CITATION: *CEO for Children and Families v R H [2016] NTLC 028*

PARTIES: **CEO Department of Children and Families**

 Applicant

 V

 **R H**

 Respondent

TITLE OF COURT: Local Court

JURISDICTION: Family Matters

FILE NO(s): 21629883 & 21629890

DELIVERED ON: 15 September 2016

DELIVERED AT: Children’s Court, Darwin

HEARING DATE(s): 24 August 2016

JUDGMENT OF: Armitage J

**CATCHWORDS:**

Long term protection order, mental ill-health, litigation guardian

**REPRESENTATION:**

*Counsel:*

 Applicant: Ms Terrill

 Respondent: Self Represented

*Solicitors:*

 Plaintiff:

 Defendant:

Judgment category classification: B

Judgment ID number: 028

Number of paragraphs: 32

IN THE LOCAL court

AT DARWIN IN THE NORTHERN

TERRITORY OF AUSTRALIA

No. 21629883 & 21629890

 BETWEEN:

 **CEO Department of Children and Families**

 Applicant

 AND:

 **Sarah Brown**

 Respondent

REASONS FOR JUDGMENT

(Delivered 15 September 2016)

Judge Elisabeth Armitage:

1. The Chief Executive Officer (CEO) of the Department of Children and Families (the Department) has applied for long term parental responsibility orders for siblings Louise, aged 4, and John, aged 5 months.
2. The CEO’s applications are opposed by the mother, Ms Sarah Brown. The identity of the children’s father(s) is not known.
3. Ms Brown has four children. Anna who is 12 years old lives with her father. Maria who is 8 lives with the maternal grandmother, Ms Jane Brown, pursuant to a protection order made by the Department of Human Services in Victoria. Louise also currently lives with the maternal grandmother under a two year short term protection order granted by this court on 28 August 2014. It was hoped that during the term of the two year order Ms Brown might resume Louise’s care, however, reunification did not progress. John was born on 30 March 2016 and was taken into care. On 14 April 2016 a two year protection order was made by this court for John and he currently lives with a foster carer.
4. In August this year, when Louise’s two year protection order was due to expire, the CEO reviewed both Louise’s and John’s orders. The CEO was no longer of the view that reunification with Ms Brown within a reasonable time frame was a realistic option for either child and so applied for a long term order for Louise and a variation of John’s short term order to a long term order for John.

**Background to the applications**

1. Ms Brown suffers from a documented history of mental ill-health. She is an intelligent person who is at times engaging and personable, but it was readily apparent from her participation in the proceedings that Ms Brown’s thoughts were often disorganised and irrational, and that she was clearly affected by mental health issues. Ms Brown denied suffering from mental health issues but admitted being exposed to significant incidents of trauma. From time to time she insisted that she was suffering from trauma and not mental health (issues).
2. As to her mental health history:
3. In 2000 Ms Brown was diagnosed with a paranoid delusional disorder following an apparent overdose of prescribed medication (Zoloft and Temazepam), alcohol and cannabis. She was admitted to Cowdy Ward, the mental health ward of the Royal Darwin Hospital (RDH).
4. In 2002 Ms Brown was diagnosed as suffering from cannabis induced psychosis, a recurrence of schizophreniform psychosis, borderline personality traits and post natal depression.
5. In 2004, following a car crash, Ms Brown was admitted into Cowdy Ward and diagnosed with adjustment disorder and anxiety. Ms Brown admitted locking Anna (then a baby) inside her house with a friend. Ms Brown stole the friend’s car and crashed it.
6. In 2010 Ms Brown was admitted into Cowdy Ward with diagnoses of schizoaffective disorder and polysubstance use (amphetamines and cannabis).
7. During the earlier proceedings concerning Louise, Ms Brown was referred to Dr Mary Frost for a psychiatric assessment. A detailed report was provided on 6 August 2014 and the Department relied on that report in these proceedings.
8. In her report Dr Frost provided, inter alia, the following opinions:
9. There was long standing evidence that Ms Brown had been psychiatrically unwell since her late teens, displaying signs of paranoid psychotic illness, contributed to or possibly triggered by drug use. Dr Frost noted evidence of inconsistent and disorganised thinking and paranoid ideation although at the time of her interview with Dr Frost, Ms Brown was not considered acutely unwell.
10. Dr Frost was concerned that Ms Brown demonstrated such limited insight into the child protection issues.
11. Dr Frost noted that while there are many parents with serious mental illnesses who parent adequately, particularly with support, Ms Brown’s paranoid symptoms lead her to believe that the agencies providing help were not working in her best interests, leading her to terminate services or to change providers. Dr Frost opined “somewhat pessimistically, I believe it will be very difficult to engage Ms Brown in a longstanding therapeutic relationship because of her paranoid ideation which appears to trigger aggressive outbursts towards family and possibly towards those providing care. Additionally her impaired insight into the severity of her psychiatric illness, which leads her to not comply with medication and to disengage from services, is another negative prognostic indicator.” It was Dr Frost’s opinion that Ms Brown did not appear to have the necessary level of insight to adequately parent her children.
12. On 30 March 2016 Ms Brown gave birth to John following an elective C-section. John was born with one kidney and had to be kept under observation until he passed urine. He was taken to the special care nursery for observation and Ms Brown was taken to a surgical ward. Ms Brown was upset about the possibility of losing her baby to the Department and removed her IV line and catheter. She then took John from the special care nursery against medical advice, and attempted to leave the hospital. Police attended and encouraged Ms Brown to return to the ward but she refused. John was taken into protection and returned to the special care nursery.

**Recent evidence of ongoing mental health concerns**

1. After Louise was taken into care, Ms Brown agreed to a reunification plan which required her to:
2. Address her drug use by engaging with CAAPS or other rehabilitation service.
3. Engage with support services such as Anglicare or Catholic Care.
4. Participate in a parenting program.
5. Engage with the Mental Illness Fellowship and attend the Day to Day Living Centre.
6. Sign release forms so the Department could receive information from the service providers as to her progress.
7. Submit to random drug testing.
8. To some extent Ms Brown followed this plan:
9. She attended CAAPS but was discharged after one week due to mental health concerns. She also attended Sunrise Rehabilitation Centre in August 2015 but was discharged after completing only five days because of her escalated behaviour and verbal abuse.
10. Ms Brown engaged with Amity in 2014 and Wisemind in 2015. She attended 3 out of 10 proposed sessions with Wisemind but thereafter did not reengage with counselling. In October 2015 Ms Brown declined to attend the Tamarind Centre to address her mental health. She again declined further counselling in January 2016.
11. Ms Brown did provide urine testing during 2015. Five tests returned clear and four required further testing.
12. However, Ms Brown’s mental health remained problematic:
13. In December 2014 Ms Brown advised that she had ceased her medication as she did not need to take it anymore.
14. The mother regularly missed access visits with Louise between October 2014 and March 2016. The mother only attended 30 out of 67 scheduled visits. Weekly access was then reduced to fortnightly access.
15. On 12 February 2015 Ms Brown phoned the Department claiming there was no evidence and “this stuff isn’t legal”.
16. On 20 February Ms Brown rang the Department requesting money. She said she had witnessed a murder in Litchfield Court and had tripped over a dead body. She was seeking victim’s compensation but no-one was helping her. All women were jealous of her. She became aggressive and the call was terminated.
17. On 3 March 2015 Ms Brown rang the Department six times. She was incoherent, paranoid, upset and angry. She said she was royalty.
18. On 27 November 2015 Ms Brown appeared agitated and confused during an access visit. She grabbed Louise and walked out onto the road. Thereafter access was changed to the contact room.
19. During February 2016 Ms Brown was in and out of hospital, presenting as psychotic, manic, aggressive and abusive, however she denied being unwell. On 10 February 2016 the RDH maternity ward contacted the Department concerned about Ms Brown’s mental health. On 24 February Ms Brown attended the RDH delivery suite, demanding a C-section, stating “this baby (unborn John) should not be in my life”.
20. Since John’s birth Ms Brown’s engagement with the Department has been erratic and her behaviour continues to indicate ongoing mental health issues of the kind noted by Dr Frost:
21. On 1 April 2016 Ms Brown attended the Department’s Casuarina office and was verbally aggressive and abusive.
22. On 9 May 2016 Ms Brown attended the Department’s Casuarina office and provided workers with a pro-forma application for employment as a police officer in Western Australia. Ms Brown said she was applying for a job and needed to complete first aid training.
23. On 1 June 2016 Ms Brown provided a statutory declaration as to her being assaulted in 2006 and presented an emergency department record from Bendigo Health dated 1 May 2006. Ms Brown said she was suffering from trauma and not mental health issues and the doctor had told her that she did not need to be on medication.
24. On 10 June Ms Brown repeatedly called the Department over a three hour period. She insisted that the Department must consider her trauma and that they were not to continue to discuss anything concerning mental health. Ms Brown engaged in erratic, difficult-to-follow conversations. At one point she reported that the Tamarind mental health service wanted her to be admitted for treatment as a voluntary patient but she had refused as she did not have mental health problems.
25. On 20 June Ms Brown rang the Department a number of times. She said she had a clean record and threatened that if the Department applied for an 18 year order she would kill the Department’s staff. In a further phone call she said she would cut off the heads of the staff and hang them in the bathroom. Ms Brown also said that the Western Australian child protection service was taking over the case and she was taking the children to Western Australia.
26. On 21 June Ms Brown phoned the Department and said, variously, that she had contacted the Federal Police in Canberra to discuss the orders, the Department had not followed procedure, she needed help, she was finding the process difficult, she had no money, she had little food, she was beginning to sell things, she wanted medication but the doctors wouldn’t give it to her, she wanted to go to Cowdy but not Joan Ridley (a secure ward), police had been at her door, she was being evicted, she needed a break, her life was being decided by the Department and the court which was not right, and she had not done anything wrong.
27. On 22 June a departmental case worker rang Ms Brown to arrange an access visit with John. Ms Brown abused the worker for ringing “after hours”, and for talking about John’s long term order, and she hung up. Ms Brown later rang back and said she had found a neurosurgeon and needed to find out when s/he would be in Darwin. Following these calls, caseworkers attempted to carry out a welfare check but Ms Brown was not at home.
28. On 23 June, apparently in response to the Departmental workers attending her home, Ms Brown applied for a restraining order against a female Departmental case worker.
29. On 29 June Ms Brown phoned the Department and complained that she did not have money to attend court and buy breakfast. She also complained that she was tired of having women run her life and would only deal with men from now on.
30. On 7 July 2016 Ms Brown attended the Casuarina office for access with John but refused to engage in access in the approved location, and instead wanted John brought to Casuarina Plaza. When this request was denied Ms Brown spat, swore at the workers, and threw a baby chair towards reception staff. Access was cancelled.
31. On 10 July Ms Brown made several abusive and threatening phone calls to workers.
32. On 11 July Ms Brown left a message that certain workers were not to call her and she had taken her medication.
33. On 12 July Ms Brown made a call and complained that two male workers had not been to do a house inspection and so had not helped her “drop off her cans” for money, and she was starving. She called again requesting that a statement be faxed to her so that she could have her Centrelink account unblocked, so she could buy blankets.
34. On 18 July Ms Brown attended the Casuarina office to discuss why her access had been cancelled (due to her aggressive behaviour on 7 July). Ms Brown declined to discuss her behaviour and left the office. Although there continued to be further unhelpful calls in which Ms Brown accused the Department of behaving illegally, weekly access with John was resumed on 11 August 2016.
35. Ms Brown recently engaged in Federal Court proceedings concerning access with her eldest daughter, Anna. A judge of the Federal Court required a psychological assessment and it is reported that Ms Brown shouted it was trauma, not mental illness and that she needed a plane ticket to Melbourne so she could get the paperwork to prove it. She left the Federal Court saying she was no longer proceeding with the application.
36. Ms Brown has participated in a number of mentions in the lead up to the hearing. It was evident from her participation that her thoughts were scattered and irrational.
37. On 30 June 2016 Ms Brown persisted in denying mental health issues:

They have not looked at the whole case. They do not talk to me enough. I have more than enough to show I have put full capability into it for a long time. They have made wrong, definitely wrong, injuring judgments. I am a trauma patient. I have hospital papers on me from Bendigo, Victoria, and a police declaration up here saying that it is true that I am a trauma patient, not mental health. It should not be looked at the same. The government is also like trying to fix errors there. It is not like the same, whatsoever. I am not mental health…

…

Even with me being a trauma patient and not mental health, and them not having ,like, full details like, there is no way we can just cancel it and just hand my children back? Because I have a massive future and this is complete illegal and not true…

1. When asked how long she would need to get employment and medical documents together Ms Brown said:

…So probably two weeks…not too long because it’s very hard to handle. I also have documents that I have been going to hospital, and some of the treatment I have been receiving, the efforts I have been putting in to get someone to talk to me about it. Drug, what do you call it, drug tests? Also my child, Louise, me bringing her up myself, and then having to put her into childcare four days a week, after, you know, being pretty tired and then having to deal with that and being woken up on my day off.

I was going to church there. I was trying to enrol to be a 000 operator. Had three weeks. Wasn’t drug tested for how long my second order was. It was illegally taken while in Breathing Space in Victoria before the trauma. This has been going for years and, like, I’m aging and would like my life and some respect and, like, people to stop trying to manipulate the situation.

…

….I do have a clean record. I don’t like child abuse…

…

…This has been stretched out for too long and yous are adding to my trauma and I’m not fully traumatised, I am self-independent and do not need help. My children need to be handed back and these people need to step away, and give me my life and a chance to prove myself…

1. When the lawyer for the Department suggested a litigation guardian, Ms Brown denied that one was required and in support of her argument she referred to numerous job prospects including auditions with “The Voice” on Channel 9, and a fall-back plan with the police academy in Perth, which she considered she was “more than capable of doing” “if not so stressed out and (if she could) afford to eat properly”.
2. After being reminded that she would have two weeks to gather her materials Ms Brown said:

But there is no right. It is illegal. This is all just, like I am fully like, there is a woman in Melbourne that are trying to get into the police force. I feel like I am being put something and having to, like, yes I do want to, like, help a lot of people, but like I do not want to be fully forced into it…there is a lot of people that should but like, what has this got to do with, like, this is trauma. They are trying to say it is mental health. This is really ill. This is going through the government as it is. This is not correct. She cannot put them people in the same category. Mental illness is, like they have chemicals missing from their brain or they have misused themselves, or, and mental trauma is not that. I have those chemicals. I have the ability.

1. The matter was adjourned with a view to obtaining a litigation guardian and to allow Ms Brown to file her materials. On the return date, 21 July 2016, no litigation guardian had been identified. Ms Brown said,

I don’t believe I need a guardian. I live independently and don’t wish to be with mental health services either…

I don’t need a guardian and I’m still looking after myself and done, like extremely well with the stress I’m putting up with.

1. Ms Brown informed the court that she was not on any medication or any form of community management order, nor was she with the Tamarind Centre which “tried to come into it” but was asked “to back off”.
2. Although Ms Brown continued to speak of her job opportunities with Channel 9 and as a 000 operator, and to deny mental illness, the sitting Judge determined that Ms Brown had the capacity to understand and participate in the proceedings without a litigation guardian. The Judge found that although Ms Brown had some difficulties, she was articulate and well aware of the proceedings and the issues. On review I was satisfied that this was the correct decision. I note that although I considered Ms Brown to be mentally unwell, on further reflection I considered it likely that she was not so acutely unwell as to require a litigation guardian. The matter was found ready to be listed for hearing but Ms Brown became frustrated when the matter could not be heard and finalised immediately. Ms Brown left the court before a hearing date was allocated, so the matter was further adjourned for a mention to fix a hearing date.
3. The matter was next before the court on 28 July 2016. The hearing date was fixed for 24 August 2016 with any additional material to be filed and served by 18 August. Although Ms Brown pressed for an earlier date, no dates were available. Ms Brown reiterated that the proceedings were illegal and perhaps indicative of a degree of paranoia said:

Did you know I just had a cold and also one of my friends was apparently murdered yesterday in Western Australia. Do you know they have a serial killer going on over there? Do you know a lot of my friends have been murdered? There’s a lot more in this than what yous are just saying. I have a clean record over there. I have a clean record in South Australia. You are not getting away with this. And I do not like this treatment. This is not a joke. This is not being looked after properly. This will be looked back at. I will be going to get lawyers over there which can’t come here because they have to go through years of schooling which I don’t understand. Why because this is not right…

When Ms Brown was told her Western Australian lawyers could appear via video link she accused the court of trying to stretch it out more and requested the hearing take place “right now”. When the listed hearing date was repeated Ms Brown again said “you’ve stretched it out again and added a lot more stress”.

 **The hearing**

1. Contrary to her previous insistence on the earliest possible hearing date, on 24 August 2016 Ms Brown initially requested an adjournment as she reported that she now had a lawyer. Ms Brown said she had seen a lawyer that morning and had been given paperwork to apply for legal aid. However, Ms Brown also again complained that the court was “stretching this out and stretching this out”. It was pointed out to Ms Brown that she was giving mixed messages about whether she wanted the matter heard immediately without a lawyer, or adjourned for a lawyer to attend. Ms Brown identified that “it can be both actually…it can go to other courts” and when she was informed that she could appeal, Ms Brown decided “I would like to have it today, and it can be appealed”.
2. Although Ms Brown was at times difficult to follow, she gave evidence in support of the return of her children with perhaps some greater focus on Louise’s return (who had been in her care for approximately 2 years) over John (who was taken into care at birth). In support of the children’s return I understood Ms brown to rely on the following summarised matters:
3. She was part of a “massive family” and had a large number of acquaintances. Her mother is a “pink lady” and has an excellent record. Her father is a member of a dragon boat racing club, plays guitar beautifully, and was currently working in Katherine. Her brother also plays guitar. Her sister plays guitar and has Mr Cosmetics. Her uncle is into politics which Ms Brown is also interested in. However, when asked, Ms Brown admitted that she did not currently see her family, in particular she had cut off contact with her mother “to stop more damage happening”.
4. Ms Brown said she had a “pretty good knowledge in bringing up children” and had completed parenting courses, in particular “123 Magic” which she completed in about 2008.
5. Ms Brown said she was the children’s mother and “most children are better off with their families for as long as they can be”, “everyone has crisis situations and, as they say, blood is thicker than water and family do tend to always be there, no matter what”.
6. Ms Brown noted that she was single and “not that bad of a catch”.
7. Ms Brown said that she had never “fully abused” her credit history which was still a “brilliant credit history”.
8. Ms Brown said that she could meet the children’s physical needs. She had her own unit, had “beds for them” and was “capable of getting them a lot of stuff. I’ve owned my own cars”. Although she did not presently own a car. However, in contrast to that evidence, I note that Ms Brown was previously on income protection to assist her to adequately budget for her own and her children’s needs, and that during the current proceedings she complained of a lack of money to meet her basic needs.
9. Ms Brown referred to her work history. Ms Brown almost completed a carer’s certificate when she was nineteen, but was too shy to complete the practical component. She had worked for the Lion’s Club doing children’s magic shows. She had volunteered sorting clothes for St Vincent De Paul and the Salvation Army. Ms Brown said she was currently working from home for “CFI” endorsing and putting products onto a website. She had been doing it for two weeks but had not yet been paid as she was “still breaking into it”. She couldn’t recall all the details which were on her mobile, which she “hadn’t brought because I have a big lack of money….I have had absolutely no money.” This statement again being seemingly inconsistent with her previous assertions that she had the capacity to get “lots of stuff” for her children.
10. Ms Brown emphasised her “clean record”.
11. Concerning drug use Ms Brown said that she “didn’t fully smoke marijuana but had a little” but that she had not used it for years. She denied using any other illegal drugs. She said she only drank socially. These assertions appear inconsistent with the report of Dr Frost in which a lengthy history of cannabis use was noted. However, Ms Brown did provide copies of her drug screen results dated between 18 March 2015 and 11 September 2015, five of which were negative for cannabis and four required further testing.
12. Ms Brown noted that she had engaged with numerous service providers. In particular, Ms Brown provided a letter from Amity indicating she had attended 8 sessions up until December 2014 for cannabis education and relapse prevention, communication skills and related mental health counselling. Although her file with Amity remained open, Ms Brown did not reengage in 2015. Ms Brown provided a certificate from Wisemind Psychology as to her attending three appointments in February, March and April 2015. However, as earlier noted, the Department had agreed to fund ten visits and Ms Brown declined to engage in the remainder of the consultations.
13. Although Ms Brown was able to articulate some matters relevant to the hearing, her thoughts continued to be scattered and difficult to follow. Her continued and persistent lack of insight into her mental health issues and the child protection issues was apparent. For example, when discussing the removal of her child Anna she said:

 --It was illegal what they did. You have no right to remove a child from Breathing Space. There was only me and him down there, bringing her up, and they caused – I'd just had a caesarean. We both had clean records. There was no reason for it. We lived in the house by ourselves and no one basically came there. Pretty much, what I – I have a full, like, meaning of, like, the way the government stuff works. And, like, basically, this is ruining families. This is not – this should not be happening. This is not in the best, like - you say Australia has the best fighters for war and that, but this is also one of the best ways to ruin one of the best countries and not let it see to its full potential. **Like, I've noticed that people live around – like, you don’t go in the middle of Australia, and, you know, there’s people – there’s third – what is it; third world countries and – there’s more than enough space and more than , you know, more than enough stuff that could happen here that is not happening. And I see this as, like, an absolute waste of human life and, you know, the earth and food to be growing and blah, blah, blah, etcetera, etcetera. This is like watching what happened with planet Pluto and, you know, what’s happening in NASA and rah, rah, rah. They’re not putting enough people in there to – or, you know, like, people with high IQs or, you know, enough ideas or – it’s not good enough really. You’re putting way too much on people that deserve more and can help more and there can be a lot more done. And this is like one of the biggest causes. I do believe there’s no real – no need to be doing this; no right to be doing this, and it’s been strung on for how long? There’s no need for it. And it’s people having hearsay that I don’t even know. Like, how long have these people been watching me? Have they planned this since I was a kid? I have not been doing it to them. Who gives them the right to do it to me?** They're – I'm not saying what’s true. They’re trying to say what’s going on. They’re not even looking into really finding out what’s going on. This should not be legal. This is not correct for the system. I've seen some people get really hurt. I've heard really nasty stories about people in care and I have had a few things happen to myself, but nothing compared to – I don’t want my kids going through this.

 (Emphasis added)

1. Louise was taken into care at a time when Ms Brown was in CAAPS and staff noticed that she was unwell and unable to adequately care for Louise. However in her evidence Ms Brown denied any mental health issues and believed she only had a cold when Louise was taken into care. Ms Brown said:

Do you know what you were ill with when Louise went to your mum?---I think it was a cold, I do believe. Yeah, it wasn’t – yeah, nothing too.

1. Concerning CAAPS Ms Brown provided the following, somewhat difficult to follow, information. I note that Ms Brown was aware that CAAPS staff wanted her to go on medication but she refused:

Okay, sorry. I was just wondering, did you actually complete the CAAPS program. I think it’s three months?---I was there for a week. As I was saying, I was there for a week and it was the first time I'd been there. They said I did not fit the program and they wanted me to come back during the day.  **It was over Easter. They were annoying me to go back on my medication. They said that I could not handle it.** They only had a few workers. They – like, my dad had just opened or was just opening his – what is it? Give us a second. I'm getting pretty tired here. He was just opening his park that he has out at – amusement park, thingy. Sort of a – what is it called? Yep, anyway. He was just – they fully put me into shock there, and I was just trying to become a 000 operator, to also make the family an income and - yeah. Basically, they did not have enough evidence. I was cleaning the cabin; cooking the cabin (sic); looking after Louise. They’d gone from me taking Louise to day care four times a week; just after bringing her up by myself, basically, and doing their classes. Also, they wouldn’t let us have a nap. They made us go out two to three times a day with everybody for that whole week. They didn’t have a problem with me the whole time I was there until that last day where they took Louise, put her in day care where they were supposed to be giving me first break. They took her from day care which they’re not supposed to do. They did not return her, which they were supposed to do. The police came to help me talk to Family and Children Services. They did not return her the next day as they said to the police they would. **There was no reason for it and it was an absolutely disgusting situation where they lied through their teeth, as they are still doing. No reason for it. I was going to church; I was not talking to anyone; dating anyone; haven’t been real dating anyone for a long time.**

Then - - -?---**Did not need the medication; did not need the harassment of going on medication, especially during Easter,** like, when there’s not enough people around to say what is going on.

The - - -?---Or not a big enough timeframe of what’s going on. **I was fine the whole time** and then on the last day, why didn’t they, like, remove her, like, beforehand, you know. Obviously, I was doing okay.

1. Concerning current access with her children Ms Brown noted that she had “backed off” on access because she needed time to remember who she was. She said:

And how often are you seeing Louise at the moment?---I think my mum’s mucking around there sometimes; she’s – yeah. Sorry, how often? Not enough at all. **I had to back up and stop seeing them for a while because of the abuse I'm actually getting from the Department; the way that they’ve just basically repeating 18-year order, 18-year order; like, that’s pretty detrimental and pretty, like, a lot of people – that’s really nasty. If I was on sufficient drugs, I’d probably** - - -

But, can – I might – I know there might be reasons - - -?--- - - -- **might need to take medication to cause suicide, really - - -**

Why you’re not seeing her and they might not be your fault; they might be somebody else’s fault, but how often are you seeing Louise at the moment? I know you’ve had to back off, but what do you – how often do you think you see?---There’s no reason; there’s no reason. When it was with Melinda and when there was no case manager, I was going out into Casuarina. We were pretty much just about to have it at home. We’d been to the pool, swimming pool. You know, it was out and about, and now, it’s in the room.

Sure?---The small room; not the one downstairs, either. Like, she’s narrowing it and narrowing it to absolutely nothing.

So, how often do you – how often do you think you’re seeing her? Is it once a fortnight or one a - - -?---Yeah, **now it’s once a fortnight, but I've just stopped it for about four weeks or something, to have some me time, to remember who I am.** Yep.

And what about John - - -?---I put that much effort into it for the kids. I got to remember who I am as well.

And what about John?---Once a week, which is just, like, unbelievable.

(Emphasis added)

1. As to admissions into Cowdy Ward Ms Brown agreed that she had had five or six admissions but minimised her mental health issues by asserting “they were all voluntary”. She did not agree with the diagnoses. Ms Brown said she occasionally walked into the Tamarind Centre (but could not recall who she saw) and sometimes called “Beasie” from the CAT team at the hospital. Concerning the CAT team she provided the following information which appeared confused or suggestive of paranoia:

And how many phone calls with the CAT team?---Quite a few; not all the time, but pretty much, all the way through this. Pretty much near – not all the time, though. There’s been quite – sometimes where I've been able to deal with it myself or just feel like being quiet or trying to work it out a bit more or – why are they doing this? It feels – **realistically, it feels like they, like, want to keep me away from males. I haven’t been with anyone for a long time because of it. It feels quite ill. It feels like they’re trying to ruin myself or any relationship I possibly could have,** for work or friendship or, like, I know - - -

The people at the CAT team?--- - - - you know, that’s – it’s a dog-eat-dog world, but this is ridiculous. They’re going into, like, my human rights and writing stuff down in ink. It’s just – you know, like, I have a clean record, once again, and I have, you know, like, excellent history. There’s no need for this. It’s not that there’s no need for it; it’s extremely wrong.

(Emphasis added)

1. When I indicated to Ms Brown that I had concerns about the clarity of her thinking and that I wondered whether she might be prepared to engage with a medical service provider for an extended period of time, the following exchange occurred:

HER HONOUR: Is there any chance - - -

MS BROWN: You are holding me on disabilities, holding me in my flat.

HER HONOUR: - - - that you will engage with a service provider such as Tamarind and go regularly?

MS BROWN: I went there myself. You haven’t referred me, I went there myself because this is too much.

HER HONOUR: I know, I’m not – I’m not going to refer you and I’m not going to ask the Department to refer you. I’m asking - - -

MS BROWN: I have already referred myself so that’s like.

HER HONOUR: Okay. So how often do you go? And who do you see? Are you prepared to see someone on a regular basis?

MS BROWN: I’d like a life, I had a life before I came up here and yous have just tried to make it what yous want. I would like a life. I don’t want to be – **I don’t need to keep going into mental health. I don’t need it. It’s not necessary. None of this is necessary. I did fine with Anna before. And yous all made a bit of damage, a bit of domestic violence, not much, but yous have just run off with it and blown it way out of proportion where it’s now like detrimental.**

**HER HONOUR: Just so I can understand. You’ve told me that you don’t need any mental health support and you’re not proposing to have any, is that right?**

MS BROWN: I’m still trying to get you to change your mind. Because I would really like a life and I don’t deserve this and I’m nearly frigging 40. This started when I was 19 or five, sorry. Little bit too much. I can have my own life and this is absolutely disgusting and wrong.

….

HER HONOUR: I’m of the view that if you would engage with a service provider, that maybe things could change. But if you’re not going to engage long-term with a service provider.

MS BROWN: I have.

HER HONOUR: Okay.

MS BROWN: I have worked. I can work. I have family I could live off. I can work. I could even take nice photos of myself. I can use computers. I can – I have good-looking children. I can run pretty damn fast. I’m a long distance runner. I’ve done a back flip before.

HER HONOUR: I think that there are lots of things that you can do and it’s not your fault that the way that - - -

MS BROWN: A lot more than a lot of people can do.

HER HONOUR: - - -you’re thinking at the moment is different from the way that most people think.

MS BROWN: No, it’s not. It is not. How would you be?

HER HONOUR: And I certainly don’t think it’s your fault. And I certainly don’t think that you haven’t been trying.

(Emphasis added)

1. As to her real state of mind Ms Brown said:

**Do you really want to know what’s going on in my head? Everything that I’ve been talking like, tiddly, like you can’t fully prove DNA like, am I really from my family, am I really Royalty, are they full of, you know, like, am I maybe like the baby that we were up here in Darwin that was taken from what is Uluru, blah, blah, blah?** **How do you know you are not fully setting me up? Would it be going through everybody’s head? I don’t know.**

(Emphasis added)

 **Decision**

1. I am satisfied on the evidence presented in these proceedings that Ms Brown has suffered from and continues to suffer from a long standing and significant history of mental ill-health. I suspect this has been a significant catalyst for the breakdown of her relationships with her family, and it is a significant contributor to and sometimes the sole cause for each of her children coming into and remaining in care. Her scattered and irrational thoughts, and underlying delusions, are intrusive on her engagement with the world and significantly affect her capacity to recognise and adequately meet the emotional and physical needs of her children. Indeed, Ms Brown’s ill-health presently affects her capacity to engage in safe, regular and consistent access with her children, even though the access is both limited and supervised. In my view any prolonged exposure to her irrational thought processes would likely cause significant harm to the physical, psychological and emotional wellbeing and development of her children. Accordingly I am readily satisfied that both children are in need of protection and that a protection order is the best means of safeguarding the well-being of each child.
2. Although the maternal grandmother, Ms Jane Smith, currently cares for two of Ms Brown’s children, she has not sought to be joined as a party to the proceedings nor sought to be considered for daily care and control or parental responsibility. No other family members have come forward. I am therefore satisfied that the CEO is the best placed person to hold parental responsibility.
3. Concerning the length of each order, while I am not without compassion for Ms Brown’s plight, I am persuaded by Dr Frost’s pessimistic prognosis. Ms Brown has been mentally unwell since about the age of nineteen but she does not recognise that she is mentally unwell and is therefore unwilling to engage with any therapeutic services or medication regime for any extended period of time. She made it very clear to me during the proceedings that she adhered to her position, even when confronted with the prospect of both children being taken into long term care. In my view, unless there is some major crisis that takes matters out of Ms Brown’s control, there is no realistic prospect of Ms Brown addressing her mental health issues in the short or longer term. Concomitantly, Ms Brown has no insight into the child protection issues that have resulted in all her children being removed from her care and is therefore unable to make any real or permanent change to her parenting capacity. In those circumstances I am of the view that there are no real prospects of either child being reunified with Ms Brown within any reasonable time frame. In my view, long term planning is required to ensure each child’s best interests are promoted, particularly in respect of establishing permanency in their living arrangements and their need for stable and nurturing relationships.
4. Accordingly, I make a long term protection order for Louise giving parental responsibility to the CEO until she turns 18. I also vary John’s protection order to a long term order, giving parental responsibility to the CEO until he turns 18.

Dated this 15th day of September 2016

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 Elisabeth Armitage

 LOCAL COURT JUDGE