

Inquiry into the opportunities to improve mental health outcomes for Queenslanders

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To: Committee Secretary

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Mental Health Select Committee

Parliament House

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Introduction.

This submission is responding to the opportunities to improve mental health outcomes for Queenslanders. As a result, it will focus primarily on that which we can improve. It is not designed to be read as a criticism. As someone who grew up in the 70ies, I am glad to observe that we have been gradually changing the world to be more Mental Health savvy. This submission aims to highlight areas (and processes) that we can focus on to continue this positive change. As much as possible, the focus was on brevity and readability, rather than precision, detail, and completeness.

This submission will focus on b) The current needs of and impacts on the mental health service system in Queensland.

1. Humans live in stories. For example, I am living in a story that if I write this submission, it will be read and may make a positive (according to me) impact on Queenslanders Mental Health.
 - a. Stories can differ. Different stories produce different behaviours. As a good example from our past, a story about someone being a Witch meant torture and death for that person.
 - b. It means that stories are important. But where do we Queenslanders get our stories from? Stories cost money and who spends the money and why? One example, in 2020 in Australia digital advertising was an approximately \$10bn industry (<https://www.accc.gov.au/system/files/Digital%20advertising%20services%20inquiry%20-%20final%20report.pdf>). It is beyond the scope of this submission to describe the information assault in competing for the attention of our population. That Advertising is not yet taxed similarly to alcohol and tobacco is beyond me. This is particularly concerning with our young people, who are particularly exposed to advertising and promotion materials, but lack the insight to recognise they are being manipulated. Professors Rob Ryner and Tim Kasser (and others) focused

- their research on linking exposure to advertising, ‘materialistic’ values, to illness and increased hospitalisations. This work is quite encompassing, spanning 30 countries, all ages, and across many occupations; you can see one local article here <http://www.austlii.edu.au/au/journals/DeakinLRev/2005/3.html>
- c. For example, consider a popular story about Mental Health. “Stress kills you”. Such beliefs result in people stressing about stress. Which, as you can see, is a closed loop. There is an accessible TED Talk about it here: <https://youtu.be/RcGyVTAoXEU> . Now, we can consider the positive impact we can have through disseminating stories more responsibly.
2. What I suggest Current needs of the Mental Health service system in Queensland are:
 - a. Integration. Primarily with Education Queensland. Our kids go through about a decade of schooling. Focusing on subjects that will improve their employability. I submit that to approach the topic of Mental Health in Queensland seriously, we must consider: 1. Educating children in the use of their mind and body, relationships, and parenting. And 2. Best learning happens through modelling and experience. Therefore, we must educate teachers to model best use of mind/body, relationships, and parenting.
 - i. If you notice that you are distracted by the current “Wellness Program” that EQ is working to implement. Consider, did a Psychologist write it? Will it be implemented by a trained, experienced practitioner? To my understanding (from friends who are teachers and Psychologists working at EQ), no Psychologist was involved in writing or implementing the program. Teachers were simply given another task to their already busy plate.
 - ii. This may lead to wider cultural impacts – promoting the value of raising children. This needs to be reflected in our investment in Early Childhood, Primary, and Secondary Education. As it is – compare the earning capacity of a Day-Care worker to that of a Lawyer.
 - b. Wider Integration. The research on Compassion has brought the scientific community to a consensus that Self (and maybe other) Compassion is essential for Mental Health (example, <https://www.healthdirect.gov.au/acts-of-kindness-and-compassion>) . Yet, our motivational practices seem to resemble the old, outdated, and fear-driven. Queenslanders can learn that motivation comes from rewards (kind) or punishments (harsh). Consider a time that you were stopped by the QPS and given a \$5.00 reward for maintaining speed limit? Or received an ‘amber-light-camera’ letter thanking you for helping save 21 lives this week in Au? If these questions entertained you – why? We know rewards are much better motivators. Do we have a penal code or a ‘rewardal’ one? Why not? We are training our population to motivate themselves through punishments. Spending more on rewarding a life of contribution that punishing mistakes will shift our paradigm of self-flagellation and will improve our Mental Health.
 - c. Professional Recognition. Medicine is very important. Specific to the Medical Practitioner’s training. Psychology and Behavioural Science is a vast, complex, and unique area of expertise, requiring specific training. GP appointments that

produce an assessment, diagnosis, treatment-plan, and medication supply within 10-15 minutes must be addressed. And Psychology as an area of expertise must be recognised. In my example, I spent 5 years FT-equivalent in university focusing on Human Behaviour and Psychological Science. Since working as a Clinician, I spent over a decade honing my skills to 'get through' to my Clients to produce intended behavioural change. All of my supervision and professional development is focused on improving skills to address Client's Mental Health (and Relationships, etc) effectively. Compare that to what Medical Practitioners learn about current Psychological Science?

- i. For a long time, Medicine, particularly Psychiatry and Pharmaceutical Industry have received vast majority of the Mental Health funding. Consider, has this money been well spent? Have we rid ourselves of Mental Illness? Or has it gotten progressively worse? If so, please consider Psychosocial approaches to treating Psychological Health.
 - ii. In a humorous account by Adam Kay and the more sombre accounts by Dr Gabor Mate, Medical students are trained (selected) to disconnect from others. Through gruelling long hours and unpredictability of training/employment, Doctors lean on the side of Mentally unhealthy practices. Whilst I am at a loss as to why we subject our Medical trainees to this (and how we hope that they will promote healthy behaviours later), I am primarily concerned that we rely on this profession for information and diagnoses of Psychological Health and Illness. To clarify, I have great respect for Medicine when it comes to organic disorders. When it comes to Mental Health, I suggest that we turn to the experts – Psychologists.
- d. Cultural Recognition. Whilst Mental Illness is no longer a taboo topic, diagnoses continue to impact on many important areas of life, including employability and insurability. We need to work toward social inclusion regardless of history of diagnosis.
 - e. Ageism-Segregation. We seem to group people by “date of manufacture” (Sir Ken Robinson). The way human species are understood, all ages have their important value in the community and these segregation practices are un-natural, fairly recent, and harmful to our Mental Health.
 - f. Media. Invest in artists, who use their craft to spread messages that try to promote Mentally Healthy practices. I am one such artist and you may enjoy my song Never Alone here <https://soundcloud.com/drcarrot/never-alone?in=drcarrot/sets/remastered> .
 - g. Social Media. Honestly, I am not too sure. We've allowed a Wild West lawlessness of internet to take solid foothold in our children's (and our) lives. My kids for example, at times have struggled to be accepted by their peer group if they are not fluent in the current events of the popular influencer (YouTuber, TickTocker, etc.). And it is easy to say that we should teach our kids to do many things. I believe that it is irresponsible to ignore a tens of billions dollars industry, whose sole focus of expertise is to gain our kids attention.

- h. Birth. Our inner peace and trust in the world begin at birth. Please consider educating our population with messages that empower women and their partners to have a natural birth experience as much as possible. Please consider orienting Medicine to only assist in emergencies (not ones that they have created). Environment that imparts trust and safety is essential for the woman giving birth to open up to this monumental undertaking. Lifelong bombardment with images of women on their back, in a hospital gown, in agony, disempowered, with their legs in stirrups, and the clueless, helpless, useless, shell-shocked husband – these are damaging messages. Yet, we accept them as the norm in media all around us. If this is new to you (when my Mother saw our birth video, she exclaimed “it’s like you are from another planet”), I recommend searching “positive birth stories” on YouTube.
- i. Funded community hubs. Places offering a range of good activities for grownups and kids that promote social connectedness. Preferably free.
- j. Employer support. Workplaces are a big part of our life. Please consider empowering and funding them, especially the small businesses, to invest in their staff Mental Health. Please think it through, so that it doesn’t negatively impact on the employee, who asks for help.

Thank you for seeking opportunities to improve mental health outcomes for Queenslanders. I put in an urgent thought (late to find out about it) and effort into this submission. My hope is that we will continue seeking solutions, we will only get better.

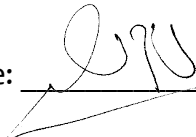
Kind regards,

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