

## **Appendix 4**

### **Personal stories from mental health carers and consumers**

At its public hearings on 28 August (Hurstville, Sydney) and 18 September (Redcliffe, Brisbane), the committee held roundtables for mental health carers and consumers. These roundtables allowed people to share their lived experiences with the committee.

The committee thanks all the roundtable participants who gave their time and talked openly about their experiences with the committee.

The committee believes that the evidence it heard from carers and consumers on 28 August and 18 September should be given prominence in its report, and so these stories are reproduced in this appendix.

**Ms Lyn Anderson, private capacity, 28 August 2015, Sydney<sup>1</sup>**

I have been a carer for 26 years for my son, who has very severe schizophrenia. There are a lot more mental health services now than there were 26 years ago. My problem is they are not reaching the very seriously mentally ill, who live in isolation and who do not engage with services—they are the ones who need it the most. Most people who are seriously ill do not believe they have a mental illness. If they do acknowledge they are ill, there is stigma attached to the mental illness and mental health services. They want to be treated normally and people outside mental health are the only ones who do that.

The answer is more outreach services to reach these people, and peer workers, but the problem with services is that they require consent prior to engaging with people. They want the signed consent. PIR have come across a way to do this, with an extended period of engagement. This means that they build up trust with people before they get consent and then they are happy to sign the consent form.

The problem is that these seriously unwell people live alone, without support services. They sit at home on their own all day and no-one takes any notice of them. They only appear on the radar when they appear in hospital or they die. It is cheaper to support people well in the community than to have them go into hospital at \$1,200 or \$1,500 a day, and death due to lack of support and care is a disgrace. Services are the problem, because relatively well consumers are easier for services to work with. Services can tick all the boxes to show that clients are on the way to recovery and this, then, is evidence they can use to gain funding. The service should fit the client, not the client fitting the service.

Services also report about themselves, which is not right. I worked in a service organisation and 50 per cent of my time was spent filling out forms to report on how well I was doing, not being out in the field looking after people. The NDIS is going to be no different, because it will require consent before it will engage with people. I see the NDIS as a hope for the really severely mentally ill people, but, if this consent problem is not going to be resolved with more flexibility, it is just going to perpetuate the problem that we have now.

I have to personally go outside the mental health service to get services for my son. After 26 years I went and employed someone to take him out for four hours a week—which is what disability services do. Disability services are far better organised than mental health. The only care you get in mental health, if you are very seriously ill, is medication—not support. It is not always a matter of more money; it is a matter of organising the services better—flexibility around consent and organisations not assessing themselves. People who are severely mentally ill do need one-on-one care and time spent with them, as well as outreach.

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1 Ms Lyn Anderson, private capacity, *Committee Hansard*, 28 August 2015, pp 1–2.

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**Mr Sunny Hemraj, private capacity, 28 August 2015, Sydney<sup>2</sup>**

Yes, I took a different approach. I thought I would share a bit of my story.

The people I support are surrounded by tragedy as a direct result of mental illness. I am a forensic consumer representative and have been since 2001. I guess as a forensic health consumer I have spent about two years in total within the civilian hospital system; a year and a half in the general prison population, prior to my transfer to the forensic unit; as well as 14 years within the forensic and mental health system. On top of that, I have worked within mental health in various roles for almost a decade. So I have seen a lot more than most people have.

I recall sitting in Long Bay jail hospital, where I heard a fellow patient's story. Another patient remarked how tragic that story was. Another remarked, 'This place is full of tragedy'. The people that I support, as well as myself, have lost someone very dear to them. It is usually their carer. The vast majority of people come from a wide-ranging background; we are talking about politicians' children, people with masters degrees, grandparents. We had a couple of blokes in their seventies. People without criminal backgrounds have all gone through this; it does not discriminate. We have the full gamut of society. The tragedy about this is that I, like many others, finally received the medical treatment I needed after I had reached the end. The cost of this medical condition—mental illness—for the individual, families and society, I am sure would be less if prevented.

My role as representative of those in the prison system with a mental illness has seen me witness a new tragedy emerge, and that is the interaction between ice and mental illness. The lines have been blurred. Prior to ice, there were little sections you could put people in, if you like, in terms of treatment. Ice has come in and thrown all theories out the window.

What surprises me is when I look back at my high school days and see that I was taught how to rescue someone drowning—a surf-lifesaving certificate. I was able to give people basic medical first aid in order to manage injuries, at least until an ambulance came. I played rugby. I could at least treat someone with basic injuries on the field. But when my incident happened back in 1996, neither I nor anyone around me really understood, nor were taught the science of, mental illness.

Going back to 1996, no-one knew that this was an illness—they thought it might have been me acting strange or whatever—and it slowly got out of control. With most other conditions—for example, the flu—you can sort of pick up signs and encourage a person to get help.

I am a smoker. Sometimes I feel like a leper if I smoke in public. I have friends who will cover themselves with sunscreen to avoid a tan. Years ago, both were quite cool; it was quite cool to smoke and it was quite cool to get a tan. Extensive and effective advertising campaigns have taught the dangers of smoking and skin cancer, and it has been extremely effective. Yet mental health awareness is often left for celebrities to

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2 Mr Sunny Hemraj, private capacity, *Committee Hansard*, 28 August 2015, pp 3–4.

come out and talk about. So you do not really get an extensive campaign either destigmatising the illness or making people aware of it. For instance, bullying is something that is coming out a bit more, but we have a wide range of illnesses which have just as devastating an effect.

The prevention and effective treatment of mental illness is more than dealing with just a medical condition. In the case of suicide, crimes, or even the loss of one's ability to live a normal and fulfilling life, it is about the prevention of tragedies.

As I said right at the beginning, mental illness can sometimes have its sting, but the world I see is very tragic. I know people who have lost people such as husbands, wives and sisters. There is one case where a friend of mine, whom I met in the system, killed his sister but his parents continued to support him. They supported the killer of his sister. They brought him back into the house. They wanted him back, because they understood that this was not, as some people think, a cheap way through to the system. I have been in the system for 14 years.

In 2012, my story was featured in *The Sydney Morning Herald* where I was asked to compare the prison system to the forensic system and the outcomes. I have now actually had a chance to make something of myself. If you go into the prison system with an illness, you would not even want to think what would happen. There was a news story last night in Victoria; that was something that we fear. People go into the prison system and they just get worse and worse and, in the end, it reinforces the stigma that people have. I remember watching that story; I think his name is Sean Price. As I said, the word 'tragedy' surrounds me and that is what we would like to avoid by prevention awareness and education.

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**Miss Rachael Laidler, private capacity, 28 August 2015, Sydney<sup>3</sup>**

Yes, as a mental health consumer. Firstly, thank you for welcoming me here to speak to you today. I would like to thank Sunny for his input. If there were better promotion and awareness of mental health issues then I do not think I would have had such a struggle, so that is what I want to kind of focus on today. When I was 16, I was diagnosed with bipolar disorder. I had never in my life met anyone with a mental illness before and I knew nothing about them. I vaguely remember discussing mental illness in PDHPE in year 8 or 9. We spent maybe four hours on it in total in my entire time at high school. By the time I was 16, I could not even name three illnesses for you. Nowhere in my school or my community could I anonymously look for information about illness and the numerous community supports that were available to me.

From my initial diagnosis with a GP, I was referred to a psychiatrist. My family and I put our trust in a doctor. We thought, 'Well, you've been practicing medicine for years; you must know what's best'. These initial meetings with clinicians were the first time I ever encountered mental illness, and I did not have the knowledge or the courage necessary to put up my hand and say, 'I don't understand,' or, 'This doesn't feel right; let's try something else.' Over the next three years, my family spent an exorbitant amount of money on medication and private psychiatry sessions. I put my faith in a doctor who gave me no plain English description of my illness or medicines, gave me no information regarding my rights as a client, and suggested no alternative treatments such as psychology, group therapy, art therapy, or mindfulness practice, all of which have proven to be invaluable to my recovery. After three years, I fell through the cracks. The psychiatrist was my only mental health support, and she was often interstate or overseas and uncontactable. One day I missed an appointment, I never called to reschedule and she never called me. I had been forgotten.

Over the next few years, I neglected my mental health. I was not taking any medication or looking for any treatment. From my experience with that particular psychiatrist, I came to believe that treatment was not going to help. Regardless of receiving the most expensive top-level care, there was nothing that doctors could do for me. I felt as though my future had been set and I was doomed to be an unemployed alcoholic high school dropout. Somewhere along the way, at about 19 years old, I developed a dependency on alcohol. It became the only way that I could interact socially and the only way that I could take a break from the anxiety and depression. I was absolutely exhausted.

At 21, I mentioned my illness to a friend in a passing conversation, and they suggested that I visit a headspace centre. The decision to visit headspace seemed so small to me at the time. I had no idea what kind of an adventure I was about to embark on. To quit drinking, to fix my sleeping patterns, and to start on new medication the clinicians at headspace referred me to a private youth mental health ward. I spent three weeks at St Vincent's hospital. The clinicians and doctors there were all very knowledgeable and good at their craft. I asked the doctors to perform numerous tests and scans of my

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3 Miss Rachael Laidler, private capacity, *Committee Hansard*, 28 August 2015, pp 7–8.

lungs and liver that they really did not need to do. When they asked the question, 'Why do you want these scans?' I simply said, 'It is for my peace of mind.' They were happy to accommodate that and to help ease my anxiety.

The nurses were incredible and they do everything in their power to help you—not just as a patient, but as a person. I remember one particular nurse held my hand while I called a prospective employer. I was terrified and I had been putting it off for days, but she insisted, and I could not have made that call without her. She looked at me and did not see an illness—she saw a person. She understood my fear and she supported me through that. At a time when I thought very little of myself, it was an incredibly powerful thing to feel. I was admitted to St Vincent's Private Hospital with a specific goal, which was to get back my life and a healthy routine—and I did just that. There, I was able to find the support, structure, hope and holistic care that I needed.

Upon leaving hospital, I was offered a number of different supports and services. At my local headspace, I was offered a psychiatrist free of charge for medication and mood monitoring, and a mental health nurse to work with me for recovery planning, both in day-to-day life and in the whole big picture. These people listened to what I was feeling and what I was asking for help with. They explained everything to me in a way that I could understand—my illness, my treatments, even my right to say, 'No, I want to try something else.' They offered me opportunities for different treatments and therapies. They never pushed me to do something that I did not want to do. They encouraged me to try new things, while explaining the benefits and outlining the risks.

Having a greater understanding meant that I could make an informed decision about my own care. It made me feel like I had regained my agency and I had a say in my own future. When I sought out treatment or agreed to something they had suggested, I was not doing it because somebody told me that I should. I was doing it because I really wanted to and this, in turn, motivated me to work harder and get the most out of everything that they had to offer. Finally, after five years, I was an active participant in my own recovery. This is what really worked for me.

Soon, I was in a meditation group, an anxiety management course, a youth fitness group and an art therapy group. Personally, I found that working on my physical health was very helpful. Not only did it help with the energy levels and the poor sleep, but it helped me channel all of my nervous and anxious energy into something productive. Once I had cleared my head a little, I could think a problem through. I did not necessarily find all of these different options to be as helpful, but what is important is that I had the opportunity to try, and I am very glad I did.

Ever since I became sober two years ago, my dream has been to become a contributing member of society. All I ever wanted to do was get a job and know that I could hold a job. I yearned for the day that I could pay my own taxes! I wanted to earn the roof over my head and the shoes on my feet. At 21, I took on study for the first time in five years. I went into volunteer work. I got my first aid certificate. While everything that I tried was a challenge, the people at headspace kept my goals realistic, understanding that achieving something small might give me the confidence I needed to achieve something big. The treatments and therapies offered by services such as St Vincent's, headspace, Mind Plasticity, Creative Youth Initiatives, the BMI

and the Mind and Movement Centre were—and are—integral to my recovery. Utilising what I had learned there, I was able to manage and maintain my mental health while gaining work skills and confidence in the workplace.

Over the last however many minutes, I have given you a brief look at my story and how I got to where I am. I would like to emphasise that when I started my recovery journey I had no stable social supports. I had anxiety that made me physically sick. I had absolutely no idea how to find help and no hope for a future worth living. Between diagnosis and proper treatment I had a five-year wait—that is five years too long. That is five years that I could not hold a job or complete a TAFE course. That is five years I could have been living my life to the fullest—if I had learned more about mental health in school and if I had been aware of the community supports that were available to me. Over time, I found the treatments and therapies that helped me. I found them with the help of the clinicians and services that understood holistic care and offered me access to many different opportunities, where I could learn the knowledge and skills that I needed to take care of myself. Currently I am in part-time employment. I am volunteering for the Ted Noffs Foundation and working through a certificate IV business administration course. I am getting good sleep, I have my Ps on a motorbike, I have had one drink this year and I am looking forward to the future. I am eternally grateful for all the services that played a role in helping me achieve my dream.

**Mr David Peters, private capacity, 28 August 2015, Sydney<sup>4</sup>**

I would like to say thank you to Rachael for that awesome story—that was very uplifting—and thank you to everybody who has contributed today.

I am here today—and I guess I am reflecting some of what Sunny might have said and what Rachael has said—to talk about my experiences. I am a consumer; I have had a good 20-year history of drug and alcohol abuse. I have had what I guess one could say is quite a successful recovery for about four years now. My recovery journey has actually been quite amazing. I have done much study, I have created a program, which is a group that is aimed at people at risk of homelessness, and I am currently employed as the deputy CEO at Mental Health Carers Arafmi.

What I would really like to address today is how mental health issues can be increased as a result of sobriety from substance use—or abuse in my case. Over the last four years, while I have achieved much, my anxiety levels seem to have increased greatly. Sometimes I think that my anxiety is almost a consequence of my sobriety. The more success that I seem to achieve, the more anxiety appears to come along with it. On much reflection, I believe the anxiety was always there and, in fact, was most likely a large contributor to my life of addiction in the first instance—although the substances no doubt masked these issues over the years. Nowadays I simply do not have the aid of substances to mask my anxiety. It therefore appears that the anxiety will come to the forefront of my thoughts and my emotions. The way I deal with my feelings these days is that I have a very strong spiritual side. I regularly practice meditation and reflective techniques on myself, positive self-talk and so forth.

Developing more mental illness, such as anxiety and depression, can be a common theme among recovering addicts. Unfortunately, many addicts on their recovery journey find these feelings so overwhelming and often tend to relapse and fall back into the realm of substance addiction. This can create a great sense of hopelessness which can demotivate a person to make further attempts at sobriety.

I know there are many rehabilitation centres and treatment centres at present that do acknowledge and work on comorbidity issues—co-occurring issues of mental health coupled with substance issues—whilst in treatment. In my experience, the process of follow-up for the longer term effects of mental health issues resulting from sobriety is at best minimal. Often, a person who has completed a treatment program is sent into the so-called real world with minimal follow-up for the ensuing mental health issues that can follow. It is when a person has successfully completed treatment for drugs or alcohol that they are often in a fragile state of mind, and this is where issues such as anxiety and that sort of thing can surface. It is in this fragile state that a person truly needs support and help for them to continue on in their recovery journey.

Therefore, I very much see a great need for more community-based mental health treatment options to be available, specifically for those people who are recovering from substance addiction. I would propose the provision of a mental health or AOD worker or counsellor to be employed in community-based rehabilitation and treatment

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4 Mr David Peters, Private capacity, 28 August 2015, pp 8–9.

services solely for the purpose of guiding and supporting a recovering addict through the longer term mental health issues that will surface as a result of their sobriety.

To cement this argument, I simply present myself today. I consider myself very lucky indeed. I have found employment within the mental health sector itself. I believe that has given me a firm understanding of who I am and what is happening to me in my recovery journey. I actually give credit to Arafmi for playing a major role in the success of my personal recovery.

Four years ago I was a mess, and here I am today talking to you. I would simply like others to have that same amount of support that I received. Thanks for your time. I hope that my words and my proposal will be of some benefit to those that need it. Thank you very much.

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**Mr Greg Cutts, private capacity, 18 September 2015, Brisbane<sup>5</sup>**

Yes. The thing that really worries me at the moment is that, when we are released from hospital here in Queensland, we are told to go and see psychologists in the community and that. Most of us are on the disability support pension or some other government payment. The average price of a psychologist visit is \$65. It is beyond us. What we would like to see is the government possibly allowing psychiatrists and psychologists to bulk-bill us. There are not many places in the community that we can go to. Nine times out of ten, we have to travel for up to two or three hours to find a certain person who can treat us.

If we can get somebody in our community who can do this, it is going to stop readmissions. That is one thing I find. In a lot of our readmissions—I talk to other people—it is: 'I can't get any help in the community. I've got to go back to the hospital.' There are resources being used that, for somebody who is sicker than we are—we have a relapse; we just need to talk to a professional who will give us guidance. We would love to be able to just walk into a psychiatrist's office without feeling the stigma: 'I've got to pay cash for this.' That is why we do not go. We have not got the money to pay for our treatment. But if we could just go and take our Medicare card in there and sit for a half-hour session—it does not have to go on for 12 months. Three sessions, I personally find, usually put me back on track and give me a new plan. That is one thing.

The other thing is that I would love to go back to the workplace, but I find it so hard now. I apply for a job and I am immediately made to have a medical. I am bipolar too, and I explain that I take a medication, that I am stable and I am able to do my job. Then the prospective employer will turn around and say, 'I'm sorry; we can't give you this job, because our insurance company won't touch you.' Everywhere we go, insurance companies are stopping us from working.

We are good people. We work hard. I worked so hard after I was discharged that I got my heavy vehicle licence back and my forklift licence. I was sleeping right. I was eating right. I was ready to go. It was just like a big hammer coming down and saying, 'You're not part of society anymore.' I understand that I am getting older now. I am at the end of my work cycle, but that to me is still five to 10 years away. It makes you feel so worthless out there. I would even take tomorrow, if they would give me one, a job as a cleaner in a mine or something like that. But, again, there are these insurance things.

Finally, often when we present to a medical facility, no matter what is wrong, if it is a medical condition, I have found that I have been refused treatment because I have a psychological disability. They will not treat the medical condition until you have had a psychological evaluation. It is wrong. If I have appendicitis, I have appendicitis. It has nothing to do with what is going on. If I am controlled and everything like that, I should be able to get my medical condition looked at. Anyway, that is all I have to say. Thank you so much for listening to me. I hope I have not bored you in any way.

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5 Mr Greg Cutts, private capacity, *Committee Hansard*, 18 September 2015, pp 28–29.

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**Ms Nicole Sutherland, private capacity, 18 September 2015, Brisbane<sup>6</sup>**

Yes, I have got lots of important stuff. I was diagnosed six years ago with post-traumatic stress disorder, major depression and early psychosis. The government and the system has failed me my whole life except for now. I got brought up with a rebel gang family so I was subjected to floggings and starvation while I was young without the schools or anyone picking it up. My father was in and out of jail. Then we became teens and it became worse. I always thought I was in the wrong family so I ended up getting into the conservatorium of music. My parents never even came to watch me play once so it was my personal achievement. Things then began to get worse. I became that skinny my sister was concerned about anorexia. I went to the doctors and when the blood tests came back I went back and I was positive for amphetamines. I did not know how this could happen; I have never touched drugs. I went home to my family members. It was there that my mum admitted to putting speed in my Milo in order for me to do the farm work—I had to do my farm work.

I have been divorced for 16 years. During that marriage, the worst experience I was subjected to was I was raped by my husband and his two best mates and I lost my child that night. So he went and I thought the nightmares would end but the family, being so drug driven, started a speed lab. My mum put a knife up to my throat because I peeled too much skin off the potatoes. I used to have to go to their property at Lockyer Valley and I would work from morning till night without food or water brush cutting the mountain with lantana.

I then went into aged care because I have always respected our elders. I nursed for eight years until a few of my favourites passed away and I would say my mental health condition sort of caught up with me. It was then I went to doctors for two years. Changing antidepressants through a local GP was two years lost from me. A nurse said go to Prince Charles. I was admitted there and for two years was given different medications to get me out of the major depression and suicidal thoughts—I have had three attempts on my life. I still today cannot be trusted with no more than a week's supply of medication in case it triggers my brain.

My father put a gun to my head and that was the last straw. I was in a mental health facility where they were telling me to get over it and get on with life. I then got domestic violence orders with the support of our mental health system within Queensland and that was the best decision of my life. I had no family to look after me, I had a young daughter and I had no home. I became homeless because I could not work because of my illness. I was then four months in women's crisis accommodation before I was placed in a housing commission house five years ago. Since then, I have had to struggle with my mental illness.

I have had ECT treatment, which takes away everything. It is not short-term memory loss. I had to work so hard to learn how to spell again, to learn how to function. I was a year and a half in a foetal position. My daughter was looking after me and she was nine years old—my son had gone to live with his father. My carers were Queensland

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6 Ms Nicole Sutherland, private capacity, *Committee Hansard*, 18 September 2015, pp 30–31.

Health. I had a psychologist, a psychiatrist and a case manager. Besides that, my daughter and I were left alone. I went to a lot of recovery focus programs that taught me about my illnesses and, through psychology, learned grounding techniques to take away those triggers and everything. Those triggers can still come back today. I can have a great day at work, put my professional face and do my job well. At the end of the day, I could go home and just go back into my little depressive ways.

I became a secretary of the consumer engagement group within the Prince Charles hospital and I started volunteering down at mental health. I did four years of volunteering at mental health in acute care and medium secure. I was then secretary for three years. I did not know how to use a computer but the library taught me. I now have a position as a consumer companion within Queensland Health but three hours a week is not enough to cut it for me. I am very passionate about mental health. I know we can change mental health. The funding cuts have really damaged mental health within the last two years. Us consumers know where we are going. We are going to a recovery focus. These programs have worked.

I went to Nundah House, which was set up with art programs. I hated art at school. I saw the good artists and thought, 'I cannot do that.' I drew a house that looked like a grade 1 had done it. I went back home and went back into my isolation for another two months. It then took courage to think 'You have got to get to get out of this house; you have got no-one to talk to.' I went and now I am an artist so I present my art throughout Queensland and it is sold to many hospitals. But this year it has been on hold because with my new position as a consumer companion I am at Caboolture Hospital where I do art therapy because if it was not for art therapy, I definitely would not be alive today. It was a place I could go, I could be with other people with mental illnesses and we could support each other.

In the hospitals, it is the consumers looking after the consumers. That is a fact because we have not got the funding for the nurses to take the time that we need. We go out of hospital still in our crisis, not as bad but still in crisis, and then we are left alone. It is either be strong or go downhill. Recovery programs have been working across Metro North. The RBH could a bit more look over their shoulder at us. The programs are educating them in hospital, where the non-government programs are for what they have to do to stay well when they are at home and to make sure they have got a community health team to present to during the first week after being discharged out of hospital. We also have our non-government organisation. With our GPs, our police and our nursing staff, I think it would take a good response to put some education and training in, not from professionals; take it from consumers like myself and let us speak and say how it should be run. We are human beings.

I worked in medium secure. People said, 'Were you scared? I was not scared; they are human beings. I have watched them recover. I see some of these consumers out in the community today, and we can do it.

We need the resources so we can do more awareness and education through the high schools. Send me in. I will volunteer. I still volunteer my services to Prince Charles, because I have grown fond of the consumers that come back and that. I have had consumers say to me as an art therapist, 'You're really good at this.' The men say, 'I'm

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not doing art,' and I said, 'Well, if you don't want to do art, come and have a talk to us.' We had a good session, and it relieves the stress for the nurses from them pacing up and down because of the locked-door policies that never should have gone through. I have been in hospitals since the locked-door policy, and I feel like I am being treated like a prisoner, being locked in. I am a voluntary person, and I have been through enough hell in my life. There are consumers I speak to on many occasions—us older ones that have been in and out of the system and will not go in the system now because they know they will be locked in those wards.

So we need the resources. Okay, I am doing art therapy. Where is the budget for the art therapy? I went into Queensland Health and found a rec room that had tables. It had three pencils. The resources do not cover it. I have spent about \$600 out of my own pocket within the last 12 months to build my own resources and material that I can use in the long term and for volunteers and other consumer companions to use.

It is vital that there be funding for this. At Caboolture Hospital we have eight beds that are not allocated because there is no funding and no nurses. Across Metro North, that is three hospitals, each with three consumers. That is nine people's lives a week we could be saving. I have lost so many consumers because they have presented and there are not beds and they have committed suicide. I light a candle and I deal with that myself.

So we need the funding for more nurses or, if you do not want to pay nurses because they are too expensive, consumer companions. It is the new way to go. The rapport is already there between consumers and consumer companions, because we have lived the experience; the nurses have not, and half the time the nurses will aggravate us, and then you get valium because you are agitated because they cannot understand where you are coming from, and they are discharging you out of hospital when you are still suicidal.

As for the community teams, we need more psychology within our community health teams. There are two at every lot. I am unfortunate enough to have psychology once a week, because it is going to take that much time to properly make me well, but I have learnt so much. I have learnt grounding techniques and everything. I find myself more qualified with my nursing experience and my mental health. I find myself more experienced than some of the nurses. All the consumer companions would love more hours, and it makes a better health system. We get the message. We make sure they know where they have to go when they are getting out.

Another thing is with Mental Health Week: why one day a week? Why have Mental Health Week once a year? Get the stories out there. The government does no TV. You show all the murders and what is happening and budget cuts and these politicians fighting. It is pretty simple when you get down to it. You just have to be passionate about what you are doing. We need the funding. Mental health problems are on the rise. You have to think of the ice epidemic and what effect it is going to have on our mental health system. It has just started, so you also have to bring that into perspective.

For me as a carer for a daughter, as a consumer and as a parent, the younger system, between CYMHS and headspace, is not good. I have taken my daughter to both, and

they cannot diagnose you till you are 18, so you have all that uncertainty, rigmarole and confusion between them. The adolescent cannot understand. There is more work to do there. As a mother I was disgusted with the adolescents. At Royal Brisbane Hospital the work they are doing up there with adolescents is wonderful.