

Dr Stefanie Roth, [REDACTED], Tel: [REDACTED]

[REDACTED] 22 January 2022

To:
Committee Secretary
Mental Health Select Committee
Parliament House
George Street
Brisbane Qld 4000

Via: mhsc@parliament.qld.gov.au

From:
Dr Stefanie Roth (author)

[REDACTED]
[REDACTED]

Via: [REDACTED]

Dear Madam/Sir

Re: Inquiry into opportunities to improve mental health outcomes for Queenslanders

While I welcome the inquiry, it also fills me with apprehension and the question “when will all these inquiries and commissions and investigation finally result in tangible change on the ground?”

Since 2015, I have been a ‘carer’ and relative of a person diagnosed with a mental illness. I have been involved in several advocacy activities, such as: carer support groups run by ARAFMI and Carers QLD, several committees run by the phn Brisbane North/Moreton Bay and I served one year as QLD carer representative on the National Mental Health Consumer and Carer Forum (NMHCCF) in 2019 to 2020.

What do we do on these committees?

Develop plans, write submissions, review guidelines, write position papers, review reports etc.

What do we do in the carer support group?

Lament the lack of change in clinician *behaviour* that leave our loved ones lead miserable lives despite such ambitious words like: “A fair and inclusive Queensland where all people can achieve positive mental health and wellbeing and live lives with meaning and purpose” (<https://www.qmhc.qld.gov.au/2018-2023-strategic-plan>) – and similar words, written in the plans and policies. There is so much the new knowledge coming out of research such as neurosciences, trauma informed care etc., but we do not see a change in the people we’re dealing with (loved ones and care personnel). We are aware that clinicians and allied professionals are trying to do their best, but don’t seem to be able to provide adequate care due to lack of time = low level of staffing and lack of an appropriate working environment.

All of this is well known. I refer to the submissions and the report of the Productivity Commission inquiry in 2020 – as one example.....

<https://www.pc.gov.au/inquiries/completed/mental-health#report>. My submissions are numbers: 164 and 841, if more detail on the above is needed. There are many, many more submissions from Queenslanders, which I recommend to the committee.

What happened to the implementation of the PC-report?

Well, we are waiting. Most likely we’ll get more plans, good-will propositions, deepest concern by politicians – BUT no change. And from our perspective as people with Lived

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Experience, it is no excuse for the proponents of this inquiry to say: “Oh, but that was a Federal Inquiry.”

As long as any of these inquiries do not bridge the issue between:

policies, budgets, elections, theories, standards, legislation, institutions etc. – *on the one hand*

and

creating the opportunity for real behavioural change in the workforce (including clinicians, peer workers, not for profit organisations, police, justice system, landlords, employers, blue and yellow card providers, and other people providing direct care) – *on the other hand,*

my submission and the report that will follow is not worth the computer screen it is written on.

There is a great likelihood from the perspective of a person with lived experience in the MH-System that this inquiry – as all the other ones before no matter what jurisdiction – could be just another waste of money that could have directly gone into funding more positions for professional care. Please, please do convince me that this won't be the case with this inquiry.

Yours sincerely

Dr Stefanie Roth

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[REDACTED] 4 February 2022

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From:
Dr Stefanie Roth (author)

[REDACTED]
[REDACTED]

Via: [REDACTED]

Dear Madam/Sir

Re: Inquiry into opportunities to improve mental health outcomes for Queenslanders

Further to my submission of 22 January 2022, I thought it would be useful to inform you about a concrete case of mental health outcomes that is happening at this very moment.

In November 2020, when I was still conducting my advocacy roles, I wrote the following open letter and discussed it with a few people working in the Mental Health System. It was also the basis for a presentation at the TheMHS conference last year:

It's happening under our Watch

It's happening under our watch, right here, right now:

A young person with complex mental illness has moved out from the parents' house – amicably. Living independently in a flat, finding work in the ndis system, coming up to four shifts a week – just the right length of shift that they can manage

They're managing their life, keeping the flat clean, arriving at work on time, doing a good job, hence the increase in shifts up to four times a week ...

Then, the blue card does not come through because of illness related issues in the past

The person loses their job ...

The parents become concerned How is the loved one going to take this ...

The person is known for not wanting to seek help. - Understandably: "what can they do"; "I just have to wait" ... after two weeks turning into "See, things always go wrong for me" ... "I always lose my job" ... "How can you not think that there is something going on against me?"

The parents contact the mental health system. The case worker is aware of the 'low mood' and seems as 'low mooded' and hopeless as the patient

"We cannot *force* them to accept help ... I've tried for six months ... they've got

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[REDACTED] 4 February 2022

that belief that something is going against them.” “Isn’t that what the illness does?”, the parents think. “Shouldn’t the caseworker be expecting that and be trained to help with a situation like this”, they wonder!

The loved one has another mishap happening to them. They attack the parents: “If I find out that you are in on this, then” The parents know that it is the illness talking, not the real self of their loved one ...

What can they do? If they press the issue with the mental health system, their loved one will end up in hospital, the medication will be increased and the loved one will lose even more trust in them, the medical staff, the mental health system

This is happening this very moment, as we speak, right now, 11 November 2020!

The prospects:

‘Trauma-informed’ care! – yes, at this stage, certainly the parents need it, maybe the caseworker as well? But will they get it? No!

No hope of immediate help; *no hope* of the right structure to be there, in the community ... the right structures meaning: a medical team that has developed a compassionate deep relationship with the person so that they could ‘coax’ the person into help.

No, the person with the severe condition is supposed to sort it out for themselves; “if you don’t believe in help, then help yourself!” ... “If they tell their parents to leave them alone, well so there! Leave them alone. They’re obviously not ready to be helped.”

“It’s not the person”, the parents say, “it’s the illness! – It comes with the illness that they don’t seek help. How can you become ready for help if the illness tells you not to trust anyone? We need help from professionals to deal with this.”

“Ok – off to hospital for medication review”, says the MH system representative.

“No, not hospital. That’s the worst thing we could do to them right now”, say the parents. “It will diminish trust into any help even further...”

“Oho, so we need to get the police involved. We obviously need to fix the illness with medication, so the person gets ready for help. – Then we will try and find another way!”

But the parents know: this is a clear pathway to suicide - and they (the mental health workers) won’t look for another way, because they don’t know one

This is happening right now, right here Under our joint Mental Health System reforming eyes!!!

What do we tell the parents who ask for advice in these instances? ...

I don’t doubt for one moment that you, reader, will be deeply affected; shaking your head and thinking something needs to be done And then put it to the side and get back to your inbox, your meetings, your to do list

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[REDACTED] 4 February 2022

The Australian Mental Health System is failing, because – collectively – we just don't know what to do in these cases – other than medication and 'force' - right here and right now!

Anonymous, Brisbane, 11 November 2020

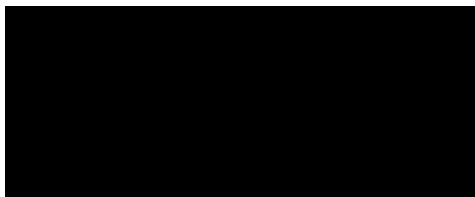
Today, 4 February 2022, the person is on their third admission to hospital within the last 6 months. The negative blue card decision took such a long while to come through that the mood and resilience of the person had been destroyed, not able to even consider an appeal. Moreover, none of his support people (parents, case worker) know what the reasoning was for the decision. It can only be assumed that despite the favourable character references that were supplied, the person's changed life circumstances of increased functioning were not considered, punishing them for something that happened years ago.

Being without work for all this time changed the circumstances for the person completely. Imagine living in your flat on your own, no reason to go out, ruminating within your schizophrenic condition with voices coming in telling you to kill yourself...

The whole outlook of one's life changes with no perspective of finding work, work that one has the ability to complete given one's mental illness, which does not provide the stamina of 8-hour workdays. The problem in this case was the lack of a systems approach, requiring different government entities (health, justice, employment, federal, state) to work together and take a more person-centred approach.

I would be happy to further elaborate on this concrete lived experience example if you have further questions.

Yours sincerely



Dr Stefanie Roth