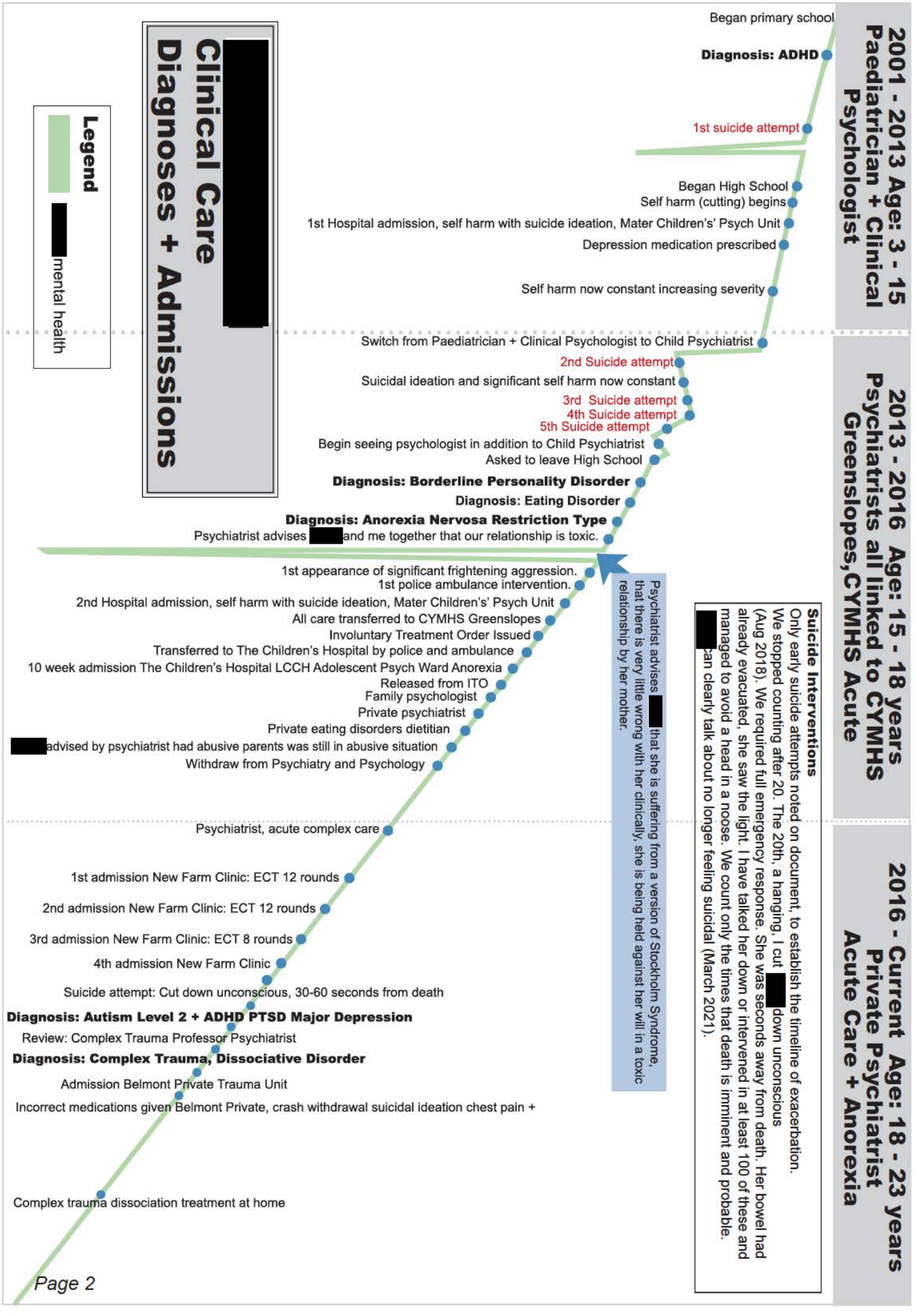
- My daughter has completed Queensland mental health.
  We saved her life, but no psychiatrist or psychologist will treat her.
- The mishandling, mistreatment and misdiagnoses she has suffered in addition to the relentless failure in the duty of care and unprofessional-ism with which she has been treated is astonishing.
- Having read the briefing materials for this inquiry, I can understand how it seems so improbable that the experience of obtaining help seems so at odds with the care that is available.
- It's a complex story and I have attempted to make as easy to access as possible.
- Even though I understand the terms of providing information to the inquiry, I would like to establish that there are endless reports to back up this account. So difficult has this process been I have had to become accustomed to only using information that I can prove.
- I have written this account with permission of my daughter, and we have read through it together prior to submission.
- [redacted] has offered to answer questions in person (with appropriate support) to the committee if it would help to hear from someone who has survived.
- We are only 5 months out of a 9 year crisis, and are still in recovery. My cognitive function is only slowly returning. I am sitting at about 40% function on an every-day basis and both of us have had to struggle through putting this report togeth-er. It has been incredibly difficult. It seemed like a good idea to make graphics and typeset for clarity but I wasn't ready yet to place my daughters suicide attempts on a graph.
- I have taken the responsibility of writing this very seriously because we wanted help so often so very much. I apologise in advance if the tone is wrong for the many typos and the fact that it could have been so much better. I am still so far for being OK out in public that my efforts at camaraderie and jokes can sound just so wrong. I seem ultra-intense, I actually prefer to laugh but it is just another facet of recovery.


Clinical Care [redacted]
Diagnoses + Admissions
Legend
[redacted] mental health
2001 - 2013 Age: 3 - 15
Paediatrician + Clinical Psychologist
2013 - 2016 Age: 15 - 18 years
Psychiatrists all linked to CYMHS Greenslopes,CYMHS Acute
2016 - Current Age: 18 - 23 years
Private Psychiatrist Acute Care + Anorexia
Began primary school
Diagnosis: ADHD
1st suicide attempt
Began High School
Self harm (cutting) begins
1st Hospital admission, self harm with suicide ideation, Mater Children's' Psych Unit
Depression medication prescribed
Self harm now constant increasing severity
Switch from Paediatrician + Clinical Psychologist to Child Psychiatrist
2nd Suicide attempt
Suicidal ideation and significant self harm now constant
3rd Suicide attempt
4th Suicide attempt
5th Suicide attempt
Begin seeing psychologist in addition to Child Psychiatrist
Asked to leave High School
Diagnosis: Borderline Personality Disorder
Diagnosis: Eating Disorder
Diagnosis: Anorexia Nervosa Restriction Type
Psychiatrist advises [redacted] and me together that our relationship is toxic.
1st appearance of significant frightening aggression.
1st police ambulance intervention.
2nd Hospital admission, self harm with suicide ideation, Mater Children's' Psych Unit
All care transferred to CYMHS Greenslopes
Involuntary Treatment Order Issued
Transferred to The Children's Hospital by police and ambulance
10 week admission The Children's Hospital LCCH Adolescent Psych Ward Anorexia
Released from ITO
Family psychologist
Private psychiatrist
Private eating disorders dietitian
[redacted] advised by psychiatrist had abusive parents was still in abusive situation
Withdraw from Psychiatry and Psychology
Psychiatrist, acute complex care
1st admission New Farm Clinic: ECT 12 rounds
2nd admission New Farm Clinic: ECT 12 rounds
3rd admission New Farm Clinic: ECT 8 rounds
4th admission New Farm Clinic
Suicide attempt: Cut down unconscious, 30-60 seconds from death
Diagnosis: Autism Level 2 + ADHD PTSD Major Depression
Review: Complex Trauma Professor Psychiatrist
Diagnosis: Complex Trauma, Dissociative Disorder
Admission Belmont Private Trauma Unit
Incorrect medications given Belmont Private, crash withdrawal suicidal ideation chest pain +
Complex trauma dissociation treatment at home
Psychiatrist advises [redacted] that she is suffering from a version of Stockholm Syndrome, that there is very little wrong with her clinically, she is being held against her will in a toxic relationship by her mother.
Suicide Interventions
Only early suicide attempts noted on document, to establish the timeline of exacerbation.
We stopped counting after 20. The 20th, a hanging, I cut [redacted] down unconscious (Aug 2018). We required full emergency response. She was seconds away from death. Her bowel had already evacuated, she saw the light. I have talked her down or intervened in at least 100 of these and managed to avoid a head in a noose. We count only the times that death is imminent and probable.
[redacted] can clearly talk about no longer feeling suicidal (March 2021).

2001 - 2013 Age: 3 - 15
Paediatrician + Clinical Psychologist

- At the time [redacted] was first diagnosed with ADHD it was not yet known that a child could have both autism and ADHD.
  If the autism had been disgnosed at this point there would have been a very different outcome.
- It is only with the benefit of hindsight that we know that we had the best psychological councilling and parental training there was ever going to be.
- From this clinical psychologist I learned the tenets of caring for a complex child. The paediatrician should have revisted [redacted] diagnosis over the course of the 13 years treatment.

  These two clinicians and the psychiatrist who still oversees [redacted] case are the only truly professional doctors we have ever seen.

[redacted]

Clinical Care Details

Legend

[redacted] mental health

2013 - 2016 Age: 15 - 18 years
Psychiatrists all linked to CYMHS Greenslopes,CYMHS Acute

- Again it is only with the benefit of hindsight I understood what happened here. [redacted] was already suffering with a multitude of very serious symptoms. I was expecting help and advice. Instead we received judgment and condemnation.
- I was utterly dismayed to find that after [redacted] first serious suicide attempt, and those that came after, the treatment this Psychiatrist offered was, a consoling hmmm and irritation that I was looking for more.
- [redacted] physical and mental health steeply declined. What I didn't know was that for a period of months AFTER [redacted] had been diagnosed with Borderline personality disorder and had suffered so much anorexia weight loss that cognitive decline had begun, this psychiatrist repeatedly told [redacted] that there was little wrong but that her relationship with me was clinically toxic and that my treatment of [redacted] was actually responsible for her by now, life threatening issues. Medical and legal guidelines make a situation such as this very clear. The doctor must immediately call social services.
- No such call was ever made.
- Rather, the psychiatrist passed on [redacted] care to CYMHS (Child and Youth Mental Health Services) Greenslopes briefing them that [redacted] was rude and untreatable and that her mother was abusing her, neither of which was true and could have been resolved with a couple of phone calls.
- The thing that [redacted] had trusted the most, that she was loved and cared for, that her sister and I did not blame her for her issues but understood that something was very wrong and wanted to help her, was taken from [redacted] through the complete incompetence of her psychiatrist.
- The care in CYMHS acute Lady Cilento Children's Hospital requires it's own hearing and is far too complex to report here, other than to say it is galling. The psychiatrist and paediatrician nominally in charge of patient care are excluded and did the best they could under dreadful circumstances.
- The psychiatrist discussed above had worked at CYMHS and the psychiatrist who came after hired the same people. The story of [redacted] supposed parental abuse was continued.

2016 - Current Age: 18 - 23 years
Private Psychiatrist
Acute Care + Anorexia

- [redacted] current psychiatrist retires in a few months, no one will take [redacted] case.
- Finding this Psychiatrist was the single best thing that happened to [redacted] in the entire grim process.
- It took nearly 18 months to the build the trust, and this doctor knew sometimes you need to wait it out. [redacted] became an in patient and the trust was cemented. The fact that he knew how to do this should be lauded wide and far.
  The treating relationship now is medication prescriptions and [redacted] and I ask for advice on the treatment we are trying.
- Why does this relationship work? The answer is so simple.
  He was honest. He told us up front that when the situation is this complicated, no doctor really knows what to do. He discusses options with [redacted] and me and [redacted] decides if it is something she wants to try. I do the work with [redacted] at home to make sure she is stable and ready to undertake it and of course orgainse to pay for it.
- He was clear from the outset that there was autism somewhere but by the time [redacted] saw him she had a host of issues that makes seeing it, particularly in a female patient is impossible.
- Overtime, with much advice, you can tease out which symptoms belong to which diagnosis. This is still ongoing.
- We have had quite a few disagreements over the years but he could always see that both [redacted] and I had only a single goal: to help her live her best life, whatever that may look like.

- Any mother would hate to be accused of this sort of abuse but the real issue is that because this is the conclusion that has been drawn, no one is actually trying to treat [redacted] escalating mental health crisis.
- It was with this psychiatrist I met and advised of escalating difficulties, reporting concerns that [redacted] was engaging in concerning sexual relationships. The psychiatrist refused to see me again. [redacted] was raped multiple times.

How did we get here?

- I met my local member Joe Kelly after writing and begging for help. He was kind and attentive, but our story is complex and even to my own ears wildly unbelievable. Joe recommended services that he believed may be suitable. In the same manner I emailed and was contacted by Ivan Frkcovic.

- Both were kind but the contacts and recommendations were not applicable. The situation substantially deteriorated, and I wrote to the Premier's Office and to The Health Minister. I was contacted by the Health Ministers office which only served to re-enforce that there was not going to be any help and that the understanding of complex mental health in the minister's office was not much more comprehensive than the wider public. I wrote this last email out of sheer desperation in an acute crisis, and it bore the heading:

10th Feb 2021
URGENT LIFE-THREATENING SITUATION
WE NEED HELP NOW
Dear Joe,
Our situation has worsened considerably. I have sought help from any and every agency who may help, including all your recommendations, they cannot so extreme is the crisis.
I cannot just call in to services as absolutely no one believes the condition [redacted] is in except the two psychiatrists who have treated her. They cannot provide the care she requires; I am left to do it on my own. I could sort of patch over it with money and keep it all going. I have run completely out of money.
[redacted] has level2 autism, ADHD, anorexia and dissociative identities caused by complex trauma.
Multiple personalities, all autistic, all deeply suicidal and one filled with pain and rage and hate.
It is violent often and I am at risk. [redacted] is always at risk.
It is terrifying and involves psychosis and screaming until she throws up blood, attempted hangings, smashing up rooms and hoarding.
This is exactly how this is going to end up as a headline tragedy. This is how it happens.

Except of letter sent 10th Feb 2021

- Unfortunately, the likely outcome described above is how our story changed. I simply could no longer cope on my own and had exhausted all avenues of potential help. I was preparing for the inevitable moment that I could no longer continue, trying to arrange my affairs so that my elder daughter was left with as little mess as possible, but trying to do so under the immense pressure was pointless.

- Stories like ours generally end in murder-suicide, I couldn't ever take a life other than my own, but if I took mine, I was aware that [redacted] would follow suit. I am a veteran of suicide attempts and understand more than most. This was not to be an act of depression or anger it was simply no longer feasible to continue living.

- There are many paramedic reports from this time that would detail our condition. [redacted] was calling paramedics (a new behavior) because she was suffering with such immense physical pain she believed she was dying (also suffering from psychosis).

- During the last 2 years or so I have had to try and pull myself together enough every six months to write and explain to the bank that holds my mortgage why I will not be paying again. Its torturous. As you are no doubt beginning to understand it is very difficult to explain what has happened to us, because it just seems so improbable.

- My bank has been the unlikely hero of our story.
I thought I was writing into a void and that no one really read the updates I sent.
I thought I was just doing the appropriate thing, letting them know that I couldn't fight any longer, organizing for them to collect the out-standings from what would be my estate. I imagined someone would read it in a few months and forget about it. It was very much not a cry for help, it was very clear to me by this time that there wasn't going to be any.

- To my horror and shock, the bank requested a wellness check be completed by paramedics. I explained that I wasn't suicidal per say I just couldn't keep going. The unrelenting screaming, psychosis and violence was just too much.
They were really experienced paramedics, who know better than most in the sector how hopeless the care is for people who are truly ill. Their supervisor decided that I had to go into PA Psych for review.

- I heard the PA Psych staff discussing their very strange suicidal patient. I was having my first real break in a long time and was quiet and calm, none of the regular hallmarks of attempted suicides. I had the usual chat with the sweet but incredibly inexperienced psychiatrist and went home.

- My older daughter had to be called to take care of [redacted] while I was gone. It was the fact that [redacted] had to experience what I regularly do for her that began to shift her psychosis. The fear that I would be admitted and placed in a locked ward, which to [redacted] is a fate worse than death (autism and locked wards are not viable).

- I try never to make my older daughter care for [redacted] if psychosis is present or if suicidal behavior is likely, so this was the first time she was responsible for [redacted] in a psychotic condition.

- The different personality fragment that [redacted] was that day was the one that is sure that I am not doing enough for her and blames me for her mental state. According to [redacted] the shock of seeing the terror in her sisters eyes from trying to handle [redacted] own violent behavior is what shook her quite literally to the core.

- It was not a magic overnight fix but there was a shift. [redacted] agreed to try a new anti-psych medication (this is a complex area of pharmacology, law and ITO's).

- There are always follow-up calls post suicide emergency visits, mostly kind but not that helpful. I always call every number, because you just never know.
On this day I called a lovely woman called Natalie at a Wesley Mission program called The Way Back. She had happened to meet someone called Tom a few days earlier who would apparently consider taking on [redacted] via the NDIS.

- I already had an approved NDIS package but couldn't find anyone who would take it or offered any service for this level of care. A few days later a psycho-social coach with lived experience of caring for this level of trauma turned up at our door. And very slowly with many meltdowns both [redacted] and I believed that someone was actually going to help.

Bullying

- [redacted] bullying started on her 2nd day of primary school.
  It was proposed and led by her teacher who encouraged the children in class to participate in telling [redacted] she was stupid and useless. It was truly awful and frankly, shocking. Even after this was resolved the bullying was ongoing and difficult.

- The parenting required to get [redacted] through primary school was essentially the same type I used for my elder daughter, but it required 30 times more of it. [redacted] is smart and funny and absorbs information like a sponge and can participate in class discussions but has great difficulty completing written work in class and no ability to complete homework, a pattern that would continue in high school. She scraped through primary school and was calm, maturing and excited to start high school.

- Unfortunately, exactly the same pattern of bullying led this time by three staff happened by day 3 of high school. I was asked to remove [redacted] from high school 10 days into term 3 of grade 11 by telephone.
  After trying unsuccessfully to resolve this with the school, my father and I began a discrimination procedure and a personal injury case against the high school that resulted in a settlement in 2018.

- We also believed that this would be the worst thing that happened to [redacted]. If only that had been true.

- I am smart enough not to be litigious, no one would put themselves through that level of horror without being left with no other avenue and a sense of complete moral outrage.

- The school in question did not have a student mental health plan, when the chair of the school's trustee's told this to the Human Rights conciliator, her jaw dropped to the floor like a scene from a B movie. I still smile at the thought.
  My father died in 2016 and it was just too difficult to keep fighting alone. Even in the early stages I would run from hospital to hearings and back again as quickly as possible.

- [redacted] is bound by confidentiality regarding this matter, I am not.

  It was this payment that enabled us to survive this long.
  There is much research around this subject and bullying led by trusted adults in conjunction with perhaps underlying undiagnosed conditions is now believed to cause catastrophic outcomes including the onset of schizophrenia.

Why you can't get help

Clinical Care versus Social Care

- Psychiatry does not believe that social care is a viable safe model of treatment. Social care feels that their role is undervalued by clinical care, neither side will move from these untenable positions. The truth is of course somewhere in the middle.
- Psychiatry in general doesn't allow a written plan of treatment, recovery and goals. As a patient this means that there are no means to measure improvements and declines, patients instead must trust the process, which really means your psychiatrist. This is an accepted research position it should not apply to patient care.
- In reality this stance means that no information is given to the patient or carer about what they will face and what to look out for and how to survive.
  I imagine this is a disaster across the board but the reality in for example, the treatment of anorexia is verging on inhumane.
- I believe the reason for this is an old favorite, "what-about-ism". If the a mental health patient understood more about their condition they might imagine symptoms they don't have. Just imagine if this same principle was applied to any other specialty of medicine.

Critical Care

- As a treating psychiatrist there is no service that can be called in a crisis. The only option available is admission to a psychiatric ward.
- [redacted] can and will kill herself in a locked ward. This is entirely possible and more clinicians need to know this. There is much to say about in-patient care.
  If the patient is autistic the care provided in a locked ward is not suitable. Patients are medicated, stabilized and released.
- There is no treatment in a psych ward.
- The treatment required is psycho social recovery and a psychiatrist with whom you can build trust, trained in talk therapy. It takes years.
  There just aren't many and almost none that will take on complex cases.
- There is no link at all between the NDIS and your psychiatrist.
- The NDIS only accepted [redacted] after Autism Queensland gave me some advice. If there is no diagnosis of autism 2 or any disability that they will cover, you cannot access the NDIS for mental illness no matter how extreme.
- For the purposes of clarity I asked around if anyone is doing psycho social recovery on a user pays basis, outside of the NDIS. I could find no one.

How to really find a psychiatrist

- To access a psychiatrist you have to ask your general practitioner (if you have one). GP's are often unaware of the different psychiatry specialties, so even after trying this, you may find that the recommended choice will not take you.
- Then you cold call every psychiatrist registered.
- Almost no doctor is taking new patients.
- Anyone who is taking new patients will require a cover letter detailing the situation and a letter from the GP. You will have to be well enough to write this letter.
  Then you apply to get on the waiting list. Many psychiatrists offices wont even reply.
- If you are lucky and your case is simple enough you will be placed on a list. It can take up to a year.
- Most general psychiatrists will not treat the following:
  Eating Disorders (of any kind), Complex Trauma, Autism
- Psychiatrists who specialise in complex trauma will not treat patients with a history of suicidality.
  It is not possible to get a second opinion under any circumstances, without going through the entire process again.
- I found [redacted] current psychiatrist through the law suits. A psychiatrist who had worked with him did the recommendation after completing a medico-legal report. Our family miracle.

Trauma

- I know that Ivan Frkovic has an understanding of this and is better placed to explain it. Trauma is always a part of mental health care, and very few practitioners are trained to help.

Complex Trauma

- You were a soldier that faced the nightmare that is forward deployment and survived whist your team did not. Civilians died, you had to shoot to kill in combat, all the issues about right and wrong these situations create, the endless questioning of your role, all the "could-have, should-have" scenarios that you need to resolve in your mind. Now add to that the possibility that you were not given good guidance in your childhood or perhaps much worse, are you to blame for your actions and reactions?
  That is complex trauma.
- The military example is the best known, now replace those details with pedophile priests, perhaps you told your father about the abuse, he might have believed the priest not you. You might have been brutally punished for telling the truth. You are broken and don't know why and creating bonds with others is difficult to impossible. Now add that you have undiagnosed autism and a whole host of physical conditions related to the stress.
  That is complex trauma.

Help

- I understand no one will give us the help I need. I need money.
  The NDIS works at a glacial pace.
  There are so many medical and dental treatments with both need to recover Physically that will be covered by no service.
  [redacted] needs momentum or she slides backwards.
  I have always been grateful for medicare and the services theoretically available. But the reality of access needs to be explained to all.
  If you are living on a disability pension you cannot afford to see a psychiatrist, even if you can find one. You can on paper but in reality you cannot.
  If you are interested I can explain.

- I have a house and debt and cannot deal with the daily debt grind on top of the care I need to provide. Even with our new help I am only currently having receiving help for 8 hours at most a week, I am still covering the other 80 hours on my own.

- I need access to a reverse mortgage, but I am 5 years too young. I will pay for the care [redacted] needs myself. Surely this is something that can be arranged and allowed and quickly.

- I would sell and move but [redacted] is no where near stable enough to move and frankly I am broken and tired. If I attempted to move [redacted] now she would lose all the gains we have made and we have made many.
  Stability is key. The treatment we are already undertaking has measurable quantifiable results.
  Given that apparently no service knows how to do this, you would think someone would be interested in looking how we survived and how we are getting such good early results.

- I have been called a liar for twenty years. Many people in my situation lose everyone around them it is sadly pretty common. Families are complicated without autism, with undiagnosed autism there is no chance.
  People are frightened to know or be around something they don't understand. Most people believe that because we now have early access programs for depression and so on that the medical systems and governments must have the serious care under control. And that is not the case.

- There is much more to say, if it would help we will write it.
  The other areas that are important to cover are:
  The role of The Royal Australian and New Zealand College of Psychiatrists (RANZCP), The Royal Australian College of General Practitioners (RACGP), Australian Psychological Society (APS) and The Australian Clinical Psychology Association (ACPA)

  The next generation are taking their treatment into their own hands, it is important to understand why it works better than the current model.