

SUBMISSION TO THE INQUIRY INTO THE OPPORTUNITIES TO
IMPROVE MENTAL HEALTH OUTCOMES FOR QUEENSLANDERS

Submission From:	<div>████████████████████</div> <div>████</div> <div>████████████████</div>
Contact Details:	<div>████████████████████</div> <div>████████████████</div> <div>████████████████████████████</div> <div>████████████████</div> <div>████████████████</div>
Privacy Request:	We request that names are not published

Introduction

We are the parents of a 49 year old son who is on a disability pension and has mental health issues. ██████████ his mother, is registered with Centrelink as his carer. In this role we have experienced how both Federal and State agencies have contributed to his mental health issues.

Inappropriate procedures and a lack of understanding have made things extremely difficult for us. We hope that sharing our experiences will give your Commission an insight into some of the problems and will help enable you to come up with workable solutions.

We believe that changes need to be made to improve outcomes for people with mental health issues.

Our son does not have alcohol or drug problems.

You are welcome to contact us for clarification or further information.

Recommendations

- Centrelink introduce processes to appropriately manage cases for their clients with mental illnesses. Presently, they can be part of the problem rather than part of the solution.
- The Queensland Police service needs to upgrade its training in interacting with people with a mental illness. There then needs to review procedures to check that the training is actually being applied in the field.
- The Queensland Police service should return to the procedure where they had to have an appropriately qualified person in attendance when going to detain a person with a mental illness.
- Some police districts have a police liaison officer to provide information to members of the public. This service should be extended.

- The 'anti hooning' legislation needs to be reviewed to ensure it does not encroach into unintended areas – such as removing the only transport available to a person with a mental illness where misdemeanours were due to the mental illness. The current legislation appears to be an example of a good idea taken to an illogical extreme.
- The Magistrate's Court needs a change to procedures where a person can engage in cross examination of witnesses on behalf of a person with a mental illness. This is necessary when the mental illness prevents the person doing this themselves, Legal Aid has been refused and there is no finance available for a solicitor.

Overview

We provide this submission on the basis that [REDACTED] is the carer of our 49 year old son who is a Disability Pensioner diagnosed with agoraphobia.

He does not have alcohol or drug problems.

We will address the following issues:

1. Centrelink and its actions towards a person with a mental illness.
2. The Queensland Police Service and its interactions with a person with a mental illness.
3. The appropriateness of accommodation at the Prince Charles secure mental illness unit for a person when referred by Centrelink.
4. The Magistrate's Court and its lack of ability to provide equal access under the law for a person with a mental illness.
5. The mental health effects on us as parents.

1. Centrelink and its actions towards a person with a mental disability.

Centrelink has a referral system to the Queensland Police Force for persons it suspects are suicidal.

The decision for making this referral appears to be made by persons of little experience and/or on little evidence.

We suspect they may simply have a check list which, in association with the level of experience of the operator answering the call, has limited ability to distinguish between someone angry at waiting on the phone for over four hours to be answered and someone who is suicidal.

I will supply information relating to three incidents to illustrate this:

- a) Centrelink's confinement of our son in [REDACTED] Hospital's secure mental health unit when he rang up to discuss being granted unemployment relief.
- b) Centrelink's lack of understanding in demanding our son attend their contractor's employment assessment program when he was diagnosed with severe agoraphobia. Centrelink had been provided with a doctor's medical report on our son's mental illness.
- c) Centrelink's inflexible administrative requirements cause stress

Background

Section 1a - Centrelink's confinement of our son in [REDACTED] Hospital's secure mental health unit when he rang up to discuss being granted unemployment relief.

Our son was a foreman for a parks and gardens contractor. He developed a clot in the left shoulder in the vein draining the left arm. The clot is directly above the heart. This causes the arm to swell and the heart to race if anything more than a slow walk is carried out. This is a medical emergency and can be fatal. This is known as thoracic outlet syndrome. He had two operations at the Royal Brisbane and Women's Hospital but the clot has not been able to be removed. He could no longer be employed in the grounds maintenance business.

He did not immediately apply for Centrelink support as he was ahead in his house repayments and thought the pending operations at Royal Brisbane would solve his inability to work.

When his funds were depleted, he spent 4 hours waiting for Centrelink to answer. He needed their support as he had no money, no food, and could not service his house loan.

Centrelink's action was to send police to his home as their evaluation was that he was desperate and therefore may become suicidal. Centrelink did not make any arrangements for financial support which was all he wanted.

Section 1b - Centrelink's lack of understanding in demanding our son attending their contractor's employment assessment program when he was diagnosed with severe agoraphobia.

Our son had been granted Centrelink Newstart benefits following his time in the secure mental health unit.

He, and his mother as the registered carer with Centrelink, received correspondence to say he had to attend employment assessment programs run by a contractor. This was not possible due to his illness.

It took over two hours with various Centrelink officials at the [REDACTED] office to have this rescinded. They initially said it was impossible once it was in the system. This included a number of times in which [REDACTED] was reduced to tears. Eventually, at ten minutes after closing time, the supervisor did a click on the computer and said that now we had what we wanted.

We have found that procedures employed by Centrelink make it virtually impossible for a person with a mental illness to deal with them and difficult for those without a mental illness.

Section 1c – Centrelink’s inflexible administrative requirements cause stress

Centrelink’s has the requirement that people receiving New Start Allowance have to justify each fortnight why they are not actively seeking employment. We understand the need for this but there seems to be no flexibility in the system. Our son had to do this when all he wanted to do was to get back to work. At the time he had a blood clot close to his heart and lungs. The specialist had told him that it was possible that a part of the clot could break off and kill him. The clot was affecting his blood flow thus limiting his activity. He was in constant pain and waiting for an operation that could save his arm. This went on for a considerable time as there were very long waiting times at the hospital for surgery.

2. The Queensland Police Service and its interactions with a person with a mental illness

The Queensland Police Service advises that it has a policy and trains all its officers to interact appropriately with persons with a mental illness. In interactions with our son, they have failed to apply this policy.

We will supply information relating to two incidents to illustrate this:

- a) How our son was handled by officers of the Queensland Police Service when referred by Centrelink (as mentioned above).
- b) The actions of a Queensland Police Senior Constable in relation to his demands to have our son attend the police station for photographing and finger printing following being charged with driving on an expired driver's licence.

Background

Section 2a - Queensland Police Service

Following the referral by Centrelink, the police smashed in our son's back door, cuffed him and put him in a police vehicle without shoes, hat, wallet or phone. It was the middle of summer. He was conveyed to the Prince Charles Hospital's secure mental unit.

At this time he was recovering from an operation where a rib was removed to give his existing blood vessels in his shoulder more space, as the main vein returning blood to the heart was still blocked by a clot. The operation had given him nerve damage and he was in severe pain. His doctor had told us that if his left arm is raised above his head he lose the pulse in that arm. He tried to explain his situation to the police.

His left arm began to swell up because of the position of his cuffed hands behind his back.

The male police officers took no notice but finally a female officer investigated, saw the problem, and had his hands cuffed in front of him.

At the time this incident occurred, the police were expected to bring with them a person trained in dealing with people with a mental illness. The police failed to do this.

We understand that this requirement has since been removed. We feel this is a backward step for people with mental illnesses. If a psychologist had been present, it may have alleviated some of the misunderstanding and trauma that this event caused.

Section 2b - Queensland Police Service

Our son is on a disability pension for mental illnesses including severe agoraphobia. He leaves his house a little as possible and returns as quickly as he can. This has led to minor traffic infringements over the years, mainly for being over the speed limit on his return home.

Secondly, due to his agoraphobia, he could not force himself to attend a Department of Transport Office to get his drivers' licence renewed.

He went to court under the 'anti hooning' legislation for having a number of traffic infringements in a given period. This meant that the police could exercise the right to immediately confiscate his vehicle, which they did. If their conviction was successful, the police could then sell or crush the car as they saw fit. This did eventuate leaving him without transport.

As a disability pensioner, the loss of his car was very difficult for him financially. The main concern was what it did to his mental health. It was one of his few valued possessions. His physical health prevents him from riding a bicycle or walking very far.

His mental illness prevents him from using public transport. His mental health has deteriorated considerably because of what happened to his vehicle.

The Senior Constable involved in confiscating the vehicle sent by mail a police form informing our son that he had to report to the North Lakes police station by a given date to be photographed and finger printed. He would be arrested if he did not comply. This was in spite of having confiscated his vehicle and knowing he lived alone.

We phoned the [REDACTED] police station and spoke with the Senior Constable concerned. The officer confirmed that he had the right to do this and would break in a door to make the arrest if necessary.

We were extremely concerned about our son's mental health at this time as he had not recovered from the trauma of the time when the police broke down his door and took him to the mental hospital.

We advised that the police web site said that fingerprints and photos taken under this legislation could only be kept for a few months and that collecting them was optional anyway. We reaffirmed with him our son's diagnosis and advised that, if he checked the police data base, he would see reference to his being taken to the secure mental unit.

We advised him to check the requirements of the police policy on dealing with persons diagnosed with a mental illness.

We did not hear back from the Senior Constable. This exacerbated our son's level of anxiety leading to a deepening of his mental illness as he waited for his door to be broken down and his being arrested. In fact, the police never carried out this action but never informed us that it was not going to happen. It was many months before the case came to court.

We felt aggrieved that we had to point out to the Senior Constable information which was readily available on the police web site at the time and refer him to training he had undergone.

3. The appropriateness of accommodation at the [REDACTED] secure mental illness division for a person when referred by Centrelink.

Our son has admitted to the secure mental health unit at [REDACTED] Hospital by the Queensland Police Service on direction of Centrelink (as mentioned above).

Our son spoke well of the staff and the level of care they showed.

Personnel at the secure mental illness unit had a Centrelink official immediately arrange Newstart benefits for our son.

This was all that was required in the first place.

All of the trauma to our son could have been avoided, the police could have been carrying out other work and the severe mental health unit not involved.

Background

Our was confined in an area which was inappropriate as he was exposed to patients with extreme mental illnesses. This caused him great distress as he had had no exposure to people in such circumstances.

He also felt that the very government authorities which he thought could assist him wanted him confined here.

He found the experience of the secure mental unit so harrowing that he escaped from the unit.

The secure mental health unit then rang us a couple of hours after his escape as he had listed us as the next of kin. They told us he had no money, phone, hat or shoes. It was the middle of summer and very hot. We drove to [REDACTED] and searched the roads and shopping centres looking for him.

We were concerned that the walking in the heat with his vascular problem would cause high blood pressure and heart rate problems. He had been advised by his surgeon that this could loosen part of the clot in the vein above that heart and kill him.

Fortunately he found a taxi driver who would take him home.

We found him traumatised at his home.

We believe that this was the beginning of his severe mental health issues which are still ongoing. This is substantiated by a clinical psychologist's report.

4. The Magistrate's Court and its lack of ability to provide equal access under the law for a person with a mental illness.

We should make it clear that there is no criticism of the Stipendiary Magistrate's actions. The concern is with what the Magistrate is permitted to do during a trial of a person diagnosed with mental illness.

The Magistrate was not able to grant one of us the right to cross examine the police on the stand on [REDACTED] behalf when his mental illness prevented him doing so himself.

I will supply information relating to two incidents to illustrate this:

- a. The Magistrate was not able to grant one of us the right to cross examine the police on [REDACTED] behalf when his mental illness prevented him doing so himself. Legal Aid had not been granted.
- b. The double punishment under the 'anti hooning' legislation which results from traffic convictions which can add up to a police seizure of one's vehicle, and, after conviction, crushing or sale of the vehicle.

Background

Section 4a. The Stipendiary Magistrate's Court Procedures

Our son's mental illness prevented him from being able to cross examine the police. He attempted it, but could only manage one question. There were a number of anomalies in the police's written evidence when compared with their web cam video.

The fact that there was an experienced police prosecutor able to manage the police case against a mentally ill person who was actually struggling to remain in the room does not weigh well on the scales of justice.

We had contacted Legal Aid. They advised they do not provide support for such a minor traffic offence.

The Magistrate could not allow one of us to carry out on our son's behalf, cross examination of the police giving evidence.

Our son went to court charged with driving with on a driver's licence expired for some months (as mentioned above). His agoraphobia and panic attacks prevented him attending a Department of Transport office to renew the licence. He only ever drove his car to purchase food.

Section 4b - The anti hooning legislation and mental illness

The Queensland Police web site states:

Anti-hooning laws, as they are often known, have been repeatedly strengthened as part of the Queensland Government's commitment to crack down on illegal street racing and hooning. You can commit a hooning offence while you are driving any vehicle, including one owned by a friend or family member—you do not have to be the vehicle's owner.

Our son has never been charged with anything like illegal street racing or hooning. As stated in the quote above, things which are minor traffic offences have gradually been added to the list.

While his charge of driving on an expired licence appears to be very minor resulting in a fine of about \$130, there is a double punishment. The result of this conviction combines with a number of other minor traffic offences to be considered under the Queensland 'anti hooning' laws.

This meant that our son's vehicle was confiscated by the police, was not returned to him, but crushed or sold by them with them keeping any value from the vehicle's disposal.

5. The mental health effects on us as parents.

We, as parents, have suffered from what has happened to our son.

We worry that Centrelink may demand that our son present himself to them, or their contractors, as part of their review processes for people receiving benefits.

Should he lose his pension, he will be unable to service the loan on his little house, thereby becoming homeless.

The anxiety and stress of dealing with both the Federal and State agencies has led to Trudy having to seek help from a psychologist.

Should you seek any clarification on the issues presented, we would be happy to have you contact us.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

4th February 2022