



# ***MENTAL HEALTH SELECT COMMITTEE***

**Members present:**

Mr JP Kelly MP—Chair  
Ms AJ Camm MP  
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—Acting Committee Secretary  
Ms M Westcott—Assistant Committee Secretary

## **PUBLIC HEARING—INQUIRY INTO THE OPPORTUNITIES TO IMPROVE MENTAL HEALTH OUTCOMES FOR QUEENSLANDERS**

### **TRANSCRIPT OF PROCEEDINGS**

**THURSDAY, 27 JANUARY 2022**

**Coorparoo**

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### **The committee met at 9.44 am.**

**CHAIR:** I declare this public meeting of the Mental Health Select Committee open. I would like to acknowledge the traditional owners of the land on which we are meeting today and pay my respects to their eldest past, present and emerging.

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, the member for Southport, is the deputy chair. We are joined by Dr Christian Rowan, the member for Moggill; Ms Ali King, the member for Pumicestone; Mrs Melissa McMahon, the member for Macalister; Ms Amanda Camm, the member for Whitsunday; and Mr Barry O'Rourke, the member for Rockhampton. Mr Robbie Katter, the member for Traeger, is an apology for today.

The purpose of today's hearing with Stepping Stone Clubhouse is to assist the committee in its inquiry into opportunities to improve mental health outcomes for Queenslanders. This hearing is a proceeding of the parliament and is subject to the Legislative Assembly's standing rules and orders. The public hearing is being recorded, and a transcript will be made available on the parliament's website. You may be photographed today and images may also appear on the parliament's website or social media pages. Please turn your mobile phones off or switch them to silent. I remind everyone that face masks are to be worn at all times except when speaking to the committee. As the chair, I may have to speak at any time so I will keep my mask off.

If today's hearing raises any issues for anyone either here providing evidence or in the gallery—and we welcome the large crowd of interested people in the gallery—please see the secretariat, Amanda to my right, for details for a range of support organisations that can assist you, and of course members of the clubhouse can contact Mel. These supports are also available on our website. If you would like to participate today and have not provided your details to Melanie, please approach our secretariat staff, who can help you to organise this. I would now like to welcome Stepping Stone Clubhouse staff to share their personal stories with the committee.

### **GOODALL, Mr Brian, Committee Member, Stepping Stone Clubhouse**

### **JOHNMANN, Mr Harley, Member, Stepping Stone Clubhouse**

### **SENNETT, Ms Melanie, Executive Director, Stepping Stone Clubhouse**

**CHAIR:** Welcome. Normally we give you five to 10 minutes to make an opening statement—given the time, we might keep that to five—and then we will open up to questions.

**Ms Sennett:** First we would just like to quickly do an acknowledgement of country.

*Chris Williams gave a welcome to country.*

**Ms Sennett:** We would like to welcome committee members here today. We would also like to welcome Ivan Frkovic, the Queensland Mental Health Commissioner. Welcome to Stepping Stone members, family members, management committee members and also our visitors who are here today. Today you will hear from a number of Stepping Stone members and families about their experience of being at Stepping Stone and about the mental health system in general. Harley and I will provide additional pieces of information throughout. At 12.15 we invite you to join us in a group photo out the front of Stepping Stone, and at 12.30 we will have lunch in the dining area.

**Mr Johnman:** Stepping Stone Clubhouse has been operating in the Greater Brisbane region since 1994, guided by the Clubhouse International model. Stepping Stone is designed to foster social connections where members engage and become active participants in the community. In the last year Stepping Stone assisted over 1,000 members operating as a successful community mental health service, providing opportunities to improve economic and social participation. We are a partnership model where staff and members are involved in all aspects of the operation of Stepping Stone.

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**Ms Sennett:** Today we would like to emphasise the importance of community mental health supports and the role they play in the mental health sector. We will be hearing from a number of Stepping Stone members and family members, and they will be sharing their experience of being involved and the importance of community mental health. Do you want to ask questions now or would you like to hear from someone?

**CHAIR:** We would like to ask you and Harley a series of questions from a management committee perspective, then we will go to people with lived experience and then I believe we will go to families as well. Just before we start asking questions, you do not have to answer questions but it is an offence to mislead a parliamentary inquiry. You can give an answer to the best of your ability. If you cannot answer a question today and you want to take it on notice and come back to us, that is certainly possible and we will set a time frame for that at the end. It is certainly okay to say, 'I don't know the answer to that question.'

We heard a little bit on the tour beforehand, and thank you, Andrew, for taking us on that tour. Can you just take us through some of the processes used to ensure that people with lived experience develop and implement your services—how they are involved in developing and implementing services? We are interested in how the people with lived experience are actually involved in developing and implementing the service.

**Ms Sennett:** It is so foreign to us because it is everything. Every aspect you ever see in this clubhouse is done with members and staff.

**Mr Johnman:** Yes. We do not have any meetings that are just staff members alone. There will always be a mix of both. The entire model is specifically understaffed so that volunteer members like myself need to be involved for everything to be done, especially towards the end of the day when everything needs to be cleaned and it just takes a lot of work and a lot of people.

**Ms Sennett:** I think an example of that is if you look at all of the levels where Stepping Stone members are with us the whole way. In our constitution the management committee has allowed that there are spots for clubhouse members to be on the management committee. When we recruit staff it is usually a huge panel because there are usually two to three members on there as well as staff. We are about to commence an evaluation project of Stepping Stone. That committee involves members, and as part of that evaluation we have implemented into it that members will be part of driving the evaluation. We have managed that every aspect involves members.

**Ms KING:** Thank you so much for having us today. I am already finding it fascinating and really enjoyable. Thank you, Andrew, for the tour. With respect to the age and gender of members, are there any trends or age groups that are particularly represented among members, or are there any gaps?

**Ms Sennett:** When we look at our membership, the highest number is 35 to 45, but what we see is that age groups utilise the clubhouse in different ways. Our young members come, get what they need and they are off. They might only be here for a very short amount of time, but that is all they need and then they are off into the community and we might see them a couple of times a year. Definitely 35 to 45 is the majority of members, but it is from 18 up. We have a couple of members in their eighties now.

**Ms KING:** What about the gender of participants? Do you see more men or women?

**Ms Sennett:** It is probably about 60 to 40—60 men and 40 women—but that ebbs and flows as well. It also depends on the people at the time. There has been a flourish of women who are meeting here and developing friendships and taking them outside, but it is about a 60-to-40 mix.

**Ms KING:** In our tour Andrew expressed that the service is for people aged 18 and older. Do you imagine the model could be used effectively with younger people?

**Ms Sennett:** I think it could, particularly because the whole model is based around work, vocation and mirroring what the world is like. It can be really utilised by any age group, but for young people it is really important to learn work skills and work ethic and to be in a place to learn how to be around other people.

**Dr ROWAN:** Thank you very much for having us today. As a specialist physician in addiction medicine, I know there have been many patients of mine who have come to the clubhouse here over the years and benefited, so congratulations for all the work that has been done to date.

**Ms Sennett:** Thank you.

**Dr ROWAN:** With respect to psychosocial rehabilitation and economic and social participation, particularly education, training and employment, are there any specific recommendations or advice that you could give the committee as to what you have seen with club members over the years and the work you have progressed but also things that could be implemented more broadly or things that could be further implemented to enhance those opportunities?

**Ms Sennett:** Historically, people have been given very few choices to assist them with employment. One of those has been a disability employment service provider. They are usually large and they are usually about getting numbers and KPI star ratings and outcomes. What usually happens with that is that people get very little support. They are put into a job and then they are left to fail. At clubhouse we have set up a transitional employment program where we are in the middle. You are at the clubhouse and you are in your own job. We know that interviewing is terrifying and a lot of people do not have a resume filled with things, so we have actually gone and partnered with different employers in the community and set up transitional employment positions. The jobs belong to Stepping Stone, and staff of Stepping Stone actually train in the job first. Then we select the members who go into that. We have been working with the members in the unit so we know our members really well, and members are going to give it a go because they know us as well.

We stay with the member for as long as they need and we fill in if that person is sick for the day. Members do not have to worry that 'I might be sick and I might lose my job'; we will just jump in and do that. That gives that member real work, real pay. They become employed by the employer. We do not want it to be sheltered; we want them to have all of those experiences as well. The idea of that is that after one transitional employment position, or maybe a couple, then somebody might be ready to go into their own job. What we find is that people often then actually go into the educational world. They realise that they need some vocational training, and we help them to do that. I think, to answer that question, that people need things that are not rushed, that are suited, that have that little bit of extra support and a longer time frame for them to get back into work.

**Dr ROWAN:** In relation to governance, does the management committee operate like a board or does it report to a board? Secondly, in relation to the funding that comes from a government perspective around meeting the accreditation obligations and all of the requirements around that, is that sufficient? What are your recommendations around that?

**Ms Sennett:** Do you want to talk about the governance of the board, Brian?

**Mr Goodall:** The management committee is the board, just by another name really. It has oversight from a governance perspective. It has a broad range of people on it. Currently we are doing a skills analysis. Because there have been quite a lot of changes recently, we are looking to find where our gaps are. We have some clinical knowledge, some legal governance knowledge that I bring, and finance knowledge as well that other people have. All our meetings are open too. We have an association membership. There are some clubhouse members who are members of the association as well. Otherwise, association membership is open to any interested persons who wish to be involved. They form the nucleus of the people who have the control in that sense. All our management committee meetings are open to all clubhouse members to attend. We have an all-inclusive management style or management committee style that reflects the involvement of the members.

**Mr MOLHOEK:** Melanie, could you describe the employment model in a little more detail? You said that the jobs belong to the centre.

**Ms Sennett:** Yes.

**Mr MOLHOEK:** Can you give us some examples of how that works and what sort of jobs they are?

**Ms Sennett:** I think our best example is Queensland Health. We have been partnering with the PA Hospital for about 17 years. We have one job in the kitchen and it is 20 hours. We have two jobs—one emptying the bins and one emptying the bins full of cardboard. We also have a groundskeeper job. Those positions are a mix of 15 to 20 hours. The member works in them from six to nine months. It is a contract, so they become a contract employee with Queensland Health during that time. The difference is the staff know the job and we will train with the member on the job for as long as they need, until they feel they can do that job on their own. Usually what happens is two weeks of full support and then that support drops back. Then the member usually says, 'Get out of here, I'm pretty good. I have this on my own.' We will do some pop-ins in to see how it is going. Harley, you have worked at the PA. Do you want to talk about your experience?

**Mr Johnman:** Yes, I have. I worked in the PA as groundskeeper for nine months. I did so from May 2020 till February 2021. That was a very good experience for me because it was all about time management, about commitment, about gathering skills. It was about teamwork as well because it

was a paired thing at that time with another member. It was about learning new things since it was a place that I had not been to before. It was about learning the area and the different parts that came with that. I guess I keep using the word 'commitment' because my struggle for so many years has been sticking to something and keep going with it all the way to the end and I was helped to do that. Through that I gathered a lot of confidence in myself, which I had been lacking for many years. Also I got some money, which was good so that I could actually pay back my parents and not just be a leech for the rest of my life.

**Ms Sennett:** The wonderful thing about the PA is that some people go into the casual pool and some people become full-time. One of our members is now a team leader. I think they employ about 25 of our members in different areas. For some members that has been a great career path. They are like, 'This is for me.' Other members have been, 'This is not for me,' but it was not about that—it was about getting back into something—and then they have gone on to study or into other kinds of jobs.

**CHAIR:** Thanks, Mel. Before we move on, I would like to acknowledge the federal member for Griffith, Terri Butler. Thank you for showing an interest in the work of the committee. I think it is indicative that all levels of government, with Fiona Cunningham as well, are very interested in the work of the clubhouse and are great supporters of it.

**Mrs McMAHON:** I note that the primary focus of Stepping Stone is to assist people with mental health challenges. I also note that it is an NDIS funded model. On the committee we understand that mental illness and disability are not discrete. Often there is a lot of enmeshment but obviously the funding pools are very discrete. Could you talk us through how these different funding streams come together to assist a single person who might touch on both mental health and disability support?

**Ms Sennett:** Mental health has definitely been squeezed into a disability model. We have spent a lot of time navigating that. It is a huge administrative piece, particularly for members. They go through the ringer to get that funding and then they continue to go through the ringer every time they have their funding reviewed.

Since Stepping Stone has been open, we have learned very quickly that we need to diversify our funding because different governments change very regularly and with that comes a change in funding. We have learnt how to squeeze and fit our model into any funding that comes along. NDIS is definitely a disability model and it focuses on disability and what people cannot do. It is hard for people to sit with us—sometimes for three months we assist people to get NDIS—and talk about how sick they are. We know that is the hoops people have to jump through to get the extra support they may require. With NDIS comes some amazing support. Some of our people have been able to get in-home support, in-community support. There are definitely benefits of NDIS. It has allowed the amount and type of support to definitely increase.

**Mrs McMAHON:** With the clubhouse here and management in terms of reporting governance—because all government money comes with a requirement to report and give key performance indicators and measures, basically—how do you measure a single person, if we look at a case management perspective, where someone has a disability but you are assisting them with mental health issues as well and support? How do you discern which buckets of money are being drawn on, because governments require you at the end of the day or each month or quarter to report on that?

**Ms Sennett:** Largely that can be determined by members. A member will come in and they may not have NDIS. They might say, 'I want NDIS because I want all the things it offers.' We will assist them to do that. A lot of people do not. We manage buckets of money and where individuals sit. We have very strong reporting to each of our funders about the different people and where they sit. We also go through numerous audits—NDIS audit, national mental health.

**Mrs McMAHON:** You said that you adapt and change some of your support services to meet the various changing government requirements. In your experience over the years, have you seen where there is a gap for some very specific funding that currently does not fit into either the Queensland Health funding or the federal funding? Where are the gaps for your members in terms of funding some much needed services?

**Ms Sennett:** I think the major gap is that if you have a model that is multifaceted, like ours, it does not fit in just one funding source. If you go to Queensland Health they will fund this part; Employment will fund this part. It would just be so lovely to go somewhere and say, 'This is the model and this is what it involves and we want the whole model funded.' That definitely does not exist. Different funding sources have their own criteria and they will fund this much but not employment, for example. Employment is definitely an area where there is a large gap of suitable funding for people in mental health unless they want to go to a DES provider.

**CHAIR:** Some of your funding comes via individuals who are funded through the NDIS. Beyond that, do you get direct funding from state, federal or council?

**Ms Sennett:** Yes. We get Commonwealth Department of Health funding through Brisbane South Primary Health Network. That is for the psychosocial funding. When NDIS came in they realised that there are pockets of people who are not eligible for NDIS and never will be or who have been tested and are ineligible, so we have a pocket of money to work with people. We also have some Queensland Health funding to work with people who do not have NDIS.

**Ms CAMM:** In the 27 years that you have been operating the clubhouse, has there been a trend in complexity that has occurred over many decades that you are seeing now when it comes to your members and people presenting? If there is a trend, has government funding kept up with what that trend is in that recognition of greater complex needs?

**Ms Sennett:** I think the complexity has been there always. I think the difference is that people now feel they can get help. The stigma is changing a little bit. There is obviously still stigma there, but it is okay now to say, 'I have a mental health issue and I'm going to go and get some help.' I think the complexity has been the same. The complexity in the past was that people were institutionalised for 25 years. When I first started, a part of the support we did was for people who had been in the Park for 30 years who came out without knowing how to be in the community. Thank goodness those days are gone. I think because people can talk about mental health now, the complexity is there but it is a different space.

I think funding has always been an issue and I think it will continue to be an issue for mental health. NDIS has certainly assisted that in some way but it is certainly still not funded to where it needs to be or for the range of services. I think what is really sad is that, with the change of the funding landscape in the last three years, there are a lot of one-on-one services for people—you can get a paid worker to spend your days with you—but there are very little community services available, whether it is a clubhouse or many different other models that could be out there. They are gone.

**Ms CAMM:** Subsequent to that, do you think the NDIS has contributed greatly to that shift you have seen in the past three years of the increase in individual services but then the lack of recognition for more collaborative models such as what you have here?

**Ms Sennett:** I think the NDIS has definitely contributed to it. With the funding of NDIS, many services realise that it was not financially viable to run groups so they just stopped them. There were many services that were doing both one-to-one and groups. I think the other part is that unfortunately Queensland Health's funding in the last five years has definitely moved to a one-to-one service delivery model. There is a little bit of funding there for groups, but it is very much focused on very time limited one-on-one funding provided to people through the HHS system.

**Mr O'ROURKE:** Your submission talks a bit about the assistance you provide members with accessing housing. What is that relationship like with the Queensland department of housing or any other community housing provider?

**Ms Sennett:** We just develop partnerships wherever we need to and work with whomever we need to in order to assist members get housing. Sometimes we have great relationships and sometimes we do not. The problem with housing is there is such limited stock. We can have as many partnerships as we want, but the actual opportunities for members to have decent and affordable housing in our area are just so limited. It is such a need for people. We need to develop relationships with anybody, because part of what we do is assist people to be in the community in whatever way they want, and housing is such an important part of that. We had an amazing program with the department of housing where they provided us with stock apartments and they were the landlord and we were the support. At any time we had access to five different—and they were not all together. It was just if a member needed a two-bedroom apartment because they had family or a unit, the department of housing would help facilitate to provide us with that place. Somebody would be the landlord and we would provide the support. Really, they are the three elements that are so important in housing—that you have the bricks and mortar, but you also need to have that support for somebody to live independently.

**Mr O'ROURKE:** Is that what they used to call the Same House Different Landlord program?

**Ms Sennett:** Yes, that is what we did.

**Mr O'ROURKE:** And then it transitions over into public housing?

**Ms Sennett:** Yes. Unfortunately, when Campbell Newman came on board that was removed.

**Mr O'ROURKE:** It was a very good program.

**Ms Sennett:** Amazing.

**Mr O'ROURKE:** I must say, I actually came up with that when I was in-house—

**Ms Sennett:** There you go. We still have some members living in those houses as a result of that. It was just fantastic.

**Mr O'ROURKE:** What is the relationship like with other departments or agencies across the region?

**Ms Sennett:** We are part of the mental health sector, so we rely on referrals from HHSs or private hospitals. They need us and we need them, so we have very close relationships with many of the NGOs and hospitals in the area.

**CHAIR:** I want to ask a slightly difficult question. I come from a background of health economics and we always want to count things. One of the things we look at, obviously, in terms of people with mental health issues, is hospitalisation and suicide rates. How would you characterise—if you have the data, but anecdotally if you do not—how clubhouse members go in terms of hospital avoidance and rates of suicide?

**Ms Sennett:** Part of our evaluation program will definitely be looking at this in terms of numbers. In terms of suicide prevention, we have a very tight community. I am so proud to say that in the last six years we have not lost anybody to suicide. When you hear from members here today, you will hear about their experience of requiring frequent hospitalisations and not needing that anymore. We are the place that people usually come if they need just a little bit of support, and once they get that they do not need to be in hospital so it is really hard to measure that. There is no way a hospital system would measure that or we could, but that is where we sit: 'I think I might need to be in hospital. I don't really know. I would have just normally gone and presented, but actually I've spent the day with members and staff and I'm okay. I can go home now and I'll come back if I need some more help.'

**CHAIR:** That is an incredible achievement. I would imagine that if we took 1,000 people with mental health issues and looked at them over a six-year period it would be extremely rare that you would have zero suicides.

**Mr Johnman:** My anecdotal experience is that I was hospitalised in a private hospital twice in 2017 and I have not been hospitalised again since then, since I have been coming to Stepping Stone. I do believe that is mostly because of the service that I have been able to progress in my wellbeing. When I first went in July of that year I had a few treatments over a few weeks. Once I got out I did not have anywhere else to go, so it was just a few more months of stagnation until I kind of just went back down to my same ways of very low mood and energy, so I had to go back. Since getting out in December I came here regularly and I have not had to go back since. I can definitely say that is a very strong indication of the importance of this kind of model of community work that needs to be done and that people want to do—people to meet and all of those things. I am sure I would have had to go back if I did not have a support network like this.

**CHAIR:** Thank you; that is really powerful.

**Mr MOLHOEK:** I did not quite catch the housing program you mentioned earlier, Barry. What was that?

**Mr O'ROURKE:** The Same House Different Landlord program.

**Mr MOLHOEK:** I will get some more information about that later. My question is around housing. There are all sorts of different models: public housing, specialist service providers, Brisbane Housing Company, Common Ground and a range of affordable housing providers. Can you comment around what the best housing model is or which one seems to work most effectively for your clientele and members?

**Ms Sennett:** I think the best housing model is just whatever a person requires. There are people who need a lot of support to be living in the community, so they might need housing where they actually have someone there 24 hours. Somebody else may need transitional housing, where they just need somewhere to be and get some skills and then be able to live independently. Someone else may just really need to find a lease at an affordable rate and they need to borrow our ute because they cannot actually move their furniture, so a group of members and staff will pile all of their stuff into our ute and our vehicles and move them in. Everyone's needs are so different. What I do really believe is that we need bricks and mortar and we need support for people to succeed to live however they want. They need to have support to live independently in the community.

**Mr MOLHOEK:** The thing I often come up against or have feedback about through my office is that there are some housing models where there will be a cluster of apartments or something, and then there will typically be a whole lot of issues associated with that because of some of the other tenants. What sort of accommodation is more conducive or better supports your members?

**Ms Sennett:** When we had the Same House Different Landlord program there were some members who said, 'I can't live alone. I don't want to be alone,' so it was very important that there was another member in an apartment nearby and then they had some support. Then there are other members who are like, 'I don't want to live near any members or staff. When I go home that's my space, and when I come in this is my clubhouse.' I think it is about just a range of housing to suit people's different needs. We would never set up a housing program where everybody lives in one block.

**Mr Johnman:** It would be like a sitcom.

**Ms Sennett:** It would be like a sitcom! Unless we were producing a sitcom.

**Mr Johnman:** Yes, it would be like our own version of *Big Brother*.

**Ms Sennett:** That would be a good funding opportunity.

**Mr Johnman:** The Stepping Stone version of it.

**Dr ROWAN:** Just thinking back over the last 27 years and all of the club members throughout that time, in relation to specific populations such as Aboriginal and Torres Strait Islanders or people from culturally and linguistically diverse backgrounds, are there any thoughts or recommendations or experiences that you have gleaned over that time or from those club members in relation to additional supports, programs or other things that are needed to support those discrete groups?

**Ms Sennett:** They are probably two areas that we have identified in our strategic plan that we definitely want to do more work around. We probably do not have all of the answers at the moment. We definitely want to do some more work to welcome minority groups to the clubhouse. When we look at our membership, it does represent the same as the general population in terms of the CALD community.

**Dr ROWAN:** When Andrew took us around on the tour he talked about physical comorbidities around things like heart disease, diabetes and obesity. Do you have any other recommendations or additional things that government could do to support programs like the Health Active Program or other things that you have gleaned that would be of benefit to organisations like Stepping Stone?

**Ms Sennett:** The thing with our Health Active Program is that we want to integrate everything we do with the clubhouse, because we feel it is really important for everybody to realise that those elements need to be in our lives all day long. If we can model and say, 'If you go on four walks and a bushwalk on the weekend, your life is going to be healthier,' it is not that hard. 'You don't need to join a gym and you're going to be around people at the same time.' So we have really tried to develop a healthy active lifestyle program that is integrated. It is not about weight, weighing people or sitting down and doing food plans or anything like that.

**Mr Johnman:** Yes, it is much more a casual kind of experience. It is more just 'show up if you want'.

**Ms KING:** Through our engagement with you this morning it has been very clear that Stepping Stone offers a very holistic service. You work with people around housing, employment and a healthy, active lifestyle and you provide community and food. Perhaps I would put this question more to Harley as a member. As a person with lived experience, are there any other areas that you would like to see—in a perfect clubhouse model—the model stepping in to provide additional support? Is there anything missing, I suppose, or that could be done more?

**Mr Johnman:** That is a good question. I am not quite sure. I feel as though we do so much already; I am not sure what more could really be provided. I feel that, yes, we go into education, we do employment, we do general recreational activities and the model and all those things, so I feel as though 'is there anything more you could do?' is possibly going into the clinical realm. That is specifically not what we do, because we are much more about the work ordered day and that kind of basic rehabilitation. I feel as though we have pretty much ticked all the boxes already. I am sure there are other members who may have more things like that, but it has definitely helped with what I need so I am happy with that.

**Ms Sennett:** We developed our strategic plan over the last 12 months, and a lot of that was online surveys and many consultations with members. One of the areas that members would really like us to further develop is employment. Part of that is funding, so some money to help us further



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develop our employment program so that when someone has done a couple of transitional employment positions we have that support to help them go and find their own job. That has certainly been a gap for us. We partnered with the DES for them to do that piece but it did not quite work. That was definitely something that came out of those consultations.

**CHAIR:** In your opinion, do the existing job network programs meet the needs of people recovering from mental health issues?

**Ms Sennett:** They have such strong KPIs and star ratings and they are just so driven by those numbers that members will come to us and say, 'I said this is the kind of job I want and the kind of job I can't stand' and so on, but they are thrown jobs in terms of, 'Here's a job.' It is like, 'But I can't do that and it's for these reasons.' I just do not think they have the money or the time to really sit with people and support them in relation to what people might need for the next step. It is about getting people in a job. Once they have ticked the six- or 12-month outcome for that provider, they have done their job anyway.

**CHAIR:** Thank you. We will now take a 15-minute break while the committee has a private meeting. Committee members may have additional questions. We would like to supply those to you after today if there are things that we have forgotten to ask, because I am sure there are questions that all committee members would like to ask that we do not have the time for today. Would you be happy to take those questions and do your best?

**Ms Sennett:** Yes, of course.

**Proceedings suspended from 10.31 am to 10.46 am.**

**CHAIR:** The next session will focus on hearing from people with lived experience of mental illness, which is something that the committee as a whole has put as our No. 1 priority. I believe Harley and Mel will facilitate as people come forward to speak to the committee.

**Ms Sennett:** Yes.

**CHAIR:** Are you happy for us to ask each person questions or would you like us to hear from people and ask questions later?

**Ms Sennett:** I think it would be depend on the person and whatever they want to do.

**CHAIR:** Okay. Would you like to lead off?

**Ms Sennett:** We would like to invite Lyn Knight to come up. Lyn is the sister of one of our members, Robert.

### **KNIGHT, Ms Lyn, Private capacity**

**Ms Knight:** My name is Lyn Knight. My brother Robert is a member here at Stepping Stone. He has had a very difficult journey right through his life. Looking back on his life, it is easy to see that Robert has always had a mental illness. My mother had rubella when she was pregnant and that did not give him a very good start in life. Of course, when he was at school he did not perform. He did not develop social skills or any of those other things that normally come with training and so on. My parents actually shielded him from all of the outside influences, basically to keep him safe as such. By doing that, when they were not around to help is when the real issue started, because other family members had to step in to look after him. It is really not very easy. Luckily, I suppose, for us we are a family of six people and Robert is No. 5 out of six. It means that there should be enough people to help but help is not always available. It always falls back on a couple of people in the family. I do not think that would be an unusual situation, either.

When Robert had to give up work—he had issues with anger management and things like that—somehow or other he got introduced to Stepping Stone. I am not sure how it happened. Stepping Stone gave him a reason for getting up in the morning and going somewhere and feeling a part of it. I think here at Stepping Stone there are probably a lot of like-minded people in the membership of the club. That means he does not have as much pressure on him as, say, he would if he was in outside situations. If he was at a club such as a football club or another club, people would not accept him for what he is but he is accepted for what he is here. That makes a very big difference.

It is really essential that these types of environments are available for people like Robert because where else do people go? We have been rather puzzled—I suppose that is not the word. It has been rather difficult trying to work out what will happen with Robert long term. We have been working with Stepping Stone to look at NDIS. In some ways it has been a good experience, but it has brought up more questions than answers. We did not really know that all of these other things actually existed, all these other problems in his life, until it came out with the questioning. When he was asked why he did not take up the offer to look at NDIS three or four years ago, he said that he did not think he needed it. But after going through NDIS it was not that he did not think he needed it; he did not really want to own up to what was bothering him and that type of thing.

The counselling is so important because somehow or other you have to get deep down. It is not on the surface; it really is not. Of course, I think most people would agree that people with problems will take more notice of somebody else rather than their own family. They seem to think that is not as intimidating—I do not know what it is. It has been a very difficult journey. He is now 63½ going on 64. I have pretty much had responsibility since 1991. That is a long time.

We are very happy, really, that he has this environment to be in during the day. At least we know where he is and what he is doing. He is not getting up to any trouble. At one stage he was mixing with the wrong crowd. It was not that he did anything terribly wrong, but it was going to lead to that if he did not pull himself together and get out, because people with too much time on their hands have problems. I am sure you do not know what that is about.

We were talking about accommodation facilities before. There really is not anything for him. At the moment he is living in a villa at Palm Lake Resort at Carindale. That is good, but it is independent living. I really believe that somewhere along the line—even now—he needs more than that. I just do not know; I have looked around and there just does not seem to be anything. I was told that there used to be things but it was more institutionalised. There is really nothing available, that I can see anyway.

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A lot of Robert's progress with things is really due to the staff here at Stepping Stone and the fact that they care. How shall I say it? They will take the time to listen to him even when perhaps it is important to him but it is not important in the scheme of things. We are very happy with what is happening here, but we worry about Robert.

**CHAIR:** Are you happy to take some questions, Lyn?

**Ms Knight:** Yes.

**Mr MOLHOEK:** Lyn, you mentioned accommodation options. You said that you have actually looked around at other options. How would you see a supported living environment working?

**Ms Knight:** I wonder if you had so many people in a home and you had a caretaker or somebody who looks after them. I do not know how practical that is. Of course, the other thing is that you need those people to be compatible. I do not know; it is just not at all easy.

**Mr MOLHOEK:** We heard from Melanie earlier that every member is different in terms of how they want to live, where they want to live, their personalities and the dynamics of that.

**Ms Knight:** That is right. Robert does not really have any living skills. The family has to go and make sure that his house is cleaned up every so often. It is just so hard. We try to encourage him by refurbishing the house a bit and doing things, but at the end of the day he just does not want to do it. I do not know if other people have these sorts of problems. It seems to be getting worse as he gets older as well.

Of course, the other thing is that the NDIS runs out for people over 65 and I think that is a very young age for it to run out. Robert has about 18 months or something like that left before he is not eligible. I am not quite sure whether he will get NDIS or what they will say, but obviously we are prepared to put the time in and so is Joe, his case worker here. He is putting the time in to do it. We have the bulk of it done now. We still have to go back to the doctor to have it signed off. It takes a lot of time and a lot of effort to get to some sort of report.

**CHAIR:** I think we are all pleased to hear that 65 is young!

**Mrs McMAHON:** Lyn, could you tell us of your experience with Robert with clinical and medical interventions? You have obviously been assisting him for a very long time. What kind of health interventions and clinical interventions have there been? How has that changed over time? What improvements are you seeing or where are you seeing some gaps in that health assistance and treatment?

**Ms Knight:** I think we came in at a very difficult time in the sense that we did not actually seek any help until he was 50-something and then everybody says, 'Well hey, listen, if you got to 50 what's the problem? There isn't one, surely?' They found it very difficult to actually give him options. I think he needs places to go and things to do. As far as the medical side of it, they just put him on antidepressants and said, 'Take those.' We have not really had anything else.

**Mrs McMAHON:** In assisting Robert with his journey, as a family you have always recognised his need for assistance, but in your experience of going through a clinical health diagnosis was there resistance to it initially because of his age?

**Ms Knight:** There is, but I am more than happy to try anything that is available. I do not know of anything that is available for him. I do not know that there is. There may be; I do not know.

**CHAIR:** From a social support perspective, have you used services other than Stepping Stone Clubhouse? Has Robert engaged with other types of services?

**Ms Knight:** Yes. He went to some place called Red Brook. That did not seem to work out too well. In the past he has sought company with other females but a lot of them were old enough to be his mother. Unfortunately, two of them have died. One died about 10 years ago. She just died in her bed. It was sad. Things like that really upset him. The doctor said, 'Oh, well. You've just been through trauma. It'll be okay.' I do not know that he is any worse for it or better for it, but I think sometimes you need a bit more than that.

**CHAIR:** Thank you, Lyn.

**Ms Knight:** I have another appointment, so thank you for your time.

**CHAIR:** We greatly appreciate your time.

**Ms Sennett:** Can I also say that Robert is such a valued member of our community. He works in our hospitality unit and he helps out so much. When we have our State of Origin nights, he is always here till the end of the game cheering on. We love having him as part of our community.

**Ms Knight:** He enjoys being here and I am thankful for that.

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**CHAIR:** Just in maroon we hope!

**Ms Sennett:** Of course—otherwise the doors would be shut!

**Ms Knight:** Thank you very much.

**Ms Sennett:** Harley just wants to share a little more to his story and then we will call some more members with lived experience.

**JOHNMAN, Mr Harley, Member, Stepping Stone Clubhouse**

**Mr Johnman:** My name is Harley Johnman and I am a member at Stepping Stone Clubhouse. I have been a member for a few years—since 2017. I came here after having been hospitalised at Belmont Private Hospital. I was told about this place by my psychiatrist, Dr Guha. Ever since then I have really enjoyed my time here because it is a wonderful service with wonderful people. There is such a variety of things to learn and do here, both recreationally and in the work ordered day.

Since coming here I have mostly worked in the hospitality unit such as the cafe. My favourite things to do are working as a barista and baking, since those are things that I so rarely get to do anywhere else. I do remember doing a course in barista work a year or so before that, but it did not really go anywhere because I was so unskilled at the time that I was not able to keep up. It felt like a waste. I am very glad that I was finally able to put it into practice once I got here. Since I had those basic skills, I had a baseline understanding to work from.

After being here for a few years I was able to finally go into transitional employment. I first worked at Barton Motors car washing and detailing, although that only went for a few weeks because I had a bit of an accident and then was fired promptly within two weeks. That was a bit of a roadblock for me then. Then I was able to get another job at the PA as a groundskeeper for nine months. Being able to keep that job, I was able to build confidence and decided that I was finally ready to go back to university, which I had flunked out of years before since emotionally I just kind of collapsed. After this many years I was able to build resilience and realise that I was ready for that kind of commitment. I finally completed my first successful year last year and I have just enrolled in semester 1. I am looking forward to going back into the creative industries to do creative writing and editing.

**CHAIR:** Are you happy to take some questions?

**Mr Johnman:** Yes, I am.

**Mr MOLHOEK:** I am really curious about what happened at the car-washing job. It sounds exciting.

**Mr Johnman:** Yes. I can tell you if you want. There was a washing bay and a car park. We had to go find the car which generally took the longest time because there were so many. All we get is the licence plates, so you are just looking and there are a million cars and there are so many rows. Sometimes if the car is all the way up the back you have to get someone else to move this car and that car before you can get the one you want out. Then you have to drive it into the bay.

On the first day of my third week there, I am not sure what happened but there was a switch in my brain that just went off and I became incredibly dyslexic, so when I tried to go left I went right and when I tried to go back I went forward. Then instead of reversing a little so I could move over into the bay, I went forward and hit a pole. That is a big no-no, obviously. It was like, 'What just happened?' I went out and realised that the front light on the right side had been busted and there was a big dent in it. I did one or two cars after that and went home. It was okay because the owners had insurance, so it was not too bad, but I lost my job after that and I was not invited back.

I also remember there was a song playing on the radio when it happened—the one about 'Have You Ever Seen the Rain?', something like that. Whenever I hear that song I get flashbacks. Whenever I hear that song I think it is haunting me. I have been able to move on from that. Since I had a successful TE, I like to think about that instead. That is the story of it.

**Mr MOLHOEK:** I picked a new car once and immediately reversed it straight into a post—like, two minutes after I hopped into the car, so I can relate.

**Mr Johnman:** Don't you just hate that?

**Mr MOLHOEK:** Yes.

**Mr Johnman:** I also remember thinking that was the very first thing I was told not to do. You are always told about the coverage if an accident like that happened. It was also weird because the week before that I parallel parked a van. I had help from a staff member because it took about 10 minutes to do it—going backwards and forwards and a bit to the left and a bit to the right. I progressed in my driving and then regressed immediately after that. It was just like, 'How did that happen?'

**Dr ROWAN:** Thanks, Harley, for your submission. Lyn was talking earlier—and what I am taking away from today—about the hope and purpose, like-minded people coming here and the acceptance and understanding but also about the opportunities for additional education and going into employment. With other club members that you talk to and from what you have experienced yourself, are there particular areas in education or employment or job opportunities that you think could be further developed—whether that is in hospitality, education or health or other areas where people are looking to get additional skills?

**Mr Johnman:** Yes, that is a good question. We have talked about these kinds of things before at club meetings, about why we have a very general approach to a work ordered day—why we do not have specialised training. One thing I like is that it is generalised. Since we have the different units of hospitality and RAM, when anyone comes you can go into any of those things. There are not a lot of things you have to do. It is so generalised. It is much more about the rehabilitation of commitment from, say, morning to evening of being a part of a certain unit and committing to that. I am not quite sure what else to say about that.

**Ms Sennett:** Our philosophy around education is that we really want our members to experience education in the community, so we purposefully have not set up educational courses at the clubhouse. While it is a new world these days and a lot of it is online—people are learning in here if they are choosing to do online—we are really wanting people to have that experience of going to TAFE or going to university, and we will support a person to be able to do that.

**Mr Johnman:** Yes, that is a definitely a very good point. It is generally of the member's own volition to do so. If they are able and willing, they can have support to enrol in those kinds of things. It is often a very long and hassling process with many different steps. I was doing that just last week, enrolling in semester 1 of this year with the help of a staff member. There were so many hoops to jump through. While I was trying to do so, it kept saying, 'Error, error.' I was thinking, 'What's this?' It turned out that there were some fees from last year that were unpaid. Then I had to go through that. It is very good to have that support. I am not very technologically savvy, so I often do not know where to go on the site to click the right thing. It is very good to have someone next to you—someone who knows these kinds of things. It is that kind of general support that is good.

**Mr O'ROURKE:** Have you used any other service providers around the region? How would you compare those to the services provided by Stepping Stone?

**Mr Johnman:** No, I have not used any other support services other than this clubhouse, unless you count Belmont Private Hospital. That is different since that is the clinical side of things. I would say it is definitely the combination of the clinical side of Belmont's system and the rehabilitation process of Stepping Stone that has helped me over the years. I cannot really compare. I have never looked elsewhere.

**CHAIR:** Thank you, Harley. We appreciate the additional information.

**Mr Johnman:** I would like to introduce Maricar Gobelsa, who is the mother of our Stepping Stone member Beatrice.

### **GOBELSA, Ms Maricar, Private capacity**

**CHAIR:** Thank you, Beatrice and Maricar, for appearing today. I invite you to share your thoughts with us and if you are okay we will ask a couple of questions.

**Ms Gobelsa:** My name is Maricar. I am the mum of Beatrice. I will give some background about myself. I am also an allied health professional. I am an occupational therapist working in the blindness and low-vision sector just across the road at Vision Australia. I will give a bit of context about Beatrice's situation prior to accessing the support and services through Stepping Stone.

I am the primary carer for Beatrice. As I work full-time at Vision Australia I am also providing support and services, whether it is community access or in-home support. She lives with us. Community access can be dropping her off to different types of activities, whether it is church related, meeting with friends, shopping, going to medical appointments and things like that, especially if it is with her psychiatrist. In-home support would be helping her out with her medication management and things to do around the home. Financial management is a big thing as well because she has not only mental illness but some intellectual impairment too.

Since she graduated from high school she was not able to participate in meaningful work opportunities, if I may say so. She had an opportunity to work at Woolies but on a supported salary and she was only given four hours a week. From 2010 up until around 2018 she has been shifted from one disability employment service provider to another. They say, 'Oh, we just lost funding,' so she gets shifted to another DES provider.

I am doing this role for her on top of my job as an OT and housewife. There is a point in time where you feel the burnout, not only physically but also mentally and emotionally. I think that as a parent you really just have to be there for your kids. Before the pandemic began in 2020 I was talking to one of my colleagues at Vision Australia who is an employment consultant. Her experience is mental health, working with people with mental illness. She could not believe that we do not have external supports. We have supports from her psychiatrist. Basically, that is the only support we have. She said, 'You have to get services not only for Beatrice but also for you as a family.'

Aside from support from the Belmont Private Hospital, I think one of the supports that is also essential to us is the support from our own community. We are from a Filipino cultural background so we have a group of friends who are Filipino migrants as well—six or seven families who meet here in Brisbane. They have become our family. They are aware of Beatrice's condition and they have accepted and supported us throughout that journey. Aside from the Filipino community, we also have our local church. The local pastor knows about her condition and has given her opportunities for volunteering. I think the acceptance and understanding of this core support group is really good for her.

Going back to external supports, that colleague of mine directed us to Stepping Stone. At that time I was also looking at other mental health organisations such as RSQ, Arafmi and those kinds of things. Because of the NDIS model, she has to be with NDIS before we can access services. It is only actually Stepping Stone that still has that funding so that Beatrice is able to access services without her being an NDIS participant. When that information was given to me by my colleague it took me a while to decide that we needed help. Then I called Stepping Stone and booked the orientation. We were already preparing her NDIS documents at that time. They also supported us through the NDIS process, so she is now accessing services through NDIS as well.

The model of being supported by the community is very important, because they have that sense of belonging. They have this platform or environment where they can feel safe and protected, being able to contribute whatever skills they have but also being able to upgrade those skills. When Beatrice started coming here to Stepping Stone I think she really found her purpose, from being unmotivated or relying on me—'What's your schedule for this week?'—to having something to look forward to, to develop that routine of 'I go to Stepping Stone three times a week. I participate in a work ordered day. I'm in a planning community with hospos.' She tells me about all of this. She really found her purpose here. She has developed routine. She is continuously learning. That made a lot of difference not only to her but also for us as her family. As I have said, as a parent you worry about the future of your children. We cannot outlive her, so what will her future be like? I think that is one of the biggest worries that my husband and I discuss. It was a huge relief when she was able to access services through Stepping Stone.

Last year it was her goal to move out from our family home. She was fully supported by Stepping Stone every step of the way, so she was able to move out with a group of friends who are also of the same background. She was supported in terms of 'these are the goals that you may be able to get on a day-to-day basis' and things like that. It was really going well until unfortunately, Coorparoo

because of her vulnerability, a crime was committed against her which then led her to be hospitalised again just before Christmas. Everything is under police investigation at this stage. Now she has moved back to the family home. That has been our journey.

**CHAIR:** Thank you, Beatrice and Maricar, for sharing your story. In relation to the last part of your testimony around the crime that was committed, we might just have to be careful around that because there are some things before the courts at the moment and we are restricted as to what we can ask as MPs. I would just ask committee members to bear that in mind as you are asking questions. Obviously, the impact this has had on you and other members of your family has created some degree of stress and anxiety. Has Beatrice's involvement in Stepping Stone alleviated stress and anxiety for you and other members of your family, and do you think it has had a positive impact on your mental health?

**Ms Gobelsa:** Yes, definitely. We at least had that break in between. She is here at Stepping Stone going about her day-to-day activities and we do not have to worry about that. In terms of what happened the last part of the year, yes, Stepping Stone has been very supportive as well in terms of providing support not only for Beatrice but for the whole family as well.

**Ms CAMM:** Looking back to before you found Stepping Stone and now, notwithstanding what you have shared about more recent times, have you seen Beatrice's capacity being built and her resilience grow through her experience here?

**Ms Gobelsa:** Yes, definitely, just even in the skills of being able to do admin tasks, doing reception duties, being able to socialise with different members, having some role models to look up to. Yes, definitely. She is really engaged with the hospitality team as well where she actively plans and even does the physical cooking of things, so definitely she has improved in terms of developing those skills and capacity.

**Ms CAMM:** Have you noticed that this has translated to life at home, as part of your broader community and within your family?

**Ms Gobelsa:** Yes, sometimes. I think she would say, 'I'm so tired I've stopped doing this and that. Can you do this at home as well?' I am still working on that but yes, definitely.

**CHAIR:** It sounds like a very normal household.

**Mrs McMAHON:** You spoke about the support that you have from within your cultural community. In terms of some of the many other services you access, whether government funded at various different levels, could you comment on the level of cultural awareness that those services have had in assisting you and your family and whether there are any gaps or issues or barriers that you may have encountered?

**Ms Gobelsa:** Within our culture we do not have support unless you actually seek it yourself, and that is basically going back to the medical alert clinical model. The support that we get from our own community is just basically understanding and acceptance. Prior to Stepping Stone we did not have many services. We were in the Queensland Health program before through the Child and Youth Mental Health Service, but when she turned 18 we lost all of that support so basically we went private just for accessing psychiatrists and psychologists and that is about it. No programs at all—nothing.

**Mrs McMAHON:** Can you comment on whether the Queensland Health services through the Child and Youth Mental Health Service or your private services were able to offer a culturally aware service, or it is just a generic one size fits all?

**Ms Gobelsa:** Yes, it is a generic type of thing. One example is that when she was accessing the Child and Youth Mental Health Service they had to do an assessment for intellectual impairment, but because all assessments are standardised it does not necessarily apply to her, especially because English is her second language, so she would be scoring low on that aspect just because she could not communicate well in English.

**Dr ROWAN:** In your experience with some of the service providers like the Child and Youth Mental Health Service or even in primary care with general practitioners, nurses and psychologists, within that clinical model, what do you believe is their understanding of services like Stepping Stone and what is delivered and how that can assist people who are in that clinical care model? There are two questions, really: what is their understanding or awareness of organisations like Stepping Stone; and what is the capacity of those organisations to assist and help?

**Ms Gobelsa:** A decade ago when she was accessing CYMHS, I am not sure if Stepping Stone existed then. If I compare it now with the GP, the GP does not know more about Stepping Stone. The Belmont Private Hospital, which she is closely working with, is aware of Stepping Stone. As a Coorparoo



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community allied health professional, I did not know about Stepping Stone just before the pandemic. It is only through the colleague of mine who directed us to Stepping Stone that we were able to be aware of such a type of service.

**Dr ROWAN:** What do you think could be done to promote not only awareness but also what is actually being provided from a family's perspective?

**Ms Gobelsa:** Provided by?

**Dr ROWAN:** Provided by Stepping Stone. How do you increase the awareness that Stepping Stone as an organisation exists but also the awareness amongst clinicians as to what is being provided?

**Ms Gobelsa:** Since Beatrice has been coming to Stepping Stone, I actually have been telling my friends in our community as well as in our church community about these services. Sometimes it is hard for them to understand about the clubhouse model. They say, 'Oh, does she work there?' I will say, 'No, she actually participates in a work ordered day.' You have to explain that to them and educate them about it. Also, I have been active in promoting awareness through social media about Stepping Stone because, as I said, if not for Stepping Stone she would still be sitting at home watching TV.

**Ms KING:** Thank you, Maricar and Beatrice, for coming in and talking to us today. Part of your story struck me. Beatrice, you were accessing Child and Youth Mental Health Service when you were under 18. It sounds like after you turned 18 you kind of fell off a cliff.

**Ms Gobelsa:** Yes.

**Ms KING:** Could you speak to that experience a little?

**Ms Gobelsa:** We used to live in Adelaide. That is where she was diagnosed with her mental illness. They have their own program about child and youth mental health services. Then we came to Queensland and were able to access that. When she turned 18 we could no longer access psychiatrists and things like that. We were basically transitioned back to our GP. You can only access your psychiatrist or 10 counselling sessions with a psychologist and things like that. Basically, at first we were at a loss as to what other services we could actually access because there are no group programs. Even with CYMHS there are no group programs. It is basically seeing the psychiatrist so that the psychiatrist can give her medications. That is the only service that we access through the CYMHS system.

**CHAIR:** Beatrice, did you want to say anything to the committee? You do not have to. There is no pressure. We really do appreciate you being with Maricar to share your experiences. It has really helped the committee a lot. Thank you very much.

**Ms Sennett:** I do not know if you have ever seen our social media but we have pretty good social media. Beatrice is the person behind it. I would encourage you to follow us on Facebook. There are some pretty cool things on there. Thank you to both of you. We are going to call Kerrin Dickinson, a Stepping Stone Clubhouse member, who has also been a board member and the secretary on our management committee.

**DICKINSON, Ms Kerrin, Member, Stepping Stone Clubhouse**

**CHAIR:** Kerrin, do you want to say a few things to the committee and, if you are okay with it, we will ask you some questions?

**Ms Dickinson:** I am a little bit nervous. I found out about Stepping Stone Clubhouse when I was 18, not long after I had been diagnosed. I had been through a lot with mental health issues. It has been quite a long journey and a long struggle. I found it very hard to come into the clubhouse because I was so unwell, but gradually I came in more and a little bit more and a little bit more. I found meaningfulness, purpose, a place of belonging, acceptance and understanding. I became more social, made connections and got involved in the work ordered day.

It has been a long journey and a long struggle, but Stepping Stone has given me many opportunities and has helped in so many ways. I became more socially involved and gained confidence, skills and connections with Stepping Stone Clubhouse. The opportunities Stepping Stone has helped me with are achieving study in admin and then eventually mental health, where I found my passion in helping others. I also obtained transitional employment. This helped me gain stamina, routine, structure and again confidence, helping me get into the workforce, which was a very hard thing for me to get back into while dealing with mental health.

I also then became secretary of the board. This gave me so much experience and I learnt so much with this. It also helped me to be able to speak in front of an audience, which I found quite hard at the time, dealing with a lot of anxiety. With a lot of support I also gained my driver's licence. This gave me freedom and opportunity to work. This was a long struggle but, with the support of Stepping Stone believing in me and helping me with this, I managed to get that. I am now working independently in a mental health organisation.

Stepping Stone has guided me, encouraged me and supported me to achieve these goals that I never thought I would be able to achieve with my mental health issues. With all of this I have overcome a lot of anxiety, personal barriers and challenges with my mental health. This has given me self-belief and purpose for my life. I am very grateful to Stepping Stone and will always stay connected with this amazing organisation.

**CHAIR:** Kerrin, thanks for sharing that. I am really pleased to hear that you have found a passion and a purpose. You sound like you have gone the whole gamut with Stepping Stone, from starting off casually and then working your way through and becoming part of the management committee. Obviously you have had a lot of interactions with the organisation. How important do you feel the relationships you have built with other people with a lived experience of mental illness have been in helping you to achieve the goals that you have achieved?

**Ms Dickinson:** Coming here has helped me so much, making connections and relating to people and having understanding and getting out of home and making relationships and working on my goals.

**Mrs McMAHON:** Kerrin, you said when you first came in here you were nervous and you had anxiety.

**Ms Dickinson:** Yes.

**Mrs McMAHON:** Were there any other services that you had been referred to or that you had tried to access prior to coming to Stepping Stone?

**Ms Dickinson:** That was a very long time ago so I cannot remember a lot of it. Especially with going through a lot of mental health issues, you do not remember a lot. I had access to a psychiatrist and I think I was given some therapy. I think coming here was really good.

**Mrs McMAHON:** Are there any other services that you are still currently accessing from a health point of view or is it all really encompassed within Stepping Stone?

**Ms Dickinson:** I am gaining services through NDIS and I also had services through a mental health clinic, with therapies and supports through that.

**Mrs McMAHON:** Are you finding that they are all working together for you?

**Ms Dickinson:** Yes, they are all working together, which has been good.

**CHAIR:** Kerrin, do you live a long way away from Stepping Stone?

**Ms Dickinson:** No, I only live around the corner.

**CHAIR:** You may not be able to answer then, but are you aware of other clubhouse members who might have had challenges in accessing the services because of the distances they have to travel to get to the clubhouse?

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**Ms Dickinson:** I think there is a barrier there, that a lot of people are not able to connect with a clubhouse because it is so far away. That is why I think it would be really good for there to be more clubhouses out there and more opportunities for people to get out and into a clubhouse like this.

**CHAIR:** One thing you said that I thought was really interesting was when you talked about gaining the stamina for a work day.

**Ms Dickinson:** Yes, that was hard, especially being on so much medication. It was really quite sedating so that was a big challenge for me as well.

**CHAIR:** I think we forget how physically hard it is to show up somewhere for eight hours and be at somebody else's beck and call.

**Ms Dickinson:** Yes, exactly.

**Ms KING:** Kerrin, you said that you are working in mental health now.

**Ms Dickinson:** Yes.

**Ms KING:** Can you tell us a little more about the training you had to do and what your job is? I am really interested to know.

**Ms Dickinson:** I did a certificate IV in peer support/mental health and I really enjoyed that. I found out about it through Stepping Stone Clubhouse. Then I went on to do a certificate IV in mental health. I found that I really enjoyed studying it. Also coming here and volunteering here helped me to realise that my passion is with mental health. Because I had been through so much, I feel like I can relate to others and understand others and am able to help others and be there for others. I did a lot of applying for work.

**CHAIR:** Kerrin, you talked about the long journey to get a driver's licence.

**Ms Dickinson:** Yes, that was a very long journey.

**Mr MOLHOEK:** You did not crash into any poles, did you?

**Ms Dickinson:** Actually, I did have a little bit of an accident.

**Mr MOLHOEK:** We all do that.

**CHAIR:** How important was Stepping Stone in helping you to achieve that and how important has it been to have a driver's licence?

**Ms Dickinson:** That was one of the biggest accomplishments for me. It was such a big journey. At the age of 17 I wanted to get my licence and I was not able to do it with mental health issues. I ended up getting a job in TE, transitional employment, and you had to drive a buggy. I eventually had to learn to do that and got the confidence and skills to do that, which was quite amazing. Then I thought, 'Hey, maybe I will give this a go and try to get my driver's licence.' Then I was supported to do a few driving lessons with Stepping Stone. That was huge. I was so scared just driving around in the car park and then I had to get out on to the main road and eventually more and more. I only recently got it—last year in March. That was a big achievement. I cannot believe I did that. I had a lot of support from Stepping Stone to believe in me, encourage me and support me with that. It was amazing because it was something that I never thought I could do with having mental health issues.

**CHAIR:** Are there any driving instructors or schools that offer extra support for people who are experiencing mental health issues?

**Ms Dickinson:** I went through three different driving schools. I found them all to be very different and helpful. Two of them were very good with my anxiety and really helped me with that and helped me breathe and helped me get through it. That was amazing. It was a long time, but I got there.

**Dr ROWAN:** Kerrin, you have obviously had lived experience, done training, worked in mental health, been a volunteer and been involved in the organisation. We are all from government. When we talk to people they often say, 'We just wish the government would do X.' Given all of the experience that you have had, with all of the people you have talked to and all the things that you have seen, is there something that could be done? I know it is a big question.

**Ms Dickinson:** I think education about mental illness is a big thing. I feel like having room in hospitals for people when they need to go there is a huge thing. I feel having more places like this is one of the biggest things for people. I found having this organisation, this community of Stepping Stone Clubhouse, has been one of the biggest things in my life that has helped me with my mental health issues. It is education, being open and having more community services and more help out there for people who are struggling.

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**CHAIR:** Kerrin, can I ask if you have had any experience of hospitals? This is not so much about admissions that you might have had into a psychiatric ward, but have you been to hospital for other reasons? You do not have to outline the reasons, but have you been admitted to hospital for other non-psychiatric issues?

**Ms Dickinson:** No. I have been in hospital three times for psychotic issues.

**CHAIR:** As there are no further questions, I thank you very much. It has been really insightful. You have done wonderfully. You had nothing to be nervous about. We really appreciate it. You have given the committee a lot of help.

**Ms Dickinson:** Thank you.

**Ms Sennett:** Thank you, Kerrin. Kerrin has achieved so much. She will not blow her own trumpet but she has determination. She will be like, 'This year I'm going to get my driver's licence.' Then we will drive around in the car multiple times and she gets her driver's licence. Then she says, 'I want to achieve this in my studies' and she does it. Then she says, 'I want to work in the sector' and she gets a job at our sister clubhouse, Canefields. She totally undersold herself there and has achieved so much. Congratulations, Kerrin.

### **CULLEN, Mr Michael, Member, Stepping Stone Clubhouse**

**CHAIR:** Similar to the other folks, feel free to share your thoughts with us and then if you are comfortable we will ask you a few questions.

**Mr Cullen:** I am as comfortable as I can be. Where do I start? I was having a cup of tea at Stones Corner. I was in a very bad way. Everything in my mind was very foggy, very tunnel vision. Somebody—I do not know who they were; I do not know whether they were male or female—tried to convince me to get into their car. I used to be an aggressive sort of person. I declined that assertively. They said, 'We're willing to get in your car,' so we drove around and parked somewhere up in the car park there. They walked with me to the door, walked in through, and then Paul, one of the members, gave me a tour around. Like I say, I was not in a real good frame of mind. They kept on going on with this bullshit about a million dollar organisation running on volunteers. Me being an ex-businessperson, I could see that it was just total bullshit so I said—I suppose I should go back.

Why was I having a cup of coffee? I was having a cup of coffee because I was just on my way to kill myself. I had taken nine months to organise a way to do it so it was of the least detriment to the family and people around me, so it would have had the least impact. I do not know how they got the phone number, but somehow they wrangled the phone number out of me at the time or something, and I gave the phone number to Paul and they kept ringing me. In the end I got the shits with them ringing me, so I come in to tell them not to ring me. I found out that the coffee was 40 cents. Who can pass up a 40-cent cup of coffee? I had a cup of coffee—a couple of cups—went home, came back. This was at a fair expense to me because at the time during all this I had to apply for so many jobs to get my \$26 a week from Centrelink because my wife was working, and that \$26 a week virtually covered me to get in here with the car and that. Yeah, I really gave up a hell of a lot to come in here and have this 40-cent cup of coffee, which was crap. This guy got in my face one day and he said, 'Are you okay?' I said, 'No, I'm not. The coffee's shit.' He said, 'Well, get off your arse and I'll teach you how to make one and then you can blame yourself.' So I did that, and a couple of weeks later—look, this was traumatic. I still had the means of killing myself in the car and probably would have done it over a cup—no, I wouldn't have done it over a cup of coffee.

The thing is that bit by bit my tunnel vision started to widen and things were not as hazy. It is pretty serious shit, someone driving around in a car with that sort of vision, but that is how I was at the time. Anyway, somebody was standing outside the kitchen there and they just looked very, very distressed. I said, 'What's up, mate?' 'Oh, we've got 40 meals to cook and I haven't started.' So I went over and seen what I could do and that. They had not even defrosted the mince. I forget what it was they had up on the menu board. It was something that I had never seen before, but it got changed to spaghetti bolognese or something like that. We changed the menu, cooked the meal up, and at the end of doing all of the preparation a million people came in, as usual, to help. I got that done, and from then on I started to find some sort of purpose here besides complain and bitch. I still do that occasionally.

After a while I came up here to the employment and education section and decided I needed money, because \$26 a week was shit and I was having to apply for all the jobs. Just at that point we did have a link with the DES service here, so I started applying for jobs. A bit later on we had a HR lady who came in help with the interviews with the staff. I introduced myself and she said, 'Did you apply for such and such?' I said yes and she said, 'I've seen your resume quite often. You've spanned Brisbane pretty well with your applications.' Shit. Thanks to that she decided that she would volunteer some time, and she helped members here with getting resumes and job applications into gear, mine included.

There was a job that came up for a peer worker for Queensland Health. One of the staff here at the time said, 'This is you.' I looked at it and said, 'It's a peer worker with Queensland Health. It's an office job. What the hell do I know about that?' I am an ex-truck driver, by the way. 'What do I know about that?' They go, 'You do this here, you do this here, you do that there, you've done that in your previous job, you've done that,' and actually just associated everything together. The HR lady came along and virtually said the same thing. With their help I was able to realise I had much more potential in life than driving trucks and having people try to drive underneath them.

I applied for the job, got an interview, went to the interview and did not make it. In that time I had applied for another one with FSG, which was virtually a good learning curve. It did not pay anything much; it just covered the cost of petrol and that. Chris, the bloke who was working there at the time, said, 'Well, you've got to pay for education.' Then it was about 10 months later Queensland Health rang up again and said, 'Mike, do you want the job?' 'Yeah, of course I want the job.' So I took the job, got down there, started to do all the paperwork to do with that, and all of a sudden I realised

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that I had to go across to Denver for a mental health conference for two weeks. So I mentioned that and the team leader said, 'You're not going to cancel it. You're going to go, aren't you?' So I went across there. That was another great thing to do with Stepping Stone. I got back from that and got into the position.

Sorry, before that I did a transition to employment thing as a cleaner at the CCU over at Windsor. I jumped ahead of myself there. Halfway through that was when I started to apply for jobs because I just needed to get money. The job that I went into was an horrendous change from where I was, from what I had done previously, but with the support of the other peers who were there, the clinical staff who were there, Bec Bolger and Bernice and all those—shit, you just could not get a better team leader at the time—I got through it. But even with that there were still some times where I fell over on my arse. You would come in here and sort of go, 'What the hell AM I doing? What AM I doing here?' As has been said before, you come in and you are ready to quit. You are ready to walk out the door. Then you have a chat here, and then next minute you're right and you are on your way again. It is a community here, the same as the community of Queensland. When you were asking about housing I got rather annoyed with that because I am sort of thinking, 'That's the same thing as Scott Morrison asking our Premier, "What do Queenslanders need for housing? What specific thing do they need, the one thing?"' I sort of thought to myself, 'Imagine her saying they all just want to live at Indooroopilly in two-bedroom flats.'

**CHAIR:** Can we move to some questions now, Michael?

**Mr Cullen:** Yes.

**CHAIR:** Thank you for your evidence; it has been really useful to the committee. You clearly were at an incredibly low point in your life. It sounds to me like you were beyond contemplating suicide.

**Mr Cullen:** Well beyond that, yes.

**CHAIR:** How important was your involvement in Stepping Stone to helping you move beyond that very low point to actually seeing some hope in life and things that you wanted to do?

**Mr Cullen:** I had the means to suicide in the car for well over six months after I came to Stepping Stone. There was a point there where it could have happened at any time. It really took the involvement in the kitchen downstairs—and I have termed it as pretty pathetic, and that is what it was—and well before that even just the bloke saying, 'Get off your arse and make a cup of coffee and take responsibility for your own actions.' They were all things that I needed to hear. They are not things that every person who comes here needs to hear but, like I say, it is a community, and it is a person centred community, and we do take a great deal of—I do anyway—honour in being involved in something like that.

**Ms CAMM:** Thank you very much for sharing. Can I ask—you do not have to answer: since that time have you had those suicidal thoughts again or has this place—

**Mr Cullen:** Yes, I have. I have had those.

**Ms CAMM:** Do you now have a trust with the connection of this place so that you know you can seek support here through Stepping Stone?

**Mr Cullen:** Yes. There is no judgement; that is the thing. There is no judgement with it.

**Ms CAMM:** Has it provided that extra layer of—

**Mr Cullen:** Hell, it has provided that concrete foundation. Yes, 12 months ago at 66 I go out and take out a \$600,000 loan on a house. Three weeks after that I'm thinking, 'What the shit have I done?'

**CHAIR:** You are currently employed as a—

**Mr Cullen:** Peer worker for Queensland Health.

**CHAIR:** How important have your experiences here at Stepping Stone been to that role? Have you taken the things that you have experienced here and taken them into that role?

**Mr Cullen:** Yes, I have. The thing that I find challenging in my work is helping people to gain access to Stepping Stone, because to come from where I work to here would be a 1½-hour trip and two changes of trains.

**CHAIR:** Just for the record, where do you physically work?

**Mr Cullen:** I work for the Logan Central Community Care Centre.

**Mr MOLHOEK:** I actually do not know what a peer worker does. What does that role involve?

**Mr Cullen:** I had to explain this to a nurse who expected me to be handing out medication. No, I do not hand out medication. I have no real qualifications, except that I have had mental illnesses that went undiagnosed for about 50-odd years until all of a sudden I had a crash—a crash mental health wise. I impart how I get through the day—the situations that I am in—to other people around me. I do not tell them how to get through their day. Honestly, I do not know what is going on in their head and I do not want to, but I can impart to other people how I get through the day. In many cases that gets people through the day.

**Mr MOLHOEK:** So it is like a support role?

**Mr Cullen:** Yes.

**Audience member:** It is basically somebody who gets paid to be your friend for the day.

**Mr Cullen:** No, it is not. I am not their friend.

**CHAIR:** We will just have evidence given by the witness at the table, thanks.

**Mr Cullen:** I am not that person's friend. I am somebody who is there to impart how I would deal with a certain situation.

**Mr MOLHOEK:** How many days a week do you do that?

**Mr Cullen:** Nine days a fortnight, which adds up to 40 hours a week.

**Mr MOLHOEK:** That keeps you pretty busy then.

**Mr Cullen:** Yes. That is okay, but it is the 24/7 roster that throws things around a bit.

**Mr MOLHOEK:** So you do shifts?

**Mr Cullen:** Yes. I do three shifts and they rotate around.

**Ms KING:** Thank you for coming in, Michael. I can only wish that people in my life who have been at that low point had a service like this one. I was reflecting on what you said and also on what Kerrin said earlier. My take on it—and please correct me if this is not accurate for you—is that it sounds to me that people who have been through the Stepping Stone process for a long time and maybe have achieved employment might often continue to use the service here as a kind of top-up support. Is that your experience? Your work must be quite challenging in some ways.

**Mr Cullen:** Yes, it is extremely challenging.

**Ms KING:** Do you dip into what Stepping Stone offers to get supported in your role now?

**Mr Cullen:** Yes, I do. I have a great deal of support at work, yet there are times you really need to talk to somebody who is not at work just about life in general. It is very important to maintain that distance between work and outside of work. Being in the mental health side of things, I have work friends that I associate with out of work. However, very few of those—they are very well chosen people—come to my house. My house is my castle. It is my last port of call. Stepping Stone is my extra last port of call.

**Ms KING:** I hear you say that in your capacity as a mental health worker. I suppose I am asking you to reflect on someone who has been through a long process toward recovery and the way that Stepping Stone continues to be a support for people in that role. Is that something that you see from participants? You have a mortgage now and you have a full-time job, yet Stepping Stone is still there for you.

**Mr Cullen:** That is right.

**Ms KING:** Is that something you see among other participants?

**Mr Cullen:** I see it among just about everyone around because Stepping Stone gives that one thing and that is a belief structure, I suppose. In Stepping Stone there are certain standards and they create a belief structure. People who have a strong belief structure do recover better than people who do not have a structure. Belief structures are so important for everyone in the world. If you do not have that belief structure—you can think of the friends around you who do not have belief structures and they struggle.

**CHAIR:** This question is probably to you but also to Harley or Mel. We have heard this concept of belief structure mentioned by a few people today. Is it possible for us to get a copy of the Stepping Stone Clubhouse belief structure? Is there such a thing written down?

**Mr Cullen:** Of course there is. Do you want it in A3?

**CHAIR:** We will take it in any format.

**Ms Sennett:** We can definitely provide you with a copy of the standards which outline the philosophy.

**Mr MOLHOEK:** Is that the 37?

**Ms Sennett:** Yes.

**Mr Johnman:** You could check the logo as well—

**Ms Sennett:** With the values?

**Mr Johnman:** Yes, with the values that we have. It is, I guess, a basic version. The words that we use are community, belonging, purpose, agile and there is a fifth one I always forget.

**Ms Sennett:** Enjoyment.

**Mr Johnman:** Enjoyment, yes.

**CHAIR:** No-one should forget that one.

**Mr Johnman:** I always forget the enjoyment part.

**Mr Cullen:** You never told me about that!

**Ms Sennett:** On your question about how the support changes now that Michael is where he is at, the other thing is the support that Michael provides. It is such a two-way street. He comes in here, yes, to still receive support but he provides support to other members, whether it is a newish member who is starting their journey or someone he has known for years. He will be the one downstairs drinking the rubbish coffee or buying the rubbish coffee and providing that support to people. I think it shifts.

**Mr Johnman:** The coffee is not rubbish!

**Ms Sennett:** I know it is not rubbish. It is awesome.

**Mr Johnman:** It is great.

**Mr Cullen:** That is what happens. There are lots of times when I just sit here and you have a conversation with someone. That is being a peer. You are peers to each other. That is what the world needs.

**Dr ROWAN:** Michael, in your role as a peer support worker and someone who has lived experience, particularly now working in that role in Queensland Health, what do you think needs to happen in the public sector—in Queensland Health—that can help people with mental illness?

**Mr Cullen:** Honestly, I would love to see TEs in every one of the CCUs throughout Queensland that are peer orientated. I would love to see that, where members of a clubhouse—somebody who has the clubhouse model—can go into CCUs as a peer on a transitional employment basis. Actually, I would love to see them go into any of the mental health facilities around Queensland as peers.

**Dr ROWAN:** What do you think that would be able to do for people with mental illnesses?

**Mr Cullen:** For a start, it would give the people going in there a great deal of confidence in what happens and give them that resilience. Also, it would give clinicians a bit of an idea that people who have mental health experience might not have great university training but, as explained to this one nurse who pooh-pooed peer work, I have had 60 years of training. How many years of training have you had? I have survived that 60 years of training. I think that is the important thing that clinicians need to understand. It is one of the things that impressed me when I first got the job—that my team leader understood and the second-in-charge team leader, who is now a team leader at Coorparoo CCU, understood. That was what really got me across the line; otherwise I would have felt, 'I'm not being accepted here.' Does that answer the question?

**Dr ROWAN:** It does. Thank you.

**CHAIR:** We are getting towards the end of our time. Is there anyone else that you wanted to present very quickly? We probably have six or seven minutes. Thank you, Michael.

**Mr Cullen:** Thank you, everybody.

**CHAIR:** For the benefit of *Hansard*, I have allowed quite a significant degree of unparliamentary language there. We will work through how to manage that at a later point. I will not be tolerating that from committee members, I have to say.



**McGRATH, Ms Martina, Member, Stepping Stone Clubhouse**

**CHAIR:** Welcome, Martina. It is great to see you.

**Ms McGrath:** I will try to keep it fairly brief given that we are getting close to time. I have been a member here at Stepping Stone since the beginning of 2015. Like many of the members here have talked about, I needed to rebuild my physical stamina. I had been through a significant trauma and spent quite a long time in hospital. Part of that first year was really about physical stamina—so coming into the clubhouse every day, building connections, gaining confidence. Like many of the members have talked about, I think I have done a tour of duty of the whole clubhouse and worked in every single section, as you should do, to get to know how the clubhouse works and build relationships and friendships.

Fast-forward to today, and I am really pleased to say that I am now working and studying and living a life of purpose and contributing. Like many of the members have talked about today, that is what we all want in life: to get out of bed with some purpose and have somewhere to go and find connection. I have been blessed to do that here and to find a tribe of people who support me.

I was also blessed in 2015 to make some wonderful professional connections who have helped me along the journey as well but, undoubtedly, much like Michael just spoke about, being able to still come here whilst working now as a lived experienced researcher and doing a PhD in the field means that, yes, I can tap into that connection when I need to and, as Mel has said, then be perhaps a bit of a role model or mentor for others, because at the end of the day you cannot be what you cannot see. People need to see people with lived experience surviving and thriving. I am going to stop there and I am going to let you ask me some questions.

**CHAIR:** Martina, you have been on the management committee of Stepping Stone, I seem to recall?

**Ms McGrath:** Yes. I was general member, then secretary and most recently vice-president. The only reason I have stopped that is my PhD.

**CHAIR:** When you go through that experience of coming along to Stepping Stone in the initial phases and doing your tour of duty and orientation and you start showing up a bit more regularly and end up on the management committee, at what point does a light bulb go on and you go, 'This is what this organisation is all about?' Is there a point in your journey or does it just gradually happen?

**Ms McGrath:** I heard someone ask previously about other services. I think for me the light bulb was seeing the difference that this place made. It fitted me. Earlier on today we talked about what Stepping does in terms of co-designing services and what have you. Everything that we do here is co-created. For me that was the big shift. Coming here was incredibly different in that everything I wanted to achieve was not dictated to me or limited by someone's perception of what I thought I could do. It was, 'What do you want to do and how can we help you get there?' That was the light bulb. Once I saw that, that is a pretty heady thing to know. I have someone right beside me who just wants me to go and who will help me get there.

**CHAIR:** Mel mentioned in one of her pieces of evidence earlier in the day that groups of particularly women have come here, formed friendships and then taken those outside and continued those on. How important is forming genuine friendships and genuine connections to people in terms of being able to recover and heal from mental health issues and trauma?

**Ms McGrath:** I think it is massive. They host Christmas Day here. Going back to 2015 and 2016, I was estranged from my family. They all live interstate, except for one close family member here. This is the place I came to for those first two years. It was somewhere to come. They do social recreation. I have not done the camp. I am a bit of an introvert and a homebody, but I have done a day trip when they have had the camp. A huge part of it is the Christmas party they host mid-year and at the end of the year. It is wonderful. Sometimes you can be very in your own head when you have mental health challenges and suicidal thinking. To be able to disconnect from that, to not talk about that, and to come in to connect with other humans who actually get you and have some fun is super important.

**CHAIR:** I highly recommend the Christmas Day festivities. We probably have time for one or two more questions.

**Ms CAMM:** You have been a member and worked on the management committee, et cetera, and we have talked about other models of delivery—and I love that it is co-designed and co-created and individually centred as well. What proportion do you think is the model that could be adapted—

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as we are able to influence government or be able to make recommendations—and what percentage do you think is about the people and the management and the culture, because that is much more difficult to replicate? In your mind and in your experience, how would you reflect on that?

**Ms McGrath:** I think first and foremost the clubhouse model is a set of standards which is the philosophy. From my impression you then hire the people and the staff who can live and breathe those values and the culture—so everyone follows the model. I think it is definitely scalable and replicable, but it is about hiring the right people who will be able to deliver the model in its truest form. That is the challenge.

**Mr MOLHOEK:** That was a great question: how do you transmit that DNA?

**CHAIR:** Martina, thank you very much for appearing today. On behalf of the committee, I would like to thank all of the members and the staff of Stepping Stone and those members of the community who have come along to observe today. We do appreciate your interest in this.

There may be other members of Stepping Stone who wish to convey their thoughts to the committee. We would be very happy to accept those thoughts perhaps in other formats. Mel, Harley and the management team, if there are ways we can assist to make that happen, let us know. We are happy to work with you.

I also acknowledge that there have been some difficult topics raised today. I sincerely thank those people who have raised those difficult topics. It does help the committee's understanding, but we also acknowledge that it may cause some distress for people raising those issues. If you do need assistance as a result of any evidence or anything you have heard here today, please reach out to either Stepping Stone directly if you are a member or staff member or to the secretariat—whoever you choose.

That concludes the hearing today. I do not think there within any questions taken on notice.

**Mr McCartney:** Can I ask a question?

**CHAIR:** Sure. Can you please approach the table?

**McCARTNEY, Mr Joe, Member, Peer Participation in Mental Health Services (PPiMS)**

**Mr McCartney:** My name is Joe McCartney and I am a person with lived experience. I have two questions. Submissions will be accepted up to 4 February. Will the time for submissions be extended?

**CHAIR:** The committee has the capacity on a case-by-case basis to offer extensions. People have to request them. We do that on occasion, yes.

**Mr McCartney:** Secondly, as a committee, why isn't there a lived experience person on the committee?

**CHAIR:** It is generally not something that is done at a parliamentary inquiry that we answer the questions. We ask the questions. It is not my place as the chair of the committee to identify anybody on the committee as to whether or not they have a lived experience. It is not my place to do that. What I can say—and I speak on behalf of the committee here—is that we are fundamentally committed to making sure that people with a lived experience are at the front and centre of this inquiry.

**Mr McCartney:** It would make a big difference. Thank you.

**Mr Johnman:** I feel like this really is a court case. That was your objection—'Objection, Your Honour!' 'Denied!' 'Sustained!'

**CHAIR:** Thank you for that feedback, Joe and Harley. We are certainly aware of that. This is the format of formal parliamentary hearings. We do this for the reasons of taking formal evidence which helps us to create a report that hopefully is useful to government in terms of doing what the title of the inquiry says it is trying to do—which is trying to improve the lives of people with lived experience of mental illness.

The committee is cognisant of the nature of this and how that might impact on the ability or the willingness of people to engage with the process, so we are looking at ways to try to facilitate alternative mechanisms for people to participate. We take your feedback on board and we are working on that. With that being said, I would like to formally close the hearing. Thank you, everyone, for your time.

**The committee adjourned at 12.19 pm.**