This is a transcript of private and confidential evidence taken before the committee and should not be copied or republished in any way without the express authority of the committee.

Any unauthorised publication of this Hansard may constitute a contempt of Parliament. If the transcript becomes the subject of any request under the Right to Information Act, the committee should be notified.

MENTAL HEALTH SELECT COMMITTEE

Members present:
Mr JP Kelly MP—Chair
Ms AJ Camm MP
Mr RI Katter MP (virtual)
Ms AB King MP
Mrs MF McMahon MP
Mr R Molhoek MP
Mr BL O'Rourke MP
Dr CAC Rowan MP

Staff present:
Dr A Beem—Committee Secretary
Ms M Westcott—Assistant Committee Secretary

PRIVATE HEARING—INQUIRY INTO THE OPPORTUNITIES TO IMPROVE MENTAL HEALTH OUTCOMES FOR QUEENSLANDERS

TRANSCRIPT OF PROCEEDINGS

(In camera)

FRIDAY, 11 FEBRUARY 2022

Brisbane

FRIDAY, 11 FEBRUARY 2022

___

The committee met in private at 9.08 am

CHAIR: I declare this private hearing of the Mental Health Select Committee officially open. I would particularly like to welcome the youth advocates who are here with us this morning. I do have to say some formal words now, but we hope that we can have a fairly open and frank discussion. I really do, along with all the committee, appreciate you coming in here today. I would like to respectfully acknowledge the traditional custodians of the land on which we meet today and pay our respects to their elders past and present. We are very fortunate to live in a country with two of the oldest continuing cultures in Aboriginal and Torres Strait Islander people whose lands, winds and waters we now all share.

I would like to introduce the members of the committee. I am Joe Kelly, the member for Greenslopes and chair of the committee; Mr Rob Molhoek, who is not with us at the moment, is the member for Southport and the deputy chair; Dr Christian Rowan is the member for Moggill; Ms Ali King is the member for Pumicestone; Ms Melissa McMahon is the member for Macalister; Mr Barry O'Rourke is the member for Rockhampton; Ms Amanda Camm is the member for Whitsunday; and I believe Mr Robbie Katter, the member for Traeger, is joining us on Zoom. Welcome, Robbie.

The purpose of today's private hearing with the QFCC youth advocates is to assist the committee in its inquiry into the opportunities to improve mental health outcomes for Queenslanders. The committee certainly values the participation of the youth advocates in today's hearings. It is integral to the committee's inquiry to understand young Queenslanders' experiences of mental health and perspectives on the Queensland mental health service.

Whilst this is a private hearing, it is still a formal proceeding of the parliament and is subject to the Legislative Assembly's standing rules and orders. The private hearing is being recorded by Hansard and a transcript will be provided for you to review. The committee does not intend to publish these proceedings; however, should the committee later wish to publish any part of your evidence we are required to seek your views before doing so in accordance with schedule 3 of the standing orders.

We understand you will be sharing your personal stories with us today. If today's hearing raises any issues for you please seek support. Please see the secretariat for details of a range of support organisations that can assist you. This is also available on our committee website. I remind everyone that face masks are to be worn at all times. Witnesses and committee members may remove their face mask to speak during the proceedings. As the chair I will leave my mask off because I have to speak frequently.

HUDSON, Ms Holly, Youth Advocate, Queensland Family and Child Commission

IKEFUJI, Ms Alyssa, Youth Advocate, Queensland Family and Child Commission

LEWIS, Ms Natalie, Commissioner, Queensland Family and Child Commission

SHOLL, Ms Grace, Youth Advocate, Queensland Family and Child Commission

CHAIR: Good morning. I would like to invite the commissioner or any of the youth advocates to make a brief opening statement and then, if possible, we would like to open it up for members of the committee to ask questions.

Ms Lewis: Thank you, Chair and committee members. My name is Natalie Lewis. I will start by acknowledging that we meet on the lands of the Jagera and Turrbal people. I would like to pay respects to their elders past and present for their continuing connection and custodianship of this beautiful place that we get to call home.

I am here on behalf of the Queensland Family and Child Commission. In the work that we do across all of our program areas of focus we try to make sure that we are centring the views and aspirations of Aboriginal and Torres Strait Islander young people and, more broadly, we absolutely

focus on the participation of children and young people. The principle around participation that is described in the United Nations Convention on the Rights of the Child is central to the way we conduct our business.

I do not want to take up any time. I just want to thank you for creating a safe space for our young people to share their perspectives and to talk about their lived experiences. I think that that is where we get the best direction about what needs to happen in this space. I will hand over to our youth advocates. Thank you.

Ms Sholl: Good morning, everyone. I too would like to acknowledge the traditional owners of the land we are meeting on today. I myself live on the lands of the Yugambeh and Jagera people down in Logan and I would like to pay my respects to elders past, present and emerging. My name is Grace Sholl. I am a youth advocate member of the Queensland Family and Child Commission Youth Advisory Council. I am 20 years of age and I have chosen to appear at this hearing today because I believe we are failing young people who seek mental health support with low capacity services that are not designed for people needing more than early intervention and a general lack of respect for young people and their right to self-determination.

I am the daughter of veteran parents, both of whom have a history of mental illness and suicidality. At times I have had to act as an informal carer for them. My grandparents on both sides also have a history of mental illness, with my grandfather having suicided when my dad was a toddler. I have lived with depression and anxiety since childhood myself and I am also a survivor of suicide.

Based on my experiences, I believe the biggest challenges to child and youth mental health in Queensland are that we overly rely on community mental health organisations like headspace; that hospitalisation for young people with mental health issues may at times do more harm than good; and that mental health services are facing critical staff shortages and high staff turnover. When we talk about youth mental health we always talk about headspace, but what happens when a headspace centre does not have the capacity to support another young person? What happens when there is not a headspace in the local area, which is the case for a lot of rural areas? If that young person cannot afford private support, which is the case for many young people like myself who are university students living on Centrelink, and if they cannot access headspace they often reach the end of the line.

My experience in hospital after my suicide attempt did not heal me. The trauma I experienced was worse than that of my suicide attempt. I was ignored, I was belittled, I was exposed inappropriately and I was given the advice that I could treat my eating disorder with Jenny Craig. I was released after 10 hours with no support and no checks to ensure I was safe to go home. Two days later I was back at work. After a month of waiting I was finally able to see my psychologist. The formal complaint process to the Health Ombudsman was tedious and forced me to interact with the very people who made me feel unsafe while in hospital. Hospitalisation only hindered my mental health. My family and I are continuing to pay the price for trying to do the right thing and call for help, just as most mental health organisations suggest when someone is feeling unsafe.

Having worked as an advocate, particularly in mental health, for several years now, I have seen mental health professionals ask to take on more clients than they can manage and the burnout and dropout that results as well as the impact it has on the young people who are forced to retell their story to a new clinician every few months. We do not have enough mental health professionals to keep up with demand. We are not training enough to prepare for future demand and universities do not have the staff or resources to increase student numbers to meet industry demands.

To address these challenges, I respectfully ask the committee to consider the following potential solutions: investigate the potential for new youth focused mental health services, such as making private psychologists more affordable through Medicare or investing more in school based mental health professionals so that no child is left behind. Investigate hospital alternatives and how mental health and hospitals can be redesigned so patients leave feeling better not worse. For example, former South Australian mental health Commissioner Chris Burns suggested the development of separate waiting areas for people with mental health concerns in hospital where they could relax and feel safe. Roses in the Ocean are running a nationwide trial of a non-clinical safe space for people experiencing suicidal thoughts which has met with early success. Lastly, invest in the future of mental health by investing in students through increased capacity for university places for mental health related disciplines and increased support for postgraduate students seeking to become mental health specialists. Additionally, investigate ways to support the current mental health of the mental health workforce to decrease rates of workforce dropout.

I would like to thank you for the opportunity to share my views with you today. I really appreciate the opportunity to share a youth perspective on mental health with the committee. Thank you.

CHAIR: Does anyone else want to make an opening statement?

CHAIR: Thank you very much.

CHAIR: Thank you.

Ms Ikefuji: I am a youth advocate member of the Queensland Family and Child Commission Youth Advisory Council. I am 22 years of age and I have chosen to appear in this hearing today because of my own experience of mental health and that of my friends. I have the all-too common combination of anxiety and depression that, while manageable now with therapy and the support of my friends and family, has and continues to have a significant impact on my day-to-day life. I am not an isolated case. A significant proportion of my generation have some form of mental illness to the point where the ratio of my friends who are mentally ill outweighs those who are not.

The topics that I wish to highlight the importance of to the committee today are, firstly, that of the difficulties faced by young people in even recognising what is going on with their mental health before they even begin seeking help; and police interactions with mentally ill people, specifically, police being called in response to a mental health crisis. I do not know if this is your experience but asking for help can be really hard, especially if you do not know what is wrong with you. The conclusion that you come to is that it is you who is the problem. I remember writing about coming home from school and just lying on the hardwood floor for hours at a time, unable to summon the energy to take a shower or even move as just being lazy. Once you get into that mindset, that what you are experiencing is a 'you' problem rather than some sort of acceptable reason, you are the one who dismisses the thought of getting help because, 'Oh no, I don't have a mental illness', but you don't know enough about mental illness in general to actually even make that call. One of the potential solutions to this problem is for mental health education to be added to schools and I would recommend it be added to one of the core curriculum aspects of education, and also increased counselling services in schools.

The next story is not from my personal experience but that of my best friend who, before they could go through with their suicide attempt, decided to follow some of the only clear messaging Australia has around mental health and called a helpline, Beyond Blue. The volunteer on the other end of the phone was, in my friend's words, useless and ended up calling the police on them, resulting in my friend having to deal with aggressive police officers and then having to sit for 12 hours in the hospital waiting room only to be told, 'There's nothing we can really do for you. You could stay overnight, but just go home.' This was after they nearly committed suicide. My friend has described this as one of the most traumatising experiences of their life.

I firmly believe that unless the individual in question is posing a clear threat to the people around them then calling the police is an inappropriate response to someone having a mental health crisis. The police are ill equipped to deal with a mental health crisis as they lack the specialised training necessary to manage it. All too often it can lead to the situation becoming an even more traumatising and distressing event, especially if the person experiencing a mental health crisis has other

intersecting marginalised identities such as race, social class, sexuality or disability. The threat of having the police called on you or ending up institutionalised all too often prevents people from being able to actually reach out for help. To address these challenges, I respectfully ask the committee to consider potentially creating a specialised emergency response team for mental health crises so that the people responding have the training and specialisation to actually know what they are doing. I really appreciate the committee members taking the time to hear from the youth advocates today.

CHAIR: Thank you very much. Ms Hudson?

Ms Hudson: I would also like to acknowledge the traditional owners of the land on which we are gathering today. Good morning. My name is Holly Hudson and I am a youth advocate member of the Queensland Family and Child Commission Youth Advisory Council. I am 18 years old and I have chosen to be a part of this committee hearing this morning because of my passion for equal access for all people to mental health services and working on creating more prevention measures rather than reactionary measures.

In addition, it is also because of my personal experience. I, like many others, have continuously encountered and struggled with my own mental health, having struggled my whole life with an eating disorder, being diagnosed with ASD I also see it surrounding my beautiful friends who have lived with eating disorders, OCD, borderline personality disorder, generalised anxiety and the list could go on forever. This can even extend to simply just being stressed for an exam.

Based on my experience and the experience of others whom I know and love, I know that some of the key issues when it comes to children and young people and mental health access is education. Firstly, I know way too many people who do not have access or the means to get to an external appointment at places such as headspace, which we are overly reliant on. This can be because of transport, family situations or even a busy schedule. I have many friends who live in regional and rural areas, and I have heard time and time again that the only access they have to mental health services is at school or at boarding school. However, there are many who are also in this same boat, meaning that they have to wait to see a specialist only during school time and that supply is simply not meeting demand. In addition to this, there is no ongoing support available for them outside of school hours.

I suggest that a solution to this is making sure that access to mental health services is practical and convenient rather than being an inconvenience for you to have to search out and go out of your way to get access to basic human health care. This means having counsellors, psychologists and GPs in schools, universities and prominent workplaces that young people are a part of. Further to this, there should not be an extensive waiting period because there are so many people trying to access these services. Online services work for some people but they do not work for everyone.

The second thing that I see needs to be addressed is not only those struggling with their own mental health but also those supporting and assisting them. This is part of understanding how to establish healthy and sustainable boundaries for yourself while supporting others. A solution that I present towards this is not only training for teachers because they are seeing so many cases come up in high school but also training for police officers who are dealing with mental health services. Further to that, make it a part of the curriculum to have open discussions and talk about healthy mental health boundaries on how to support your friends without putting yourself in a place of vulnerability from a young age.

Thirdly, I think one of the major issues, and the one that surrounds not just children and young people but everyone with mental health, is breaking the stigma. There needs to be open and honest conversations and advertisements that mental health is not something that you should be ashamed of or feel the need to hide and restrain yourself. It is something you should speak up about, get help and work forward. We need to be working towards helping all children and young people. This includes having access and having those conversations happening within schools. It also includes having advertisements targeted towards young people that are not bandaid campaigns. They need to be talking about how we can access mental health services in a realistic and convenient way. I appreciate you taking the time to hear from young people. Thank you.

CHAIR: I would like to start by thanking you all for sharing your experiences—clearly some very difficult and challenging experiences and, for some, quite traumatising, but it has been very useful for the committee's understanding for you to have shared those experiences. As a registered nurse—and I know there are other health professionals on the committee as well—I am always very saddened to hear that people do not have good experiences in seeking any type of health care. Part of our motivation for being involved in parliament is to try to constantly make healthcare services

better. You have spoken a lot about things that do not work. I wonder whether any of you have had experiences where there have been positive outcomes and interactions. What are some things that we should be trying to do more of?

Ms Hudson: Something that I found has worked really well is within my school. We had to bring this up with our principal as young people ourselves—which was completely ridiculous. It was about needing specialised mental health workers within our school from primary school to senior school. Something that has worked very well is having a team of counsellors, not just one or two to service hundreds of students. We have five. That has worked very well. Some are specialised in primary learning. Some are specialised with kids on the spectrum. Outside of being a teacher aide or a support worker, these are specific mental health workers.

The great thing that worked with that was that kids who could not get access to mental health services outside of school were able to go and see them during their lunchbreaks or maybe when they had a study period to talk about generalised things like maybe you are stressed for an exam or maybe it is a major family breakdown. They then had access outside of this to other mental health services that could then direct them to specialists and get them the further help that they needed, taking steps and following the procedures to look after young people.

CHAIR: In the submission that was made, and I note in many of the statements that were made by each of you, you talked about the need to access services at schools and other places that are more accessible to young people. Firstly, can you comment on how difficult it is to access services by a general practitioner or other existing services? Some of you have talked about headspace. Secondly, could you outline what those other spaces might be? We have talked about schools, but are there other places where we could be reaching young people?

Ms Sholl: If it is okay, I will speak on this. I should disclose that I am also a youth advocate with headspace. I should let you know that, but I am also critical of them because that is my job. Outside of headspace, unless you go and see a private practitioner, I do not know where else you would go. I have been seeking support since I was 14. I am now 20. I do not know where else I would go. I was quite lucky. I had a wonderful GP, but there are a lot of people in my community who have not had that experience and have been told, 'It's just stress. Get over it. Life's hard. Get on with it.' You do not have to be a mental health professional to know that these are people having a rough go of it who really do need professional support.

At my high school we had counsellors but they were not particularly helpful, especially if you were a young person having difficulties within school. I faced homophobia and ableism from my school administrators because I live with a chronic illness as well as mental health issues. School is not always the best place to get support when you are someone like me. If I had not gone to headspace I do not think I would be alive today, to be quite blunt with you. I went there having experienced suicidal thoughts from the age of eight, having had a very difficult family situation growing up, having lived with parents one of whom has attempted suicide as a veteran and the other who has thought of suicide as a veteran.

To be blunt, on the point of schools and mental health support, I think we need school counsellors from primary because you do not turn 12 and suddenly you experience mental health. Domestic violence, family divorces and issues happen at all ages. My mental health started to decline from the age of eight. There was no-one. I had my first panic attack when I was 11 and I was yelled at by my grade 7 teacher. I was told to stop crying: 'Why are you crying? Why are you upset? Get on with it.' That is the mentality. It might not sound like a lot for a young person to deal with, but it is the little things as a young person that you carry for the rest of your life. It changes how you see the world and how you see yourself. It is now as a young adult trying to be a productive member of society in the workforce that I have to address those challenges so I can get on with my day.

CHAIR: Holly, you mentioned that you had to initiate discussions in your school. For any of the youth advocates here today, have you had those opportunities to be involved in initiating or planning mental health services and how important is it that young people have a voice in planning services?

Ms Hudson: I think it is incredibly important. That is why I appreciate you actually listening to young people. When it comes to mental health, the treatment of adults and the treatment for young people is completely different. There are different social expectations and different priorities. A lot of

young people actually know what they need and what they need is resources. They do not have the time, the money or the access but they have the ideas. I think it is incredibly important for young people to be part of the discussion, the development and the support.

I was having a discussion with Grace earlier. You have people coming into schools or you are having general conversations with people and a lot of the time they are in their 40s and they are telling you, 'You just need a little motivation and then your life will be better; right?' You do not resonate with someone until you hear it from someone you can relate to. Hearing from a young person about their experiences and how they overcame it helps you to feel like you can relate. This is something that you too can do moving forward.

That is why young people should be part of every discussion. They should be able to give feedback. They should be able to criticise the services, the treatment and the people without backlash on them because this is their health and their services that are affecting them.

Ms Sholl: I am 20, so I have been out of school for a few years now. I am a university student. My life is very short compared to some of the people on the committee. I have been alive for a very short time, but in my short lifetime I look at young people who are in high school and I go, 'Oh, I have no idea what is happening. I cannot relate to you.' That is why it needs to be self-determined by the young people in that area, whether it is young people in high schools, young people in universities et cetera. Even as a 20-year-old I do not know everything that is happening for young people in high schools. Culture changes so dramatically. When I was in high school it was not okay to be gay. It was not okay to talk openly about your mental health. It was not okay to talk about the fact that you had a family history of mental health. From some of the young people I work with who are in high school I know that it has completely changed for the good and that is wonderful, but that is why it needs to be self-determined by young people in whatever situation or circumstance because things change so quickly.

CHAIR: Thanks, Grace. I would say that when I was in high school it was not not okay to be gay; it was illegal to be gay.

Ms CAMM: Thank you to all of you. I really appreciate you sharing your stories. I wish we had a bit longer actually. I think there is a lot more we could get through today. I also want to say that this is a safe space. For many of us here—I will not speak for other individuals on the committee—lived experience of much of what you have shared in your childhood is shared by certainly myself and I am sure many others as well. Thank you for sharing because when I was an 11-year-old girl I could not share those stories that you have shared, Grace, so thank you.

I have a question in particular around your interaction and what you shared about your experience with health professionals and the use of medications. Anyone else can also feel free to respond. You outlined the lack of support and what I heard was that it was just easier for you to be drugged than to be supported or to be helped. In that time how did you get through that? What I am trying to determine is: do you think GPs or Queensland Health or certain stakeholders in this field are aware that what young people need is more holistic and more therapeutic and something that actually gets to the root cause of mental health conditions or that starts a journey of healing, or did you feel completely failed?

CHAIR: The member for Traeger has a question. We cannot hear you, Rob.

Mr MOLHOEK: While we are getting the member for Traeger sorted, I want to give a quick shout-out to Holly. I am so proud of you and so pleased to see you here today. Holly is one of a group of young people who are part of a young leaders program that I have run through my office. I am very pleased to see you here today. I just wanted to say hello.

Dr ROWAN: To you, Commissioner Lewis, and to the youth advocates, congratulations on all the work you do, particularly through the Queensland Family and Child Commission. If I could come to you first, Commissioner. There is a significant body of research with respect to the psychosocial determinants of health and what that means for health and wellbeing. There is no doubt there are some intergenerational substance dependency issues that exist within families within Queensland. My specific question is: from the commission's perspective, what whole-of-government strategies and funding are needed in Queensland to address this specific issue?

Ms Lewis: What we still continue to see is this attempt to deconstruct people into the different problems or issues that they are presenting with. There is very much a lack of coordination around the whole person. Certainly in the case of intergenerational trauma or behaviour which presents in a particular way, I think we still have a long way to go to routinely understand behaviours in the context of trauma. Like said, a lot of the presenting behaviours, particularly in adolescents and those we see in the youth justice system, are labelled as problematic behaviour. We give all of these types of diagnoses around what behaviour we see in front of us based on an offence, whereas if we start to step back and understand those as demonstrative of pain based behaviours—children who have grown up and continue to live in trauma and chaos—I think that leads us to no other place but to actually engage a broader suite of services and supports to wrap around a young person.

I think the issue around diagnosis and overdiagnosis around particular presentations is highly evident in our youth justice population. What is also highly evident is that that response is making absolutely no difference in addressing trauma and readying young people to have a productive adulthood.

Dr ROWAN: I might come to Grace, as a youth advocate. The other youth advocates can feel free to chime in as well. In relation to those school based mental health professionals—and I know the chair talked a little bit about this before—the government has a GPs in Schools program through which 50 schools are going to have GPs. It is a $100 million package. Through your lived experience and what all of you have experienced through the education system, what would be the best model around that? There are clinical people—whether it is GPs, psychologists or school nurses—who can provide individual services to individual students but there is also a potential role for health education. I know the curriculum was talked about before. What would be the best mix of people who could provide those things? Do you need dedicated infrastructure—in other words, clinics in schools that are doing both service provision and health education throughout the life span of students at school, all the way through primary and into secondary school? I know that is a large question. Do you have any comments around that?

Ms Sholl: That is the sort of question I have to answer for an academic essay. I am a psychology student as well. I have just finished my degree. I will do my best to answer it professionally. Where do I start? I think of my own experience. It is about being able to self-identify—I think Alyssa mentioned it or it may have been someone else. As I said, I grew up with mentally ill parents. When behaviour is normalised you do not think twice about it. It was not really until my teenage years when I would go over to friends' places and go, 'Oh, your mum doesn't freak out over little things. Your dad doesn't get angry over little things. You don't look scared when your dad enters the room.' You don't realise it.

It is about having mental health education, whether it is in HPE. We had something called positive education where once a fortnight you would do self-help kinds of things. It was not very helpful but it was a nice idea at the time. We need to talk about it in a way that is not overly clinical. I think we did one unit of mental health when I was in high school but it was overly clinical. We need to talk about the fact that mental health is normal. We all experience a moment of depression or anxiety. I cannot remember the exact statistics, but I think about 60 per cent of us will at one point in our lives experience a period of clinical depression and that is okay. Life gets hard sometimes.

We need to make it okay to talk about it. As I said, I had my first panic attack when I was in primary school and I was yelled at by my teacher. That was very painful for me. I told my mum when I was 11 for the first time that I had thought about killing myself. We cried and we hugged and it was never talked about again. Encouraging conversations for young people is extremely important.

I think we put a lot of pressure on teachers. I feel really bad for teachers for the amount we ask them to do, especially primary school teachers who are the main teachers who are seeing your child for—how long is a school day—eight hours. It has been a while since I was in school. They are the ones who are going to pick up on it most. For me, it was, 'She is the shy kid. She is the quiet kid.' It was not picked up on that this child has an anxiety disorder where they are too afraid to speak up in fear of being hurt, in fear of being yelled at. They are the person who is most likely to pick up on something. We need that balance between how much training do we give teachers and how much responsibility do we put on them.

I think GPs in schools is a really good idea but at the same time, as one who has worked in mental health for a couple of years and works in mental health advocacy, you need to be hiring the right people—people who understand how to work with young people. You can be a wonderful clinician but that does not mean you are the right person to work with a young person. I say that from firsthand experience. I have had some clinicians who are technically wonderful but should not have been working with me.

There is a lot of talk about where do a parent's rights begin when a child goes to see a GP in school. It is a really difficult question to answer. It is really hard. It is about giving children the tools to have a look at themselves in the mirror and go, 'Is something not quite right here?' and making it normal so they do not feel like the odd one out. I felt like a freak in school because no-one else had to deal with their parents threatening to kill themselves. They did not have to deal with panic attacks on their own. I felt like there was something wrong with me, that I was broken. It is pretty awful for a young person to feel that way. It is about making sure that the clinicians we put in schools are the right fit—not just technically proficient but that they have the personality for it. I hope that somewhat answers your question.

CHAIR: Have we managed to get the member for Traeger online? No. I apologise, member for Traeger. We will fix the technical problems in the break.

Ms KING: Thank you all for coming in. Thank you for your courage in coming to talk about such difficult and personal issues with us. My apologies for what is a fairly confronting setting. It would have been nicer in many ways if we could sit around in a group and have these conversations and have them for a lot longer. I particularly wanted to ask [redacted] a question but it may refer to many of you. How many of you anticipate that your working life may involve some work in mental health as a peer worker, clinician or provider? Can I ask that of all of you?

Ms Sholl: Yes.

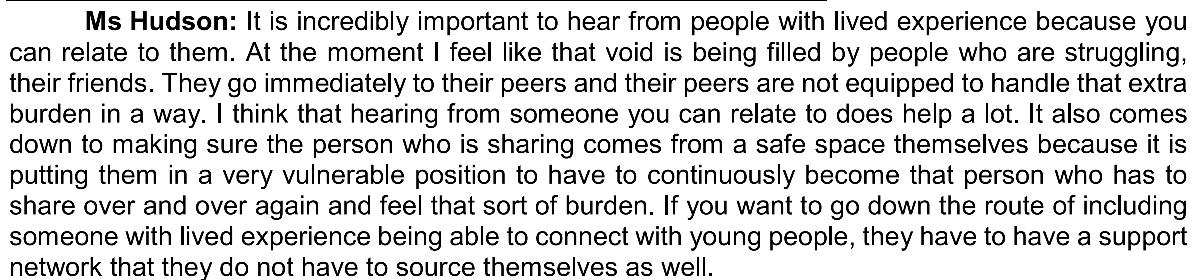
Ms KING: Yes, one. [redacted] you work in child and youth services?

[redacted]

Ms KING: I wanted to ask whether any of you think it would have made a difference for you as young people in your times of crisis to have connected with peer workers formally or informally or people with lived experience who had undergone some recovery. Would that have been of assistance?

[redacted]

Ms KING: Did anybody else have anything to add?

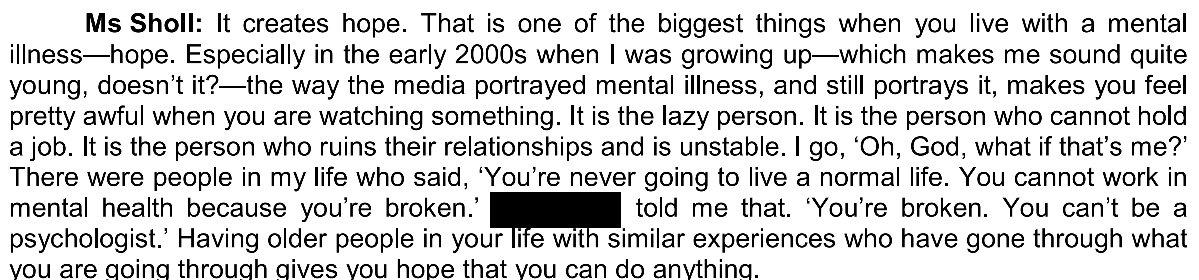


Ms Hudson: It is incredibly important to hear from people with lived experience because you can relate to them. At the moment I feel like that void is being filled by people who are struggling, their friends. They go immediately to their peers and their peers are not equipped to handle that extra burden in a way. I think that hearing from someone you can relate to does help a lot. It also comes down to making sure the person who is sharing comes from a safe space themselves because it is putting them in a very vulnerable position to have to continuously become that person who has to share over and over again and feel that sort of burden. If you want to go down the route of including someone with lived experience being able to connect with young people, they have to have a support network that they do not have to source themselves as well.

Ms KING: We heard that from Grace Tame quite clearly, didn't we?

CHAIR: Yes. Alyssa, would you like to make a contribution?

Ms Ikefuji: I would like to add that I think it could have been life changing for me. A significant part of my journey with getting diagnosed was seeing people writing about their experiences online and relating to that and then thinking, 'Does this apply to me?' Then it was also about talking with my peers. I was diagnosed with ADHD fairly recently—like last year or maybe the year before. Had I been able to talk to someone and know about that much earlier, there are so many opportunities or things that I self-sabotaged because I did not believe that I was worth it because I could not do certain things. If I had had the support and self-knowledge about that, I think it could have been life changing.



Ms Sholl: It creates hope. That is one of the biggest things when you live with a mental illness—hope. Especially in the early 2000s when I was growing up—which makes me sound quite young, doesn't it?—the way the media portrayed mental illness, and still portrays it, makes you feel pretty awful when you are watching something. It is the lazy person. It is the person who cannot hold a job. It is the person who ruins their relationships and is unstable. I go, 'Oh, God, what if that's me?' There were people in my life who said, 'You're never going to live a normal life. You cannot work in mental health because you're broken.' told me that. 'You're broken. You can't be a psychologist.' Having older people in your life with similar experiences who have gone through what you are going through gives you hope that you can do anything.

CHAIR: Thank you. That is a good point to end on. Many nurses and other health professionals would ascribe to the view that hope heals. That is very important. I would like to thank you all for presenting today and for taking the time to engage with us. I think we could all spend many more hours talking to you. Given that your title is youth advocate, one thing I would encourage you to do is to reach out to your local members of parliament at every level of government because your local members of parliament will give you the time of day and will certainly be prepared to listen to what you have to say.

I particularly like that each of you when you made your initial statements came along with some suggestions on how we could improve things. We will certainly take those on board and listen to them very carefully and consider them in relation to all of the other things that we hear during this inquiry. Thank you very much for your time this morning. It has been very useful. Thank you.

The committee adjourned at 10.03 am.