

Putting people front and centre: co-designing youth mental health services, Barrett Adolescent Centre Commission of Inquiry Implementation (Panel discussion including Q&A)

Video 3

BRUCE: I know we don't. It's Bruce, I'm from primary consumers in Townsville. I'd like to ask a question really about what are you doing to engage young men, we have girl stuff up there, heard a lot about girl stuff and yet 75% of all suicides in Australia are young men between 15 and 44. I know and one of the reasons I'm here is when my own son had something wrong at the A & E. Young men and men in general are not engaged very well by any of the health professionals. And young men don't go through six or seven attempts to kill themselves, they just do it. So I'd like to hear from the panel what are you doing for young men, what this city really needs is help. My son has lost seven of his peer group from his local school there's another five lads involved with one of those guys who have also committed suicide. Last week we had another guy die, a year younger than my son and there's a guy from 3RAR. What are we doing for men?

APPLAUSE

JOHN ALLAN: Thank you. It's a very important issue. This work around what we're doing for young people is for men and women, it's not just female-focussed. Be clear about that. We do recognise the issues for young men who recognise the risks around suicide. We have a number of particular projects around a ministerial suicide prevention task force. We're doing a lot of work with global communities, put in more resources in

emergency departments and training to do that work. We're consulting with communities around what should be done. I think it's important - one is that the suicide rate in Queensland is actually increasing. We think about, there was a crisis in young people with suicide in the late 90s, we did some work, it's quite clear the last couple of years that the suicide rate is increasing, that's of serious concern to us all. We need to take that very seriously and it's not young men and young women do contribute to that but it's also across the age ranges as well. We need to take suicide seriously. I'm happy to talk with you offline about some of the initiatives and put you in contact with the right people but that would be a great topic to talk about in a further forum as well.

LEONIE SANDERSON: I think there are definitely have been quite a few hard to engage groups, young men have definitely been one of those.

BRUCE: Young men try to get help and health professionals see them as fit and OK and send them on. They're not difficult to engage, just need to find and listen to them and give them time to speak. It's not giving them time to speak. I now have a woman GP because the guy professionals I go in, I spend five minutes, they give me a prescription and I go and have a bill and that's the only reason I knew I was at the doctor. We've got to train doctors to engage men.

LEONIE SANDERSON: Absolutely. Any other questions from the audience?

NEW SPEAKER: Hello, I'm on the registered task force for suicide prevention in Queensland and I'm just wondering if this group has linked in with them, with their lived experience and tapped into their funding because just to identify and address these gaps and these barriers, because the young men and the indigenous population, it certainly needs to be addressed. Have you tapped into that?

JOHN ALLAN: Yes.

LEONIE SANDERSON: I'm really happy to provide also extra information about this project because it's important to understand that it has come from commission of inquiry, where there was six very clear recommendations about what had to be done around this particular issue, which is not to say that it doesn't highlight that there are much broader issues around mental health that we need to address. This project has a very

clear outline, so I'm really happy to share that information with anybody after the session today. Just come and find me. I think we have time for one more question and then we'll wrap up.

KEVIN: Jeannine, I think one of the most important things about the Barrett commission and the working group that's arisen out of it was the work done by the parents on the Facebook lobbying finding people, connecting people, and just telling their stories through that. I got hooked up somehow early on in the piece and I was able to use my contacts to lobby people, to get the commission sort of going, but it was very much seemed to me that the whole process came through consumers, parents, children who had committed suicide after the closure of Barrett, really taking it out there to the community and causing a community upswell to lobby politicians and people across the department. Now, I'm hearing what people are saying about other issues here and I wonder how you feel about them also perhaps using the similar sort of tool?

JEANNINE KIMBER: Thank you Kevin. I completely acknowledge the gentleman's questions back there and I guess this I guess I see as a platform and a starting point and we had a very specific issue related to a very specific facility and the commission of inquiry was the response to investigate why it closed down. There then came a very specific set of recommendations that we needed, that the Government said they would respond to and there's a whole range of them and one of them is including a transition from youth to adult services. But I guess the point I was making earlier about access to the executive level of Queensland Health and other departments I really see this project probably not coming to an end but really just being a starting point and it's going to give a platform to the pursuit of a range of other issues and one of those in particular since we are in a regional area, I live in Brisbane, Kathy lives in Brisbane, but in what seems like a past life I've lived in regional and remote Queensland and very high on our agenda is how the facility and the skills at that facility are going to be able to help support and address regional and rural issues and I guess what I would like to see happen is that this is a starting point, it's a platform and now that we're close to having addressed those specific recommendations, it's how we then build on that and start link-

ing as I said before that this facility is part of a bigger system, and it's not ultimately going to be just about this facility that was one recommendation from the inquiry. I guess we started off as parents just trying to do the right thing by our children and through that lobbying and advocacy, and the commitment of Government we've been able to get to this point now. This is the point where we start linking into all of those other issues and seeing how this work can then build on and link into all of those other issues such as people have raised this morning. So it's certainly not the end, this is a starting point and I can't speak on behalf of Kathy but I'm in for the long haul and I see this as a real opportunity to bring a whole range of issues to the forefront to see how they are going to be addressed not just by the facility and this recommendation but by those reforms and improvements across all systems, education and health and any of the others and that's not to exclude justice, housing, young people have all sorts of issues, they don't know departmental boundaries and we're very cognisant of the fact that from here on in we need to be looking at how this work integrates into all of those other issues for the young people in our communities.

LEONIE SANDERSON: Just one last question to the panel, if you could give us one word to sum up your experience of being involved so far?

KATHERINE MOODIE: For me it's eye opening.

JEANNINE KIMBER: I have difficulty making decisions on things like that where I have to pick one but for me it's possibilities.

GUNTHER DE GRAEVE: Improvement.

JOHN ALLAN: It's how it should be.

STACIE HANSEL: Mine is collaborative empowerment and I'll explain that and briefly why. Collaboration for this - we talked a bit this morning about equality. It has absolutely been everyone at the table having an equal voice which has been really empowering but the empowerment for me comes with the possibilities of the future and the possibilities that this could be and will be a world class facility and that Queensland in a joint facility across ownership of that comes from not only health and the department of education but it also comes from parents and students that will use the facility so

for me it's collaborative empowerment of the futuristic view of what our students will need.

LEONIE SANDERSON: Could you join me in thanking our panel this morning?

APPLAUSE

MARK TUCKER-EVANS: Thank you to our panel members for sharing their experience and learning today. We've been very pleased to be able to provide this forum as an opportunity to capture how they've worked together in a very deep vulnerable and trusting way. We'd also like to acknowledge the input of some many others who weren't on stage today but have taken part in this engagement mechanism. We look forward to seeing the outcomes of their work and extended treatment facilities for young people, the context and severe mental health conditions with a physical space, model of care, education and transition pathways that has the needs of young people and their families at the centre. We know this needs to sit within a broader child and adolescent mental health system across the state that listens to young people and families about the range of timely and appropriate treatments options and pathways that meet their needs and acknowledge the consumer from Townsville and the issues that you raise which are very important, so thank you for raising those. Certainly we'll take John up on his offer. Thank you also to the Queensland Government for the opportunity, it's been both a responsibility we've taken very seriously but also a privilege which we've been honoured to work with you in a meaningful way around the work. We also look forward to continuing to do so when the doors open on the new facility and around this important area.