4th February 2022

To the Committee Secretary,

I am making this submission in my capacity as a Father of a teenager son with mental health issues. My son became involved in the public Mental Health system from the age of 11, around the time of his first attempted suicide by Ritalin and Panadol overdose (he is now 16). There is trauma I've experienced as I've watched my son decline into a world of suicidality, overdoses, illegal drugs, relationship breakdown and violence. But equally there is trauma I've experienced from dealing with a system that has not been able to effectively respond to my son (or our family) as I've followed all the correct processes to "get help". The help was largely unhelpful, despite it being my only available course of action.

I have so many experiences and stories I could share about my experiences with the system and my son, but due to limitations with this inquiry will just keep to some broad points and recommendations to begin with.

Emergency Examination Authorities

My son was taken to hospital numerous times by Police or Ambulance under an "EEA". This occurs when an officer determines:

- a person's behaviour indicates the person is at immediate risk of serious harm (e.g. by threatening to end their life), and
- the risk appears to be the result of major disturbance in the person's mental capacity caused by illness, disability, injury, intoxication or other reason, and
- the person appears to require urgent examination, treatment or care

During these episodes, my son was acting violently, experienced auditory hallucinations, stated he wanted to die/kill himself, putting himself at risk of harm with drugs/knives and talking about being sexually abused by adults he met while running away. The Police, Ambulance and Community Members had serious concerns about his mental health.

However, every single time, mental health units in hospitals released my son back into the community after the 6 or 12 hour time period stating he had "no acute mental health illness". At times, these EEA's occurred several times a month, a week and even in a day. Police and Ambulance would escort my son to hospital believing he was at serious risk of harm (or at risk of harm to others) only to be release by the hospital, and then be taken straight back there in a few days for another EEA to be told there was no "acute suicidal ideation or acute psychosis". I recall one incident in particular (my son was only 15 years old), when Caboolture Mental Health released my son at 1am in the morning after he told them he was going to the city to spend a night with a paedophile. The MH unit contacted Child Safety, I contacted the Police, but not a single piece of legislation could keep him in the hospital nor stop him from leaving the hospital to spend time with the paedophile and put himself at risk of harm. My son has since disclosed he was raped by the same male – this matter has been reported to Police however they are unable to take action without a report by the victim.

Clinical Nature of Mental Health Units

Mental Health Units have an overwhelming clinical approach to presenting mental health issues. Mental health services in the health system are only interested in acute suicidality and psychosis. Drugs, anxiety, trauma, depression, violence, paedophilia, abuse, hallucinations, severe behavioural episodes, etc are flicked back to the community. Unfortunately the community is either ill equipped to handle these things, or the community's perspective is that it is a Mental Health issue that should be managed by the mental health system. When community based avenues are exhausted the mental health system keeps pushing it back out and the cycle continues. It's back on the Merry-go round of Police, Ambulance, EEA's, MH Assessment,

Hospital Release, no Community options left and back again. As these things occur family violence escalates, education systems are affected, employment is impacted and the flow on effects of vicarious trauma occurs in supporting someone who has a severe mental illness. Entire families and communities are impacted.

The expectation for public Mental health Units to deal with complex Mental Health issues is not unreasonable. The foundation of mental health approaches is to take a bio-psycho-social perspective however all mental health units focus on is one aspect of the entire issue. Sitting someone in a hospital room for 6 hours until a MH assessment occurs where a person enters the room and asks the patient if they are suicidal is not holistic mental health care.

I recall one incident when my son was taken to hospital for an EEA in an ambulance. The Ambulance Officer said to me as they were closing the doors of the ambulance, "Get private health insurance. I've lost all faith in the public mental health system".

Inadequate Hospital Release Plans

Each time my son was released, the follow up plans were inadequate. Many times he was sent away by mental health staff with valium to calm his violence (which he either sold or abused to the extent that he developed an addiction to them or they stopped working). The violence continued and I was continually subjected to Adolescent to Parent Violence. Members of the community and his extended family also experienced regular family violence. Police intervention lead to no change in outcome (due to the ineffectiveness of Youth Justice process or them being "tied" by legislation). Child Safety were useless in any assistance. Private Psychiatry led to more drug abuse and more selling prescription medication for illegal drug money. The Child and Youth Mental health Unit was mostly frustrating and bureaucratic. Every time he was referred there they wanted to know what catchment area he was in and because he was transient and kept moving around, he was unable to establish a relationship with any single practitioner. Private practitioners were either ineffective or recommended the public health system.

Lack of Drug Treatment Facilities

As a minor, my son was at risk of death by "misfortune" due to drug use however no facility would involuntary admit him and each time he was released from hospital, it was with the full knowledge of both practitioners and his family that he was at serious risk of harm to himself or his family. There is only one drug treatment facility for minors in Brisbane – Clarence Street. They do not accept immediate referrals from hospital and there is a process for several months to be admitted into their detox program. It is a voluntary program even if the minor is at serious risk of harm. There also seems to be a game that gets played between Mental Health Units and Community based drug services. Mental Health Issues and Drug issues are often co-morbid. Which means that people use drugs because they have underlying mental health issues and in turn, using drugs create more mental health issues. Mental Health Units send people using drugs to external drug services, saying it's "not a mental health issue" while external drug services say that the person has underlying mental health issues that need to be addressed so they won't use drugs. So it largely becomes a game of ping pong. Regardless, drug treatment facilities for 15 year olds are non-existent and if any person, especially a minor, is at risk of harm to themselves or others they should not be in the community causing more violence, police intervention, ambulance calls, threats of suicide and additional burdens on social infrastructure.

Lack of Quality Improvement and Feedback Mechanisms

The issues I have raised in this submission have been fedback throughout the years of engagement I've had with the mental health system, yet nothing changes. The Mental Health system appears to be locked into their processes and legislation. Letters to Ministers get responses that are formulaic, defending compliance with processes rather than being open to systems change that benefits my son and the community. Or, they bounce from Department to Department as each one compartmentalises the issues into "Health", "Child

Safety", "Police". Complaints mechanisms don't appear to have quality improvement attached to them and each person in the process appears totally reliant on the note taking of the prior practitioner. There is no continuity and no focus on overall systemic improvement.

Lack of Community Development and Poor Social Work Practice

One strategy that was recommended by a hotline was calling for a Social Worker whenever my son presented in the Mental Health ward to advocate for him. Unfortunately this strategy did not work. Social Workers attached to mental health units knew little about referral pathways in the local community or options for extra support. The emphasis was placed on the "professionals" rather than the experience of my son and his family, and that of the wider community that led to him being brought to the hospital under an EEA. I recall one time a social worker in Redcliffe Hospital even recommended to me that I see my son as a perpetrator based on our "past lives"!

Citizen-led Community Development around Mental Health issues (or any issue for that matter) has been neglected for years in favour of ever increasing service delivery responses to ever increasing mental health issues. Local Community Development initiatives, supported by Community Development practitioners with people affected by Mental Health need to occur. We cannot keep throwing money at "better services" without mobilising affected people and communities to create change, or we keep throwing money at problems that keep escalating without addressing the underlying causes.

Community Development needs to be re-discovered by the system.

Thank you for this opportunity for feeding back my experience but in my **Appendix A** want to share with you one of the many emails I have sent. It is an email so the committee understands the utter desperation and pain a parent goes through when dealing with the mental health issues of a child.

I haven't had much contact with my son for almost a year now, since I was assaulted by him (again) in April 2021. He hasn't been able to live with family anymore due to his level of violence and mental illness so has been "self-placing" for many years. I hope he gets the help he needs despite our experiences with the system. I wish that more could have been done much earlier instead of things getting so bad, for not only him but for everyone around him. Mental Illness affects more than just the individual. It affects entire families and communities.

Kind regards,

[redacted]

Appendix A

[redacted]
Mon 13/07/2020 9:27 AM
Dear Premier and Ministers,

My son turned 15 years old on the 14th March 2020. His name is [redacted]

He is drug addicted, homeless, mentally ill and using paedophiles to get money for drugs. He regularly sends messages to people saying he wants to die from this "shitty world". He hasn't been to school for over 6 months.

He is known to the Department of Child Safety, Queensland Health and Queensland Police Service. His first suicide attempt was at age 11.

He has been taken to hospital under an EEA 3 times in the past week, twice in Rockhampton, once to Caboolture. He was taken because he was violent, "wanting a fix", "wanting to die", irrational, drug affected, overdosed, posting suicidal messages on social media and suffering from auditory hallucinations. On Saturday Police found him with axe in his hand in a shop, before he stole a knife and was apprehended by Police for another EEA. He had overdosed on 25 Serepax.

Every single time he was taken to hospital under an EEA in the past week, he was released with the full knowledge he would be going back to paedophiles for more cash, more drugs and more harm. He is released because he is "not explicitly suicidal and not suffering psychosis" but to all involved in [redacted] *life he is clearly at risk of death from drug use/mental illness and continual exposure to sexual abuse by adults.*

All of this information, and the long series of events leading to this have been reported to Qld Police, Child Safety, Queensland Health and his school ([redacted] *) without any action that stops his risk of serious, life threatening harm. He has also been charged with assault and will full damage against his own mother without any consequence.*

Both of his parents have advocated for him intensely for the past 2 years to Government Departments (he was first homeless at age 13 and using drugs at age 12). DOCS have only demonstrated an interest since April 2020, when both parents became too exhausted to continue to manage a violent, drug addicted, couch surfing, mentally ill young man after repeated attempts to get help from "professionals" over some 10 years. Numerous complaints to your departments have been forwarded to try and get further action without success. Your departments don't talk to one another, each point the finger at the other and each say their "hands are tied".

The safety of children in Queensland has become non-existent. How a child can continue to be at this risk of harm after royal commissions, inquiries, coroner's reports, child protection campaigns and still not have structures in place to keep him from killing himself or causing serious harm to himself and others is unbelievable.

Millions of dollars have been invested into these issues by your Government. I'm well connected in the Community Sector and have been for 20 years. I hold a Ministry Degree, Graduate Diploma in Psychology and a Masters of International and Community Development. I have personally met many of you.

Your system is totally broken.

My son needs involuntary treatment/intervention or he will die.

I am asking for your immediate action on this today.

I have done all else humanly possible.

Thank you,

[redacted]
[redacted]