

# QG Breakfast Series

Thursday 18 March 2021

## **Robert Hoge, Executive Director, Strategic Communications, Queensland Health**

Welcome to the Queensland Government's Breakfast Series first breakfast for 2021 hosted by the Queensland Health Women's Network. My name is Robert Hoage. I'm the executive director of Strategic Communications in Queensland Health. I'd like to extend acknowledgements to include the traditional owners and custodians on the land of which our virtual attendees are dialling in from. And I acknowledge their Elders, past, present and emerging. You'll see on your tables and has been emailed to you a resource pack, which you've received in your emails yesterday. That provides a link to resources to provide information for psychological support, help and assistance should it be needed. We have a partner today who's joining us, Community Friends, and we've got Ben from Community Friends who will be joining us in a second as well. Can I please introduce Barbara Phillips who is the deputy director general Corporate Services Division, COVID Supply Chain and Surety Division.

## **Barbara Phillips, Deputy Director-General, Corporate Services Division and Supply Chain Surety Division, Queensland Health**

Good morning and welcome. It is lovely to see you. It's always a joy to hold these series of breakfasts and I'd have to say seeing you all in person and also now with the availability of the virtual screening, it just makes it different but great. So as Robert has kindly introduced me, I am the deputy director general of Corporate Services Division and the COVID Supply Surety Division in Queensland Health. And I'm very privileged to be the executive sponsor of both Queensland's Health Women's Network and the LGBTQ+ network. I'd like to respectfully acknowledge the traditional owners and the custodians on the land of which we host and record this event including Elders, past, present and emerging. I'd like to welcome our three wonderful speakers. I realise we have two in the room. I'm going to welcome Jeannette because actually when she comes I won't have an opportunity to do that. So I'm going to do that. You will be very grateful to know that I've reassured Robert that in the panel, I will not be representing Jeannette and I will not be doing interpretive dance. So firstly I would like to acknowledge Dr Jeannette Young. She's Queensland's Chief Health Officer. And I would want to thank her for the time that she came to present to us today. And I know her schedule is incredibly busy and I think that's just being totally evidenced by the fact that today's events have overwhelmed her into having to leave to do that before she can come back. So we're always grateful to have Jeannette. Ivan, the Mental Health Commissioner and Todd Wehr from Priority One project at Queensland Ambulance Service, and of course, Robert Hoage, who's our senior director Strategic Communications branch, Queensland Health. Thank you all for participating in our panel discussion. I know the work you've been doing and how the skills and expertise you will be able to help out with our audience today



and provide wonderful insights. Welcome everyone online and in the audience for this first event of the 2021 Queensland Government Breakfast Series. I'm so pleased you've joined us this morning. It's the first event we've been able to host since COVID-19 changed our world. I'm also very pleased to acknowledge for the first time that we are able to host this event virtually and in person. And I'd like to specifically welcome all our colleagues who are joining us online today. It's wonderful that we were able to reach so many people. We have 300 smiling faces. You will be tested. I can see you all. Where's the back queue? I did say I'd watch the back tables. Good. They can hear us. So 300 smiling faces within the room today. But we've got over 1,100 watching online. Now if that actually doesn't scare you a little bit, it scares me a lot. So they're all out there in the ether watching us which is probably a good thing. This breakfast event is hosted by Queensland Health Women Network and it's been continued to evolve to drive and support greater inclusion and inequality in our workplace along with our other networks, including LGBTQIQ+. We are gathered today to discuss looking after yourself and your wellbeing during COVID-19. We will hear from Dr Jeannette Young about her personal experience on how she handled her health and wellbeing during the pandemic and how she was able to not burn out with all the pressure placed on her and continues to be placed on her during this pandemic. It's been my privilege to work with Jeannette for the last four years now and I would have to say every day I watch her in awe. Every day she turns up and we have a media meeting at 7:45 and everyday she comes and every day she's exactly the same regardless of how the events are unfolding or what's happened the night before or early in the morning. She's exactly the same. And I'd have to say I find her inspiring in her ability to remain that constant and consistent positive force that comes into our meetings. Her leadership and resilience has always been admirable. And she is now taking this to new levels. And I'm very proud to be able to work alongside her every day at Queensland Health. Today is also about you. No matter what role you have or where you are in the Queensland government, the last 12 months have been turbulent for everyone. We want you all to leave here today feeling empowered with a better understanding of how to identify burnout, fatigue and the signs of poor mental wellbeing and hopefully learn some strategies, not only on how to cope with these but how to actually get in front of them. By the time we can exhibit them, we need to be further advanced at recognising what those are so before they get to that stage we can do something about it. One of the things I'm very keen for everyone to think about going forward is how we can look out for each other and how we manage and monitor ourselves, but also how we think about those people that are around us. Throughout COVID we moved to a new way of working. And we don't necessarily get to see the friends and colleagues as much as we did before because people are coming in and out of the office at different times and staying for different periods of time. We need to stay connected with each other and be genuine about checking and supporting our colleagues so that together we are all coping. It's okay to take the time to talk to colleagues. It's okay to say, "I'm not actually feeling that great today." And it's okay if there are things that are going on at work or in your personal life for you to ask for a little bit of support or a little bit of help. Today's event is also an acknowledgement of Queensland Women's Week, which occurs from the third to the 14th of March. But it also serves as a reminder that this is not a conversation we have once a year. Because after all this time, systemic issues still exist and we need to be not only supporting change but we need to be that change. It would be remorse of me not to acknowledge this week's March for Justice which was truly inspiring. We saw thousands of women and their allies

streaming through our cities saying enough. They came together to be heard and to raise their voice for those who cannot. We can all play an important role here in cultural change. And I believe it starts with us supporting and looking out for each other and having respectful relationships and conversations. Thank you for your attention and I hope you enjoy this morning.

Barb's been a beacon of stability in the last year as well. And it's been interesting as Barb mentioned, we normally get together at 7:45 every morning just to go through the issues of the day. During last year those meetings became earlier and earlier. We had a 7:30 meeting, then a seven o'clock meeting. And then I think we were doing 6:45 a.m meetings for a little while. And it was a very challenging year for all of us but I think we've got some good stories to share. And I'd mentioned before, we've got our charity partners Community Friends. They are a group who provides support for people in and around West End. And I'd like to welcome Ben Goodwin, one of the directors to say a few words.

### **Ben Goodwin, Director, Community Friends**

Good morning everyone. Thank you very much for inviting us along here. I represent Community Friends. Community Friends feeds the marginalised, the homeless, the poor. We don't ask questions of them. They turn up on a Wednesday at Bunyapa Park and we try to supply them with as much fresh food as we can. Nutritious food. We're also supplying them with non-perishables but we had a breaking point. COVID has left the people who supply us short of food. It's been moved to other areas, South Australia. And we are struggling. Our numbers are growing as more people are at work. Where we used to get a 100, 150, we now get over 300 regularly queuing up to get three days worth of food from us. So I have been given two minutes and I kind of feel like a pickpocket here because I'm going to ask you to, if you can help us in any way, ... with a donation to the charity, you will find us online. I believe our web address is being distributed. Again I'd like to thank you. If there's anyone who knows shop owners, mall owners and think that they can actually help us install a food drop-off point, we'd love to hear from you because we are having to change the way we do things. And that's one of the things we're moving on to. So if anyone knows of an area that we can put a ban, essentially for a drop-off point, we'd love to hear from you. Thank you very much. Thank you.

### **Robert Hoge, Executive Director, Strategic Communications, Queensland Health**

I'd now like to welcome to the stage Ivan Frkovic commissioner Mental Health Commission and Todd Wehr, Priority One, Queensland Ambulance Service. I won't do an intro for them because I think we'll talk a bit about what they do and how they do it as we go along. I'm saving a seat for Jeannette. And there's a bit of social distancing as well. I'll let you introduce both of yourself as we go because I think you've got interesting stories to tell about what you do and how you do it. But what we want people to do today is to leave with some practical tips about what they can do to manage their wellbeing. So I thought maybe could you both take just a moment to give people some advice about what's the smallest single thing they can do? What's the smallest action they can take to help manage their wellbeing. And I'll start with you Todd.

## **Todd Wehr, Executive Director, Strategic Communications, Queensland Health**

Thank you. I was hoping you'd start with Ivan. Do I introduce myself first. So my name is Todd Wehr. I'm the director of Queensland Ambulance Staff Support Service. And have a background, initially studied psychology then became a paramedic for a period of time and then came into the role of looking after staff support where I did post-graduate studies but I'm essentially looking after psychological education and counselling, peer support and chaplaincy. As I was thinking about, I think that's a really tricky question because what is one small thing that you can do to look after your mental health and wellbeing? Because I think sometimes, you know, we use the term self care but I think sometimes self care becomes a task in itself and an opportunity to go to punish yourself for not being self caring enough. And I often talk to people about self-compassion instead. And I think sometimes just even one little thing you can do is just to change the way you talk to yourself. And I don't think that's an easy thing and I don't think that's a small thing. And because I find myself doing it myself where I can be critical of myself fairly easily but I can notice now when I do that and can reflect upon what is actually more helpful. And I often use the example, you know, if I'm walking along and I trip over something and I punish myself for doing that, oh yeah, I should have been looking where I was going. But now when I do that, I still go, oh I should've been looking where I was going at but then think, actually, was it really that important? Did it hurt anybody else? And did it have any impact on anything other than maybe stubbing my toe? And then when I can reframe it and look at it like that, I really go, actually, who cares? I tripped over. It doesn't really matter. And I think that's a bit of a small way of looking at self-compassion where you can actually go, okay, I'm not going to punish myself for something that I don't really need to punish myself. And I certainly noticed for me that I can be prone to punishing myself a lot for things that just aren't worth it. So I think the small thing is noticing when you do it and then giving yourself some more options around that such as, yeah, maybe it wasn't a big deal or maybe I might do something differently or maybe the context was completely different and it was the right decision at that point in time.

## **Robert Hoge, Executive Director, Strategic Communications, Queensland Health**

I really liked that Todd. As someone with two prosthetics, two artificial legs, I'm used to falling down not too often but probably more than most people. And it's like, you know, sometimes you hurt your hands, sometimes your skin, a bit of the elbow but you just get up and keep walking. And it's a very good analogy. Ivan, you know, what's the smallest thing you think people could perhaps do to manage their wellbeing.

## **Ivan Frkovic, Commissioner, Mental Health Commission**

I think it's difficult to give one answer that people can take away because we're all different and we all have some...

There will be more questions.

There will be more questions, okay.

There will be more answers.

So what I may do in terms of something for my own mental health, maybe slightly different for some of the people in the audience here. But I think not the trick, but the issue for me is I look every morning when I get up I think about my day and a whole range of things, but I also look what activity am I looking forward to in terms of my mental health? You know, like what is important for me about my own mental health and will I fit that into the day that day? And what does it mean? So that awareness about that I need to think about proactively. Like I think about my, you know, physical health. I've also got to have in my mind what am I going to do today that will make me happy? That will make me feel, you know, psychologically strong or well. For me, you know, being a granddad and having four children and three grandchildren really, you know, I love socialising, you know, being of Croatian background, you know, socialising, friends, all of that sort of stuff. Family is so important for me. So every day I look forward to for example, yesterday morning I was looking forward to go and see my grandchildren on the way home because we were going to have dinner together. You got to think about those things. What are going to make you happy? What are the things that are good for your mental health on that day? Other people will see things differently. We are all different. But I think it's those small things about refocusing our energies that it's important to think about your mental health. And think about what makes you feel well psychologically. And how do you build those things into your day, into your week? So you've got something in that space. Because we tend to and I have to say, I'm probably one of those that does overlook some of this stuff. You know, say for example, physical health is so critical when it comes to mental health. Particularly sleep, diet, exercise. Now I probably do two of those things really well. But exercise comes and goes. You know, so I really struggle with some of that. And I could see during the pandemic I was, you know, doing well than I was, so they're the sorts of things that I think about what I can do for my own mental health. I definitely eat well and I sleep well. But it's those other things that are really critical as well to be able to stay well. So think every morning, every week what is my way and what things am I going to do that are going to be positive for my mental health. And again, it'll be different for all of us in this room. Not extremely different but everybody will have their own priorities.

## **Robert Hoge, Executive Director, Strategic Communications, Queensland Health**

Jeannette's not in the room. So I'm going to tell you a little secret about Jeannette because I don't think she'll be too happy me telling you. But I knew last year was playing on her mind a bit because she came into the director general John Wakefield's office one day. We were having a discussion. There was something going on. And for the first time ever I saw Jeannette reach for the lolly jar. And that was one of her tactics rarely used to deal with what was on her mind. Todd, you're a trained psychologist and an experienced first responder. I was listening to you the other day talk about, it would be worrying if people didn't have an emotional, physical, chemical response to some of their pressures

they're seeing. Can you just tell us a bit about your background with QIS and Priority One and what's going on in people's bodies when these sorts of things happen and what are some of the tactics that you talk to paramedics about in terms of dealing with that?

## **Todd Wehr, Executive Director, Strategic Communications, Queensland Health**

Thank you. Yeah, so I'm not a registered psychologist, I'm a psychotherapist and have a master's of counselling. But one of the things that I think it's important to acknowledge is that our brain is hardwired to react to stress, to react to anxiety, to react to traumatic events. And in particular, you know, we were designed that way. That's how we've stayed alive as a species. And that was fine when we were being chased by a predator in the jungle, you know, when we were living in caves because we could either run away or we could hide from the predator and freeze or we could try and fight it off. The thing with society today, there's a lot more things that our brain will interpret as predators. Even though we know it's not likely to kill us, there's a part of our brain that's more likely to go, this could kill you. And you can think about it logically and I often talk about, I live on the North side so anybody who lives on the North side and has to drive over Bruce Highway in the morning, the traffic can be pretty congested. And I'll notice that I'm driving in the traffic and I'll think, oh, I didn't see my heart rate go up. I'm noticing my rest break go up. I'm feeling tense. And so there's a part of my brain that's going, if you don't get through this traffic you're going to die. Now, I think, and then I think about it. And I think, I'm not going to die. And in fact, I'm still going to get to work on time because I like to be on time anyway. And there's not going to be anybody going, oh, hang on. You know, you're five minutes late this morning. So I can think about it logically and I can go, this is not going to kill me if I get stuck in traffic. So our brain is hardwired to do that. And there's different contexts that that might occur in. So, and that can happen. We start learning this stuff from when we're very little, where we will have, you know, interactions with people or interactions with different things where we'll go, okay yep, that's dangerous. And it'll get stored away in a part of our brain called the amygdala. So, and that really -- all it wants to do in the context of stress and anxiety and trauma is to go, am I in danger? Yes or no? And so for me sitting in the traffic, for some reason my amygdala is going, am I in danger? If there's any good therapists in the room, can we have a chat at same time? I clearly need to still work through it because I still have the response. So that's a really normal reaction and our brain is designed to do it. And I think sometimes we tend to think about, oh I shouldn't be thinking this way. I shouldn't be behaving this way. But, it shows that actually your brain is functioning in the way that it's designed to function. Sometimes there's events that can occur where it can keep this process going and keep activating that part of the brain called the limbic system. And that could just be the reason you haven't yet been able to make meaning of that event. And we think about situations like, you know, the last 12 months with COVID. There's a lot of uncertainty around that. It's really hard to go, okay, where's the finish of this? Where does it end? So it's more likely that our brain is going to go, okay, I can't put some closure to this. And can increase that anxiety for people. So, yeah, that's a normal response. And I think sometimes people notice it and I'm feeling really hyper-aroused and I'm feeling really anxious. And I shouldn't be doing that and then we start to punish ourselves about what we say, about how we should and shouldn't be experiencing things. And then it actually increases that process even more.

So being able to acknowledge it and go, actually this is okay. I'm okay at the moment. Let's just have a look at things and this is what I do when I'm driving. In the traffic I'll go, actually, no, I'm okay. I've got plenty of time. There's no issue about getting to work and have to think that through my head. And sometimes it's hard to make meaning of when you're thinking it through yourself. So accessing professional support services is what can be helpful in terms of thinking it through. And a lot of the time I think people naturally tend to talk to peers and certainly women are much better at this than men where women are more likely to talk about things with their friends and peers. And they're more likely to talk about it early whereas men are more likely to talk about it much later and have difficulty talking about it. So, oftentimes just being able to talk with a friend, a colleague, a peer, can help you process that through.

**Robert Hoge, Executive Director, Strategic Communications, Queensland Health**

Thanks Todd. You'll see that a stranger has joined us upon the stage. Many of you may not be familiar with this person but let me introduce Dr Jeanette Young, Queensland's Chief Health Officer. Thank you for coming off that briefing and joining us chief. We're going to do some Q&As and then we might hand over to you to give your keynote speech in 15 or so minutes. Can I ask you a question? What was the most deliberate choice, it's a odd question. What was the most deliberate choice or the most deliberate thing you did last year to have fun.

**Dr Jeannette Young, Chief Health Officer, Queensland Health**

To have fun?

To have fun. What's that?

What! That's a question I wasn't expecting. Right. I think to have fun, what I really enjoy is to get out and go for a good solid walk around, we've got this beautiful reserve that's just quite close to us and you can go and you can climb up a hill and see back to the city. And it's just beautiful. So that's when I really want to have fun. I say to my husband, let's just go for a walk. Then the other one is, we're really really lucky. I'm so spoiled. We've got a beautiful place up at Mooloolaba. And we go up there. I only got there two, three times last year but anyway, it was three times and going there and then we'd walk, we'd go up to Cotton Tree Point for those of you who know the Sunshine Coast and then come back and walk along the beach from Alexandra Headlands down to Mooloolaba and do that circle. And seeing the ocean and then the rocks and yeah, so I do have fun. When I think back that was a really nice question. Thank you.

**Robert Hoge, Executive Director, Strategic Communications, Queensland Health**

I'll try to keep the questions of a high standard.

## **Dr Jeannette Young, Chief Health Officer, Queensland Health**

Excellent. You always do Robert.

## **Robert Hoge, Executive Director, Strategic Communications, Queensland Health**

Ivan, the Mental Health Commission partnered with Queensland Health to work on a campaign called "Do You Mind" which is some building blocks and some tools people can use to help build their resilience and wellbeing. Can you just elaborate a bit and you talked a bit about this before but maybe broaden some of that. What are some of the activities people can do, not just in terms of managing that tension in the moment, but to build up the resilience beforehand.

## **Ivan Frkovic, Commissioner, Mental Health Commission**

Look I think there are some phenomenal resources and I'll talk about the "Do You Mind" campaign but when I talk about the current situation and particularly during the sort of height of the COVID, you know, if you look at the Australian population, you know, most of us 15 something million were strong psychologically well, et cetera. About five 6 million were in that vulnerable group and then you've got people with moderate, mild, you know, severe mental illness. So you look at that spectrum and you've got to understand that during COVID, in fact everybody became more vulnerable. Even the people that were in that 15 million and, you know, I would see myself in that 15 million but I can tell you I became more vulnerable. I had family in Victoria, got elderly parents. You know, work, staff, a whole range of things. So you start to feel much more vulnerable as an individual. And I think this is just acknowledging that and being able to come to terms with that and then saying, well, like the "Do You Mind" campaign is what we tried to do was to say to people, you know, yes people will need us. I think Todd said, some level of intervention and treatment and support depending where they are on that spectrum, but how do we actually maintain wellness, right? That's one of the critical aspects I think in mental health, can I say that we don't do well, that we don't do well? You know, how do you actually stay psychologically strong and well? I think they're the sorts of things that we've got to think. And the "Do You Mind" campaign was really about you writing to your mind about some of the things that you needed to do to stay well. And so things we talked about for example and I can just particularly because I've got the "Do You Mind" in my mind. You know, we talked about, there is this concept of the wheel of wellbeing. How do you, you know, the stuff that I spoke at the start. What do you do every day, every week to plan about your wellness rather than just, you know, the work tasks and things that you've got to do? What do you do every week and sort of, so some of the things that we talk about in that whole "Do You Mind" campaign is around, you know, staying connected. And we've had challenges. We've had, you know, physical distancing and, you know, we always kept saying it's not about social distancing, it's physical distancing, stay socially connected, use the different means. But, you know, social connection is critical. And whatever that means for you, but certainly family, friends and sort of other relatives are critical in that type of, staying connected is one of those really critical. Again, the one that I said, you know, be



active, stay active, you know, going for the walks, you know, beach and all that sort of stuff. You know, eat, exercise, you know, diet, exercise and sleep are really critical aspects, critical aspects. People don't always make the link between those and mental health and good psychological health. You know, keep learning, you know, work out your mind, stay active in that sense. A lot of people start to lose that sort of motivation to keep the mind, you know, active. And I think, you know, one of the concepts around and it's quite interesting if you look at some of the data et cetera, even during the lockdown some people started to take up new courses, do different, you know, small things around, you know, learn how to cook, learn how to do this, et cetera. So keep the mind active, et cetera. But also one that's really important and I think has major implications is about being kind, giving, supporting others. And I think, even our colleagues who were the community partners here this morning about giving, even feeding sort of people. But even the concept of the care army which the government tried to introduce was a really important concept about us collectively supporting each other. So, you know, get involved in that whole concept about giving and it doesn't have to be massive, et cetera. But that concept of being able to support each other and giving is really critical. And then the one that you just mentioned as well as around connect to nature. And I'm a bit like you, you know, the job does take a lot out of you, et cetera. But you know, I took some time, I went to Noosa, we walked through the Noosa National Park, on the beach and I'm not a such a great beach person but I sat in their cafes. I love cafe life. You know, while my wife was on the beach, I bought her coffee every so often. But that was really good for my mental health. You know what I mean? So these are the sorts of concepts that, you know, that I think are "Do You Mind" campaign concepts. But how do you build those things into your everyday life as you do things every day. And again as I said, we will do things differently because we are different. Think about what makes, you know, makes you feel positive, makes you feel happy, makes you feel that you are contributing. Those are the things that I think you've got to build into your calendar activity for that week, for that day, for that month, whatever it is.

### **Robert Hoge, Executive Director, Strategic Communications, Queensland Health**

Todd, just to go to the other end for the moment. As part of Priority One, you have a really strong peer support network and that's a really important part of what you do for QIS. Can you just talk everyone briefly through that, how that works, how those peers are supporting each other? Oh sorry Todd. I'll hand over the questions from the room and from people online in about five minutes. So please if you've got questions particularly online, submit them through the chat and I'll be handing over to you shortly. Make sure you have some hard ones for Jeannette.

### **Dr Jeannette Young, Chief Health Officer, Queensland Health**

We love hard questions.

### **Todd Wehr, Executive Director, Strategic Communications, Queensland Health**

Thank you. Yeah. We've had a peer support program going for nearly 30 years now within Queensland Ambulance. And a bit like Ivan was saying in aspect, these people actually do it because they want to do it. They don't get paid to do it. And they put up their hand to go, I want to be able to be there for my colleagues. So they go through a selection process in order to become a peer supporter. And what we're really looking at is we don't want to put people at harm by them doing the peer support role because it's really important to have support for those peer supporters as well. So they go through a selection process and they come and do a training, which goes across six days. And part of that, you know you can teach psychological first aid in half a day but part of this is about their own self-awareness. How to look after themselves. What are the things that they need to do to look after themselves? What are the sort of things that might trigger them particularly in the context of the work they do and then supporting others in the work they do. And then how do they apply those skills intentionally and in a way that's going to be helpful for their peers. So then once they finish that course, then they have to attend supervision with one of our counsellors. And that's a part of again looking after them in the role that they do. And I know lots of organisations say to me, but are we potentially exposing those people to more trauma because they're talking to other people about trauma? But what we know is that if you keep it really well supported so they access a counsellor to make sure that they're okay. And the fact that they helping others make them feel better about themselves. And that's what Ivan was talking about before. They're able to give to others. And in that they, you know, so often you hear about them saying how important that is in terms of their wellbeing, knowing that they can be there for others as well. And so then also we have refresher trainings which will be looking at different topics such as stories and how important stories are and sharing stories and narratives around what we do or who am I and understanding how I have become who I am today. And yeah certainly the peer supporters get a lot of value out of that personally, but then also for the people that they're supporting, and oftentimes when they touch base with somebody they say, oh, you know, how are you going? And particularly after a case that they've been through that could be potentially traumatic. Oftentimes people go, oh yeah, I'm all good. I'm okay, I'm doing fine. You know, this is what we train for. But so often you hear people say, but it's good to know that I've got that support there. It's good to know that there's somebody there who cares about my wellbeing enough to be able to reach out to me when I need it. And it's good to know that I've got that safety net should there be a time when I'm not so okay in my life. And peer supporters don't just talk to people about the trauma that they experienced in the work that they do, they talk to them about a whole range of things. And we know in terms of the top issues that people access peer supporters for, there's personal issues, relationship difficulties. There's a whole range of things that they access peer supporters for which tells me that they trust peer support. And most of the time, you know, I think in terms of what's really important is having, you know, people with skills and resources to know how to look after themselves and what things to look for, then having managers who can be supportive and who can touch base with those people, and then having peer supporters who are reaching out and just touching base to say, how are you going? And that neuroscience stuff that I was talking about before, you know, if something's stuck there because I can't fill that narrative, I can't find an ending to that event. Just being able to talk through it with a peer support officer and the peer support officers, you know, learn techniques to be able to help people to do that can be enough.

And oftentimes people don't need to access a psychologist. They can get the support that they need from the peers. So I think, and if we do those three things really well more often than not people won't need then things like accessing psychologists or accessing psychiatrists or having to access their GP around their mental health as much. Still might be needed, but hopefully if we get the other things right then most people will stay well.

### **Robert Hoge, Executive Director, Strategic Communications, Queensland Health**

Thank you. I'm going to hand over to questions next but a question to you Jeannette, is there anything that you learnt about yourself last year and all of the pressure on you and all of the demands and all of the responsibility and the amount of work you had to do? Is there anything that you learned about yourself that you think might be useful and could translate to others in terms of tips, you know, two or three things that you think, things that helped Jeannette Young and might help others?

### **Dr Jeannette Young, Chief Health Officer, Queensland Health**

Right, well the first one is I learned how fantastic my team is. And I genuinely say that, that I would, whenever I struggled and I was there in my office thinking what on earth do I do next? I would think who could help me? And I called my brain's trust. I'd walk out my office and I'd go around and I'd sit down at a table there and people would come through and I'd just talk it through. And that made the most enormous difference. And then every morning meeting with people like you Robert and the director general and Jasmina and Barb, we've got this team that we don't, I'm not sure that we value enough, that we recognise enough but I certainly have in the last 12 months. It's been absolutely critical. And I feel that every time we're dealing with something, we've dealt with it before. Maybe in a different way but we have recognised those issues and we know how to work them through. And also I think that something that I think we have in Queensland, now I'm just not sure other states have or do or don't have. And I don't really care. It's Queensland that I'm worried about. It's all of you. It's the public servants we have in this state. So I just was in a briefing then I apologise. I had to do a briefing for the Premier, which was perfect. Gave her the information. She's a fantastic individual to work with. And then as I left that briefing, she was then talking to others about the weather events that are happening and decisions being made rapidly. I mean, to think that the Premier of a state is involved in making sure that those resources are there in every single crisis situation. And I'm not sure that our general population understands all that work that is done and that expertise that is done. So therefore we don't have the crises. So that's the thing I learned, how vital that team is, one person is one person. What can one person do? It's actually the team and you need, and this is my talk. So you might as well hear it now.

Can you get up and give it...

Well, you'll get it... And it is really about all the different teams and about the energy you need to put into those teams during times of peace. So then you can really call upon them in times of war. And that is so critical. And I think the second thing I learned is that I know we have a lot of turnover in senior positions. That's the way of the world now because

new ideas, new process. So I've been unbelievably fortunate that I could be in this role for 15 years. So I could really gather that team and work with that team. And we've got to work through how we can harness longevity in some of the senior roles and how we can have change so that you get both. I think it's a really important thing to do. The best thing there in Queensland is although there's a lot of change, we see our DGs around the different departments change. They are still there. So one day, Bob Gee is managing youth detention and I'm talking to him about what we've got to do with our outbreak that we had in the Brisbane Youth Detention Centre. And he was just so good. He really was. And then the next day I'm talking to him about agricultural workers, because he's DG of that. It doesn't matter. The principles were the same. He knew me. I knew him. He kept his mobile number, very important. So it worked beautifully. So people might change but they're still there. And we see a lot of that. And that I think is so important that you really build those teams and know how people were thinking. One of the best things I like is when people walk into my office and say, "Jeanette, this has happened." And we think you are going to say this, this, this. And it's perfect. It's exactly what I would say. But then the most important bit is after that, they say, but you might like to consider this, this, this. And I go, yeah. So they've learned so well how to manage me. They really have. And it is fantastic when you've got people in your team who think differently. And I think that's so important. Team structure, dynamics, you don't want one person replicated another six times. Total waste of time. You want one person... definitely. You don't want to replicate me. That would be a nightmare. You want different people with different views, different perspectives, who can very, very respectfully and they do challenge each other. You don't want a meeting of group think that is just impossible. You want a meeting of lots of different views so that you get the different views on the table there not afterwards. As happened yesterday between myself and the TGA, which is another story and absolutely fine. So I'm going back to it. It's teams.

## **Robert Hoge, Executive Director, Strategic Communications, Queensland Health**

So just actually, I wonder if I can indulge or if you could indulge me just a quick show of hands. In terms of teams, who's got a squad? Who's got a crew, whether it's at work or at home or a bunch of friends? Who's got a squad they think they can rely on? Interesting show of hands. So I'm going to hand over the questions now. Thank you John. The DG has a squad. That's good. Good to know.

I'm glad to see that.

That's good. I'm going to head over to questions now. So we've got some roving mics but we've got some questions from online. I've got some for specific people but I've got some others that I'm just going to address to individuals. We're going to do some rapid fire questions before we hand over to Jeannette in about five minutes. Maybe one for you Ivan, how do you keep progressing while being burned out? You know, there's this constant, you know, this constant idea we should be doing it better, we should be doing self-improvement, we should be doing more. How do you actually do that while feeling burnt out?

## **Ivan Frkovic, Commissioner, Mental Health Commission**

Well, I mean, I was actually thinking about this and I'm always thinking about this. If you think about and I've looked at my own different points in my own career where you feel a level of burnout and how do you keep going? You know, I mean, if you think about some of the things that are characteristic of burnout is things around disengagement, you know, emotions are blurred and you're feeling a little bit uncomfortable, helplessness, hopelessness, all those things that we talk about when you're burnt out, you lose motivation, you lose that hope or those ideals or some of those things are features of burnout. It's really about some of that primary thing is around that emotional damage that you experience. Burnout is really about that. And again at the very extreme sort of level and not that I want to talk about that people then, you know, think is it all worthwhile. And, you know, should I be doing this, et cetera? So you go to those extremes. I think the key to all of that sort of stuff is, and I think, you know, Todd touched on it and I think Jeannette to some degree as well, it's about, how do we recognise some of those things and how do we actually intervene and do things differently before we get to a point where you don't, you know, you can't continue to keep going. You find things, I can't get up in the morning and go to work today. I can't face these challenges today. So I think the key to some of that, yes, if you're at that point, you clearly need some support and there's a whole range of things. But I think the message that I would like for people to start to recognise those things and to be able to say, well, I need to do something about this now at that earliest stage when you're not at that particular point in time. And to me for example, I know from my own DNA and makeup, I do get a little bit, you know, sort of tired. I get, maybe, you know, sort of a little bit, maybe short with family or other people around me, staff, et cetera. So I need to recognise that in myself and be able to deal with those issues before they get out of hand. And before I feel that I'm, you know, isn't really all worthwhile and should I, you know, be doing this at all? So I think they're the sorts of things that I think about. What's changing for me, why am I feeling the way that I am? Why is it a struggle? I mean I can say honestly and openly, it's never too hard for me to get up in the morning to work in mental health. It's a passion, it's a commitment. It's something that I have. And when I get to those points where I find a little bit harder that then I start to reflect about what's going on in my life at the moment. And it's not always, I mean again, let's think of it. It's not always work-related. Burnout, you know, yes there's elements at work, but also, you know, family complexities, financial complexities. There's a whole range of things that we all experience which add to those issues. And that's where I think our ability to cope at that particular point in time then becomes really challenging. So I think what I try and do is when I start to see myself going down that path in terms of burnout, et cetera. Some of those elements that I'm starting to feel before I, you know, I try and intervene, I try and change things. And that would be my message, is in terms of particularly when you're feeling on that road to burnout.

## **Robert Hoge, Executive Director, Strategic Communications, Queensland Health**

Todd, a question from online. What about organisational expectations? And even if they're explicit or implicit about being connected and online and wired in all the time after hours. Any tips or strategies that people could use to perhaps deal with that?

## **Todd Wehr, Executive Director, Strategic Communications, Queensland Health**

Yeah, I think that's a challenge and becoming more of a challenge nowadays. I mean, I remember having the Nokia phone. You couldn't check your emails at night and then we changed to the Blackberries and then the iPhones and now you've got that access to the emails constantly. And there's expectation that you're going to be replying to emails immediately even when it probably isn't necessary. Now there's some things that are urgent and might need to be addressed but it's often not so much the case. And I know even for me, I'm on call all the time, but I would find myself, so I've always got my phone on me and I always have the phone there. And I'd find myself. I'd look at my phone and I'd see an email has popped up and I think, oh geez. You know, and especially if it's something that pushed my buttons on it and then I'd get frustrated and then I'd be thinking, oh, what about at home? And I'm getting frustrated at home. And so now I have to be really careful about my boundaries with checking those emails. If it's really urgent, then I know somebody will ring me. And they'll give me a call. It's very rare that an email will be urgent. It might be somebody gives me a call and sends me an email, that might be more urgent. But are now really careful about, now it's the weekend. I'm not going to be checking my emails. It's after hours. I'm not going to be checking my emails. And I think it's also important and I'm always not good at giving, doing what I advise other people. But it is important I think about what does that mean for my team if I'm sending emails at eight or nine o'clock at night and then what does that say to them in terms of, oh I need to be responding to those emails at eight or nine o'clock. So I think as a manager, for me, it's really important that I don't have that expectation of them. And I actually try to model, Jody's in my team, she'll say I'm not always good at it. But I'll try to model that self care and having those boundaries at work and yeah, just dealing with something if it's urgent. So I think sometimes we just need to go, okay, no I'm just going to have the phone aside. When I go on holidays, I keep a separate work phone. I'll hand my work phone over to somebody else because I don't want to be engaged in work while I'm away from work, while I'm on holidays. So, and I think that's a really important boundary for me to look after myself as well. And knowing that I've got, you know, a point in time where I'm going to have holidays and I'm not going to be on call. So I think that's important. I think the modeling's important in terms of work units and what managers model to their staff and providing options where staff and not having to deal with those issues all of the time.

## **Robert Hoge, Executive Director, Strategic Communications, Queensland Health**

So I just want to, again, I want to throw a question to you. So we changed our agenda a bit and we're going to have a keynote address from Jeannette. There are lots of questions and I want to give, there are lots of questions for Jeannette. Just a quick show of hands of people in the room who would like us to just keep doing the Q&A? I'm going to put some more questions to Jeannette. And I know there are some questions from the audience specifically for Jeanette and I think it's really valuable hearing from her. Is everyone

comfortable with that? We keep going with the Q&As? Great, there's murmurs in the room. Wonderful.

**Dr Jeannette Young, Chief Health Officer, Queensland Health**

It was such a beautiful speech. Maybe I could send it out to people. You could read it.

**Robert Hoge, Executive Director, Strategic Communications, Queensland Health**

Absolutely. I'm sure they'd be very happy. Because this is your event and I know everyone's very keen to hear particularly some of the strategies Dr Young used, are there any questions in the room? We've got a roving mic. If you want to put your hand up nice and high. And if someone can give me a, we've got one, where are we? If you want to introduce yourself just let the panel know your name.

**Audience member**

Hi, I'm Cherie Hearn from PA Hospital. Yeah we had a busy weekend. Just for Jeannette, just about the teams and that you may have been talking about this and we've moved on to, I should say Teams rather than Zoom, but I liked the fact that you said we need to be challenged and we need to have diverse thought. One of the things I've observed especially being part of national meetings is that we're not challenging each other as much. We're not giving time in those Zoom or Teams chats for that challenging and meeting is a lot more efficient. And also we're missing that, you know, the morning tea conversations or the corridor conversations. What do you think will be the effect of that and how do we remedy that when we have colleagues that are, you know, you only see them online.

**Dr Jeannette Young, Chief Health Officer, Queensland Health**

I completely agree. It is time for everyone to go back to work. It is time for our GPs to start seeing patients face to face. I think that Teams and Zoom are fantastic mediums for transactional business. They're really good at having a meeting and saying, this needs to be done, you need to go and do this, you need to get up, brilliant for that. They are not good for those discussions where you want to have some diverse thought, where you want a debate, where you want to work through issues. And also, and I'd love the comment here, I don't think GPs can pick up the mental health issues that are going on on Skype and telehealth. I think it's really hard. I think telehealth and so forth is good down the track particularly in our state of Queensland where you cannot have a doctor or a mental health worker in every single community. But for that first discussion, when a GP can pick up something earlier and try and prevent and work with the patient, that's got to be done face to face. So I really think we are humans. We need contact and interaction and it is a real barrier having it through an electronic mean. That is not as good. At the time that it was introduced with the pandemic, we had to do it. We had to distance. We absolutely had to. And it was vital for that and we could keep that engagement. And I

think it was a major reason how we got ourselves out of those early days when the curve, you know, everyone knows the flattened curve, the curve was going like that. We were doubling our case numbers every four days. No different to New York or Italy or London, we were on exactly the same trajectory. So we had to really stop people engaging with one another physically. So we had to go to an electronic means, it was brilliant. But now we need to come out of it. And can I say, that's so much harder than going into it. I mean, I've been absolutely amazed. The last time I had to do that lockdown for Brisbane for those three days, I drove up to parliament to do the media with the Premier from my office in Charlotte Street. Did the media there, hopped in the car to drive back to Charlotte Street after the media and everyone had a mask on and I went, how did they learn that? And even better. And this is, I should be careful where I joke. I don't really want this to go out. Most people had a bundle of toilet paper under each arm. It was fantastic because my view is, in Queensland when people get stressed, they buy toilet paper. They don't buy guns. And you might remember early on,

It is a good thing.

It is, it is brilliant. It is so good. I love the toilet paper index. I think, I mean, you spend a bit of money buying toilet paper. It doesn't disintegrate. It's there and there's plenty of it. You're not depriving anyone. It's a fantastic thing. So yeah, so people have been so responsive but now how do we get people out of that back to normal life? In Victoria, I've been watching how they've been doing. They just set targets. 25% of people will be back at work on this state, 50% on this state, 75% on the state. We've not done that as prescriptively but I've been messaging for months now it's safe to go back to work and people are still not going back to work. We've still got, and you'll know in your own workplaces, we've got some workplaces with 30% of people back at work, and there is no risk. And for those of you, subtle signs, but I'm just trying to think of ways of messaging. I've increased lift capacity to six. Not that I ever restricted lift capacity, but that's okay. I thought, alright. Let's go and find some messages out there. I'm not mandating that people wear masks because I think it's perfectly safe. There are other states that are still requiring people to wear masks. And I'm saying, well, why? Because I know that if I require people to it'll happen by magic. So yeah, that's what we've all got to do now. Every single one of us have got to start going out there and increase the confidence of our communities. Otherwise it'll be mental health issues that are really going to be the massive one. I still think that most people are in the vulnerable category, are feeling vulnerable. I'm not, I'm feeling really, really happy where we are. We've got great vaccines. We're going to roll them out. We've got really sensible people who are still following guidance. We'll be fine. But unless people believe that in the core of their being, we'll never get through this pandemic. Eventually we are going to get cases. Of course we are. No vaccine is 100% effective. These two we've already got are pretty effective. Amazingly so, but we will eventually get cases. We can't remain an island or two islands forever. We are going to have to open up our borders and reengage with the world which means this virus will become endemic. It's not like measles. We're not going to be able to keep it out of the country. It's going to be here and we're going to have to live with it and manage it. And I just don't know how are we going to get that messaging out to people that this is another disease. It's just another disease, no different to other diseases that we've seen evolve in the world. I mean, HIV didn't exist in the past, it then did. The world



learned to cope with it. I'm not quite sure why this one is so different that people are so adamant. The whole day one thing, when I heard about, you know, this new virus circulating in Wuhan and all the issues and whatever, was we needed to spread out the curve. So you don't want a pandemic to go like that which is what happened in some other parts of the world. They had a massive first wave. Got on top of it, then an even bigger second wave. You don't want that. You want a nice gentle wave so that your health system can cope, your society can cope. You don't have all of the workers off at the same time, but there's no expectation normally that you have no wave. I mean, in Australia we've virtually had no cases which means we're all still vulnerable to this and we all need to get vaccinated. But the first time, our first wave which we'll get, we will have, won't be a wave like that because most people would be vaccinated, but we will get a wave and I just don't know how. You might be able to help how the people will react to that because they're now used to not having any outbreak. There we are, this is my rant.

**Robert Hoge, Executive Director, Strategic Communications, Queensland Health**

Some other questions in the room? I'm going to challenge...

**Ivan Frkovic, Commissioner, Mental Health Commission**

Robert can I just add one thing to what Jeannette said? And I think part of certainly from mental health perspective, and particularly the work that you did, Jeannette obviously the Premier and others and the Deputy Premier at the time, et cetera, was about the communication to our society was really important around the mental health component. You communicate very clearly, not like I'm doing at the moment, very clearly, very clearly to the community. But also what you did really well which I can see in terms of the impact on the mental health of society. You primed people for the next message. You prepared people. Like, you know, these are the sort of the, because communication is so critical around our psychological state and our level of vulnerability. And I think the communication every day and I know it was really difficult for you posting, et cetera. But everyday that communication going out and the confidence in your communication and the clarity in that communication, but also that priming for the next message, I think was so critical in terms of the psychological state and the level of vulnerability even amongst the world group that was here. I certainly felt that personally but I also felt it from a mental health sort of perspective in the broader community.

**Robert Hoge, Executive Director, Strategic Communications, Queensland Health**

Thank you.

Other questions in the room?

But that was a great question. Thank you. Thank you very much.

Down the front. One at the back then down the front.

### **Audience member**

Adam Stevenson, deputy commissioner Queensland Fire and Emergency Services. Firstly, congratulations. And I think they're going to name hospitals and bridges after you at some point.

And they should name them after Queenslanders. I just think that the response every single time when I went out was just brilliant. Absolutely brilliant. And I think Queenslanders and Fire Emergency Services is part of it. Queenslanders respond well to crises. We've just got to now get ourselves out of a crisis to normal business. Thank you.

Absolutely. This question is probably for my daughter, who's in her last year of medicine and she's now keen to get into public health largely because of you.

Fantastic.

But it's a personal question. It's how do you hold yourself? You've been, let's be honest. There's been cartoons drawn about you in the Courier Mail, there's been a politicising of you, not by the Premier but by the media. And how do you stop yourself from just punching someone in the face?

### **Dr Jeannette Young, Chief Health Officer, Queensland Health**

A couple of things. For every negative comment and there've been quite a few, there's probably been a thousand positive. And I have been unbelievably grateful that people have taken the time to send me a card and a note. And at one point I had so many flowers. It was just beautiful. My office was, it was fantastic. And then one day someone, because they'd been flying banners over Brisbane and the Gold Coast aimed at myself and the Premier, so someone flew a positive banner and sent me this message saying, "Look outside the window." At One William Street at this time, there was this. So truly the amount of support I've had has been unbelievable from the general community. And then really important to me was the support I got from my own colleagues. So from health professionals saying this is the right thing because of course I second guessed myself every single day. You know, the 2:00 a.m in the morning, is this the right thing? Is this, what should I be doing? And to get that support. And then my team. The immediate team. The director general has been just fantastic. The support. I'm sure that sometimes he would have gone, internally, he never did it, internally gone, what on earth is this stupid woman going on about now? If I was him, I would have thought it. It was...

### **Robert Hoge, Executive Director, Strategic Communications, Queensland Health**

I'm going to wrap you up there chief, we've only got...

## **Dr Jeannette Young, Chief Health Officer, Queensland Health**

Okay. Anyway. Thank you.

## **Robert Hoge, Executive Director, Strategic Communications, Queensland Health**

Although I think we're about to put in our budget bits and I might ask the director general in the communications budget money for planes flying banners. Let's get that question down the front.

## **Audience member**

Thank you. I'm Keola Westcott from Queensland Health. And this is probably a quick question but one that I'm interested in. In relation to the self care that we spoke about, there's a lot of books and mobile phone apps around about the practice of mindfulness. And I just wondered if you guys had any recommendations for beginners on how you could embark on that. I believe that's about shutting your mind off and I think there's probably a few people in the room that would love to know more about how to do that.

## **Robert Hoge, Executive Director, Strategic Communications, Queensland Health**

I think that's one for you.

Do you want to talk about that?

## **Todd Wehr, Executive Director, Strategic Communications, Queensland Health**

I can talk about that. There's a lot of evidence-based apps that you can get like Smiling Minds, Black Dog Institute has brought out one and there's a lot of really good evidence-based ones. The thing with mindfulness, people think I have to be a Yogi and meditate for 30 years before I can actually clear my mind. But mindfulness isn't about clearing your mind. It's just about noticing what's happening for you and not making a judgement about it. I do it quite often myself and sometimes I even think about when I'm doing something, doing it mindfully. So like even when I'm doing something like I'm into photography, I like photography and I love to be able to do landscape photography and I'm in the moment, I can just stay in the moment. I'm noticing what's around me. I can hear what's around me. I can smell the smells of nature and being able to go that's mindfulness. And sometimes like even, I do have a chocolate addiction but having a piece of chocolate and going, okay, what does this taste like? Instead of just gulping it down and going, okay, I'm going to chew it. I'll keep it in my mouth for a while. Notice of what it tastes like. And notice, you know, the smell, notice the texture before I put it in my mouth and I take it back out. But

noticing the texture and that's really about mindfulness as well as just being in that moment. When we're thinking about the future too much we'd start to get anxious because we can't even control the future. In most ways, who knows what's going to happen. And thinking about the past doesn't actually assist anything but being able to go, okay, I've got some time put aside just to be mindful. And there's lots of different things. Like even the Apple iPhones have got the breathing apps, just stopping and just slowing your breathing down. And I'll often do that. If I'm starting to feel really stressed, I'll just stop, take a deep breath in counting to five, deep breath out, counting to five. And I like to visualise a stop sign. That's just what I do. But there's different things that people like. And some people can't just sit there quietly. I'm going to close my eyes. Some people it's about, okay I'm going to go for a walk in nature. I'm going to go for a walk on the beach and just be in this moment. So I think with mindfulness, it's about finding what is the right mindfulness for you.

For you.

Yeah. Because it will be different for everybody.

### **Robert Hoge, Executive Director, Strategic Communications, Queensland Health**

Thanks Todd. We're going to take one more question from the room and there are a lot of questions particularly for Jeannette online and I think we will come back and make sure we've got some answers to everyone online as well. We'll do that virtually. I think just want to give the panel fair warning after this question and the last question I'm going to ask each of you, what is one thing you're going to do today to manage your wellbeing. And if you were to give a suggestion to everyone here what's one thing that they might consider doing. So just a bit of advance notice.

### **Audience member**

Hello, it's Emily here from Queensland Health and the Health Directions Exemption Service. And this is a question for Dr Young, Dr Young you said that you have a fantastic team but for a while there every single individual exemption request was coming to you for a decision before. You had an amazing team of clinicians to delegate those decisions to. And we, I'm sorry for how many we sent to you actually. So we would often think about you Dr Young because on one hand this is, you know, managing the population scale response but you were seeing these individual requests many of which were very, were people in very intense crisis situations and trauma situations as well. And we would often think that balance is quite a hard one to have and also the frequency was very intense for a while there. I'm wondering if you can tell us a bit about how you would both approach, your approach to have that balance but also how would you manage seeing that intensity of traumatic content?

### **Dr Jeannette Young, Chief Health Officer, Queensland Health**

I personally think and I think this goes back to my medical career. I think it's really important to recognise individuals and to think that every time you make a decision, it actually impacts individual people. So in some ways it's quite easy to make those broad decisions that everyone is going to do whatever. But then I think it's really important to remember that humans are all different and there are exceptions for everything. So I think I held onto that role for a little bit too long for everyone's sanity, including my own. You know, when I was getting a 100 to 200 a day, it was too much and I couldn't do them justice. But I'm glad I did them until a certain point so I understood what people were facing. What very complicated lives people actually have and that you can't just have a broad brush approach. You've got to be able to have separate decision-making. And then we got a very good team that you're a member of that is now making all of those decisions very, very appropriately and it's working well. Just so people know the decision at a national level was that they were only going to be very few exemptions to all of the rules that were put in place. And that only chief health officers could give those exemptions. That was the national decision. I possibly held onto that longer than anyone else did. I went back and check with my colleagues, can we all agree? And they said, oh no, we just drowned very early. And I said, might've been nice to have discussed that but that's okay. But I am glad I did it for the period that I did do it for. So I understood every time that we needed to have a way of providing exemptions to rules. Thank you. Another very good question.

**Robert Hoge, Executive Director, Strategic Communications, Queensland Health**

Thanks Jeannette. So thank you all for those very good questions. I'm going to close up questions now but as I said, starting with Todd, one thing you're going to do today to manage your wellbeing and a suggestion for something people can try.

At the recommendation of the commissioner is have a coffee but...

I'll be there with you.

**Todd Wehr, Executive Director, Strategic Communications, Queensland Health**

So for me, I do like to do exercise a few times a weekend. I will be looking forward to doing that tonight and which I do with there's other people there and it's about connecting with them as well. So yeah, that's what I'm looking forward to do that's about my mental health.

**Robert Hoge, Executive Director, Strategic Communications, Queensland Health**

And a suggestion that people could try to that.

## **Todd Wehr, Executive Director, Strategic Communications, Queensland Health**

Well I do Taekwondo, so I'm not sure if you all want to do Taekwondo, but I think it can just be about a walk. It can just be about and it doesn't have to be a big walk, just a short walk and recognising what's happening around you. And yeah. For me, Taekwondo is also a bit of mindfulness as well because if you don't, you'll whack yourself in the head or something. So, but that's a bit of mindfulness. And I think also importantly which I did notice during COVID was that is the connection with the people as well there that was really important to me that I really value as well. So I think even just that connection with somebody that you feel we want to connect to.

## **Robert Hoge, Executive Director, Strategic Communications, Queensland Health**

Thank you. Ivan.

## **Ivan Frkovic, Commissioner, Mental Health Commission**

I'll be quick. I think for me it's about probably not today but we were sort of certainly planning for the weekend to do a bit more exercise and walking. My wife and I, that was certainly one thing that I seem to drop and comes in and goes, really enjoy it but finding the time to do it. But the one thing that I would say to the audience here today is, if you get a chance today, tomorrow, make contact with that person you haven't spoken to for a long time. A relative, a friend, et cetera. That sort of just a phone call, just even, you know, FaceTime, whatever it is. That person you haven't caught up with for a while, that relative you haven't spoken to. Whatever it may be, do that because I suspect, I'm sure that you'll be able to sort of judge. That sort of interaction really nourishes the soul. It nourishes that positive energy in our mind, in our soul. If there's one thing that you can do, make contact with someone you haven't spoken to for quite a bit of time. But clearly they're important to you and you're important to them but you haven't been able to do that.

## **Robert Hoge, Executive Director, Strategic Communications, Queensland Health**

Dr Young.

## **Dr Jeannette Young, Chief Health Officer, Queensland Health**

Well I'm going to discuss something that as a Chief Health Officer. Briefly. Okay. I've been telling everyone for years to exercise, that's really, really important for a whole range of reasons. Never it did it myself. I wasn't really into daily physical activity like going for a walk on the weekend but never into daily physical activity. Day one when I thought this is going to be a nightmare. And unfortunately I was proven correct. I sat down with my husband said, right, what are we going to do to remain sane? And he put a gym into our

third garage which was a junk room a few years earlier because my daughter thought that would be a nice thing. So I said, I'm going to use your gym. And he said, oh, it's about time someone did. So I didn't this morning because I got up a bit early for this and had a few things but pretty well, most mornings, probably six out of seven. I get up, I go down and I don't like exercising. I really don't. But I pull on my gym clothes, sound asleep, go down the stairs, go in the gym, turn on the ABC. During winter, it's cold, whatever because the ABC with daylight savings and watch the news. I used to always listen to it on the radio in bed, well, before I got out of bed. Now I watch it. So I haven't even had to find extra time in the day. I just changed what I did. And I do 10 minutes on the walking machine, 10 minutes on the bike and 10 minutes of lifting weights. And boy I feel fantastic after that. Nice sleep most nights. It has made the biggest difference ever. So that's my strong recommendation, 30 minutes physical activity every day. When it suits you, whatever you want to do, but it genuinely, genuinely makes a difference. So I believe my own message now. Thank you.

**Robert Hoge, Executive Director, Strategic Communications, Queensland Health**

To that end please remember buy toilet paper not guns.

And one on the reach out.

Ladies and gentlemen, can you please thank Todd, Ivan and Jeannette. Thank you very much.

Thank you. Thank you very much.

Thank you.

And we'll exit the stage and I'd like to invite Barbara Phillips back to close the event.

**Barbara Phillips, Deputy Director-General, Corporate Services Division and Supply Chain Surety Division, Queensland Health**

Right. I'm in the unenviable position of I'm all holding you actually and I know we try and run to time, but when you have a panel like that and a discussion like that, it's too good not to cut it short. So I hope you'll give us a little bit of leeway for that. Look, I'd just like to thank everybody here today and those people online for making this another great event. I think it's been a really worthwhile event to have and I hope you feel like that as well. Can I also pass on everyone's sincerest thanks to Dr Jeannette Young and our panel panellist, Ivan Frkovic and Todd Wehr and of course Robert. It's not an easy thing to stand up in front of folk and do that as easily as they made that look. So I'd just like on everyone's behalf to say thank you again for that. Can I also think Rob Cedar, Megan Berry, Public Service Commission. Every time you come and you partner with us, we value it and it's an opportunity we don't always get. So just to say thank you to help bring in these conversations to people. Can I also thank Mark. I know he's had to duck out. And

can you, please if you can dig deep, we asked for a gold coin but if you can actively think about, if there's something we can do to assist the Community Friends, this is something that's really important and we could do that. And I think it's another tangible way that we show we care. So if we could do that would be great. We've always had a goal here about trying to engage people in topics of interest and that challenge and promote discussion. I hope that this has been an example of that. This year we're hoping to continue to do that. We'll have two more events this year. We've got the new and P.A.D. Leadership Summit coming soon. And another breakfast later in the year. We're pretty close now to finalising the program for this year's summit, and I'm looking forward to sharing more of that with you. We're always over prescribed, but perhaps with the virtual view we'll get more people to have an opportunity to access it. So in closing, I'd just like to say today, you know, we all have the opportunity to make lives better. And this may be directly through the work we do or through our interactions with others. It's sometimes the small things that we can do that make a difference that everybody stay. Like saying making the time to say good morning or even just to ask how they're going. I hope today leaves you feeling empowered to manage your own mental health and wellbeing. And also leaves you with a positive focus for the year ahead. I'd also like to have a huge thank you out to the folk and the wonderful team that make this happen for us. And they do make it look so seamless. And also our colleagues at the Hilton. It's not easy to do this. And we have volunteers that also come and give their time and the energy for us to have this opportunity. So huge thank you, Michelle and Dan and the team at the back. I can see all there, loitering, trying to fall back. Thank you. So in finalisation I'd just like to say thank you for coming today. Thank you for those who have joined online. If I could leave you with one final thought it is that we were all in the same storm, although not always in the same boat. And that by supporting each other and working together, we will be the change we want to see. Be kind to yourselves and each other and be safe. Thank you.