will again communicate my views to Dr [REDACTED] I see it as his responsibility to ensure the best care is offered when [REDACTED] arrives back in Australia.

I will need to clarify who is responsible for supplying the 2 staff who will accompany [REDACTED] on the plane.

I am surprised not to have heard back from the Australian [REDACTED]

Once I have worked out who is accompanying [REDACTED] the next task is to book [REDACTED] on a flight.

I will keep you informed.

Info I do require:

Place where [REDACTED] was born

[REDACTED] passport number.

The nurses report [REDACTED] is very co-operative + pleasant.

I will review him to-morrow as the MHA is due and I will be extending the MHA for a further max of 14 days in order to contain [REDACTED] and prevent him self discharging from Hospital.

I don't know if any-one has told you that if a foreigner is admitted to a NZ mental hospital on the MHA, the patient is not liable for costs.

I really appreciate all your input + understanding.

I do believe [REDACTED] has some wonderful qualities, he just needs some good support.

Email from [REDACTED] to [REDACTED]

Jetstar's conditions seem to be very onerous.

I will pass this information on to my local member back in Melbourne who is trying to assist me as best he can. I will also think of who else may be able to help in this situation.

I have been giving some thought to how best to address the fact that [REDACTED] will need to be seen soon after we arrive in Melbourne by the [REDACTED] CATT team.

Given [REDACTED] reaction when taken to [REDACTED] hospital and running through two plate glass windows I know this needs to be done with absolute care and management.

At this stage I think the best way of handling it, if you are in agreement, would be for you to have a quiet discussion with [REDACTED] At the right time that you are placing some conditions on the Australian medical practitioners that you wish to keep him safe and looked after when he's back in Melbourne and as such would require them to meet with him and discuss a plan of how they are going to help him moving forward. (apologies, I know you will know what to say, better than me)

I would like then for someone from the CATT Team To make contact with him by phone whilst he is in New Zealand introducing them self to him and calmly explaining to him that they will meet him soon after he arrives in Melbourne and this is to help look after him and map out a care program for his future. I would like to be involved in the briefing to this person so that it is handled correctly.

Once again, I really appreciate the wonderful job you and your team are doing with [REDACTED] You have shown great care and commitment to look after his well-being now and for the future.

Email from [REDACTED] to [REDACTED]

I have not had any success yet trying to get assistance from Australia to help with Jetstar's requirement of having an accompanying medical practitioner and security guard for [REDACTED] on the flight.

I wondered if you would mind calling me that we may discuss some alternative arrangements; Possibly we could travel via a New Zealand or on a Qantas flight.

Email from [REDACTED] to [REDACTED]

It is not your task to organize the 2 people who need to accompany [REDACTED]

It is the task of the [REDACTED] team, so leave that with me. Please don't worry.

I will re-contact the Australian [REDACTED] I am not impressed by their lack of co-operation.

Email from [REDACTED] to [REDACTED]

I am currently travelling in New Zealand with my son [REDACTED] who is 21.

He tried to commit suicide by walking on train lines last Saturday evening.

Police came and he has been locked up in a psychiatric hospital in Dunedin called [REDACTED] Hospital.

I am the process of working with his psychologist that has been appointed in New Zealand under their health act and we are trying to get back to Melbourne.

I am not sure when this will be. At the moment the airline Jet Star is demanding [REDACTED] be accompanied by a medical practitioner and a security guard.

This sounds very onerous because [REDACTED] has never been violent in any shape or form.

I am hoping you can help me as when I get back to Melbourne [REDACTED] is going to need very good care.

At the moment [REDACTED] psychiatrist in Melbourne is Mr [REDACTED] [REDACTED] I must admit I have been disappointed with his lack of assistance and support with the crisis that we have faced in New Zealand.

I would greatly appreciate the ability to talk with one of your skilled people about the options that will be available to my son.

The phone number that is listed on your Internet site I cannot access from overseas.

I would be grateful if you could email me back a phone a number that I can use to get through your switchboard.

Perhaps also you could suggest the correct person within your group that I should ask for.

Many thanks in advance.

Email from [REDACTED] to [REDACTED], [REDACTED]

I am terribly sorry to hear what has been occurring for your son.

If you would like to ring our administration line on [REDACTED] and ask to speak with our intake advocate they will be able to assist you further. Our intake line opens at 9.30am (Melbourne time).

Email from [REDACTED], [REDACTED] to Jeff Kennett

I know that you are no longer head of beyond blue however I would greatly appreciate your personal assistance with a crisis that I face with my son in New Zealand.

I live at [REDACTED] with my 21-year-old son, [REDACTED]

I have been travelling in New Zealand with my son [REDACTED] and on the Saturday the 6 October 2018 [REDACTED] tried to commit suicide by walking down a train line. Police came and took [REDACTED] to emergency hospital in Dunedin.

He has been detained under the New Zealand health act at the [REDACTED] Psychiatric hospital in Dunedin.

[REDACTED] tried to break out of the hospital by running through 2 Reinforced plate glass windows. Police and trained dogs were called And he was located and taken back to hospital.

He is receiving very good care at the hospital but we are now trying to make arrangements for him to come back to Melbourne and get the care that he needs.

[REDACTED] has been suffering from major depression for the past three years and he has now tried to suicide on three occasions In six weeks. He has been treated by psychiatrist [REDACTED] [REDACTED] From [REDACTED]

[REDACTED] is a very bright and talented young man. He achieved a score of 97 on his year 12 Atar score and he's a gifted musician playing piano, guitar and drums.

We currently have two issues that we face that I am hoping you may be able to assist or advise in someway:

1. Jetstar airline are demanding that [REDACTED] is accompanied on the flight back to Australia with a medical practitioner and a security guard. This seems very onerous.

I have no idea how this will be achieved.

2. The psychiatrist in Dunedin is requesting that [REDACTED] receive urgent medical assistance and review upon his immediate arrival into Melbourne. He is asking for this as [REDACTED] has made it clear to the nurse treating him in Dunedin that he plans to suicide on his return to Melbourne.

I am not sure what the best care will be for him and are reluctant to put my sons life in the hands of the public system however I do not believe that there will be any alternatives in the private system. This might be something that you could help me with based on your experience with the medical system.

I have reached out to numerous people and government departments with no help forthcoming.

I would be very grateful to you if you could find the time to help me.

Email from [REDACTED] to [REDACTED], [REDACTED]

Sorry to hear the challenges you are facing and the trauma [REDACTED] is going through.

I am not sure what assistance I can provide. My only suggestion might be our Foreign Affairs office in New Zealand.

That would be through our Ambassador there, [REDACTED]

I can understand JetStar's requirements as they have a responsibility to all others on the flight and if [REDACTED] is continuing to threaten he will suicide JetStar's demands are quite normal.

You will probably have to have [REDACTED] ready to be admitted to a ward at one of our hospitals. I am not sure if the Melbourne Clinic or other such private clinics would be able to accept him on the information you have given me.

I am unfortunately out of the office and will be out of communication for the next 10 hours.

Sorry I cannot be of more assistance.

Email from [REDACTED] to [REDACTED]

Thank you Jeff for your prompt response.

It is very much appreciated.

It would be helpful to me if when you have some time that we could have a brief phone conversation.

I don't work in the medical field and therefore I am very ignorant when it comes to the type of Treatment that may be available to [REDACTED] It is very hard to get this information when dealing with the public system And I find them unhelpful.

In particular, [REDACTED] psychiatrist has been very ordinary and doesn't return my phone calls. I really do need to get a new psychiatrist for [REDACTED] and maybe you could help with recommending someone.

Email from [REDACTED] to [REDACTED]

I am just with [REDACTED] at the emergency department at another hospital. He is seeking some medical assistance with some urinary problem as I understand.

When I was with [REDACTED] he started to untie his shoelaces. Can I suggest that you inform your staff that he should now be wearing slippers and his shoes taken away from him.

I think it would be best.

12/10/2018

On the 12th October [REDACTED] tried to hang himself in the hospital using his belt. He was found in time.

[REDACTED] subsequently admitted that he found the experience pleasurable. A new form of self harming to release the emotional pain. He told us that he had been using a pair of underpants and a toothbrush to choke himself when feeling bad. We advised the hospital of this. This was during the period of time when he was allowed out with us for excursions. On the excursions sometimes, [REDACTED] seemed happy but he would regularly be attached by what he called depression attacks where he just wanted to die.

Email from [REDACTED] to [REDACTED]

Reference to our telephone conversation today, please find attached the consent to disclosure form and International Medivac Organisations re sent for your information.

Could you please ensure the consent to disclosure form is completed correctly providing a detailed list of names/contact numbers of treating doctors/[REDACTED] parents/relatives and friends that [REDACTED] consent for Post to make further contact.

Email from [REDACTED] to [REDACTED] copied to [REDACTED]

I have not had a return phone call from you since we spoke on the phone on Monday 8th October 2018.

I understand that you have been communicating with the head psychologist Dr [REDACTED] of [REDACTED] psychiatric hospital in Dunedin where [REDACTED] has been detained since 7th October 2018.

I know that Dr [REDACTED] would like [REDACTED] to be assessed on his arrival back to Melbourne at the earliest opportunity.

I understand that this would take place by the [REDACTED] CATT team.

As a father, I am concerned for [REDACTED] likely response to this.

When he was taken to the [REDACTED] Hospital, he tried to break out and in doing so ran through two reinforced plateglass windows.

I would like to be involved in the care management of my son and discuss how best that he is assessed when back in Melbourne and what the ongoing care management plan may be.

I appreciate all the work that you have done for my son to date, I would greatly appreciate a phone call so we could talk about these issues further.

Email from [REDACTED] to [REDACTED]

Thank you for your time.

It is reassuring to me to have a friendly voice and someone with your ability now in my corner.

Please see below the email Trail between my sons psychiatrist in New Zealand and the [REDACTED]

Email from [REDACTED] to [REDACTED]

I have found the Australian [REDACTED] of no help.

They have told me what they can't do, which includes supplying the staff to fly with [REDACTED]

I will re-contact them to find out rather what they can offer.

I contacted the DHB lawyers to get further advice. Their opinion was the [REDACTED] is responsible in getting [REDACTED] safely back to Australia.

I have heard from the medical insurance company. They requested info which I first discussed with [REDACTED] got his written permission to send it off, and I am awaiting a response.

To make matters worse, [REDACTED] cut himself and tried to hang himself in the ward this morning. This only emphasizes the risk he poses whilst flying.

I am doing my best to try and arrange [REDACTED] can return safely to Australia.

I will keep you informed,

Email from [REDACTED] to [REDACTED]

I am completely gutted by this news.

I am actively pursuing many avenues at the moment at Federal government level to get this resolved quickly. I

I will try and get over to the hospital in the next hour to do what I can to keep [REDACTED] calm. He clearly needs some hope at the moment that things are happening and that he will be getting back to Australia soon.

If there are any further developments please let me know.

Once again, thank you for all of your assistance at this time.

Email from [REDACTED] to [REDACTED]

I refer to my conversation with you on Monday of this week.

I regret to inform you that [REDACTED] has tried to commit suicide again by hanging himself in the psychiatric ward at [REDACTED] Hospital, Dunedin.

I would greatly appreciate if you could call me and discuss what we can possibly do to help calm him whilst we are waiting to evacuate him from Dunedin to Melbourne

This is a matter of urgency.

This is a note from the treating psychiatrist

[REDACTED] 12 October email citing [REDACTED] had tried to hang himself that morning

Email from [REDACTED] to [REDACTED]

Reference to our telephone conversation today, please find attached the consent to disclosure form and International Medivac Organisations re sent for your information.

Could you please ensure the consent to disclosure form is completed correctly providing a detailed list of names/contact numbers of treating doctors/[REDACTED] parents/relatives and friends that [REDACTED] consent for Post to make further contact.

Email from [REDACTED] to [REDACTED]

I plead for your urgent help and assistance.

I am the father of [REDACTED] a 21-year-old boy, from [REDACTED] Australia, [REDACTED], DOB [REDACTED], passport number: [REDACTED]

[REDACTED] attempted suicide last Saturday 6 October 2018 at Hampden, New Zealand.

He is currently being held under the mental health act, New Zealand at the psychiatric hospital [REDACTED] Dunedin.

We are trying urgently to get him transported from Dunedin back to Melbourne for proper medical care.

We have learnt in the last few hours that [REDACTED] has made a further attempt on his life by trying to hang himself at the hospital.

Please see email from treating psychiatrist Dr [REDACTED] from Dunedin

[REDACTED] 12 October email citing [REDACTED] had tried to hang himself that morning

Can you please urgently get involved and help us with transport arrangements to Melbourne by the quickest means.

The airline that we had been travelling on, Jet Star require that [REDACTED] travels with a medical practitioner and a security guard.

I need this solved immediately.

I plead for your urgent help,

Email from [REDACTED] to [REDACTED]

The [REDACTED] nurses mentioned you wanted to phone me.

Phone calls don't work as I work in emergency services.

Please use email to contact me and let me know your requests,

Thanking you,

Email from [REDACTED] to Jeff Kennett

Things have escalated over here in New Zealand. I am getting no help whatsoever from the state or federal government. I have been in touch with the [REDACTED] in Wellington and they are not assisting in any shape or for. (please see the correspondence below)

My sons life is on the line.

Could you please get to the highest level at the Federal government to see if they can remove all of the obstacles that I face and getting my son back to Australia quickly.

My son is clearly getting distressed at being held against his will and no hope being offered from the state or federal government.

Please, please help me.

Email from [REDACTED] to [REDACTED]

This has elevated now to a higher level since we had our phone conversation.

I really now need to be able to demonstrate to my son that there is a hopeful path of getting him out of New Zealand quickly. He is clearly becoming very distressed and need some good news stories. So far everything I have tried to do it every level state and federal has been an absolute another waste of time.

Just for the record I have also contacted [REDACTED] and a whole range of other services and I have been totally useless.

Once again thank you very much for your assistance.

Email from [REDACTED] to [REDACTED]

I have had no response from you to any of my emails concerning my life son.

The situation has turned grave.

My son has attempted suicide by trying to hang himself in the psychiatric hospital.

Please see correspondence below:

[REDACTED] 12 October email citing [REDACTED] had tried to hang himself that morning

Email from [REDACTED] to [REDACTED]

I refer to my recent email requesting urgent help for my son in New Zealand.

I have been informed by the psychiatrist treating [REDACTED] that he has attempted again on his life by trying to hang himself in the psychiatric ward at [REDACTED] Hospital.

I have had no help from you or your [REDACTED] or your [REDACTED] Department.

Can someone please call me urgently to assist to save my son's life.

Recent correspondence from the treating psychiatrist in New Zealand is as follows:

[REDACTED] 12 October email citing [REDACTED] had tried to hang himself that morning

13/10/2018

Email from [REDACTED] to [REDACTED]

Hi [REDACTED]

Please find attached the authorisation for your department to communicate with:

* Dr [REDACTED]

* Dr [REDACTED]

* and myself

concerning my son, [REDACTED]

Email from [REDACTED] to [REDACTED]

Thank you for the email.

Post will continue to liaise with Dr [REDACTED] and obtain further information on Monday 15/10/2019 regarding [REDACTED] case.

Email from [REDACTED] to [REDACTED]

Thank you for the email.

Noting [REDACTED] is under the Mental Health Act and the recent incidents of [REDACTED] attempting to hang himself, could you please confirm if [REDACTED] is cleared to travel back to Melbourne. [REDACTED] also informed Post on 12/10/2018 he has been diagnosed with Traumatic Stress. I would be grateful for your assistance in providing further update.

Email from [REDACTED] to [REDACTED] and [REDACTED]

I seek advice from both of you that in will light of [REDACTED] trying to hang himself yesterday should we be still trying to get him back to Melbourne as quickly as possible or should this now be put off for a period.

My wife is now making arrangements to come to Dunedin as quickly as possible and I would expect her at around 12:30 AM Sunday morning.

I will continue with this plan unless I am advised otherwise.

I feel it is best that she is here so she can help with [REDACTED] care.

I would take any other advice from either of you on what you feel we should be doing to assist [REDACTED] at this time.

I thank both of you for your assistance to date and will appreciate your ongoing support.

14/10/2018

Email from [REDACTED] to [REDACTED]

I would be grateful for your assistance as requested over the weekend/text message if you could please provide contact details for your spouse/sister or any relative in Australia that Post can contact and request for financial assistance to assist with the safe return of your son to Melbourne. I have also attached a consent to disclosure form for you to complete and return via email.

Email from [REDACTED] to [REDACTED] copied to [REDACTED]

Thank you for the email.

I will keep you posted on the outcome following contact with your spouse and sister.

15/10/2018

Email from [REDACTED] to [REDACTED] copied to [REDACTED]

I remain optimistic that our insurance company, Allianz global will take up the running.

I understand the case manager is [REDACTED]

their phone number is +61 7 3305 7499

email address: medical@allianz-assistance.com.au <mailto:medical@allianz-assistance.com.au>

incident number: [REDACTED]

I have been told by them that they are wanting to speak to you to get some further details.

If you could facilitate this it would be greatly appreciated.

Email from [REDACTED] to [REDACTED] copied to [REDACTED]

It has been difficult to get any clear information from yourself.

My request is simple.

What assistance is the [REDACTED] going to offer [REDACTED] in getting him back to Australia?

Please state clearly what assistance you are prepared to offer,

Email from [REDACTED] to [REDACTED]

I would be grateful for your assistance as requested over the weekend/text message if you could please provide contact details for your spouse/sister or any relative in Australia that Post can contact and request for financial assistance to assist with the safe return of your son to Melbourne. I have also attached a consent to disclosure form for you to complete and return via email.

Email from [REDACTED] to [REDACTED] copied to [REDACTED]

I give unequivocal approval for you to contact anyone within my family.

Especially:

1/ my wife [REDACTED]

2/ my sister, [REDACTED]

I would appreciate any assistance that your department can provide me at this extremely difficult time.

Email from [REDACTED] to [REDACTED] copied to [REDACTED]

Thank you for the email.

I would be grateful for written advice if [REDACTED] if fit to travel before we can advise further.

[REDACTED] has been advised over the weekend via text messages/email correspondence on the costs involved should he require medivac. I am waiting on further advice from [REDACTED] to provide contact details for his spouse and sister.

[REDACTED] grateful please if you can provide that via email and confirm if authorise Post to contact your family in Australia.

Email from [REDACTED] to [REDACTED] copied to [REDACTED]

Reference to the email below, our office in Canberra is not able to accept the email from [REDACTED] providing unequivocal approval for Post to make contact with [REDACTED] spouse and sister.

[REDACTED] will be required to complete another consent form which is attached noting contact details for his mother and aunty. Following receipt of the completed form, we will make further contact [REDACTED] (mother) and [REDACTED] (aunty).

In addition to the above, I would be grateful for advise if we can schedule an appointment to meet with you at 11:30am – 12:00pm on Tuesday 16/10/2018.

Following our meeting with you, will arrange a separate meeting with [REDACTED] for the afternoon. I would also be grateful if we can meet with [REDACTED] before returning back to Wellington on the same day.

I will be accompanied by [REDACTED]

I look forward to hearing from you.

Email from [REDACTED] to [REDACTED]

My frustration with the Australian [REDACTED] continues in that they are incapable/unwilling to tell me what help, if any, they are willing to offer [REDACTED]

At this stage, it serves no purpose I contact the [REDACTED] staff.

Email from [REDACTED] to [REDACTED] copied to [REDACTED]

I am struggling to find how you are trying to assist me.

You send me notes wanting me to complete forms and email them back to you.

I have informed you that I am not in an office, I know no one in New Zealand and I have no way of printing out any form that you send me. Or for that matter to be able to scan it and get it back to you.

You have told me what you won't do to help me.

I would appreciate if you could inform me what assistance you are prepared to provide to me.

To say that you are making my desperate position more difficult would be an understatement.

Email from [REDACTED] to [REDACTED] copied to [REDACTED]

The email was sent prior to receiving your email stating you provide Post unequivocal approval to contact your spouse and sister. I will keep you posted following contact with your sister and spouse which I have tasked our Canberra Office.

Email from [REDACTED] to [REDACTED]

I think it is a good idea [REDACTED] mother is coming to NZ.

I have completed the JetStar questionnaire, but will only submit the information once [REDACTED] is stable enough to fly, and his journey to Melbourne has been booked and the 2 personnel needed to accompany him have been identified.

I have not yet heard back from his medical insurance company.

My communication with the [REDACTED] has been frustrating, the staff have given me no information regarding how they will assist in getting [REDACTED] back to Australia.

So far, the [REDACTED] staff have told me what they don't do.

I agree it is advisable [REDACTED] returns as soon as is possible to Australia. Also, I will continue to advise his Australian psychiatrist to arrange staff meet [REDACTED] at Melbourne airport and [REDACTED] is admitted to a Hospital.

I will keep you informed.

Email from Allianz Assistance to [REDACTED]

My name is [REDACTED] and I am a registered nurse from Allianz Global Assistance in Brisbane, Australia. We are the insurance company for Mr [REDACTED]

We have been advised by [REDACTED] parents that he is now an inpatient in your hospital under your care. We would like to help as much as we can to assist in care and transportation back to Australia.

In order to be able to do this, we do require a full detailed medical report and approximate discharge date with flight recommendations in order to start putting a plan in place ready for discharge.

Please send medical report to medical@allianz-assistance.com.au <<mailto:medical@allianz-assistance.com.au>>

If you have any concerns or queries, please call us on +617 3305 7286.

Email from [REDACTED] to Allianz

I note [REDACTED] father has given permission for me to disclose information to you.

[REDACTED] is an Australian citizen.

[REDACTED] is known to a private psychiatrist in Melbourne.

The diagnosis was not clear as little information has been obtained from the private psychiatrist.

It is known [REDACTED] uses alcohol + Cannabis. I don't know if other illicit substances are used.

The private psychiatrist considered a psychotic illness and also did suggest there may be a personality disorder.

[REDACTED] decided to visit his father in NZ.

Shortly on arrival in NZ, [REDACTED] consumed some alcohol and began to cut himself with a knife.

[REDACTED] left his father's house, with the knife.

The father phoned the police.

The police located [REDACTED] and brought him to [REDACTED] Public Hospital.

He was placed on the Mental Health Act (MHA) and transferred to [REDACTED] hospital Dunedin.

A UDS was positive for Cannabis.

Since admission, there is no evidence of a major mood or psychotic disorder.

What is apparent is a severe personality disorder, with continual threats of self harm

Due to the ongoing self harm behaviour, [REDACTED] is currently placed in a seclusion room.

He has been pulling out his hair and banging his head on the walls.

As a result, I prescribed Acuphase 150 mg IM stat.

[REDACTED] told me to-day his only aim was to hang himself as soon as he had the chance.

The risk to self is chronic and may well end in serious injury or death.

The problem is acting out in the confined space of a plane cabin.

This could be catastrophic.

JetStar have sent me forms to complete so they can manage the risk. This includes 2 staff, a security guard and a medical personnel.

My recommendation is that [REDACTED] is hand-cuffed and sedated for the flight home.

I will have to wait until [REDACTED] is far more stable before I can risk allowing him to fly home.

I have a responsibility to all on board the plane.

The Australian [REDACTED] have been of no help.

I have been dealing with a staff member Ms. [REDACTED]
[REDACTED]

If you can find out what assistance the [REDACTED] intends offering [REDACTED] it would be appreciated.

What I need to know is whether medical alliance supplies the 2 personnel JetStar require to accompany [REDACTED] home.

I also need to know how much notice I need to give you between [REDACTED] being ready to fly and you being able to organize the staff to accompany him.

JetStar require several days notice to alert all the crew and make arrangements as to where in the plane to place [REDACTED]

If anything is not clear, please contact me.

Email from [REDACTED] to [REDACTED]

Thank you for your note.

I must start off by saying that your nurses have done a wonderful job at looking after and caring for [REDACTED] over the weekend.

Clearly he has been in a very distressed state and I appreciate everything that they have done for him.

(Karen and Sarah are amazing)

On Saturday I had a lengthy discussion with Allianz Global, based in Brisbane, Australia.

They are talking very positively towards taking control of getting [REDACTED] back to Australia. Although they have not confirmed this.

They have said that they will contact you sometime today to get further information on [REDACTED] case.

And I am hopeful thereafter that they may come on board.

They have advised me that they have been suffering from IT issues their end.

They have not been receiving emails and one that I sent to them I noticed that it bounced back to me.

Please be aware of this in case you have also sent them any emails.

I have CC [REDACTED] who is a close friend and works for [REDACTED].

[REDACTED] is providing support for me and also knowing the state and federal make up can help in that area as well.

I would appreciate if I could have a meeting with you at some stage either today or tomorrow briefly to get your view on what condition [REDACTED] suffers from and also what we can do to help him at this stage.

My wife [REDACTED] will arrive this evening at about 7 PM and I will try and get her to visit [REDACTED] this evening.

In the last two days [REDACTED] has not wanted to see me and has only talk very briefly to my wife.

I thank you for the wonderful job that you are doing and I have full and utter confidence in you and your ability.

Email from [REDACTED] to [REDACTED]

I'm just in the waiting room at 9b

Music is very important to [REDACTED] and I feel it could be helpful for him at this time. I have made a playlist of songs for him that I believe will help him. I'm wondering if you could make it possible that the play box that I have for him can be placed outside the door of his room and the music play for him.

Email from [REDACTED] to [REDACTED]

As explained I don't do phone calls, emails means there is a clear paper trail.

I have already sent off a detailed email to medical alliance and a copy to you.

It is indeed sad that currently [REDACTED] continues to self harm and tell staff he intends hanging himself.

I will pass on your suggestion regarding music for [REDACTED]

It must a very worrying time for you + other family members.

Hopefully the [REDACTED] staff can get [REDACTED] out of seclusion as soon as is possible.

He may do much better if he were staying with family members instead of being in Hospital. But I have to balance that with his statements of wanting to hang himself.

Email from [REDACTED] to [REDACTED] copied to [REDACTED]

Thanks [REDACTED] for the update,

my wife arrives on a flight arriving at 8:10 PM this evening.

We are at your beck and call for anything that you can suggest to assist the situation with [REDACTED]

We remain devoted and loving parents to our youngest son.

Email from [REDACTED] to [REDACTED]

Staff in the emergency unit passed on to me that you are not satisfied with the care myself and [REDACTED] staff are offering your son.

Please let me know if the information given to me is accurate.

If you are not happy with the care, please let me know how we can improve it,

Email from [REDACTED] to [REDACTED]

This information is completely wrong and inaccurate.

I would request that you track back down where this came from because it is totally false.

I am very happy with the work that all of your nurses and staff and in particular you are providing to my ill son.

Email from [REDACTED] to [REDACTED]

Thank you clearing that up.

It is much appreciated, I do have to check all info fed to me.

I note [REDACTED] mother arrives this evening in Dunedin.

We can all meet at 2,00pm Tuesday 16 oct in [REDACTED]

We can see how we can make things better for [REDACTED]

Email from [REDACTED] to [REDACTED] [REDACTED] [REDACTED] copied to [REDACTED]

[REDACTED] condition continues to deteriorate as he is being detained in [REDACTED] psychiatric Hospital [REDACTED] Dunedin.

He has made a number of attempts on his life whilst at the hospital including trying to hang himself with the belt.

They have put him into a isolated room with only a blanket. I'm not sure exactly when he went into the room but it would now be in excess of 24 hours.

I now fear for [REDACTED] long-term mental health and seek your advice in relation to what I should be doing as a father to ensure his well-being.

To follow some notes from [REDACTED] psychiatrist, [REDACTED] could you please review and make any suggestions if you have concerns or issues:

From: [REDACTED] <[REDACTED]>
<mailto:[REDACTED]>

Sent: Monday, 15 October 2018 11:45 AM

To: 'medical@allianz-assistance.com.au' <mailto:medical@allianz-assistance.com.au> ' <medical@allianz-assistance.com.au' <mailto:medical@allianz-assistance.com.au> >

[REDACTED]
[REDACTED]

Subject: Dr. [REDACTED]

Attention: [REDACTED] registered nurse.

Hello,

Re Mr [REDACTED] [REDACTED]

I note [REDACTED] father has given permission for me to disclose information to you.

[REDACTED] is an Australian citizen.

[REDACTED] is known to a private psychiatrist in Melbourne.

The diagnosis was not clear as little information has been obtained from the private psychiatrist.

It is known [REDACTED] uses alcohol + Cannabis. I don't know if other illicit substances are used.

The private psychiatrist considered a psychotic illness and also did suggest there may be a personality disorder.

[REDACTED] decided to visit his father in NZ.

Shortly on arrival in NZ, [REDACTED] consumed some alcohol and began to cut himself with a knife.

[REDACTED] left his father's house, with the knife.

The father phoned the police.

The police located [REDACTED] and brought him to [REDACTED] Public Hospital.

He was placed on the Mental Health Act (MHA) and transferred to [REDACTED] hospital Dunedin.

A UDS was positive for Cannabis.

Since admission, there is no evidence of a major mood or psychotic disorder.

What is apparent is a severe personality disorder, with continual threats of self harm

Due to the ongoing self harm behaviour, [REDACTED] is currently placed in a seclusion room.

He has been pulling out his hair and banging his head on the walls.

As a result, I prescribed Acuphase 150 mg IM stat.

[REDACTED] told me to-day his only aim was to hang himself as soon as he had the chance.

The risk to self is chronic and may well end in serious injury or death.

The problem is acting out in the confined space of a plane cabin.

This could be catastrophic.

JetStar have sent me forms to complete so they can manage the risk. This includes 2 staff, a security guard and a medical personnel.

My recommendation is that [REDACTED] is hand-cuffed and sedated for the flight home.

I will have to wait until [REDACTED] is far more stable before I can risk allowing him to fly home.

I have a responsibility to all on board the plane.

The Australian [REDACTED] have been of no help.

I have been dealing with a staff member Ms. [REDACTED]

[REDACTED]

If you can find out what assistance the [REDACTED] intends offering [REDACTED] it would be appreciated.

What I need to know is whether medical alliance supplies the 2 personnel JetStar require to accompany [REDACTED] home.

I also need to know how much notice I need to give you between [REDACTED] being ready to fly and you being able to organize the staff to accompany him.

JetStar require several days notice to alert all the crew and make arrangements as to where in the plane to place [REDACTED]

If anything is not clear, please contact me.

Dr. [REDACTED]

15/10/18

I would like to get [REDACTED] back to Australia as soon as possible, although I am mindful of this state that he is currently in.

I would be very appreciative of any advice and guidance that you can give me at this time.

Email from [REDACTED] to [REDACTED]

I am sorry to hear the bad turn of event with [REDACTED] over the weekend and having the email contact of Dr [REDACTED] is helpful.

I will get in touch with him and try to send PDF attachment of [REDACTED] recent discharge summary which might be useful for him to understand the background and i will can try to communicate with him by email if I can be of assistance with him.

I will also write the DFAT worker tomorrow to see if they can provide some assistance for [REDACTED] safe return arrangement.

Email from [REDACTED] to [REDACTED]

My name is [REDACTED] and I'm the family doctor for [REDACTED] and [REDACTED] I got your email from [REDACTED] from one of his email correspondence and I told him I will get in touch with you to provide some more information regarding [REDACTED] I am saddened by the nasty turn of events with [REDACTED] Mental health while he is abroad with his Dad. I had been away recently and have been in touch with [REDACTED] and some of the [REDACTED] hospital staff on my return last week.

[REDACTED] has always been soft spoken, polite, courteous and compliant with his treatment over the years , even though he has been struggling with his mental health issue for a while and started to seek help since late 2015.

His self harm behaviour when distressed has been escalating with the decompensation over the last few months.

I have attached some of the correspondences and discharge summary from the last 2 years in PDF format. I hope they may be of some help to your understanding and management of this very difficult situation.

A [REDACTED] DC1 file is the most recent assessment by the local public mental health service team with more helpful information.

If I can be of more help for you (arranging for crisis assessment team review on return ?) , please contact me with this email or our surgery contact number below.

Email from [REDACTED] to [REDACTED] copied to [REDACTED] , [REDACTED] , [REDACTED]

I would appreciate if you could forward this email on to Prof Patrick McGorry.

I came to New Zealand on the 1 October 2018 with my son [REDACTED] who is 21 years old.

[REDACTED] is a wonderful boy, he is an exceptional musician, (plays classical piano at a high level, as well as guitar and drums) he achieved an atar score at year 12 of 97.

He is a very gentle natured boy and has never been in any trouble or harmed anyone in any way.

We came to New Zealand as [REDACTED] is an avid photographer and I thought it would be good for him to take photos of the wonderful scenery on the South Island.

On Saturday 6 October 2018 something went wrong in [REDACTED] head.

I was driving at the time and he asked for me to pull over as he wanted to buy a bottle of whiskey.

I tried to talk him out of this but he was desperate.

I then went to a campground and [REDACTED] began drinking and he also had a knife that was from the campervan which he was using to cut himself.

I monitored him from a distance and noticed that he was walking down a train line.

The police came and he was taken into custody and later a psychiatric team from Dunedin came and assessed him and took into emergency hospital back in Dunedin.

There, a psychiatrist by the name of Dr [REDACTED] assessed [REDACTED] and advised him that he was going to place him into care under New Zealand legislation.

[REDACTED] has now been retained in the psychiatric hospital, [REDACTED] Dunedin since the 7 October 2018.

His condition in that time has worsened.

When he first got detained in the hospital he ran through to plateglass windows to get out.

Last Friday he was found in a bathroom with a belt around his neck.

They have had to take all possessions off him.

He has now been placed into a solitary confinement room for his own safety.

I understand that Dr [REDACTED] saw him this morning and [REDACTED] has given up all hope of coming back to Australia and is fixated on dying.

I am a distressed father, I have no family or friends in New Zealand.

I have reached out to numerous organisations without success.

They include:

- * [REDACTED]
- * [REDACTED]
- * [REDACTED]

I have been let down at every turn.

My son treating psychiatrist in Melbourne; [REDACTED] from [REDACTED] advised me that he was very surprised of my sons actions.

I urgently need some help, I am in a foreign country and no one is interested in trying to help me save my son's life.

I found that [REDACTED] had written the following note the other day:

Stuck in a foreign land
trapped behind steel bars
my mental health is dwindling
on stacking up on scars

how did I end up here
just trying to live my life
people try to help me
guide me to the light

but I won't let that happen
I much prefer the dark
it protects me from this world
like a tree without its bark

why can't I just live?
Why can't I get her back?
Because this life is just too much
because I'd rather go off track

so I'm back where I began
living one day at a time
putting on a smile
as I slowly lose my mind

I would be very grateful if you could talk to me and help me plan what to do.

Email from [REDACTED] to [REDACTED]

I request that you contact the federal government on my behalf.

I am completely gutted and surprised of the lack of assistance to me to get my ill son back to Australia.

He has now been detained in a psychiatric hospital, [REDACTED] Dunedin since 6 October 2018.

His condition has declined rapidly and he now sees no hope.

The psychiatrist acting for [REDACTED] in Dunedin is very concerned for [REDACTED] welfare and also at the lack of consideration from the high commission.

From: [REDACTED] <[REDACTED]>
<mailto:[REDACTED]>

Sent: Monday, 15 October 2018 11:09 AM

[REDACTED]
Subject: RE: [REDACTED] [DLM=Sensitive]

Hello,

Re mr [REDACTED]

My frustration with the Australian [REDACTED] continues in that they are incapable/unwilling to tell me what help, if any, they are willing to offer [REDACTED]

At this stage, it serves no purpose I contact the [REDACTED] staff.

Regards,

[REDACTED]

From: [REDACTED] <[REDACTED]southerndhb.govt.nz
<mailto:[REDACTED]southerndhb.govt.nz> >

Sent: Monday, 15 October 2018 11:45 AM

To: 'medical@allianz-assistance.com.au' <medical@allianz-assistance.com.au <mailto:medical@allianz-assistance.com.au> >

Cc: [REDACTED]tenancy.com.au' <[REDACTED]tenancy.com.au <mailto:[REDACTED]tenancy.com.au> >

Subject: Dr. [REDACTED]

Attention: [REDACTED] registered nurse.

Hello,

Re Mr [REDACTED]

I note [REDACTED] father has given permission for me to disclose information to you.

[REDACTED] is an Australian citizen.

[REDACTED] is known to a private psychiatrist in Melbourne.

Since admission, there is no evidence of a major mood or psychotic disorder.

What is apparent is a severe personality disorder, with continual threats of self harm

Due to the ongoing self harm behaviour, [REDACTED] is currently placed in a seclusion room.

He has been pulling out his hair and banging his head on the walls.

As a result, I prescribed Acuphase 150 mg IM stat.

[REDACTED] told me to-day his only aim was to hang himself as soon as he had the chance.

The risk to self is chronic and may well end in serious injury or death.

The problem is acting out in the confined space of a plane cabin.

This could be catastrophic.

JetStar have sent me forms to complete so they can manage the risk. This includes 2 staff, a security guard and a medical personnel.

My recommendation is that [REDACTED] is hand-cuffed and sedated for the flight home.

I will have to wait until [REDACTED] is far more stable before I can risk allowing him to fly home.

I have a responsibility to all on board the plane.

The Australian [REDACTED] have been of no help.

I have been dealing with a staff member Ms. [REDACTED]

[REDACTED]
If you can find out what assistance the [REDACTED] intends offering [REDACTED] it would be appreciated.

What I need to know is whether medical alliance supplies the 2 personnel JetStar require to accompany [REDACTED] home.

I also need to know how much notice I need to give you between [REDACTED] being ready to fly and you being able to organize the staff to accompany him.

JetStar require several days notice to alert all the crew and make arrangements as to where in the plane to place [REDACTED]

If anything is not clear, please contact me.

Dr. [REDACTED]

15/10/18

Could you please, on my behalf take up with the most appropriate and highest person within the Australian government to ask for immediate help for me to get my son back to Melbourne where he can get the best care.

I am very concerned now, that there is damage being done to my sons long-term mental health as a result of a lack of action and assistance from federal and state government groups that I have asked for urgent help.

As always, I appreciate your assistance.

16/10/2018

[REDACTED] received a text message from [REDACTED] psychologist, [REDACTED]. The text message said that she had notice of what had happened with [REDACTED] and had spoken to [REDACTED] GP. They agreed that a mental health service and the CATT will be managing [REDACTED] going forward. [REDACTED] said that she is a private psychologist that does not have the capacity to meet [REDACTED] needs, given what has happened. [REDACTED] said she would no longer be involved in [REDACTED] care. [REDACTED] and his wife felt like [REDACTED] had just abandoned [REDACTED] in circumstances where he was very unwell and in needing support. [REDACTED] found it odd that this type of news would be communicated via text as well, particularly in the circumstances.

Text message: "Just spoken to [REDACTED] [REDACTED] ([REDACTED] GP). We agreed the area mental health service and Catt team are most appropriate for [REDACTED] now. His needs are beyond what I can provide in private practice sorry [REDACTED] I won't be able to be involved in his care now. All right this formally to [REDACTED] All the best. Regards [REDACTED]"

Email from [REDACTED] to [REDACTED]

I hope this email finds you in high spirits.

I have just attempted to phone you without success, the reason for my call was simply to check how yourself, [REDACTED] and [REDACTED] are going. Has [REDACTED] arrived safely to NZ?

I also wanted to provide you an update. We have had the medical information from Dr [REDACTED] reviewed by our Chief Medical Officer and he has provided the recommendation that [REDACTED] is not fit to fly on a commercial aeroplane at this stage.

Our Chief Medical Officer has advised that there may be a possibility to transport [REDACTED] home via an air ambulance with appropriate medical staff and perhaps security as well. Please bear in mind, the cost of an air ambulance is quite significant. We are able to obtain quotes from our air ambulance providers and see if they would be comfortable completing such transfer. Please let me know if you would like us to obtain these quotes.

As the costs are quite significant for the air ambulance, our Chief Medical Officer has advised if you do not have financial capacity for this - we would suggest he remain at current location for ongoing treatment and the situation be re-evaluated next week.

If you have any questions about the above, please call me. I would be more than happy to discuss further.

I look forward to hearing from you soon.

Email from [REDACTED] to [REDACTED]

[REDACTED] and another [REDACTED] official have arrived and are on their way to the hospital. I'm due to meet with them 11:15 AM.

I have asked them on numerous occasions what assistance that they can provide for me and they remain silent. I really AM unsure why they are coming to Dunedin But I will remain positive.

You might think about if I should be totally open with them or guarded to some degree?

Email from [REDACTED] to [REDACTED]

Be open they obviously have a plan. I sent as you asked your email to the highest level of government. That may have caused some movement !!!

Email from [REDACTED] to [REDACTED]

I live at [REDACTED]

I seek your urgent assistance as I am in a crisis in another country and have reached out to the [REDACTED] without any success.

I have been travelling in New Zealand with my 21-year-old son who suffers from depression.

For an unknown reason my son decided to take his life on 6th October 2018 in Hampden, New Zealand.

He had drunk three quarters of a bottle of whiskey and proceeded to walk down a train line.

Police came and he was later assessed and taking to a psychiatric hospital in Dunedin called [REDACTED] Hospital.

He has been detained therefore for his own good and is receiving good support from the nurses.

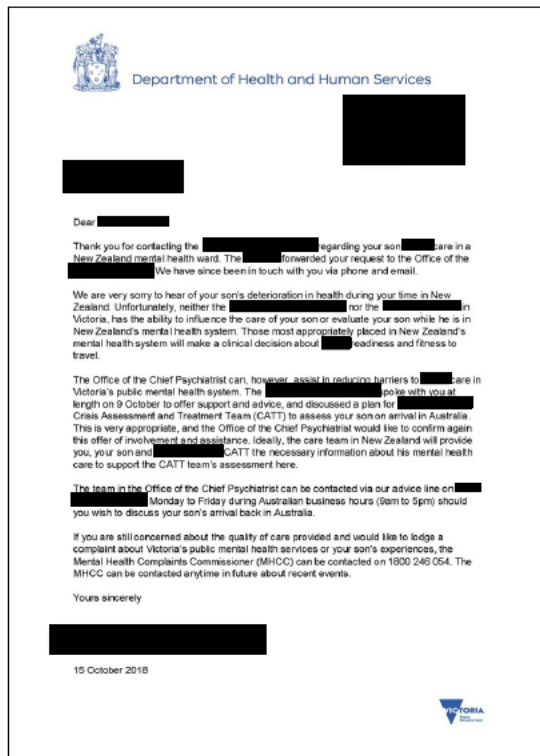
The treating psychiatrist at the hospital is trying to get him back to Australia so he can be back in the hands of his health professionals.

This is proving to be difficult as the Jeststar airline is demanding that he be accompanied by a security guard and a health professional.

We have been in touch with the high commission in Wellington and at this stage they are refusing to help us.

I would greatly appreciate if you can help us with this situation so I can get my son urgently back to Melbourne for the support that he needs.

Letter from [REDACTED] in Victoria, attached to an email from [REDACTED] to [REDACTED]



17/10/2018

Email from [Redacted] to [Redacted]

Thank you for your time yesterday.

My wife and I think that it would be helpful for [Redacted] to go for a walk with us as you have suggested.

We did raise this possibility with [Redacted] when we met with him yesterday. He was interested in this.

We were wondering if we may be able to go for a short walk with [Redacted] to perhaps the canteen for one hour today.

We would appreciate if you could come back and advise if this is a possibility and we will then raise the concept with [Redacted]

Email from [Redacted] to [Redacted] copied to [Redacted]

I know we take a risk in allowing [Redacted] some supervised leave with parents, but I believe some leave may well assist [Redacted] in getting better.

I am hoping that a little leave can be extended to longer periods of leave.

So we will start with one hour of supervised leave/day and see what happens.

I have included ward [Redacted] staff in this email so all staff know that supervised leave can begin.

Email from [Redacted] to [Redacted] copied to [Redacted] Jeff Kennett, [Redacted] [Redacted]

Thank you for taking the time yesterday to meet with my wife and I in Dunedin.

It was appreciated.

My wife and I visited [REDACTED] today at the [REDACTED] Hospital, Dunedin and in our opinion his mental state continues to diminish daily.

I understand that he refused to meet with his psychiatrist, Dr [REDACTED] today according to his treating nurse.

When my wife and I met with the [REDACTED] in a meeting room we could not get him to engage with us.

We did manage to have a brief hug with him before he left to go back to his room.

I have had communication with [REDACTED] psychiatrist in Melbourne today, who is copied in on this email Dr [REDACTED] he has also expressed his concern for [REDACTED] mental health and deterioration whilst he has been detained in [REDACTED] Hospital.

I understand from Dr [REDACTED] that he has requested assistance from you and the Australian government for [REDACTED] repatriation back to Australia. I understand that this has been refused.

I seek special consideration due to the circumstances of my son deteriorating mental health for assistance to get him back to Australia at the earliest opportunity. I would be very grateful if you would liaise with Dr [REDACTED] to make this happen.

I have copied in [REDACTED] (who have both been named on the official documents you provided yesterday and authorised and executed by my son [REDACTED] treating psychiatrist in Dunedin, Dr [REDACTED] and [REDACTED] treating psychiatrist in Melbourne, Dr [REDACTED] [REDACTED])

Email from [REDACTED] to [REDACTED] [REDACTED]

Following our meeting yesterday with your wife [REDACTED] [REDACTED] please find attached a list of counselling services as requested by [REDACTED]

Should you require further information/assistance, please contact our office.

Email from Wendy Lee to [REDACTED] [REDACTED] copied to [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] and [REDACTED]

Thank you for your email. I understand that this is a difficult time for you and [REDACTED] mother.

After speaking with you and [REDACTED] mother on Tuesday my understanding was that Dr [REDACTED] had advised that [REDACTED] is currently not fit to fly. We also discussed that both of you had agreed with Dr [REDACTED] a long term recovery plan (in Dunedin) for [REDACTED]. This plan included time with [REDACTED] outside the hospital ward.

During our meeting with Dr [REDACTED] and the nursing staff at the hospital, I outlined the services we can provide under the Consular Service Charter <<https://smartraveller.gov.au/services/pages/consular-services-charter.aspx#what-we-cannot-do>> and clearly outlined that we cannot make travel arrangements or pay for medical or psychiatric services. We have also discussed, emailed and provided you with a copy of the Consular Service Charter brochure which outlines the services we provide (since establishing [REDACTED] case).

When we met you and [REDACTED] mother we discuss that you would both remain in Dunedin during [REDACTED] recovery. In order for [REDACTED] to be fit to fly Dr [REDACTED] would need to provide a medical report to take a commercial or private air ambulance back to Australia. As we have discussed if you do not have financial means to fund this we would suggest that you contact your family and friends to obtain support. We are more than happy to liaise with family and friends to facilitate this.

Tina will call you today to follow up and conduct a welfare check. We hope that you have received our email with the list of counselling services in Dunedin you can access.

Email from [REDACTED] [REDACTED] to [REDACTED] [REDACTED]

Just update since we last spoke yesterday.

Not much has changed.

We are still waiting on confirmation when and how we will be able to leave New Zealand to come back to Melbourne.

At this stage it is proving difficult as Jet Star airline are demanding a security guard and health practitioner accompany [REDACTED] on the flight.

The bigger problem is when [REDACTED] arrives in Melbourne what will happen.

Given his reaction when he was taken to the [REDACTED] Hospital in Dunedin he ran through two reinforced plateglass windows; are I fear greatly for his welfare.

I'm extremely disappointed with [REDACTED] treating psychiatrist, [REDACTED] [REDACTED] as he has not returned any of my phone calls and knows the situation.

I will be very grateful if you could assist in the plan management of [REDACTED] arrival back to Melbourne and ongoing treatment.

I must admit, I have no confidence in the public health system but I see no alternative at this stage but would be interested in your thoughts.

The head psychiatrist at [REDACTED] Hospital, Dunedin Dr [REDACTED] wants [REDACTED] to be assessed immediately that he arrives at the Melbourne airport.

I am not sure if this is necessary.

The reason for the doctors insistence on this is that [REDACTED] had made a statement to his treating nurse that he intends to commit suicide back in Melbourne.

I feel that we need a new psychiatrist to be in charge of [REDACTED] and I would also like a case manager that could take the lead role of his ongoing care.

I am not sure how to appoint either of these two people and will be interested in your thoughts.

Also, would it be worthwhile for me or you to reach out to the head psychiatrist at [REDACTED] I understand that his name is [REDACTED]

Perhaps if we were able to get him involved directly he may be able to help plan out for [REDACTED] ongoing care management.

As always, thank you very much for your diligent, professional and caring involvement with my son.

You are a great support.

Email from [REDACTED] to [REDACTED] [REDACTED]

Firstly, thank you for your continued support at this time. It is greatly appreciated.

This is day 10 of my son being locked up in [REDACTED] Hospital, Dunedin; desperate to get home.

What I have learnt is that when you reach out to state, federal and health professionals and the words mental illness, suicide are used people turn and run. I could provide a long list of government officials and medical professionals who have ignored us.

Just yesterday, we received a text from [REDACTED] psychologist that on hearing the news of [REDACTED] situation that she feels it best that we get another psychologist to help [REDACTED] treating psychiatrist in Melbourne has also been very disappointing in his lack of assistance and support. I have only had two very brief phone calls from him in the past 10 days.

I feel if my son had fallen down a hole whilst we were in New Zealand and water was flooding in to potentially drown him, help would be forthcoming from not only in Australia but around the world. The sad fact is, he has fallen down a hole and the water is flooding in but no one wants to know about it. Reading what [REDACTED] is writing in books at the moment he is clearly trying his hardest to hold on and fight this. He is a wonderful young man and I am very proud of him. He has so much to offer the world and I feel sure if he could come through this he would be very well suited in the medical fraternity helping other young people who are suffering like he is.

I understand that there are twice as many suicide deaths now in Australia than road deaths.

I am on the front line at the moment with my son trying to stop him from becoming a statistic and no help that I seek comes forward.

I have cast the net wide and people's response to me is to completely ignore me.

I can provide a long list of people that I have urgently requested help from and they have turned their backs on me and my son.

Yesterday I met with two officials from the [REDACTED] who flew to Dunedin to see me.

It remains to be seen, but I feel this was a complete show.

I have asked them on numerous occasions what help they can provide to me, and they have ignored to answer this question.

Apart from asking me to fill in numerous forms so they can contact people it appears the only thing that they can do is to communicate between people that I approve and sign on their official forms.

I have been able to get my son [REDACTED] to sign the government's official forms so that you are able to speak to the government about my son's situation.

Our insurance company, Allianz Global believes that [REDACTED] could only be transported now by private jet and they are not prepared to pay the bill. (Please see Below)

[REDACTED] treating psychiatrist in Dunedin, Dr [REDACTED] believes that [REDACTED] is suffering from borderline personality disorder.

As far as I can see he and his staff at [REDACTED] Hospital are doing a wonderful job.

Nonetheless, I would much prefer him to be in Australia receiving the very best care that can be afforded.

I know that you are both thinking of me and doing the best that you can.

My phone is always by my side and you are free to call me at whatever time you want.

If I can provide any further information or clarity for you please do not hesitate to ask.

Email from [REDACTED] [REDACTED] [REDACTED]

I understand your concern for [REDACTED]

I sent messages to you on Monday that I had spoken to the [REDACTED]

The visit by his two staff was not a show.

It was in response to your Sons needs and my intervention.

I will contact the [REDACTED] again today.

Does your insurance cover private medi vac travel?

If so I am prepared to contact Alliance.

I understand your frustrations but [REDACTED] is in a serious place health wise and the forms that you complain about filling out are all part of the process, in part to protect those trying to assist you all.

I will be in the office in 3 hours and will follow up then.

Email from [REDACTED] to [REDACTED] [REDACTED]

Thanks for forwarding the [REDACTED] response to me.

I can't find anything in the report they are willing to do for [REDACTED]

When they were in Dunedin a few days ago, I asked them to tell me what they were going to do for [REDACTED] and they were unable to offer me anything.

I have no idea why they came to Dunedin.

I am hoping [REDACTED] will start to improve so we can get him back on a commercial flight as soon as is possible.

It must be very tough on you + other family members.

Likewise it must be awful for [REDACTED]

You have mentioned all his good qualities, including he is a gentle person.

18/10/2018

Email from [REDACTED] to [REDACTED]

I am Professor McGorry's EA. I am making contact to let you know that Professor McGorry would be happy to speak with you. He has just returned from overseas and has had interstate meetings each day this week. He is currently in Melbourne and I would be happy to find a time for you both to speak. We certainly had not ignored this email and understand it's urgency.

I will contact you shortly on the mobile number you have provided to make a time for later today.

Email from [REDACTED] to [REDACTED]

I have spoken to Allianz Global insurance today and the case manager, [REDACTED] has advised that There has not been an official decision based on if we would be eligible to receive financial assistance from them. Mr Lynch did advise however that it is not likely, as under the terms of the policy [REDACTED] depression that he has had for approximately three years is seen as a pre-existing condition.

He also advised that they are in discussion with our family medical insurance company, Defence Health to see if they would assist financially in anyway.

Thank you for all of your assistance and work that you are doing on our behalf. It is greatly appreciated.

19/10/2018

Email from [REDACTED] to [REDACTED] copied to [REDACTED]

My wife and I were able to engage with [REDACTED] yesterday which was very positive.

Thank you for all your efforts in relation to the high commission and federal government.

It is now clear to us that they will not provide any assistance for us to get [REDACTED] home.

(Please see below Dr [REDACTED] note)

Also the travel insurance company have stated they will not provide any assistance as this is a case concerning suicide which exempts them from assisting in a financial way. This is also the case that they have found with our existing health insurance, defence health.

Moving on, Dr [REDACTED] has suggested that we take [REDACTED] out for one hour sessions per day from the hospital onto the grounds of the hospital gardens.

We have a meeting Dr [REDACTED] this morning at 10 AM to talk further about this.

It is our endeavour now to get [REDACTED] well enough in Dunedin that Dr [REDACTED] can approve his travel on a commercial flight.

I received a phone call from Prof Patrick McGorry yesterday whom I had reached out some time ago.

After detailing the situation with [REDACTED] he expressed to me his concern of having [REDACTED] admitted back into the Victorian health system where he said that it is likely that when we return to Melbourne [REDACTED] would be admitted to a public hospital for probably no more than seven days. As we live in Warrandyte we come under the catchment of [REDACTED] and I understand that [REDACTED] would be assessed by the [REDACTED] CATT team and then most likely admitted to either [REDACTED] hospital or [REDACTED] Hospital.

I would seek your assistance if I may of trying to identify the best possible psychiatrist and psychologist for [REDACTED] ongoing care when we get him back to Melbourne. Any suggestions would be greatly appreciated.

Prof McGorry has offered that he would recommend one of his people and I would be interested in your view on this.

Once again thank you for all your help, I will keep you updated.

Email from [REDACTED] to [REDACTED] copied to [REDACTED]

Thank you

I have read the letter from [REDACTED]

I express's some different views from those you have offered me.

I think the rational of trying to stabilise [REDACTED] in NZ makes a great deal of sense.

Pat McGorry's contact is good because he might be able to assist [REDACTED] get admitted to a facility on his return to Victoria.

I also recommend trying to get [REDACTED] to take increasingly long walks with you and your wife. I have found physical exercise is often a very good contributor to a return to good health as it often leads to better sleep.

I wish you and [REDACTED] well. Please keep me in the loop if you wish.

Email from [REDACTED] to [REDACTED]

Post spoke to [REDACTED] mother [REDACTED] 18/10/2018 and was advised [REDACTED] is scheduled to meet with you today at 10:00am. I would be grateful for an update following [REDACTED] consultation today.

21/10/2018

Email from [REDACTED] to [REDACTED]

DRAFT

We had a good chat today about what your future might look like when we get back to Melbourne and putting together a health Management plan.

We have access to many experienced and professional health advisors for your future well-being.

Together, we will review the people in your team and look at adding some extras in where needed.

The game plan that we are working on and have discussed today currently looks like this:

(you are to add and make changes to the following, it is a work in progress document)

- We will try and set up a phone call for Monday/ Tuesday for you with Dr [REDACTED] to discuss your medication and also any advice that he can provide at this stage
- Dr [REDACTED] has stated that he believes it would be useful for you to access the resources in the public health arena.
- As we live in Warrandyte you come under the care of [REDACTED]
- I understand that Dr [REDACTED] will arrange for the [REDACTED] CATT team to meet with you soon after we arrive back in Melbourne
- when you meet with them you should discuss with them what they can offer you and suggestions from them for your health Management plan.(they are very experienced, talented front line people)
- we also want you to be registered on the CATT team so we can have access to them with a quick phone call

- I have looked up who is the head adolescent psychiatrist for the [REDACTED] and his name is [REDACTED] and his email address is [REDACTED] (in case we ever need it)
- [REDACTED] triage have said to me that it would be a good idea for you to have a case manager. I am not sure what this is at this stage however we should find out some more from them/ CATT team of what this may entail.
- As discussed, I reached out to Professor Patrick McGorry and he called me back.
- This is a link to Orogen which is the adolescent mental health body that he heads up
<https://www.orygen.org.au/>
- in my phone call with Prof McGorry he recommended that you should get a second opinion to Dr [REDACTED] [REDACTED] he is happy to recommend one of his psychiatrist's for you. (It would be a good idea to get a view from Dr [REDACTED] Dr [REDACTED] on this)
- I will follow this up and get a name and we will make an appointment for you soon after we return to Melbourne
- you have a need to find a new psychologist:- you will discuss this with Dr [REDACTED] who he would recommend and we could also ask the same of Prof McGorry's psychiatrist/ Dr [REDACTED]

As I have been learning there are many wonderful public organisations potentially at your disposal

- YODDA <http://yodaa.org.au/youth> this is a fantastic resource, you have agreed to take a phone call from them. Please check out there Internet site; there is lots of really good stuff on it. I have had numerous phone calls with:- Tamara Kelly and Amanda and they are amazing
- Prof McGorry set up Headspace <https://headspace.org.au/>
<https://headspace.org.au/?gclid=EAlaIqobChMlIfCTvr2U3gIVViUrCh2VAwxcEAAAYASAAEgK_a_D_BwE>
another re-source that has very good reviews
- Your GP, [REDACTED] [REDACTED] has known you for many years and has stood by you and we should include him in our decision-making
- You are to get help from the professionals to work out your management plan when you feel you are going into orange and red zones (this may include music that works for you, exercise, dog, perhaps a movie etc..... For you to work out and document.
- Mum and I also need to know what you would like us to do when you are moving into the orange or red zones

These are the things that you have discussed with me that you would like to do when we get back to Melbourne to help you with your health.

- Be with your dog and go for walks and runs
- play the piano and complete Beethoven's first movement
- Photography;- portrait assignment (Dad to fund)
- you and I will buy:- new electric guitar, electronic keyboard, PA system, new drum kit (Simon to advise, I will set the ball in motion for you)
- we will finalise a playlist of songs we will play with Frank and Tony
- you mentioned you would like to get back to do some boxing
- Gardening

Some suggestions from me for you to consider

- Basketball
- volunteering for community work i.e. Salvation Army etc
- I will show you the Seek web site. Something on it might interest you

- Explore music courses for next year.....(I have done some research I could discuss with you)
- Meet with a careers councillor...

22/10/2018

On 22nd I had emailed [REDACTED] Melbourne's psychiatrist Dr [REDACTED] requesting that he speak to [REDACTED] as he wished to discuss his medication with him. [REDACTED] felt that the medication that he had been changed onto prior to going to New Zealand was not working and he wished to go back onto the medication that he had previously been on.

Email from [REDACTED] to [REDACTED]

[REDACTED] has been making good progress.

Dr [REDACTED] has allowed us to take [REDACTED] out on the last three days for a four hour period from the hospital.

Last night when we were with [REDACTED] he did get hit by another, what he described as a depression attack. He tends to talk very dark and about suicide when this happens. We managed to get him back to the hospital and the nurse prescribed him some drug called (metho) and this seemed to help him.

[REDACTED] has said that he would be interested in a phone call with you if that is at all possible.

If so, would you be able to suggest a time today or tomorrow and we will ensure that [REDACTED] is available.

[REDACTED] is having a reassessment by Dr [REDACTED] tomorrow.

Email from [REDACTED] to [REDACTED]

That all looks good, could be a bit overwhelming though. I'm particularly excited absolutely some photography projects

Email from [REDACTED] to [REDACTED]

[REDACTED] and I have been discussing what sort of game plan we can put together for His welfare when we get back to Melbourne.

Please read below.

Email from [REDACTED] to [REDACTED] and [REDACTED]

Post ([REDACTED]) would like to schedule an appointment to complete a welfare check for [REDACTED] at [REDACTED] Hospital, Dunedin.

It will be a good opportunity to discuss [REDACTED] welfare. Please advise via email a convenient time that we could meet.

Email from [REDACTED] to [REDACTED]

An email from the [REDACTED]

I am not going to respond as they have nothing to offer [REDACTED]

Please feel free if you want to maintain contact with the [REDACTED]

23/10/2018

Email from [REDACTED] to [REDACTED]

I saw [REDACTED] this afternoon.

He seems more stable.

I think it is a good idea we start him on 2 brief, 15 mins of unsupervised leave.

However, I wanted to check with you first. I explained this to [REDACTED]

Let me know your thoughts,

Email from [REDACTED] to [REDACTED]

Thank you for your note.

I have discussed this with my wife, we are happy for you to proceed as mentioned.

I thank you for keeping us in the loop.

Email from [REDACTED] to [REDACTED]

Firstly, as I have said previously your staff are outstanding. In particular, Sarah's Work with him the other day was fantastic.

I must admit that I am a little disappointed with Dr [REDACTED]

I emailed him yesterday morning that [REDACTED] would like to have a quick chat to him and could he nominate a time either on Monday/Tuesday etc. He did not reply to my email.

This is not the first time that he has ignored me.

Not sure what to do.

Anyway...

Email from [REDACTED] to [REDACTED]

You have obviously put in a lot of thought into your proposed plan regarding [REDACTED] treatment on return to Australia.

Have you sent a copy of this plan to Dr [REDACTED]

I can appreciate you want a comprehensive package of care in place for [REDACTED] but it is important Dr [REDACTED] is consulted.

From my point of view, I shall try and persuade Dr [REDACTED] to arrange [REDACTED] is met at Melbourne airport by MH staff and is assessed as to whether he should be admitted to Hospital, or seen as an outpatient.

I recommend an initial period as an inpatient so as to assess suicide risk.

Email from Tamara Tusia, YODAA, to [REDACTED]

As per our conversation today, here is the link to the appropriate public mental health team for your catchment area.

[REDACTED]

I would strongly recommend that the treating team at the hospital in New Zealand begins a referral process immediately. Waiting times for allocation to a case manager can be long and it would be really beneficial from the treating psychiatrist to be able to advocate for the current level of risk and urgency around [REDACTED] referral.

This way there is a better chance of [REDACTED] being picked up by the community treatment team when he arrives back in Melbourne. If you wait, it will mean there is a high chance that [REDACTED] will be waiting a long time to see someone once returning home. The sooner the team has all the relevant intake information the sooner they can allocate it.

I would recommend making contact with the [REDACTED] team as this would be a really appropriate case management team for [REDACTED] that will have its own psychologists and psychiatrists attached that [REDACTED] can access.

Email from [REDACTED] to [REDACTED]

Further to my earlier email to Dr [REDACTED] requesting that he arrange a case manager for [REDACTED] when we are back in Melbourne, I have not received anything back from Dr [REDACTED]

The organisation in Melbourne, YODDA suggest that it would be best if you were able to refer [REDACTED] to get a case manager.

You will find on the email below a link to [REDACTED] which is where the referral is made.

It would be appreciated if you could fill this in or us.

Email from [REDACTED] to [REDACTED] copied to [REDACTED]

As you can appreciate, I have had to do an enormous amount of paper work to arrange safe transport of [REDACTED] back to Australia.

[REDACTED] father is having difficulty arranging [REDACTED] care when he arrives back in Australia on 31 oct.

I would be most grateful if you could communicate with [REDACTED] to ensure [REDACTED] will get the input he requires when he arrives home.

Email from [REDACTED] to [REDACTED] copied to [REDACTED] and [REDACTED]

I will let nursing staff in [REDACTED] know that [REDACTED] can start unsupervised leave 15 mins, twice a day.

He will continue with 2 hours supervised leave/day with family.

I will re-contact the insurance company and jetStar to give them an update and will copy you into the email.

My plan is to look at getting [REDACTED] back to Australia within a week or so.

24/10/2018

On the 24th October we had received approval from the treating psychiatrist that [REDACTED] was now fit to travel back to Australia. Flights were booked for 31st of October and [REDACTED] was looking forward to getting home to see his dog and we had agreed a management plan that was in writing for his health and ongoing well-being.

As [REDACTED] did not hear from Dr [REDACTED] I sent him another email on the 24th October requesting that he advise me of a day and time that he would be available that [REDACTED] could call him.

Email from [REDACTED] to [REDACTED]

Thank you for your note.

When we leave New Zealand it will be easiest for us to leave from Dunedin by plane.

Previously when we had the motorhome we had booked it to Christchurch and were able to get a direct flight back to Melbourne via Jetstar

We have checked, and the best flight for us now is to get to Melbourne via Air New Zealand.

My wife and I both feel that if he maintains his progress and we are both with him that he would be safe without further personnel.

Also, as we have been having four hour leave periods per day with [REDACTED] we were wondering if we could maintain this?

Thank you for your assistance.

Email from [REDACTED] to [REDACTED]

I note you now intend to fly Air NZ.

I will ask [REDACTED] staff to get the necessary medical forms from Air NZ.

I am happy you now go ahead and do the booking.

Please let me have the flight details so I can inform the airline + insurance company + the Melbourne psychiatrist.

Also, 4 hours leave/day is fine

Email from [REDACTED] to [REDACTED]

We are just in the meeting room with [REDACTED] at the moment. He is under the impression from meeting with you that we can potentially make flight reservations as soon as tomorrow. Is that correct?

Email from [REDACTED] to [REDACTED]

Good to check with me.

The airline need time to process all info on passenger's health.

I will be asking the airline to make a special check of [REDACTED] to ensure he is not carrying any sharp objects with which to self harm.

I need to connect with the insurance company.

I need to connect with Dr. [REDACTED]

We have only just started 15 mins X2 unsupervised leave.

I think a more realistic goal is within one week.

So please book within this time frame.

Also, I am checking, both yourself and [REDACTED] mother will be accompanying him on the flight?

If so, I don't see it as necessary to have any medical personnel on board.

Email from [REDACTED] to [REDACTED]

Yes [REDACTED] and I will both accompany [REDACTED] on the flight.

Email from [REDACTED] to [REDACTED]

An update.

[REDACTED] has improved considerably since I last contacted you.

He is currently not self harming and reports he is not suicidal.

He has coped with both supervised + unsupervised leave.

He could now cope with flying to Melbourne.

[REDACTED] father will book with Air NZ, Christchurch to Melbourne direct.

As soon as I have the flight details, I will let you know.

I would be most grateful if you could arrange staff to meet [REDACTED] when he arrives in Melbourne.

He will need to be assessed as to whether inpatient or out patient follow up is required.

I will ensure you get a copy of the discharge summary.

If you have any questions, please let me know,

Email from [REDACTED] to [REDACTED]

An update.

[REDACTED] has improved considerably over the past week.

I am now anticipating he can fly back to Melbourne, with his parents, within the next week or so.

Once the bookings have been done, I will contact you with the details.

Email from [REDACTED] to [REDACTED]

Thank you Dr [REDACTED]

We have made some investigations of flights back to Melbourne and the cheapest flights are on Monday (is that too early?), next best day is Wednesday.

Also, I note there is a concert this Saturday night at the Town Hall commencing 7:30 PM and the artist is playing Rachmaninov concerto number two.

Would it be possible to take [REDACTED] to this concert as he loves this piece.

I would estimate that we would be back to the hospital at around 9:45- 10:00 PM

Email from [REDACTED] to [REDACTED] copied to [REDACTED] and [REDACTED]

Further to Dr [REDACTED] email to you today, I confirm that we have made travel arrangements for next Wednesday 30th October via air New Zealand from Dunedin to Melbourne via Auckland 2:50 PM leaving and arriving 8:45 PM on [REDACTED]

- Could we please make an appointment for [REDACTED] to see you at your earliest opportunity on first November onwards.
- Also [REDACTED] does not feel that the current medication is working for him and he would like to discuss this on the phone with you. Could you please let us know a date and time that [REDACTED] could call you.
- The [REDACTED] triage nurse suggested to us that we should get a case manager to assist with [REDACTED] care. Is this something that you are able to refer and take care of for us?
- [REDACTED] also needs a new psychologist. His last one has advised that she does not feel that she is suitable. [REDACTED] would prefer a female. Would you be able to recommend a psychologist for him.

Thank you for your assistance.

Email from [REDACTED] to [REDACTED]

Thanks for the update. I will look into options for [REDACTED] at the airport, though I suspect I'll more likely have success with a CATT visit to his house later in the day. Please let me know an eta – although I'm sure that [REDACTED] will also let me know as he has been in regular contact as well. Kind Regards, [REDACTED]

Email from [REDACTED] to [REDACTED]

I will do my best to persuade Dr [REDACTED] that [REDACTED] must be met at Melbourne airport and assessed on arrival.

25/10/2018

Email from [REDACTED] to [REDACTED]

Yesterday when you called me I had [REDACTED] in the car in the back seat.

For this reason I was not able to communicate freely and I wanted to make it sound in front of [REDACTED] that everything is going very positively.

[REDACTED] is making good progress but clearly he has a long way to go.

Dr [REDACTED] is very keen for Dr [REDACTED] to arrange for the CATT team to meet us at Melbourne airport's Wednesday at approximately 8:30 PM when we arrive back in Australia.

I am not sure if this is really necessary; but he is the expert treating [REDACTED]

I feel we need to be very careful on how the CATT meet with [REDACTED]

I think the Catt team and [REDACTED] need to understand that when he was locked up in Dunedin he ran through 2 reinforced plateglass windows to get out. He is very keen to be back at home and see his dog again and be in a friendly environment.

I have very little confidence in Dr [REDACTED] as he rarely ever returns my calls and I suspect he won't action my email from yesterday that you were copied in to.

One of the problems I feel that we face is that [REDACTED] will going to the public system is that you I really do not know what options are available for his treatment.

I have been speaking to YODDA and they have been really useful.

They have been the ones suggesting that we really need a case manager.

I am not really sure what the case manager does but I will take all the help we can get.

Particularly understanding what all the options are.

I will forward an email from Yoda concerning getting the case manager appointed.

I am thinking that it may be a good idea for you to make the referral for the case manager on the sheets that you receive shortly.

What do you think? They were set jesting that Dr [REDACTED] should be doing this. Not really sure and would take your advice?

It appears from correspondence that I have seen with DR [REDACTED] to Dr [REDACTED] that when we get back the CATT takeover and they make all the decisions and do whatever they want without any consultation. To me, that does not sound ideal and I would much prefer if they were to consult with you. Is this something that you could arrange, I would prefer they talk to you than Dr [REDACTED] who tells me nothing.

Anyway, perhaps after you have digester this week would have another phone hook up to discuss.

Many thanks for your ongoing support.

Email from [REDACTED] to [REDACTED]

That's great to hear about his progress and I just had a quick phone call to his dad yesterday.

Looking forward to the next update so I can try to arrange for follow up here.

Email from [REDACTED] to [REDACTED]

When I spoke to Prof McGorry last week he suggested that it would be a good idea for my son to get a second opinion.

I asked if he would be able to recommend a psychiatrist to me and he said he can.

We have been advised that we can travel back to Australia from New Zealand next Wednesday.

Would you be able to speak to Prof McGorry on my behalf and ask for the name and contact details of the most appropriate psychiatrist that he could recommend for us.

My son has been diagnosed by his Melbourne psychiatrist, Dr [REDACTED] [REDACTED] as having possibly the following conditions:

- * Borderline personality disorder
- * Possible Schizophrenia
- * Possible Autistic

I feel that [REDACTED] is also suffering from post traumatic stress on a couple of events that have happened in his life.

We live in Warrandyte so ideally if the psychiatrist could be situated somewhere within a 15 km radius would be helpful.

Email from [REDACTED] to [REDACTED] [REDACTED]

Thank you for your email which I read this afternoon.

I have forwarded the email onto Professor McGorry and will follow up tomorrow.

Hopefully, I can get some information to you then.

Email from [REDACTED] [REDACTED] to [REDACTED]

Thanks [REDACTED]

Perhaps ignore my comments concerning the location of the psychiatrist. My wife said that we would travel anywhere to get the best help for our son.

26/10/2018

Email from Air New Zealand to [REDACTED] [REDACTED]

Our doctor has approved [REDACTED] to fly with a nurse escort as well as his parents. This is due to the potential of disruptive and possibly dangerous behaviour in flight.

Please advise us the booking details for the nurse when they are available and we will add an approval in to the booking.

Email from [REDACTED] to [REDACTED], copied to [REDACTED] [REDACTED] [REDACTED]

Is [REDACTED] Hospital, the family or the insurance company responsible for organizing a nurse to fly with [REDACTED] and his parents?

Email from [REDACTED] to [REDACTED] [REDACTED]

I would be grateful for advice on a suitable time for Post to make contact and check on your welfare today.

Email from [REDACTED] [REDACTED] to [REDACTED]

You would be able to call me between 2 and 5 PM today if that suits you.

Email from [REDACTED] [REDACTED] to [REDACTED]

[REDACTED] has been making good progress over the last 5 to 7 days.

We have been taking him out for four-hour leave from the hospital and he has also been going on unsupervised leave.

Dr [REDACTED] has approved that we can fly back to Australia.

Our flights back to Melbourne are as follows:

travel arrangements for next Wednesday 30th October via air New Zealand from Dunedin to Melbourne via Auckland 2:50 PM leaving and arriving 8:45 PM on NZ 729.

Our flight from Dunedin to Auckland is [REDACTED]

We have been advised by Air New Zealand that we need a nurse to accompany [REDACTED]

Is this something you could help us with and talk to the hospital on our behalf or another body.

Email from [REDACTED] to [REDACTED] copied to [REDACTED]

Thanks for the updates and emails. I am pleased to hear that [REDACTED] is returning home and that his condition has improved.

I have just spoken with [REDACTED]. They are aware that [REDACTED] is returning next Wednesday evening. They have advised that they have no mandate to assess him at the airport and will not be doing so. They have advised that Melbourne Health are the team which covers the airport. Their triage number is 1800888320 and I've been given their fax number 9387-3003. I suggest calling them and providing them the necessary information about the last few weeks.

I suggest involving [REDACTED] in this process. Their triage number is [REDACTED]. They initially informed me that they would not be able to provide case-management for [REDACTED] but after I told them that I can't manage his level of risk as a private psychiatrist and that he no longer has a psychologist they changed their stance a little and they will be discussing [REDACTED] with their consultant psychiatrist Dr [REDACTED]

[REDACTED] I think it more appropriate that decisions regarding [REDACTED] short to medium-term management be done through the public system, which in this case is [REDACTED]. His level of risk currently demands the kind of intensive and assertive treatment that in Victoria only the public system can provide. They have teams of psychiatrists, nurses and psychologist working together to provide a more cohesive and comprehensive service. In order to reduce the likelihood of mixed messages I think it appropriate that I step back from [REDACTED] treatment at this stage and I therefore will not make suggestions about medications or offer an appointment time. I apologise if that causes disappointment.

Please let me know if there is anything further I can assist with,

On hearing the news that [REDACTED] psychiatrist was not going to work with him any longer and on the back of [REDACTED] psychologist whom we received a text message saying that she no longer wish to treat [REDACTED] on news that she had received that he had tried to commit suicide in New Zealand; [REDACTED] was completely gutted. He felt that if his psychologist and now psychiatrist had given up on him and therefore there was no hope for him.

[REDACTED] felt [REDACTED] had now been abandoned by his psychiatrist. [REDACTED] explains [REDACTED] expressed feelings of abandonment from Dr [REDACTED] and [REDACTED] said that he had a good relationship with them. [REDACTED] said to [REDACTED] on 26 October; "if my phycologist and now my psychiatrist have given up on me I have no hope." Prior to [REDACTED] was in good spirits. Airline tickets had been purchased for [REDACTED] to go home on 28th October. [REDACTED] was looking forward to getting back home.

Email from [REDACTED] to [REDACTED]

Dr [REDACTED] email indicates he does not wish to be further involved in the care of [REDACTED]

Dr [REDACTED] has provided me with the fax number of [REDACTED]

I will ask the [REDACTED] ward secretary to find out an email address for [REDACTED]

I will attempt to make contact, at this very late stage, with [REDACTED] to see if they are willing to meet [REDACTED] at Melbourne airport and assess him on arrival.

Email from [REDACTED] to [REDACTED]

Please read the email from [REDACTED] psychiatrist Dr [REDACTED] below.

[REDACTED] and I are both very distressed about the current circumstances and how to treat [REDACTED] when he is back in Melbourne as of next Wednesday evening 8:30 PM.

Could you please let us know a time that we could have a call with you to discuss.

Thank you in advance.

Email from [REDACTED] to [REDACTED]

Thanks Dr [REDACTED]

[REDACTED] and I have discussed the CATT assessing [REDACTED] at the airport.

We are both comfortable that [REDACTED] will be keen to get home from the airport and see his dog, who he misses terribly.

So we are not overly concerned about getting [REDACTED] assessed at the airport.

We would be comfortable with the [REDACTED] CATT team coming to our home at around 9:45 PM when we are expected home or the next morning.

Email from [REDACTED] to [REDACTED] copied to [REDACTED] [REDACTED]

Thank you for your email and it is great to hear that [REDACTED] is making good progress.

The services we can provide under the Consular Service Charter <<https://smartraveller.gov.au/services/pages/consular-services-charter.aspx#what-we-cannot-do>> are clearly outlined in the link and brochure we gave you on Tuesday 16 October 2018. We cannot pay for medical or psychiatric services.

When we spoke to Dr [REDACTED] and [REDACTED] they outlined in some instances if they have resources they may be able to provide assistance. For our records could you please provide the medical report Dr [REDACTED] would need to provide to Air New Zealand outlining the approval to fly?

Before approaching the hospital have you or [REDACTED] mother discussed with Dr [REDACTED] using a nurse from the hospital?

Email from [REDACTED] to Allianz

[REDACTED] is fit to fly from NZ to Melbourne on 31 oct.

[REDACTED] will be flying with his mother and father on Air NZ.

I completed the documentation required by Air NZ, and they have now requested a nurse, in addition to the 2 parents, accompany [REDACTED] back to Australia.

I have asked [REDACTED] Hospital management here in Dunedin if the Hospital is responsible for providing a nurse, or whether it is the insurance company to provide a nurse.

I have not yet heard back from [REDACTED] hospital management staff.

In the meantime, please contact [REDACTED] father, to discuss further and let me know the outcome,

Email from [REDACTED] to [REDACTED]

I received the following advice from our insurance company below that they have rejected our claim.

■ Suicide Your claim arises from suicide or attempted suicide of any person.’

As a result, we are unable to accept your claim as it falls outside the coverage of your policy.

Our assessment is based on the fact that you were hospitalized as a result this incident. As outlined in the above policy wording to the extent permitted by law we will not pay if your claim arises from suicide or attempted suicide of any person. As such we are unable to settle your claim.

Email from [REDACTED] to [REDACTED], [REDACTED] copied to [REDACTED]

I note, at this late time, the insurance company is now not going to assist in any way.

Air NZ will not permit [REDACTED] to fly without a nurse.

I have already spoken to mr [REDACTED] unit manager, ward [REDACTED] about [REDACTED] Hospital providing a nurse.

There are costs which have to be met.

Please make contact with Mr [REDACTED] to discuss providing a nurse.

Email from Paul Stewart to [REDACTED] copied to [REDACTED]

Hi I have managed to get [REDACTED] to escort to Melbourne and we will arrange and pay for this using our travel agents. We will then invoice parents.

I will get [REDACTED] to contact Dad to confirm.

Email from [REDACTED] to [REDACTED]

██████████ has now decided to allow ██████████ nurse, to fly with you to Melbourne.

Costs to be met by yourself.

So that satisfies Air NZ requirements.

I sent a fax to [REDACTED] and they have not yet responded.

I will keep you informed.

Email from [REDACTED] to [REDACTED]

██████████ has just spoken to me.

He said ██████ Hospital won't be supplying a nurse.

■ suggested 2 options:

You need to negotiate with AirNZ as to whether a nurse is necessary, I enclose the Air NZ email.

My opinion is that a nurse is not necessary.

Alternatively, [REDACTED] suggested you have to organize a nurse from Australia.

Feel free to discuss this with [REDACTED]

Email from [REDACTED] to [REDACTED]

I spoke to [REDACTED] from Air New Zealand listed below.

I informed her that [REDACTED] has been out on supervised leave for four hours for the last five days and also is now getting unsupervised leave of up to 1 hour per day.

She said this information is really useful however it needs to be discussed between Doctor to their Doctor.

She felt that there was a real chance that the need for the nurse could be removed if a phone call took place.

She also said that under the form that was filled in there was a box and in it was "guarded" which gets highlighted to them.??(I could not see this)

I will be very grateful if you wouldn't mind calling [REDACTED] and she will put you through to their doctor on duty to discuss [REDACTED] specifics further.

Email from [REDACTED] to [REDACTED]

I did phone [REDACTED] and she was unable to trace the Air NZ doctor.

I suggested [REDACTED] gives the AirNZ doctor my email address and contacts me that way.

Email from [REDACTED] to [REDACTED]

[REDACTED] is flying back to Melbourne on 31 Oct.

Dr [REDACTED] has decided not to be further involved in the care of [REDACTED]. He suggested follow up with the local [REDACTED].

I have sent a fax to the local [REDACTED] and hoping to do a formal hand over of care, but failing this I will give [REDACTED] a copy of his discharge summary and he + family will have to make contact with psych services.

I will arrange to send you a copy of the discharge summary.

Email from [REDACTED] to [REDACTED]

Thanks for your update. I have been getting some information via [REDACTED] dad in the last 24 hours.

I will liase with the local mental health service and try to arrange him to have case management when he returns .

If you forward his discharge summary next week, it would help me with providing further information to the local mental health service.

Email from [REDACTED] to [REDACTED]

That is very kind and helpful.

I shall wait a few days, hoping the [REDACTED] do respond to my fax.

If not I shall email you a discharge summary and ask you to make contact with the [REDACTED]

It has been a challenge to try and arrange psych follow up for [REDACTED] in Melbourne.

Email from [REDACTED] to [REDACTED]

I share your frustration with some of the mental health service in Melbourne and appreciate what you have done for [REDACTED] during his moment of crisis.

27/10/2018

On the 27 October at approximately 10.00am [REDACTED] visited [REDACTED] at the hospital. On his arrival [REDACTED] could see [REDACTED] through a glass window in the meeting room. [REDACTED] noted that [REDACTED] was playing guitar standing up. When [REDACTED] saw [REDACTED] he came out of the room and proceeded to his private room with his guitar. [REDACTED] said to the nurse standing next to him "could you please take the guitar strap from [REDACTED] The nurse replied; "we can't take everything off him but we are keeping a close check on him"

[REDACTED]

On the 27 October [REDACTED] was allowed an hour's leave from the hospital on his own. At 6pm when I went to pick him up for a concert, he advised me that during that leave period he had tried to hang himself with his computer cord on hospital grounds. I advised the hospital.

28/10/2018

So, come 28 October we felt that he was in a safe place. The hospital nurses were checking him every 10 minutes, we assumed anything that could be used to hang himself had been taken away and that the grounds were safe.

He then jumped a fence and committed suicide by strangulation. The policeman who came to tell us advised that the fence had been jumped over by patients in the past. This is not good enough. The fence should have been made higher the first time someone jumped it. We also believe that [REDACTED] may have used a guitar strap to hang himself that was not returned to us with his other things.

Email from [REDACTED] to [REDACTED]

Thanks for your email and also including Dr [REDACTED] response to your concern.

I agree with him and i think Case management through the [REDACTED] would be better for [REDACTED] with a team approach (psych nurse, case manager, psychiatrist in a team) long term.

If [REDACTED] is settled enough and looking forward to coming home to catch up with his pets, I hope he may not need CAT team at the airport which might be confronting for him. If it is a must , we have no choice but asking Melbourne health Triage to see if they can access him at the Airport

[REDACTED] CAT home assessment would be definitely needed when he is home. I will do the referral to [REDACTED] [REDACTED] And I can also drop in to see him at home if needed.

Email from [REDACTED] to [REDACTED] copied to [REDACTED]

Following my fax to [REDACTED] on 26 October, I received no response.

This leaves me most concerned.

The ward staff informed me that over the week end, [REDACTED] tried to hang himself.

I think it is essential [REDACTED] is met at melbourne airport by mental health staff and assessed on 31 october.

I would be most grateful if you would contact [REDACTED] to see if you can persuade them to meet [REDACTED] on 31 october.

Failing this, I will advise [REDACTED] to take [REDACTED] at once to the emergency psych service at the Hospital.

Email from [REDACTED] to [REDACTED]

Please accept our condolences for the passing of your son, [REDACTED] over the weekend.

Attached is our condolence letter with information that may hopefully be of some assistance at this difficult time.

Please do not hesitate to contact us on the details provided should there be anything further we can do for you.

Letter from [REDACTED] to [REDACTED] attached to email from [REDACTED]

Dear [REDACTED]

I write, on behalf of the [REDACTED] to express sincere condolences following the death in your care of [REDACTED], Dunedin, New Zealand. I have set out below relevant information we have received from the New Zealand Police, Dunedin.

Full Name	[REDACTED]
Australian Passport No.	[REDACTED]
Notifying Authority	New Zealand Police, Dunedin
Date of Death	28/10/2018
Place of Death	[REDACTED] Hospital, Dunedin, New Zealand
Cause of Death	To be confirmed
Location	To be confirmed
Location of Personal Belongings	[REDACTED] Hospital, Dunedin
Travel Insurance	To be confirmed

Please be assured that [REDACTED] consular staff in Canberra and overseas will do all they can to assist you during this difficult time, within the limits set out in the attached documents.

Please contact [REDACTED] any time so [REDACTED] there are any aspects of the arrangements about which you are uncertain or if you require additional assistance.

Yours sincerely

[REDACTED]

Insurance

It is important to ascertain if your loved one had travel insurance. If a travel insurance policy was taken out, you should inform the insurance company immediately as they will need to determine if they accept liability for funeral arrangements and/or repatriation under the policy. If they do, the insurer will take care of most of the arrangements and costs associated with a funeral either overseas or in Australia.

Regardless of insurance cover, we will attempt to assist you with arrangements within the limits set out in Attachment A.

Funeral Arrangements

If you wish to return your loved one to Australia for burial or cremation, you will need to appoint a funeral director overseas and in Australia to assist you with funeral and repatriation arrangements. Details of local funeral directors and estimated costs are included at Attachment B. Your funeral director will organise all funeral and mortuary arrangements.

Should you choose to bury or cremate your loved one overseas then you will only need to appoint a funeral director overseas.

You will be consulted about your loved one's wishes and every effort will be made to meet these. However, in some countries and in certain circumstances, local regulations and conditions may result in the need to make a decision on these matters quickly. Our consular officers in Canberra and overseas will do all we can to help ensure that the arrangements you request are carried out as promptly and efficiently as possible by local authorities.

You should be aware that the standard of funeral services may vary from country to country and neither DFAT nor our overseas missions can accept liability for the standard of services or charges made by authorities, funeral homes, or other service providers.

How long will it take for your loved one to be returned to Australia?

This depends on local regulations and circumstances. In some cases, it can take several weeks. It may take even longer if, for example, there is a need for an autopsy or criminal inquiry to determine the cause of death.

How will any personal belongings be returned?

We will request details of any personal effects belonging to your loved one which may be held by the local authorities. If necessary, we may be able to arrange for the return of personal papers (such as passport, credit cards, driver's licence and so on) to you through official channels. Other possessions will need to be returned to you by commercial means. We will obtain an inventory of these and will forward a copy to enable you to make an informed decision on what you would like to do in relation to these possessions. We will endeavour to ensure the personal belongings are returned to you as quickly as possible but we cannot accept liability for the loss or damage of any belongings that are transported through official channels or commercial carriers.

<p>Attachment A</p> <p>What a Consular Officer CAN do?</p> <p>A consular officer CAN:</p> <ul style="list-style-type: none"> • assist family and friends to understand legal and administrative processes that apply in that country • provide a list of local funeral directors and lawyers • provide guidance on obtaining translations if an English-speaking funeral service company is not available • advise on the estimated cost of local burial, local cremation and transport your loved one back to Australia • advise on the estimated cost of transporting any personal property back to Australia • advise on how to transfer funds from Australia to meet any costs • provide advice on managing media enquiries. <p>What a Consular Officer CANNOT do</p> <p>When Australians go abroad they leave behind Australia's support systems, emergency service capabilities and medical facilities. There are legal and practical limits to what consular officers can do for travellers overseas.</p> <p>A consular officer CANNOT:</p> <ul style="list-style-type: none"> • recommend a funeral director or lawyer • investigate the death of an Australian citizen • pay burial or cremation expenses • pay for the return of your loved one to Australia • take responsibility for freighting personal effects • make legal representations or become involved in legal issues surrounding the circumstances of the death or matters relating to a deceased estate • pay any outstanding debts your loved one may have. • provide translation or interpreter services <p>For further information on the consular services we provide, please visit our website smartraveller.gov.au to view the Consular Services Charter.</p>	<p>Attachment B</p> <p>Funeral Directors:</p> <p>Gillions Funeral Services, telephone number +64 3 455 2128.</p> <p>Campbell and Sons Funeral Services, telephone number +64 3 489 7756.</p>
<p>When somebody dies in New Zealand</p> <hr/> <p>When the cause of death is known</p> <p>If the attending doctor knows the deceased's medical condition and history, they may be able to complete a death certificate based upon their knowledge of the deceased.</p> <p>Once a death certificate has been issued and the hospital has ensured all legal documentation and procedures are completed appropriately, the deceased can be released immediately to a funeral director or next-of-kin.</p> <p>If you have selected a funeral director, they can contact the mortuary co-ordinator or duty manager to make arrangements for taking the deceased to the destination you choose.</p> <p>If you wish, the deceased can be taken to the hospital mortuary to allow more time to make decisions.</p> <p>Police and coroner involvement</p> <hr/> <p>In certain circumstances, a death must be reported to the coroner who will refer it to the Police. These include:</p> <ul style="list-style-type: none"> • No certain cause of death • When a person appears to have died by suicide • Unnatural or violent death. • Deaths related to medical, surgical or dental operations or anaesthetic procedures. • A range of deaths occurring in institutional or custodial care. <p>In such situations, staff will contact the coroner who will require the Police to meet with family. They will have a few formalities to complete.</p> <p>Where deaths need to be investigated by the coroner, the deceased will stay in the hospital mortuary until released by the coroner. When a coroner investigates a death, there are legal and medical procedures involved which come under their control, including:</p> <ul style="list-style-type: none"> • Formal identification of the person who has died • A post-mortem examination (autopsy) may be performed • An inquest (a formal judicial hearing) may be held some months in the future <p>You can still proceed with contacting a funeral director. The funeral director will make enquiries with the Mortality Office on behalf of the family about when the body of the deceased can be released.</p> <p>New Zealand Victim Support services New Zealand free call number: 0800 842 846</p>	<p>The Repatriation process back to Australia from New Zealand</p> <hr/> <p>Once you have engaged a funeral director in Australia and a funeral director in New Zealand they will be able to work together to return Mr Kriewaldt back to Australia. Please be aware that final coroner's certificate of findings and the final death certificate may take a number of months to be completed. However the Coroner's office should be able to provide an Interim Certificate of Findings to which can be used for insurance and estate purposes. The funeral director in New Zealand (once Mr Kriewaldt has been released by the coroner) will be able to apply for an interim death certificate which is needed to be able to return them to Australia. The New Zealand funeral director should be able to provide you both of these documents. We are also able to assist in getting these documents to you should you require.</p> <p>New Zealand Accident Compensation Corporation (ACC)</p> <hr/> <p>When someone dies as a result of an injury, ACC can help towards the costs of their burial, cremation and related ceremonies. A funeral grant can be paid for both New Zealanders and overseas visitors to New Zealand. You may wish to consider this option – http://www.acc.co.nz/making-a-claim/what-support-can-i-get/EC0009</p> <ul style="list-style-type: none"> • Claims helpline: 0800 161 996

29/10/2018

Email from [REDACTED] to [REDACTED]

I have just arrived in ward [REDACTED] and staff have informed me [REDACTED] hung himself over the week end.

I am so very sorry to hear this news.

We were all working towards getting [REDACTED] home on Wednesday, and I was in the process of asking the GP to ensure [REDACTED] was met by the community mental health team at Melbourne airport.

This is devastating news for you and family.

If you want to meet to discuss further, please phone [REDACTED] staff to book an appointment.

Email from [REDACTED] to [REDACTED]

I regret to inform you that [REDACTED] ended his life yesterday.

[REDACTED] and I are both struggling and now have to turn our attention to our immediate family and make sure that [REDACTED] and other close relatives and friends are looked after.

Thank you for all of your time and efforts in relation to [REDACTED]

It was appreciated to have you in our corner.

Email from [REDACTED] to [REDACTED]

I just received an email from Dr. [REDACTED] earlier.

I am so sorry for your loss and this is such a tragedy. My sincere condolences to your family.

When you are ready, please come and see me. Take care.

Email from [REDACTED] to [REDACTED]

Thank you for your assistance to date, no further assistance is required.

My son [REDACTED] has taken his life.

Email from [REDACTED] to [REDACTED]

Since my email to you no help was forthcoming.

My son [REDACTED] has ended his life.

30/10/2018

Email from [REDACTED] to [REDACTED]

I believe you may have already returned to Australia, sorry to have missed you.

I am the Coroner's investigator (Police Officer) at the Dunedin Police Station.

If you have any inquiries about anything? please contact me personally.

I have had a request from a Nurse [REDACTED] who attended [REDACTED] and also found and attempted to rescue him, She would like to make contact with you, via email.

She would like to honour the memory of [REDACTED] in some way and also communicate with you.

Would it be Ok if I pass on your email address to Nurse [REDACTED]

The coroner's also appreciate some input from the family as part of their investigation and normally, I would interview and obtain a statement from the family (parents etc) for the Coroner.

For families overseas, I have in the past had them tell me their story by email, which I can format into a police statement and return for checking and signing.

Essentially, you would tell me about [REDACTED] as a child, growing up, how or when he started to become unwell and a summary of your journey since then.

Obviously the Coroner can get all the medical records etc, but it's also good to have the family story.

Would you be happy to participate in this?

Any questions or concerns, please let me know,

31/10/2018

Email from [REDACTED] to [REDACTED]

Thank you for your note.

Please pass on to nurse [REDACTED] that she can email me or call me directly.

My phone number is [REDACTED] I would be very happy to hear from her.

I will get my wife [REDACTED] to provide you details of [REDACTED] as a child growing up and when he started becoming unwell.

Nonetheless, please feel free to give me a call and I would be happy to provide further information to you to help with the process.

15/11/2018

Email from [REDACTED] to [REDACTED]

Firstly, I cannot express to you how sorry I am that [REDACTED] died the way he did. As a parent, I cannot begin to imagine what that is like for you.

I was one of the two staff who found [REDACTED] which obviously has been a difficult event for me to work through (however, please don't worry about me, I have had lots of excellent support, and I can only hope you are receiving the same level of support at your end).

I have been back to the site several times to lay flowers and do my own kind of blessing of the place where [REDACTED] chose to leave this world.

I feel there is nothing I can do for you, apart from offer you to be the person you can contact if you wish anything placed at [REDACTED] death site, such as flowers.

If ever you decide to return to Dunedin to make your own peace with the place I will gladly take you to the site at [REDACTED] as well as show you some of the beauty of Dunedin that you probably never got to see.

My thoughts are very much with you both.

23/11/2018

Email from [REDACTED] to [REDACTED]

I would have liked to reply to your email sooner. However, I decided I'd better check with [REDACTED] from police what I can and can't say during a coronial investigation. I waited for a response from him all week, and this afternoon I phoned him. He advised me to send the email to you via himself, so I can't get in any kind of trouble! I would like to tell you, from my perspective, what happened just before and after [REDACTED] death, just so you are not left wondering.

I will send the email to [REDACTED] this weekend, and hopefully he doesn't take too long in forwarding it to you.

He said you were of course free to contact him any time for any information you seek.

30/11/2018

Email from [REDACTED] to [REDACTED]

As discussed earlier today, this is our email if you would like to forward us your complaint about [REDACTED] Hospital and [REDACTED] and CATT teams. Through our website we also have online complaints forms. You can send

by whichever method is more convenient for you, either as an attachment to this email or online. Our website address is [REDACTED]

I have referred your complaint about the private psychiatrist and psychologist internally to the [REDACTED]

Email from [REDACTED] to [REDACTED]

Dear Ruth,

Thank you for your note.

As discussed, I had a terrible experience with the [REDACTED] Catt team.

My notes from the incident are as follows:

On Friday 21st September at approximately 5:30 PM I called the [REDACTED] CATT team number.

I advised that my son [REDACTED] who has previously been treated by the CATT team was in a bad way and he had requested that he would like to speak to the CATT team. [REDACTED] had been previously treated by the Catt team from the 4th to 10 September.

I was advised by the lady on the phone whom I believe was Joanne that they could not treat [REDACTED] as he had been discharged from them. I informed this lady that [REDACTED] was in a bad way and really needed to speak to someone urgently. She said that I must speak to the [REDACTED] triage and gave me the number. I called this number and after approximately 20 minutes someone picked the phone up and then put it down. I then called back the CATT number and once again got the same lady from the previous phone call; I advised her [REDACTED] had a knife and was in the next room and I believed that he would be cutting himself as he had done this in the past to get relief from the pain that he will was experiencing. She informed me that I should then call 000.

I informed her that I was not prepared to call 000 as that I know for a fact that in the past when [REDACTED] had been taken to the emergency department at [REDACTED] that no one saw him on his arrival and spent many hours pacing around the hospital emergency ward becoming more and more agitated.

The lady then advised me that there was nothing that she would do and that I must call the [REDACTED] triage. I then called the [REDACTED] triage number and after a lengthy period got through to a lady who informed me that her name was [REDACTED]

She was very helpful. She said that she would immediately get [REDACTED] registered with the Catt team and asked me to stay on the line whilst she did so. After a while she came back to me and inform me that [REDACTED] was now registered and that someone from the Catt team would call me shortly.

After approximately 10 minutes, I had not received a phone call so I called that Catt team directly.

I once again got the same lady and I informed her that [REDACTED] was now registered for their services.

She looked on her computer system and she informed me that [REDACTED] was not registered therefore she could not help. I informed her that that is ridiculous and she said that I would need to go back to speak with the [REDACTED] triage.

I called the [REDACTED] triage back and asked to speak to [REDACTED] said she could not believe that the Catt team were being so unhelpful. She said that she would again speak with them and that I should stay on the line. She kept coming back to me over the course of the next 20 minutes saying that she was still trying to get through on the number but I should hold on.

This went on for a lengthy period.

I received a phone call from an Indian gentleman approximately one hour and 50 minutes after my first phone call to the Catt team. I then passed the phone to [REDACTED] and he spoke with a gentleman.

By this stage [REDACTED] had cut his torso and legs over and over and was bleeding all over the floor.

On Monday 24th September mid-morning, I called the [REDACTED] Catt team to check that [REDACTED] was now registered with them. I was advised that he was not.

I explained to the lady who answered the call that this is unacceptable and that my son needs the Catt team is support urgently. She informed me that there was nothing that she could do.

I asked how do I get my son registered with the Catt team for their support, she informed me that the only way to do this would be to call up when [REDACTED] was having an attack. I told her that this is ridiculous and that last Friday me one hour and 50 minutes to get help from the Catt team and in which time [REDACTED] had cut himself over and over. She advised me that the problem is with the [REDACTED] triage that they only have two people working the phones and they don't have the resources to answer all calls in a quick manner.

Email from [REDACTED] to [REDACTED]

I have made a few alterations.

I will email through correspondence concerning Dr [REDACTED]

[REDACTED] is [REDACTED] father. [REDACTED] explained [REDACTED] died on 28 October 2018. He committed suicide. Prior to this event, [REDACTED] has been under the care of psychiatrist Dr [REDACTED] and psychologist Ms [REDACTED]. [REDACTED] had been under the care of Dr [REDACTED] for about 18 months prior to his passing. [REDACTED] was receiving treatment for depression. [REDACTED] said that just before the commencement of the Victorian 2018 school holidays between Terms 3 and 4 (22 September 2018 to 7 October 2018), [REDACTED] saw Dr [REDACTED]. [REDACTED] explained that his current medication (Axit and Seroquel) had negatively impacted his sexual functioning. Dr [REDACTED] changed his medication to Effector and Seroquel. [REDACTED] was very concerned for [REDACTED] wellbeing, noting that [REDACTED] GP, Dr [REDACTED] and Ms [REDACTED] were on leave for 3 weeks for the school holidays. [REDACTED] and [REDACTED] were concerned about the level of support he would be able to receive from his treating health practitioners in this period. [REDACTED] explained that, as [REDACTED] loved photograph and hiking, he decided to take [REDACTED] to New Zealand for a holiday. [REDACTED] was very excited about this. Dr [REDACTED] thought it was a good idea. On 1 October 2018, [REDACTED] and [REDACTED] went to New Zealand. On 6 October 2018, [REDACTED] experienced a major depressive attack tried to commit suicide. [REDACTED] was then admitted to [REDACTED] Hospital in Dunedin on 6 October 2018 in a psychiatric ward. On 9 October 2018, [REDACTED] spoke to Dr [REDACTED] over the telephone and he said sorry to [REDACTED] about the circumstances and did nothing else. [REDACTED] was in touch with [REDACTED] while he was in hospital, and told [REDACTED] that he would like to speak to Dr [REDACTED] to discuss his medication changes that had occurred prior to travelling to New Zealand. [REDACTED] said Dr [REDACTED] did not get in touch with [REDACTED] to discuss this.

[REDACTED] then said on 16 October 2018, his wife received a text message from [REDACTED] psychologist, [REDACTED]. The text message said that she had notice of what had happened with [REDACTED] and had spoken to [REDACTED] GP. They agreed that a mental health service and the CATT will be managing [REDACTED] going forward. [REDACTED] said that she is a private psychologist that does not have the capacity to meet [REDACTED] needs, given what has happened. [REDACTED] said she would no longer be involved in [REDACTED] care. [REDACTED] and his wife felt like [REDACTED] had just abandoned [REDACTED] in circumstances where he was very unwell and in needing support. [REDACTED] found it odd that this type of news would be communicated via text as well, particularly in the circumstances. [REDACTED] said that, while an inpatient in the [REDACTED] Hospital, [REDACTED] made several attempts to take his own life but was unsuccessful. Through this period [REDACTED] said Dr [REDACTED] had not got in contact with [REDACTED] to discuss his medication changes. [REDACTED] said that he was aware that Dr [REDACTED] was in email correspondence with psychiatrists in New Zealand managing [REDACTED] in order to make arrangements for his care on return to Australia.

[REDACTED] emailed Dr [REDACTED] on 22 October and again 24 October requesting that he make contact with [REDACTED] as that he was wanting to talk to him concerning his medication and situation.

On 26 October 2018, [REDACTED] received an email from Dr [REDACTED] where he said he would not be treating [REDACTED] anymore. Again, [REDACTED] felt [REDACTED] had now been abandoned by his psychiatrist. [REDACTED] said he informed [REDACTED] that [REDACTED] and Dr [REDACTED] would not be treating him anymore on 26 October 2018. [REDACTED] explains [REDACTED] expressed feelings of abandonment from Dr [REDACTED] and [REDACTED]. [REDACTED] said that he had a good relationship with them. [REDACTED] said to [REDACTED] on 26 October; "if my phycologist and now my psychiatrist have given up on me I have no hope." Prior to [REDACTED] was in good spirits. Airline tickets had been purchased for [REDACTED] to go home on 28th October. [REDACTED] was looking forward to getting back home.

The next day on 27th October [REDACTED] attempted suicide unsuccessfully by hanging himself. On 28 October 2018, [REDACTED] escaped from [REDACTED] Hospital and committed suicide. [REDACTED] concerns are about Dr [REDACTED] lack of communication with him and [REDACTED] and not getting in contact with [REDACTED]. [REDACTED] was also concerned about the fact that

both [REDACTED] and Dr [REDACTED] terminated their therapeutic relationships with [REDACTED] in circumstances where [REDACTED] was in a very bad place mentally and in need of support, particularly from two people who he had a good rapport with.

[REDACTED] phones shows that Dr [REDACTED] only tried to contact [REDACTED] once on 17 October.

Actual text from [REDACTED] [REDACTED]

Received text notice sent to [REDACTED] [REDACTED] on 16th October from [REDACTED] [REDACTED] [REDACTED] psychologist;

"just spoken to [REDACTED] [REDACTED] ([REDACTED] GP). We agreed the area mental health service and Catt team are most appropriate for [REDACTED] now. His needs are beyond what I can provide in private practice sorry [REDACTED] I won't be able to be involved in his care now. I will write this formally to [REDACTED] All the best. Regards [REDACTED]"

03/12/2018

Email from [REDACTED] [REDACTED] to [REDACTED]

Would you mind sending the proposed document that will go to the board one last time to me before completion.

I would like to have a final look over it goes out and also probably just add a few more private comments.

Email from [REDACTED] [REDACTED] with summary of notification re [REDACTED]
[REDACTED] attached

<p>Complaint or concern</p> <p>Is the person you are complaining or raising a concern about a health practitioner or student? Health Practitioner</p> <hr/> <p>Have you had any previous contact with a National Board or AHPRA about this complaint or concern or any other matter? No</p> <hr/> <p>Have you or anyone else been harmed by the health practitioner? No</p> <hr/> <p>Was there potential for harm? Yes</p> <hr/> <p>On or between which date(s) does your complaint or concern relate to?</p> <p>From: 6/02/18</p> <p>To: 29/10/2018</p> <hr/> <p>Please mark the places identified in your complaint or concern • Clinic, office or consulting rooms</p> <hr/> <p>Please describe what occurred</p> <div style="background-color: black; height: 100px; width: 100%;"></div>		<div style="background-color: black; height: 20px; width: 100%;"></div> <p>Do you have related documents? No</p> <hr/> <p>Have you discussed your complaint or concern with the health practitioner? No</p> <hr/> <p>Have you made a complaint or raised a concern about the health practitioner to any other organisation? No</p>
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05/12/2018

Email from [REDACTED] [REDACTED] to [REDACTED]

FYI

Please see notes for changes below

[REDACTED]

Sent: Friday, 30 November 2018 12:41 PM

[REDACTED]

████████████████████ - email to provide more information

Hi ██████████

I have made a few alterations.

I will email through correspondence concerning Dr ██████████

████████ is ██████████ father. ██████████ explained ██████████ died on 28 October 2018. He committed suicide. Prior to this event, ██████████ has been under the care of psychiatrist Dr ██████████ and psychologist Ms ██████████. ██████████ had been under the care of Dr ██████████ for about 18 months prior to his passing. ██████████ was receiving treatment for depression. ██████████ said that just before the commencement of the Victorian 2018 school holidays between Terms 3 and 4 (22 September 2018 to 7 October 2018), ██████████ saw Dr ██████████. ██████████ explained that his current medication (Axit and Seroquel) had negatively impacted his sexual functioning. Dr ██████████ changed his medication to Effector and Seroquel. ██████████ was very concerned for ██████████ wellbeing, noting that ██████████ GP, Dr ██████████ and Ms ██████████ were on leave for 3 weeks for the school holidays. ██████████ and ██████████ were concerned about the level of support he would be able to receive from his treating health practitioners in this period. ██████████ explained that, as ██████████ loved photograph and hiking, he decided to take ██████████ to New Zealand for a holiday. ██████████ was very excited about this. Dr ██████████ thought it was a good idea. On 1 October 2018, ██████████ and ██████████ went to New Zealand. On 6 October 2018, ██████████ experienced a major depressive attack tried to commit suicide. ██████████ was then admitted to ██████████ Hospital in Dunedin on 6 October 2018 in a psychiatric ward. On 9 October 2018, ██████████ spoke to Dr ██████████ over the telephone and he said sorry to ██████████ about the circumstances and did nothing else. ██████████ was in touch with ██████████ while he was in hospital, and told ██████████ that he would like to speak to Dr ██████████ to discuss his medication changes that had occurred prior to travelling to New Zealand. ██████████ said Dr ██████████ did not get in touch with ██████████ to discuss this.

████████ then said on 16 October 2018, his wife received a text message from ██████████ psychologist, ██████████. The text message said that she had notice of what had happened with ██████████ and had spoken to ██████████ GP. They agreed that a mental health service and the CATT will be managing ██████████ going forward. ██████████ said that she is a private psychologist that does not have the capacity to meet ██████████ needs, given what has happened. ██████████ said she would no longer be involved in ██████████ care. ██████████ and his wife felt like ██████████ had just abandoned ██████████ in circumstances where he was very unwell and in needing support. ██████████ found it odd that this type of news would be communicated via text as well, particularly in the circumstances. ██████████ said that, while an inpatient in the ██████████ Hospital, ██████████ made several attempts to take his own life but was unsuccessful. Through this period ██████████ said Dr ██████████ had not got in contact with ██████████ to discuss his medication changes. ██████████ said that he was aware that Dr ██████████ was in email correspondence with psychiatrists in New Zealand managing ██████████ in order to make arrangements for his care on return to Australia.

████████ emailed Dr ██████████ on 22 October and again 24 October requesting that he make contact with ██████████ as that he was wanting to talk to him concerning his medication and situation.

On 26 October 2018, ██████████ received an email from Dr ██████████ where he said he would not be treating ██████████ anymore. Again, ██████████ felt ██████████ had now been abandoned by his psychiatrist. ██████████ said he informed ██████████ that ██████████ and Dr ██████████ would not be treating him anymore on 26 October 2018. ██████████ explains ██████████ expressed feelings of abandonment from Dr ██████████ and ██████████. ██████████ said that he had a good relationship with them. ██████████ said to ██████████ on 26 October; "if my phycologist and now my psychiatrist have given up on me I have no hope." Prior to ██████████ was in good spirits. Airline tickets had been purchased for ██████████ to go home on 28th October. ██████████ was looking forward to getting back home.

The next day on 27th October ██████████ attempted suicide unsuccessfully by hanging himself. On 28 October 2018, ██████████ escaped from ██████████ Hospital and committed suicide. ██████████ concerns are about Dr ██████████ lack of communication with him and ██████████ and not getting in contact with ██████████. ██████████ was also concerned about the fact that both ██████████ and Dr ██████████ terminated their therapeutic relationships with ██████████ in circumstances where ██████████ was in a very bad place mentally and in need of support, particularly from two people who he had a good rapport with.

████████ phones shows that Dr ██████████ only tried to contact ██████████ once on 17 October.

Actual text from ██████████ ██████████

Received text notice sent to [REDACTED] on 16th October from [REDACTED] psychologist;

“just spoken to [REDACTED] ([REDACTED] GP). We agreed the area mental health service and Catt team are most appropriate for [REDACTED] now. His needs are beyond what I can provide in private practice sorry [REDACTED] I won’t be able to be involved in his care now. I will write this formally to [REDACTED] All the best. Regards [REDACTED]

Kind regards,

[REDACTED]
[REDACTED]

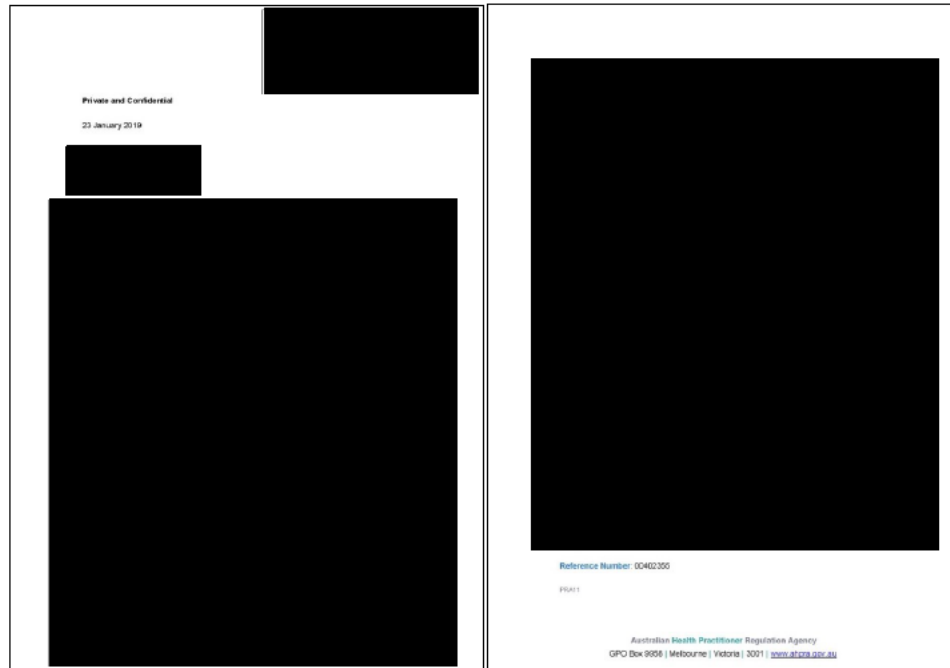
18/01/2019

Letter includes attached documents “A guide for people raising a concern (making a notification of complaint)” and “Regulatory principles for the National Scheme”

<p>18 January 2019</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>Thank you for taking the time to inform us of your concerns. We appreciate the effort this takes, and would like to assure you that we take all issues raised with us seriously.</p> <p>The [REDACTED] is a national body whose [REDACTED] ensure that only health practitioners who are trained and qualified to practise in a competent and ethical manner are registered.</p> <p>In assessing the concern you raised, we will now ask ourselves the following questions:</p> <ol style="list-style-type: none"> 1. Is this concern about a registered health practitioner or student? 2. Are we the right agency to consider this concern? 3. Is there a risk that the health practitioner could harm the public? 4. Do we have good evidence of this? 5. Is the risk to the public so serious that the Board needs to restrict this practitioner's practice to make the public safe? <p>What we will do now</p> <p>The concern you raised is now being assessed. We will let you know what we have decided to do next. We will let you know if anything changes, or when we have made a decision. For your information, I have enclosed the principles that guide our decision-making and our Guide for notifiers.</p> <p>What we can do and what we cannot do</p> <p>Once we look at the matter more closely, the Board can:</p> <ul style="list-style-type: none"> • caution the practitioner • make sure the practitioner can practise only with certain restrictions • refer the matter to another body (such as a tribunal or a panel) for action or mediation • decide to take no action. <p>[REDACTED]</p> <ul style="list-style-type: none"> • make a health practitioner provide the treatment you want • pay you compensation, or order a health practitioner to give you a refund or pay you compensation • make a health practitioner apologise to you <p>[REDACTED]</p>	<ul style="list-style-type: none"> • make a health practitioner give you access to your records • deal with health service providers such as hospitals or community health centres • take any part in any legal action you may be involved in <p>When the Board and AHPRA take action about practitioners, we take action as required to keep the public safe. It is not our role to punish practitioners, nor to act for any individual.</p> <p>How long it will take</p> <p>It takes time to consider notifications. We realise this can be frustrating, but we need to give everybody concerned time to answer our questions. Sometimes, we will tell you how we have addressed your concerns fairly quickly. When we need to investigate further, this can take much longer. The average time we take to address notifications is about six months, but it can take up to two years if the issues are very complicated. We ask you to be patient.</p> <p>Your role</p> <p>We take all issues raised with us seriously, and we might need your help to assess your concern.</p> <p>Please note that from here on, we will call the information you provide a notification. And we will call you a 'notifier', because you have notified us about your concerns.</p> <p>Privacy</p> <p>The way we gather, manage and share other people's personal information is explained in our privacy policy.</p> <p>Unless you asked us not to tell the practitioner that you made the notification, we will provide your name and a copy of all the information you provide to the practitioner. Providing practitioners with the names of people who raise concerns and a copy of any relevant information is important in ensuring that a fair process is followed. If we cannot give this information to the practitioner then it may pose challenges in addressing your concerns.</p> <p>We will write to tell you the outcome of the notification. This letter may contain personal information about other people. We ask that you treat it confidentially and sensitively. Commonwealth, State or Territory laws may restrict how you can use other people's personal information.</p> <p>Please contact us if you have any new information about this matter. We are available to speak with you more about the notification process if that would help you. Your notifications liaison officer is David Lee Turner on 03 9748 9584 or by email to help@ahpra.gov.au.</p> <p>Where else</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>End: Do you have a concern about a health practitioner? Guide for notifiers</p> <p>End: Regulatory Principles for the National Scheme</p> <p>[REDACTED]</p>
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23/01/2019

Letter from [REDACTED] reference number 00402355, attached to email from Ellie Gioshi, Administration Officer, Notifications Department



13/02/2019

Email from [REDACTED] to [REDACTED]

I refer to your correspondence dated 23 January 2019 concerning the death of my son [REDACTED] and my complaint concerning his psychiatrist Dr [REDACTED]

I am most surprised by [REDACTED] decision to take no further action in relation to this matter. It makes no logical sense.

I believe that this enquiry has been handled poorly and unprofessionally for a number of reasons.

I make the following comments for the record:-

1. In providing the information to [REDACTED] for my complaint it was taken down by an employee of [REDACTED] as at the time I did not feel that I had the strength to put it in writing. The document that was sent back to me for my approval had a number of points that I felt needed to be included for a proper representation of my complaint. I made these additions to the document and sent them back to [REDACTED] (Email sent 30 November 2018). When the document was re-sent to me on 4th December 2018 it had none of my changes that I had made in it. I [REDACTED] on 5th December 2018 requesting again that my changes to the document be updated with my alterations. At no stage did I ever see a completed document with my changes nor gave permission to the final document to be presented to the Board.
2. During the [REDACTED] investigation I received no communication or had any discussions with anyone from [REDACTED]
3. Under point .7 of your correspondence, whilst Dr [REDACTED] was [REDACTED] treating psychiatrist in New Zealand he had informed my son [REDACTED] and also myself that he would not change [REDACTED] medication back to the medication that he was on prior to September 2018 without Dr [REDACTED] approval. It was for this reason that [REDACTED] was desperate to talk to his psychiatrist, Dr [REDACTED]
4. [REDACTED] was advised by Dr [REDACTED] in New Zealand that he had been informed by Dr [REDACTED] that he believes that [REDACTED] had borderline personality disorder. I was informed by the head nurse in [REDACTED] hospital in New Zealand that patients who suffer from borderline personality disorder have a great fear of being abandoned. [REDACTED] was desperate to speak to his head professional carer, Dr [REDACTED] and Dr [REDACTED] chose not only to not speak to him but to withdraw his services. [REDACTED] felt completely abandoned by the highest professional whom was treating him. Dr [REDACTED]

■■■■■ lack of care and empathy for his patient led to ■■■■ taking his life. After ■■■■ was informed that Dr ■■■■ will not speak to you but has now withdrawn his services on 19 October 2018 his last words to me were; "in other words there is no hope for me, not even my psychiatrists believe I have a chance" ; ■■■■ on 20 October 2018 unsuccessfully attempted suicide and on Sunday 21st of October 2018 successfully hung himself. He was only 21.

5. In the four weeks that ■■■■ and I were trapped in New Zealand trying to get back to Australia for treatment I only had two brief phone conversations with Dr ■■■■. There was no other communication. At no stage did he ever offer to assist me where he could and never made any contact in any shape or form with my son ■■■■.

I could not understand that the board of ■■■■ would find that satisfactory.

I cannot see how the Board of ■■■■ could draw any conclusion such as no action based on the facts.

As far as I am concerned this enquiry has been poorly handled and there should be an investigation into it.

18/02/2019

Letter from ■■■■
■■■■■

19/02/2019

Email from ■■■■

Response to complaint

Thank you for your complaint received on 13 February 2019 regarding ■■■■

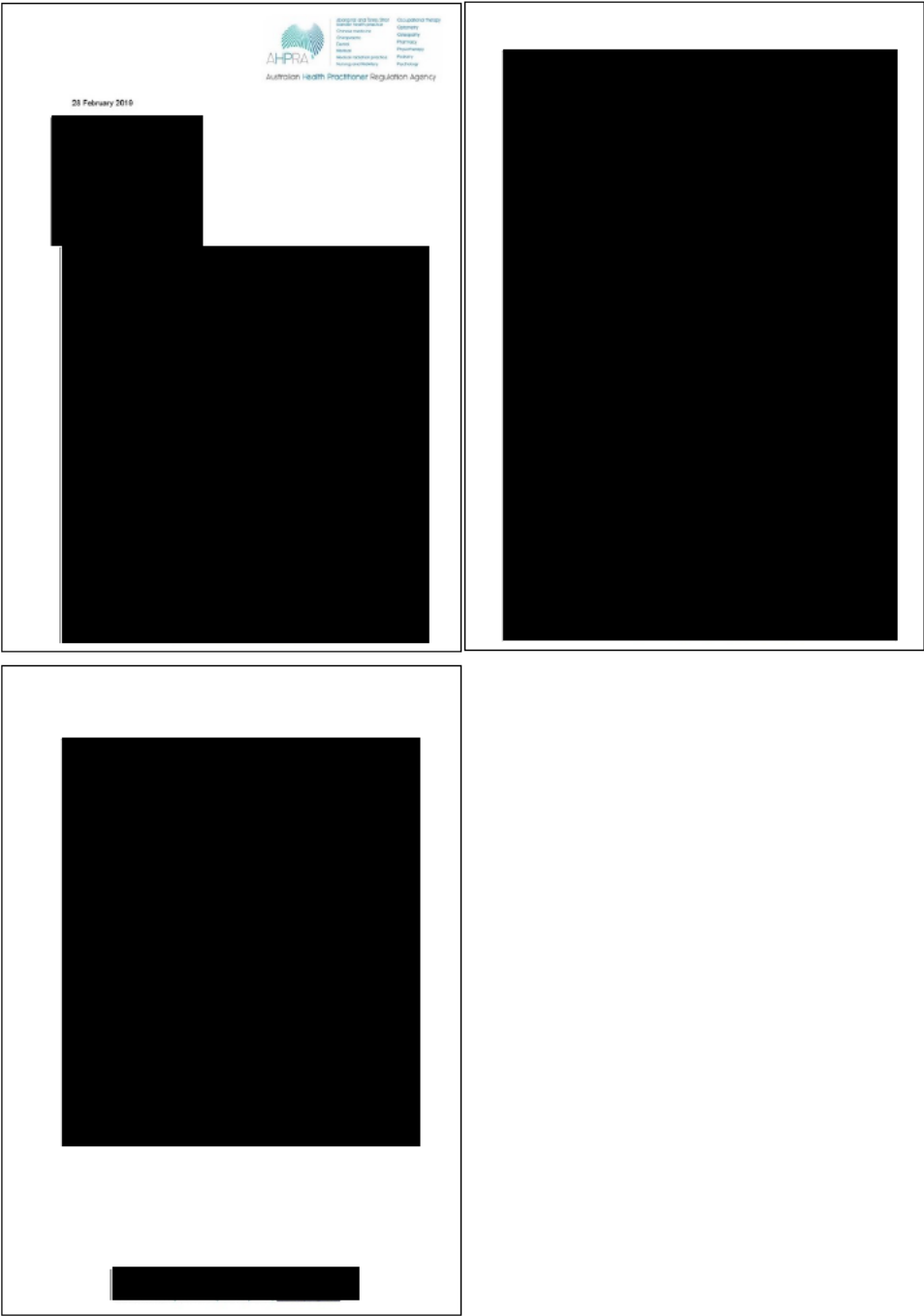
We appreciate the time and effort this takes, and would like to assure you that we take seriously all issues raised with us. The ■■■■ has a complaint handling procedure in place to record, report and respond to complaints so we can keep improving our services.

We are now assessing the information you have provided and will write to you with an update or the result of our assessment within 30 days of receiving your letter.

In the meantime, if you would like any more information about status of your complaint, you can contact us at ■■■■
■■■■■

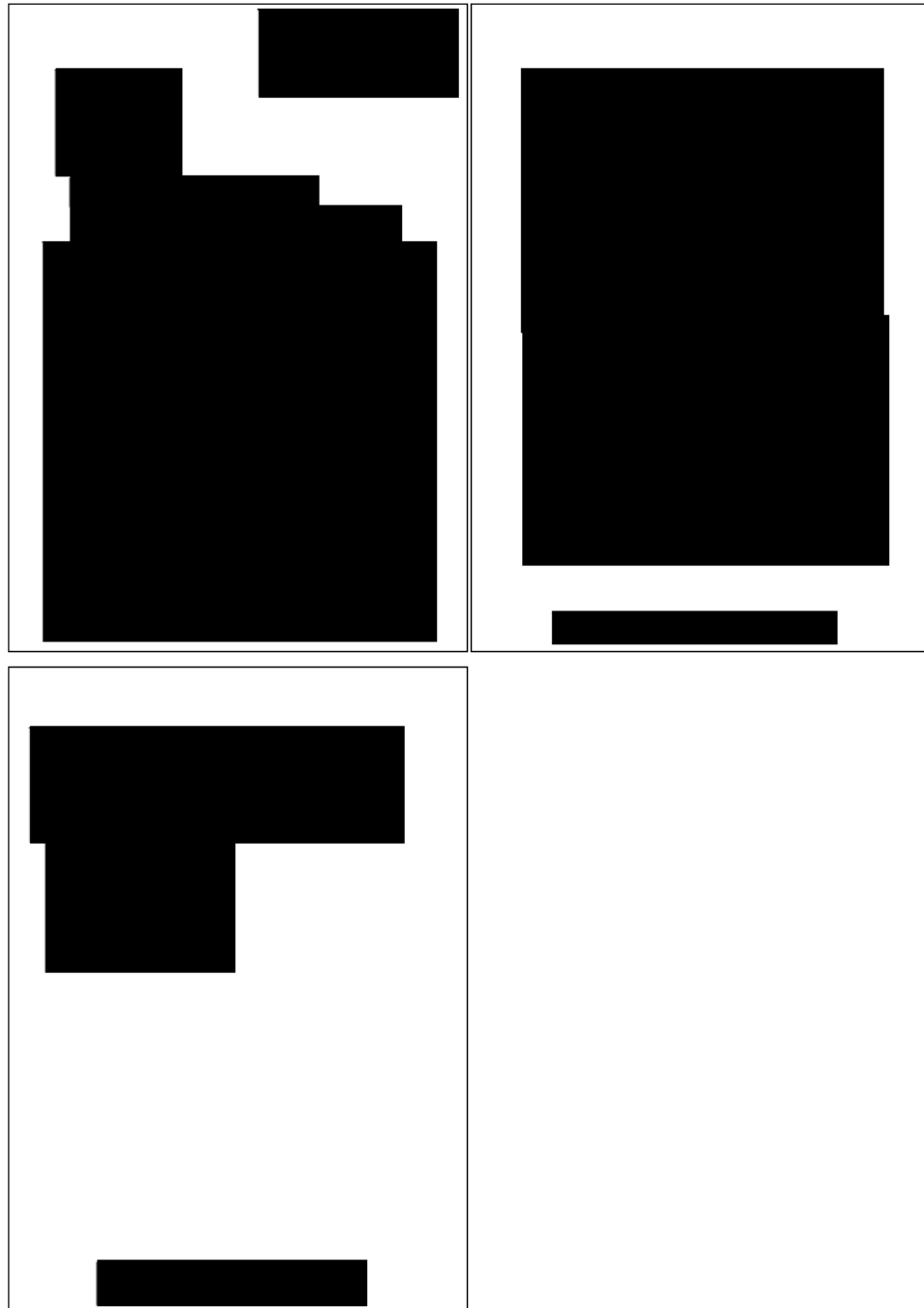
28/02/2019

Letter from ■■■■



28/03/2019

Letter from [redacted] to [redacted] attached to email from Triage Team, triage@[redacted].gov.au



29/03/2019

Email [REDACTED]

Tell me it is not true.....

Once again, my son has been let down.

This has happened to him his whole life.

When he was in primary school, the bullies pulled him down on the oval whilst another boy ran in and delivered a kick that knocked [REDACTED] front teeth out.

Why was he bullied?

He was specially gifted and had so much talent and ability.

The sharks would circle....

He learnt at an early age to try and not to stand out.

He would go out of his way not to get good academic marks or showcases athletic ability.

In his basketball teams; he would never take a shot; always pass.

At high school, he would come home and never talk about the severe beatings that he was receiving.

His arms would be black and blue.

In year 12 he achieved an atar of 97 and he never needed to study.

He could play Beethoven's piano Sonata number 8, "Pathetique" among others; he learnt this by memory in approximately eight weeks.

This is a very complex piece of music that pianists graduating from the final year for the bachelor of music could potentially choose. He could play this and his only training was grade 2.

He took up guitar and after 12 months was able to play the most complex Jimi Hendrix, Led Zepplin pieces.

He also played drums and would have no problems filling in for any international band.

Tell me, where has my son gone.....

He was the most gifted photographer.

He had over 50,000 photographs.

He could also write the most incredible poetry.

Gone at 21....

Stuck in in another country that he went to as his psychiatrist was going to be away for three weeks during school holidays.

He so desperately wanted to talk to his psychiatrist when he was locked up in a psychiatric hospital in Dunedin, New Zealand.

And you with all of your training and wisdom believe that a boy in need and desperate, that it is okay for his psychiatrist to turn his back on him and leave him all alone in another country to rot. No need to return phone calls. No need to offer to help.

No need to express condolence.

No compassion, no humanity and this is what [REDACTED] had recieved all of his life by the bullies.

Why would a young man with so much talent choose to take his life....

No-one to come to his aid, no one to help him.

And you say:- no faults, no errors here.

Just a complete waste.

You are completely cold and heartless that you cannot see.

You are blind.

You are one of them.....