

Shane Hicks

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2 February 2022

**Committee Secretary**  
**Mental Health Select Committee**  
Parliament House  
George Street  
Brisbane QLD 4000

**Dear Mental Health Select Committee,**

*Submission by Individual (Shane Hicks) to the 'Inquiry into the opportunities to improve mental health outcomes for Queenslanders'*

Please accept this document as my submission to support your Inquiry. Thank you, Shane.

Disclosures

I would like to disclose that I have schizophrenia and at times depression and anxiety, and that I am a member of both Stepping Stone Clubhouse in Brisbane and Canefields Clubhouse in Logan, and am now actively engaged in part-time paid employment most recently at Mi Casa Café in Underwood as a Kitchen Steward. I have in the past also worked for Queensland Health at *The Park – Centre for Mental Health* as a Consumer Representative in the High Secure unit. I am though submitting this submission as an individual with a lived experience of mental illness, and not on behalf of any organizations, departments or businesses. I do not currently receive NDIS support.

## MY STORY

I was first diagnosed with schizophrenia in 2000 at the age of 24, and leading up to this time I had worked as a professional structural engineer for 4 years, had some good friends and was living independently paying off a house and had no thoughts that mental illness would ever have any negative impact on my life! This mental illness I first experienced in 2000 did not go away and over the next 5 years there was ongoing trial and error of medications, therapies and I could not do paid work, leading to me needing to move back in with my parents and go on government welfare payments, therefore leading to significant depression and anxiety, total isolation from society, loss of independence, hospitalisations and even a suicide attempt in late 2001. The only shining light in this very dark period was making contact with a mental health organisation called Stepping Stone at Coorparoo, where I became a member in 2003 and very slowly started to put the pieces of my life back together. In 2005 I had a very positive reaction to a medication named Seroquel and have been on various dosages of this medication ever since. With the help of Stepping Stone, support from my family and my continued stability on Seroquel, in 2006 I was able to return to paid work on a casual part-time basis in cleaning and admin.

With these supports continuing, in 2010 I was finally able to once again move out of my parents' home (at age 34) and live independently in a townhouse in Logan where I still live.

Unfortunately, in 2014/2015 I had a very bad relapse of my illness resulting in hospitalizations, another suicide attempt, ongoing confrontations with police (and police charges), ongoing confrontations also with all family, friends, neighbours, support/medical staff and two J.E.O. being issued by Beenleigh Magistrates Court. J.E.O. meaning that 2 separate people had gone to the court to formally document I was likely to harm myself and/or others.

Although having no serious problems previously with police, and both J.E.O. assessors letting me loose back into society, I quickly racked up 16 police charges and actually harmed both myself and others in the process, so then the Magistrate finally intervened and I was held in a correction centre (Arthur Gorrie jail) for nearly 4 months until my charges had been resolved with an 18 month probation period, and my mental health and medication stabilised.

After being released from Arthur Gorrie, again thankfully Stepping Stone, my family and Seroquel came to my rescue! My dosage of Seroquel was increased, and Stepping Stone again helped put the pieces of my life back together, even attending my probation meetings with me, and with these supports within a short time I was back doing paid part-time work as a Cleaner, getting along with people (including the police) and living again independently down in Logan.

Another way mental illness has affected me and affects many others is socially. People can become very isolated, depressed and anxious making it very difficult to socialize with other like-minded people and make meaningful friendships. Not just making the required connections, but also being isolated, depressed and anxious over a long period people start to lose basic social, communication and people skills, therefore making it even more difficult over time to be social.

## MY PROPOSALS

From my lived experience of mental illness from 2000 to 2022, I have had first-hand experience with what works and does not work in the field of mental health. The following is a summary of my proposals to improve mental health outcomes for Queenslanders. Thank you for your consideration.

### **What I believe works**

#### **Clubhouses**

As you can see in my story, Stepping Stone Clubhouse at Coorparoo has been a major part of my personal rehabilitation and support through very difficult times in my life. Stepping Stone is based on the Clubhouse International model and includes a social recreation program, volunteer working program (Work-ordered Day), and a back-to-work program named Transitional Employment (TE). Consumers are called 'Members' and they are encouraged to participate in all programs at their own pace, and they can attend at times which best suit them and where they're at in their own recovery journey. It is not just a Clubhouse, but a community hub which links with the wider community and other resources.

There is much more information online, but for me and many other Members, Stepping Stone is the reason we are now living healthy, active, social lives, keeping us out of hospital and jail, and also engaging us in voluntary and paid work, and living in suitable housing.

### **Other Proposals**

#### **Early diagnosis and intervention**

Although I first attended a public mental health facility, at this first point of contact I was not assessed by a Doctor, however another mental health worker only gave me a brochure for a student-run mental health therapy at Griffith University, and suggested I attend. No diagnosis was attempted or made. All persons presenting at a public mental health centre should be properly and promptly assessed and their immediate symptoms stabilized. This will minimise more expensive long-term flow-on issues such as homelessness, suicides, family breakdowns, loss of employment, hospitalizations and incarceration.

## **Public Psychiatrists**

Personally I found all my public Psychiatrists very helpful and professional. One comment regarding this issue is to, where possible, maintain the same Psychiatrist for each consumer and don't chop and change unless there is no other option. Dealing with multiple Psychiatrists, most of the appointment time is swallowed up retelling your whole story leaving little time for actual treatment.

One area I believe both public and private Psychiatrists can improve is by linking more with their local mental health resources and programs. An example of this is when I was first diagnosed with schizophrenia by the Coorparoo clinic in 2000 none of the mental health staff including the Psychiatrists for years did not even mention the Stepping Stone program, which was literally one street block away from the clinic, and the program which ultimately helped me the most and saved my life many times!

Also, over the years I have needed to explain to about 10 of my Psychiatrists what Stepping Stone and what the international Clubhouse model is, as they had no idea. Psychiatrists can't suggest mental health programs if they don't even know what they are!

## **Justice's Examination Orders (J.E.O.)**

I had two J.E.O. in 2015 with a period of about 2 weeks in between. The first was well carried out and professional, but the second really left me wondering and scratching my head, and actually knowing more about J.E.O. now, I can see it was not carried out properly.

Before a J.E.O. the Consumer should be given a brochure about what a J.E.O. is, what their rights are and who can attend. Not only this, the Assessor must actually state to the Consumer that they are conducting a J.E.O. My second J.E.O. in 2015 the Assessor/Psychiatrist did not state he was conducting a J.E.O. and only mentioned it after I was really confused and I asked him some questions. The Consumer also needs forewarning of a J.E.O. so an advocate or support person can attend.

J.E.O. I believe should be carried out by the Consumer's own treating Doctor. The reason being is that Consumer's build up a relationship with their treating Doctor, and therefore their own Doctor during the J.E.O. can assess whether the Consumer is behaving differently to how they behave normally. I don't think a J.E.O. Assessor can complete a thorough assessment if they do not know the Consumer and how they normally behave.

## **Public System Case Management**

Both times I attempted suicide I was being managed by a public Case Manager. I now refuse case management and alternatively engage with facilities such as Stepping Stone and Canefields Clubhouse which are much more helpful and supportive.

Case Managers have a massive case load of Consumers and in my experience are busy going from crisis to crisis (ie. Consumers committing suicide, homeless) and therefore a majority of Consumers have very little contact or support from their Case Manager. I believe appointing someone a Case Manager gives Consumers false hope, and that if case management can't be done properly another approach is necessary.

## **Episodic Nature**

For many people their mental illness is of an episodic nature and they don't get symptoms 100% of the time, therefore making it almost impossible to get an NDIS package. Therefore, these people can fall through the cracks in the system and it would be great if there was more funding available for support programs for those who don't qualify for NDIS and have more of an episodic mental illness or have other reasons they cannot access NDIS support.

## **Police, Courts, Watchhouse**

My interactions with the Police and the Courts, makes me believe Police recruits should undergo some mental health training (perhaps Mental Health First Aid) as part of their police academy training. Many people who are delusional, paranoid or having psychotic symptoms look as though they are drunk on alcohol or high on drugs, but they are actually having a mental health episode. It would be great if Police were better able to tell the difference, because this means the difference in the Consumer being taken for mental health treatment or being charged by Police with charges such as public nuisance, obstructing Police, and/or even more serious charges.

Some Police stations have a designated Mental Health Representative, which is a great initiative, however, they can't really help if the Consumer has already been charged.

Likewise some Courthouses have a designated Mental Health Representative, which also is a great initiative and they can give you more specific advice around mental health issues in Court.

When someone is held in a Watchhouse under Police custody, the Police contact the individual's Psychiatrist directly to confirm which medications the person is taking. This process needs to be carried out before any medications can be administered. Depending on public holidays, Doctors on leave and other possibilities sometimes this process can take days, or even weeks! In my case it 5 days to get through to my Psychiatrist. For many psychiatric medications

it is dangerous for the individual's health if their medications are stopped abruptly like this. Also it is very undesirable to stop someone's psychiatric medications in a Watchhouse where there is very limited mental health support available and their psychiatric symptoms can return. My suggestion is that if someone's Psychiatrist can't be contacted in a timely manner, that the person's family, friend or support worker can bring in the person's current pharmacy script to the watchhouse, meaning the person can receive their medications much sooner and can therefore keep them more stable and in a better frame of mind during these early days in custody.

## **Alcohol**

Being isolated, depressed, anxious and feeling cut off from society can lead to the intake of alcohol. Therefore having mental illness is the perfect storm leading to the use of alcohol. Alcohol is also very expensive worsening someone's financial position and causing them severe nutritional and health problems. I personally believe alcohol should be illegal like other harmful substances or much more strictly regulated (e.g. extremely high taxes on alcohol), as currently even a severe alcoholic can walk into a bottle shop and purchase as many bottles of hard liquor as they desire! I also believe there should be more public campaigns and programs to end Australia's and Queensland's terrible alcohol drinking culture.

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Thank you for considering my submission, and listening to my story and proposals and I look forward to the positive outcomes from your Inquiry. If I can provide any further comment or assistance please feel free to contact me.

Sincerely,

Shane Hicks