

SUPPORTING DOCUMENTS

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1. Queensland Health Fact Sheet: Examination Authorities

Examination Authorities

The *Mental Health Act 2016* promotes the voluntary engagement of people requiring mental health treatment and care. Where voluntary engagement is not successful, an Examination Authority may be required to respond to serious concerns about a person's mental health and wellbeing. An Examination Authority authorises a doctor or authorised mental health practitioner to examine a person without the person's consent, to determine whether a recommendation for assessment should be made.

Who issues examination authorities?

Examination authorities are issued by the Mental Health Review Tribunal.

Who can apply for an Examination Authority?

The following persons may apply to the Tribunal for an Examination Authority:

- the administrator of an authorised mental health service
- a person at the authorised mental health service who has written authority from the administrator, or
- a concerned person who has received advice from a doctor or authorised health practitioner about the 'clinical matters' for the person.

What are 'clinical matters'?

The 'clinical matters' are:

- general information about the treatment criteria, their application to the person, and whether there is a less restrictive way for the person to receive treatment

- whether the behaviour of the person, or other relevant factors, could reasonably be considered to satisfy the requirements for making an Examination Authority
- options for the treatment and care of the person, and
- how the person might be encouraged to seek a voluntary examination.

The person should be encouraged to be examined voluntarily. This may involve attempting to engage the person in their own home.

However, in some circumstances this may not be appropriate or practical.

An application to the Tribunal for an Examination Authority is made in an approved form. The form must include a statement from a doctor or authorised mental health practitioner about whether the circumstances of the person may be grounds for making an Examination Authority.

The Tribunal is required to hear the application as soon as practicable.



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Access this document online at www.health.qld.gov.au/mental-health-act



Queensland
Government

When can the Tribunal issue an Examination Authority?

The Tribunal may issue an Examination Authority only if the Tribunal considers all of the following apply:

- the person has, or may have, a mental illness
- the person does not, or may not, have capacity to consent to be treated for the mental illness
- reasonable attempts have been made to encourage the person to be examined voluntarily, or it is not practicable to attempt this
- there is, or may be an imminent risk, because of the person's mental illness, of serious harm to the person or someone else, or the person suffering serious physical or mental deterioration.

How quickly will the examination occur?

Once issued, an Examination Authority is in force for 7 days.

What powers apply under an Examination Authority?

An Examination Authority authorises a doctor or authorised mental health practitioner to enter a place, such as a person's home, to examine the person without their consent. Force may be used to enter the premises, however, the person must be given an opportunity to allow the doctor or health practitioner entry to the place without using force.

An authorised person may transport the person to an authorised mental health service or a public health sector health facility for an examination.

The person may be detained for the purposes of the examination. If the examination takes place in an authorised mental health service or a public health sector health facility, the person may be detained for up to six (6) hours, which may be extended up to twelve (12) hours if necessary. If the person is detained in another place, such as a person's home, the person may be detained for up to 1 hour.

A doctor or authorised mental health practitioner may ask a police officer to assist in the exercise of these powers.

What happens after an examination under an Examination Authority?

An examination by a doctor or authorised mental health practitioner may result in a recommendation for assessment being made for the person.

See Factsheet: *Examination and Assessment*

If a recommendation for assessment is not made, the authorised mental health service must take reasonable steps to ensure the person is transported to a reasonable place as requested by the person.

What if the examination couldn't be completed?

If the examination is not completed prior to the Examination Authority expiring, the service should consider whether it is appropriate to notify the applicant (e.g. if the concerned person is a family member or support person) and discuss whether a subsequent application should be made.



What if it is an emergency?

The Queensland Ambulance Service or Queensland Police Service may be contacted via Triple Zero '000' to determine if an Emergency Examination Authority should be made under the *Public Health Act 2005*. Including if:

- a person's behaviour indicates they are at immediate risk of serious harm (e.g. by threatening suicide)
- the risk appears to be the result of a major disturbance in the person's mental capacity caused by illness, disability, injury, intoxication or other reason, and
- the person requires urgent examination, treatment or care.

See Factsheet: *Emergency Examination Authorities*

Resources:

Factsheet: [Emergency Examination Authorities](#)

Factsheet: [Examination and Assessment](#)

More information:

Mental Health Act 2016
www.health.qld.gov.au/mental-health-act

Contact your local mental health service
1300 MH CALL (1300 642255)
www.qld.gov.au/health/mental-health/help-lines/services

2. Queensland Health Fact Sheet: Emergency Examination Authorities.



The purpose of this fact sheet is to answer some of the questions frequently asked about Emergency Examination Authorities (EEAs).
Read the information below to get a basic understanding of what EEAs are, and of the EEA legislation (*Chapter 4A of the Public Health Act 2005*).
For more detailed information, please refer to the "EEA information for Hospital and Health Services" document which is published on the Queensland Health EEA website.

What is an Emergency Examination Authority (EEA)?

An EEA is the legal mechanism by which a person whose behaviour indicates that they (the person) is at immediate risk of serious harm, which appears to be a result of a major disturbance in the person's mental capacity, may be taken against their will (involuntarily) to a public sector health service facility, usually a hospital Emergency Department (ED) for an examination.

Behaviour suggesting that the person is at risk of suicide or harm to themselves warrants an immediate health examination. The reasons for at risk behaviour may include illness, disability, injury, intoxication or another reason.

People may be detained under an EEA for an examination period of up to six hours in the first instance. If the doctor or health practitioner examining the patient under an EEA deems it necessary, the examination period may be extended for up to another six hours (up to 12 hours in total).

The legislation relating to EEAs is *Chapter 4A of the Public Health Act 2005*. A link to the *Public Health Act 2005* is here: <https://www.legislation.qld.gov.au/view/pdf/inforce/current/act-2005-048>

Who has the power to make an EEA?

Queensland Ambulance Service (QAS) officers or Queensland Police Service (QPS) officers may detain and transport persons to a treatment facility or place of care under an EEA. The EEA is made via completion of the relevant sections of the "Emergency examination authority form". (See links to the EEA suite of forms on the Queensland Health EEA website).

Where a person who is subject to an EEA absconds from a Queensland Health facility and is then returned, the six hour examination period of the EEA resets, so that the person may be detained for an additional 6 hours commencing from the time they are admitted to the facility.

What happens after a person has been examined under an EEA?

Detention under an EEA ends after the person is examined. Following examination, depending upon the person's needs, the person may be:

- Admitted as an inpatient
- Have treatment or care provided and be discharged
- Have a Recommendation for Assessment made under the *Mental Health Act 2016*. Only a doctor or Authorised Mental Health Practitioner can make a Recommendation for Assessment. Note: an Authorised Mental Health Practitioner under the *Mental Health Act 2016* is not the same thing as an Authorised Person under the *Public Health Act 2005*.

Information about mental health care in Queensland may be found at:

<https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/clinical-staff/mental-health>

The outcome of an EEA examination must be noted on the relevant section of the "Emergency examination authority form".

What happens if a person absconds from the ED while they are under an EEA?

If a person absconds while they are under an EEA, the person in charge of a public sector health service facility, or their delegates, may request a QPS officer, or, may authorise an Authorised Person other than a QPS officer, to bring the person back to the facility from which they have absconded, or, to transport the person to a different public sector health service facility. This is done via completion of the "Authority to transport person who absconds" form.



Who are Authorised Persons?

Authorised Persons are:

- a police officer; or
- an appropriately qualified health service employee appointed as an Authorised Person by the person in charge of a public sector health service facility; or
- an ambulance officer; or
- a Queensland Health security officer.

Who are Delegates?

Delegates are Queensland Health Officers who have been delegated by the person in charge of a public sector health service facility to undertake specified responsibilities and tasks on their behalf.

Delegates must be recorded via an instrument of delegation.

What functions and powers do Delegates and Authorised Persons have?

A **delegate** of the person in charge of a public sector health service facility has the power to:

- Detain a person under an emergency examination authority in the public sector health service facility, with the help, and using the force, that is necessary and reasonable in the circumstances.
- Authorise an Authorised Person, other than a police officer, to transport a person who has absconded to a public sector health service facility; or Request a police officer to transport the person who has absconded to a public sector health service facility.
- Following the examination, take steps to ensure the person who was placed under an EEA is returned to a place reasonably requested by the person, if:
 - (a) a person had been transported from the community to a treatment or care place that is a public sector health service facility; and,
 - (b) at the end of the examination period, a Recommendation for Assessment under the *Mental Health Act 2016* had not been made for the person
- Approve a search requiring the removal of clothing if a doctor or health practitioner believes the person may have possession of a harmful thing, and there is a belief that a search requiring the removal of clothing is necessary in the circumstances

All **Authorised Persons** may:

- Return a person who has absconded to a public sector health service facility (following a request to do so by a person in charge of a public sector health service facility or their delegate if they are a QPS officer; and, following an authorisation by a person in charge of a public sector health service facility or their delegate if they are any other category of Authorised Person)
- Transfer a person under an EEA to another treatment or care place if a doctor or health practitioner believes it is necessary for the person to be transported to another treatment or care place that is a public sector health service facility
- Apply for a warrant if necessary, to apprehend persons for the purpose of enacting an EEA. If a warrant is issued by a magistrate, further Authorised Persons' powers apply.

Authorised Persons who are **QPS and QAS Officers** may additionally:

- Make an EEA, and, detain and transport a person to a treatment or care place (usually but not always an ED)
- Exercise the power to detain and transport a person under the EEA legislation with the help, and using the force, that is necessary and reasonable in the circumstances.

3. Authorisation of Dr Amanda Gearing to communicate with the UN on his behalf.

Robert Johnston
20 Ludlow Street
Chapel Hill, Queensland 4069
Australia
Phone: [Phone Number]
Email: robertjohnston@proton.me

29 July 2025

Dr Amanda Gearing
140 Rafting Ground Road
Brookfield, Brisbane 4069
Queensland, Australia

RE: Written Authorization for UN Human Rights Committee Individual Communication

Dear Dr Gearing,

I, Flight Lieutenant Robert Johnston (RAAF retired), hereby provide you with my written authorization to act as my representative in submitting an individual communication to the United Nations Human Rights Committee on my behalf. I understand that Amanda is not a lawyer. However, I accept her representation of me before this body.

AUTHORIZATION DETAILS:

1. **Full Authority:** I authorize you to submit and represent me in all matters relating to my individual communication under the First Optional Protocol to the International Covenant on Civil and Political Rights.

2. **Scope of Representation:** This authorization includes but is not limited to:

Submitting the initial complaint to the UN Human Rights Committee

Providing all necessary documentation and evidence

Corresponding with the UN Office of the High Commissioner for Human Rights

Responding to any requests for additional information

Receiving and reviewing the State party's response

Making submissions in reply to the State party's response

Requesting interim measures if necessary; and

Representing me throughout the entire proceedings until final resolution.

3. Personal Confirmation: I confirm that:

I have read and approve the individual communication you have prepared on my behalf,

All facts stated in the complaint are true and accurate to the best of my knowledge,

I am the victim of the human rights violations described in the complaint,

I have not submitted this matter to any other international court, tribunal, or procedure,

I voluntarily consent to you acting as my representative,

I understand that my identity will be disclosed to the UN Committee and the Australian Government.

4. Contact Authorization: I authorize the UN Human Rights Committee and its secretariat to:

Communicate with you as my official representative,

Provide you with all correspondence, decisions, and documentation relating to my case, and

Accept submissions made by you on my behalf as if made by me directly.

5. Declaration of Understanding: I understand that:

This is a formal legal proceeding before an international human rights body,

The process may take several years to complete,

The Australian Government will be given an opportunity to respond to the allegations,

The Committee's final decision may be made public (though I request anonymization), and

The Committee's views, while authoritative, are not legally binding.

6. Ongoing Authorization: This authorization remains in effect until the conclusion of all proceedings before the UN Human Rights Committee, unless I revoke it in writing.

PERSONAL STATEMENT:

I am making this complaint because I have been subjected to serious violations of my fundamental human rights by the State of Queensland, Australia. I have exhausted all reasonable domestic remedies and seek justice through the international human rights system.

I have been arbitrarily detained, my home has been damaged by Police and illegally entered and searched, false information has been fabricated in my medical records, and I continue to live in fear of further persecution through the misuse of mental health legislation.

I am not seeking financial compensation but rather: a. Recognition that my rights have been violated, b. Protection from further arbitrary detention, c. Correction of false information in my medical records and d. Assurance that similar violations will not occur to me in future.

I trust Dr Amanda Gearing completely to represent my interests in this matter. She has provided me with exceptional support throughout this ordeal and has the expertise necessary to present my case effectively to the international community.

IDENTITY CONFIRMATION:

Full Name: Robert Johnston

Former Rank: Flight Lieutenant, Royal Australian Air Force (retired)

Current Address: 20 Ludlow Street, Chapel Hill, Queensland 4069, Australia

Phone: 0461 305 626

Email: robertjohnston@proton.me

SIGNATURE

I hereby affirm that I am providing this authorization voluntarily and of my own free will.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'Robert Johnston', with a stylized flourish underneath.

Robert Johnston

Flight Lieutenant (RAAF retired)

4. Chronology of events with detailed timeline

September 2023

Mr. Johnston was taken from his Brisbane home and placed in involuntary custody at Royal Brisbane Hospital Mental Health Unit for 11 days. Upon release, he was told that it was "a mistake" that he had been taken into the unit and was free to go. He requested an exit report but this was refused.

August 2024

Mr. Johnston wrote to then-Queensland Health Minister Shannon Fentiman seeking an explanation regarding his detention in September 2023.

17 September 2024

- Mental health nurses arrived at Mr. Johnston's property and attempted to take him into custody again
- Police and mental health staff broke into his home and carried out an extensive search, including in the ceiling cavity
- RBWH did not issue any Emergency Authority under the Mental Health Act 2016, only an 'authority to transport'
- In an official QPS Damage Report, Constable Lee claimed he heard noises in the house, though no one was present
- Constable Lee documented on the QPS Notice of Damage: "Door was kicked in causing damage to the frame around the door"
- Mr. Johnston reported to Indooroopilly Police Duty Sergeant Renouf that a lever arch file of documents had been removed from the house
- The following day, the arch file was mysteriously returned to the same position in his locked house

19 November 2024

- Several police cars and an ambulance arrived at Mr. Johnston's house
- Dr. Amanda Gearing was called to the scene and interviewed Constable Christian Lee

- Constable Lee admitted he had previously broken into the house and stated he would break in again if Mr. Johnston did not willingly exit
- Dr. Gearing accompanied Mr. Johnston in an ambulance to Prince Charles Hospital (instead of RBWH, as initially planned)
- During questioning at Prince Charles Hospital, a registrar questioned Mr. Johnston about alleged "weapons" sighted in his car—information Mr. Johnston states is false
- A senior consultant psychiatrist later confirmed in a recorded interview that this false information had been deliberately "created" by RBWH staff as "insurance" against potential legal action they feared from Mr. Johnston

20–24 November 2024

- While Mr. Johnston was at Prince Charles Hospital, his house was entered and searched multiple times by unknown persons
- Evidence of continued unauthorized entries: Mr. Johnston had hidden his mobile phone in the rafters of his basement in a sealed plastic bag, but upon returning home found it had been pulled out and left unconcealed
- The senior consultant psychiatrist explained to Mr. Johnston that he had no mental health condition
- Mr. Johnston agreed to remain as an inpatient for approximately one week under the care of this senior consultant
- Upon discharge, the senior consultant psychiatrist provided an exit report formally assessing Mr. Johnston as being of sound mind, having no psychiatric diagnosis, and requiring no psychiatric medication or treatment
- During a follow-up appointment, the senior consultant psychiatrist explained that RBWH Mental Health Unit feared Mr. Johnston would sue them for wrongful incarceration, and that staff had fabricated evidence in his medical records as "insurance"
- The senior consultant psychiatrist stated that Mr. Johnston "cannot overcome the systemic corruption he uncovered and verified" and that "only a Royal Commission could achieve that purpose"

Current Status

Mr. Johnston continues to fear further intrusion and detention. He seeks no retribution or compensation for past events but requires formal protection to prevent any recurrence of these unauthorized entries and detentions.

5. Queensland Police Service Notice of Damage Report (19 September 2024)



QUEENSLAND POLICE SERVICE

NOTICE OF DAMAGE

Police Powers and Responsibilities Act 2000
Section 636

QP 0730
08/06

(The Notice may be left in a conspicuous place if the owner is not present.)

To the person who appears to be the owner or the person in possession of the thing damaged.

This notice relates to damage caused to

Downstairs external door - lx security screen door and door frame.

(Description of thing damaged)

by a police officer at

20 Ludlow Street, Chapel Hill

(Location/Address of thing damaged)

at 8:35 AM

19/09/2024

(Time)

(Date)

The nature of the damage is: Door was kicked in causing damage to the frame around the door.

The damage was caused by a police officer when exercising a power under this or another Act or by an assistant.

* I believe that the damage was caused by circumstances beyond the control of the police officer, protective services officer or the assistant.

Reason for belief

Police believed the occupant was home and were assisting in the execution of an authority to transport the resident and occupant. Noises were perceived upon arrival at the address, the lights were on, the occupant is not willing to engage with health staff. 3 cars were observed at the address linked to the occupant or address.

Issuer's details

Family name: LEE

Given name(s): Christian

Rank: Senior Constable

Reg. no.: 4038783 Establishment: Indooroopilly

(Issuer's signature)

19/09/2024

(Date)

*Delete inapplicable.

[^] Latent defect means a hidden defect which could not have been discovered by reasonable examination.

Privacy Statement

The collection of this information is authorised by legislation or Queensland Police Service (QPS) policy established under the Police Service Administration Act 1990 (Qld) and the Police Powers and Responsibilities Act 2000 (Qld). The information may be used to assist in performing the statutory functions and responsibilities of the QPS. The QPS may disclose some or all of this information to employees and contractors involved in the processing of this form. The information may also be disclosed to those persons and agencies outside the QPS as provided for by legislation or in accordance with the Information Privacy Act 2009. Failure to supply the requested information may mean that the QPS is unable to process this form.

6. Summary of police interview with Constable Christian Lee and Ambulance Officer Anthony Raneri.

Location: 20 Ludlow Street, Chapel Hill, Brisbane

Date: 19 November 2024

Event: Queensland Police cars and Queensland Ambulance cars arrive at this address. Robert Johnston is inside the house.

Recorded speakers: Queensland Police Officer, Indooroopilly Station, Christian Lee

Authorised Health Representative of Robert Johnston, Amanda Gearing

Kenmore Ambulance Station Officer, Anthony Raneri

Amanda Gearing What's your first name again?

Christian Lee Christian

Amanda Gearing Christian. So you're the guy who came the first time and smashed his door in.

Christian Lee That's right. So we have the examination authority. So essentially, we'll be transporting him to the Royal Brisbane Hospital . . .

Amanda Gearing Well, we need you to take him to the Greenslopes Hospital.

Christian Lee This is the catchment area for the Royal Brisbane. So we'll be going to the Royal Brisbane. So, what we'll do essentially is...

Amanda Gearing So what you need to understand . . .

Christian Lee I'm just going to give you some information first and then I'm happy to hear what you have to say. So essentially, he's consented for you to come along with him, and it would give him some comfort if you attended the hospital with him as a support person, but we will be transporting him to the Royal Brisbane Hospital under the examination authority. So I'm happy to hear what you have to say now.

Amanda Gearing Robert is a complainant in a very serious criminal case.

Christian Lee	Yep.
Amanda Gearing	He has spoken to Indooroopilly Police Station about that. And the police, the interference with him at the moment is interfering with his role as a witness in that case.
Christian Lee	Okay. I know what you're saying.
Amanda Gearing	So Robert has complained about the behaviour of the Royal Brisbane Hospital Mental Health Unit and because of that complaint it's a conflict of interest for him to be brought there. He needs to be brought to a place that is safe for him which is the Greenslopes Hospital because it deals with veterans, and he is a veteran.
Christian Lee	OK. (To Ambulance officer) Do you have any issue going to a different catchment?
Anthony Raneri	Is there a Greenslopes Emergency Department?
Christian Lee	Yeah. I don't think they have mental health . . .
Anthony Raneri	. . . because it's a private hospital . . . they don't have mental health.
Christian Lee	What about their PA or anything like that?
Amanda Gearing	There's no emergency here. It's not an emergency assessment order. It's an assessment order that is not an emergency order.
Anthony Raneri	It needs to be seen in an emergency department.
Amanda Gearing	But it's not an emergency assessment.
Anthony Raneri	It's an examination authority.
Amanda Gearing	OK. Can I just get your name please?
Anthony Raneri	Anthony. I'm a paramedic.
Amanda Gearing	And what's your surname, Anthony?
Anthony Raneri	Raneri.
Amanda Gearing	Raneri. And which station are you at?
Anthony Raneri	I'm at Kenmore Station.

Amanda Gearing	Kenmore Station. Thank you, Anthony.
Anthony Raneri	No problem at all.
Amanda Gearing	My name's Amanda Gearing. What you need to understand is Robert is a complainant in a serious criminal case.
Christian Lee	I'm across what you said.
Anthony Raneri	I'm explaining . . .
Amanda Gearing	I'm explaining to him his risk.
Anthony Raneri	At the moment our hands are tied. We have an examination authority to transport this patient to the Royal Brisbane Hospital. We are the (indistinct) services here to take him to hospital.
Amanda Gearing	I've explained the situation to Christian and he is willing to have him taken to the Greenslopes Hospital.
Christian Lees	No. I'm not. Apparently he's got concerns about the RBH.
Amanda Gearing	He's made a complaint.
Anthony Raneri	It will have to get discussed with the mental health team who's made the authority that it can be changed hospital.
Amanda Gearing	Okay.
Anthony Raneri	But as far as . . .
Amanda Gearing	I can talk to Jasmine. I have the direct number for the CEO of the Mental Health Tribunal. I'm going to speak to her. She has not given information about this.
Christian Lees	Please feel free. I'm going to find out the information about your first request. If you want a call, feel free.
Amanda Gearing	I'll talk to her now. Thank you.

7. Transcript of the consultant psychiatrist telehealth appointment (10 December 2024)

Consultant psychiatrist Telehealth Appointment with Robert Johnston and Robert's authorised representative Dr Amanda Gearing, 10 December 2024.

Transcript . . .

Consultant psychiatrist

Actually, your trauma experience, none of us like having our autonomy being taken away from us. None of us like being aggressively told that our belief systems are wrong. All that you have done is that you have then tried to assert yourself and have your suffering acknowledged and you've been asking them to just, first of all, to apologise for the wrong that they have done, and then two, you've asked them to please leave you alone.

Unfortunately, they have gotten themselves into this pickle where they feel that they can't back down because they have made this opinion and that if they were to back down, then they will be seen to be in the wrong and then they would worry . . . so if we extrapolate that out - if a mental health service or even just any organisation admits that they've done wrong, they worry that the person that they've harmed is then going to sue them.

Robert Johnston

Yep.

Consultant psychiatrist

So then they go into protection mode, and it just becomes this aggressive back and forth and back and forth.

And I thought that's why last week I was talking to you about, trying to please just step away from this, **don't get embroiled in trying to get them to apologise, trying to get them to admit their wrongdoing - because I don't think they ever will.** (emphasis added)

And unfortunately, these big organisations like, **unless you have a Royal Commission and you can have some of the power that a royal Commission is able to bring to things - individuals pursuing big organisations are usually the high end to nothing because the big organisations have got more power, more resources, more money. They've got access to lots of legal minds who can all manipulate the legislation to their favour and they will then almost gaslight people into saying that they're wrong, that they're mental, that they're unwell, etcetera, et cetera.** (emphasis added)

Robert Johnston

Yep.

Consultant psychiatrist

I think that the more you can step away and leave these organisations on their own and just look after yourself, I think, that the better in the long run.

Dr Amanda Gearing

I've spoken to Robert about not poking the bear, and he's given his promise hand on heart that he will not poke any more bears at all.

Robert Johnston

One of the concerns that I've got with regard to any, any dealings with the RBH is that they should understand that with regard to the complaints that I've made to them, and to the Health Minister, they should not have any further dealings with me because there's a conflict of interest that exists here for them, in that, any diagnosis that they might be inclined to make would be a self-serving one.

Consultant psychiatrist

I agree with you, Robert, but unfortunately the way that they will see things through their lens, kind of, seeing pathology, and being paternalistic, they will kind of go 'poor Robert is mentally unwell. He's clearly saying these things because he's deranged, and he must have treatment. And therefore, we must treat him, and it is beholden upon us to treat him.'

So, rather than going 'alright, we have traumatised Robert, we need to leave Robert alone and step away from him and accept that this is how Robert sees the world, and this is how Robert is operating, and actually the decent thing for us to do would be to apologise to Robert', they don't have that capacity.

We are trying. I'm hoping to be an example of that, that we are trying as a health profession and as a Service, to repair harms that we have done but it's slow progress and . . . (emphasis added)

Dr Amanda Gearing

I think you've made very good progress, Ed. I think your progress in the time that you've been with Robert has been lightning fast for the system and I'm very appreciative of that. I think if you can have a look at the discharge. I also would say, look, if you're not happy with it, just come back to us with any track changes. I think we're close. It may be that we can get there before you even read the whole [Power Threat Meaning Framework, but we also say. . . .

Consultant psychiatrist

I have read it all now. I am happy with the vast majority of it. I think the only . . . if you've got it in front of you,

Dr Amanda Gearing

Yes.

Consultant psychiatrist

Two areas that I would just question was essentially the first sentence where Robert presented to services on an examination authority, which was put in place for undisclosed concerns. They were undisclosed to Robert but the content of the examination authority is familiar to me.

Dr Amanda Gearing

Well, the problem is that they were not disclosed to him. So if we can just say put in place for reasons that were not disclosed to Robert - that's the problem.

Consultant psychiatrist

Yeah. I'm happy with that. That makes absolute sense to me . . . which was put in place for . . .

Dr Amanda Gearing

[reasons] that were not disclosed to Robert.

Consultant psychiatrist

. . . and Robert was not given a copy of the examination authority.

So, the next paragraph . . . Robert has had one admission to the Royal Brisbane who found that his admission was an error.

I'm not sure I'm comfortable with putting down that his admission was an error because I think the mental health team – they would still argue that they were correct in admitting him. Looking at the records, they agree that there were insufficient grounds, or that the grounds that they detained him under the Mental Health Act were incorrect and in error.

Dr Amanda Gearing

OK. How about we say the grounds for his detention?

Consultant psychiatrist

But my worry there is that if we make it clear in that section that Robert was admitted under an involuntary order in the past, then that kind of might set alarm

bells ringing. I mean, obviously, if somebody was to go back and delve enough and find the discharge summary from the past and that's going to be obvious to somebody, but I don't think we need to shine a light on it in this discharge summary.

Dr Amanda Gearing

Yes, I agree. So, is there a way? I think there must be a form of words - Robert's had one admission to the RBWH older person mental health team who found . . .

Consultant psychiatrist

So what I would say is, "who found the grounds for his detention were invalid and he was discharged as a voluntary patient with no formal follow-up organised".

Dr Amanda Gearing

Lovely. [To Robert] Happy with that?

Robert Johnston

Yes. That's great.

Dr Amanda Gearing

I think we should say in the next one, "he was reviewed by me in the emergency department of Prince Charles, as in by 'me' being 'Ed' to separate it from the RBWH.

Consultant psychiatrist

I might just add a little bit more detail there then and say that Robert was reviewed initially in the Emergency Department at Prince Charles Hospital with his friend Dr Amanda Gearing and was placed on a recommendation for assessment. I subsequently reviewed Robert personally in the Emergency Department and felt an involuntary order was not required.

Robert was agreeable for an admission in the short stay pathway, for up to 10 days as a voluntary patient to establish a path forward.

Consultant psychiatrist

I'm happy with the clinical progress (section) [of the discharge summary].

[Discussion of arrangements for a private psychologist]

Consultant psychiatrist

So I suppose as we're wrapping up is whether there's any need for us to catch up again, or whether this would be our last catch up or, our last formal catch up.

I will tidy up the discharge report once I get off the phone, I'll send it to you directly, Amanda, so that you guys can have a read through it and then Robert can take time to digest this a little bit further.

[Arranging to send a hard copy of the discharge report].

Dr Amanda Gearing

I'm very grateful for your help in doing all of this and 'getting RBH off our back'.

Consultant psychiatrist

Yes.

Robert Johnston

I feel similarly and I'm personally very grateful for your intervention and for your care and for your kindness and for your courage.

Consultant psychiatrist

Well, I think we've worked well as a team. Even from Sabrina that you met in the emergency department, saying 'I need your extra support'.

Amanda Gearing

Yeah. OK, lovely. Thank you very much. We should let you go and carry on with your busy day.

Consultant psychiatrist

Alright, I will just finish doing the discharge report and I'll e-mail that in the next 5 minutes.

Dr Amanda Gearing

Lovely. Thank you so much. OK, thank you. Bye.

Consultant psychiatrist

Alright, thank you. Bye bye.

8. Ministerial correspondence to and from the Office of Hon. Tim Nicholls MP

Request: 11 April 2025.

Dr Amanda Gearing
140 Rafting Ground Rd
Brookfield, Brisbane 4069
Phone 0417 733 354 Email: gearingap@bigpond.com

The Hon Tim Nicholls
Minister for Health
GPO Box 48
Brisbane QLD 4001
Via email: health@ministerial.qld.gov.au

11 April 2025

Dear Mr Nicholls,

Request for Ministerial Intervention and Directive for Flight Lieutenant Robert Johnston, RAAF (retired)

I am writing to request your prompt ministerial intervention regarding Flt Lt Robert Johnston (RAAF retired), who has been subjected to a series of incidents involving improper application of Mental Health Act powers by Queensland health services and police. I have communicated with Haydn Thurlow in your office, who referred me to the Ethical Standards Unit. I do not wish to make a complaint, but to address the immediate safety needs of Mr Johnston directly with your office.

Mr Johnston is seeking a resolution, not any complaint process. He has experienced multiple unauthorized entries to his home and improper detention under mental health legislation.

Request for Ministerial Action

Under your authority as Minister for Health pursuant to the Hospital and Health Boards Act 2011 and your oversight responsibilities for the Mental Health Act 2016, I respectfully request that you:

1. Issue a Ministerial Directive to Brisbane North Hospital and Health Service and relevant mental health services prohibiting any further action regarding Mr Johnston.
2. Request Queensland Health to remove fabricated information from the medical records of Mr Johnston and provide him with written confirmation that his medical records have been corrected to remove any fabricated information.

3. Facilitate appropriate information sharing with Mr Johnston regarding who initiated the 2023 and 2024 detentions, and on what grounds, which he has a right to know under privacy legislation.

Background

In September 2023, Mr Johnston was taken from his Brisbane home and placed involuntarily in the Royal Brisbane Hospital Mental Health Unit for 11 days. Upon release, he was informed that his detention had been "an error."

About a year later, on 17 September 2024, mental health nurses and police forcibly entered Mr Johnston's property without proper authorization (and when he was not at home). According to QPS officer Christian Lee of Indooroopilly Police and a consultant psychiatrist, the Royal Brisbane and Women's Hospital (RBWH) only possessed an Authority to Transport (Examination Authority) for Mr Johnston, not an Emergency Examination Authority as required by the Mental Health Act 2016, for the intrusive interventions to which he was subjected.

Police arrived at Mr Johnston's home again on 19 September 2024 and threatened to break into Mr Johnston's home when he was in residence. I accompanied Mr Johnston when he was taken to Prince Charles Hospital. While he was away, further unauthorised entries occurred at his home. There were no warrants for these entries of his house or for searches undertaken at his house.

Key concerns regarding legislative compliance:

1. **Mental Health Act violations:** Forcible entry to Mr Johnston's home exceeded powers granted under an Authority to Transport, which does not authorize forced entry to private residences.
2. **Admission of fabricated evidence:** A senior consultant psychiatrist from Prince Charles Hospital has stated that false information was deliberately created by RBWH staff as "insurance" against what they perceived as a risk of Mr Johnston potentially taking legal action for wrongful detention in 2023. Mr Johnston has never intended to take such action. He has not spoken about potentially taking such action and does not intend to take any legal action.
3. **Lack of procedural fairness:** Mr Johnston has never been informed who initiated his 2023 or 2024 detentions or the grounds for them, contrary to principles of transparency and personal privacy rights.

A Prince Charles Hospital senior consultant psychiatrist has provided documentation confirming Mr Johnston has no psychiatric diagnosis and requires no psychiatric medication or treatment. This medical assessment further demonstrates the improper application of mental health powers in this case. Mr Johnston is willing to provide this document personally to you in an in-person meeting.

I have supporting documentation available, including a police damage report, which is attached. I have attached a detailed chronology of events for your reference.

This appears to be a very concerning case where administrative intervention (by your new ministerial team) is needed to prevent further misapplication of mental health legislation.

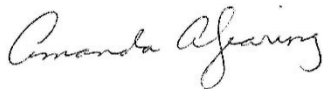
Mr Johnston is not seeking compensation or formal complaints procedures at this time - he simply wishes to live peacefully in his home without fear of further intrusions through improper application of mental health powers.

Request for a meeting

Given the serious nature of this matter and its implications for the proper application of mental health legislation, I respectfully request an opportunity to meet with you or your senior staff at your earliest convenience to discuss this case in more detail. Mr Johnston will accompany me to this meeting to share his experiences directly and answer any questions you may have.

Thank you for your consideration of this important matter. I can be reached at phone number 0417 733 354 or email gearingap@bigpond.com to arrange a suitable time for a meeting.

Yours sincerely,



Dr Amanda Gearing

cc. The Hon Dr Christian Rowan, MP for Moggill
via email: Moggill@parliament.qld.gov.au

Attachments

1. Character reference from Michael Rackemann, retired judge.
2. Chronology of events
3. QPS Notice of Damage Report
4. Summary of interview with Constable Christian Lee and QAS officer Andrew Raneri.
5. Consultant psychiatrist telehealth appointment with Robert Johnston and Robert's authorised representative Dr Amanda Gearing, 10 December 2024.

Reply 1 23 April 2025

From: Health <health@ministerial.qld.gov.au>
Sent: Wednesday, 23 April 2025 12:28 PM
To: Amanda Gearing <gearingap@bigpond.com>
Cc: robertjohnston@proton.me
Subject: RE: Attention: Crystella

Dear Amanda

Thank you for writing to Minister Nicholls. Your request has been escalated to the Minister's Chief of Staff who has considered the information you provided.

We recognise your correspondence is seeking a number of ministerial interventions, including a meeting with Minister Nicholls. To consider these requests, Minister Nicholls would first require that the allegations had been received and verified through Queensland Health or an appropriate independent channel (such as the Office of the Health Ombudsman or the Crime and Corruption Commission). As a ministerial office, we are not placed to assess or investigate such allegations.

Our office has an established process when receiving allegations relating to the delivery of health services, which are typically referred to the relevant Hospital and Health Service for investigation. In some cases, our office refers allegations to the Department of Health's Ethical Standards Unit. In both cases, Queensland Health has defined procedures for escalating criminal or corrupt conduct to the appropriate authorities.

With your consent, our office is willing to commence this process by referring your information to the Department of Health's Ethical Standards Unit. The Ethical Standards Unit would then work with you to further assess your information and may forward to relevant authorities, including Health Services or external agencies such as the Queensland Police Service. Our office would request to remain updated on this matter.

However, as you have not consented to our office sharing your information, we are unable to do this. While we recognise you are not seeking to make a complaint, this process would be a necessary step to allow further consideration of your requests.

Should you consent to our office referring the information you have provided to the Ethical Standards Unit, we kindly ask you advise this in writing.

Thank you again for writing to Minister Nicholls.

Kind regards

Haydn



Office of the Hon. Tim Nicholls MP

Minister for Health and Ambulance Services

Email: health@ministerial.qld.gov.au

1 William Street BRISBANE QLD 4001

Reply 2 29 April 2025

From: Health <health@ministerial.qld.gov.au>

Sent: Monday, 28 April 2025 4:01 PM

To: gearingap@bigpond.com

Subject: RE: Robert Johnston

Dear Amanda

Thank you for your reply.

We regret there is no scope to provide any ministerial intervention without an appropriate investigation first substantiating the allegations of wrongdoing. It is necessary that a natural justice process is followed to equip the Minister with all relevant information before considering any actions.

We recognise this is not the course of action you are seeking to take. However, as previously expressed, this limits our office's ability to render any further assistance.

Our office remains willing to assist with a referral to the Ethical Standards Unit, should you choose to consent to this process in the future.

Kind regards

Haydn




Office of the Hon. Tim Nicholls MP

Minister for Health and Ambulance Services

Email: health@ministerial.qld.gov.au

1 William Street BRISBANE QLD 4001

9. Medical discharge summary from Prince Charles Hospital with no psychiatric diagnosis

 Queensland Government	Patient Details URN : 285857 IHI : 8003 6011 4859 7151 Patient Name : JOHNSTON, ROBERT										
Queensland Health	Address LUDLOW ST CHAPEL HILL 4069 Date of Birth Jul-1958 (66STyears)										
Discharge Summary	Sex : Male										
	Phone 1 : Phone 2 :										
Facility Prince Charles (The) Hospital Rode Road, CHERMSIDE 4032 Phone : (07) 3139 4000 Fax : (07) 3139 4908	Summary Author George Wilson										
<table><tr><td>Episode Details</td><td>Discharge Details</td></tr><tr><td>GERARD WIMS</td><td>Consultant : DR EDWARD</td></tr><tr><td>Registrar : Status : Home/usual residence Facility Unit : PS</td><td>Reason : Phone : Address : Discharge Date : 26-Nov-2024 14:34</td></tr><tr><td>Admission Source : Emergency Department</td><td></td></tr><tr><td>Admission Date : 19-Nov-2024 10:00</td><td></td></tr></table>		Episode Details	Discharge Details	GERARD WIMS	Consultant : DR EDWARD	Registrar : Status : Home/usual residence Facility Unit : PS	Reason : Phone : Address : Discharge Date : 26-Nov-2024 14:34	Admission Source : Emergency Department		Admission Date : 19-Nov-2024 10:00	
Episode Details	Discharge Details										
GERARD WIMS	Consultant : DR EDWARD										
Registrar : Status : Home/usual residence Facility Unit : PS	Reason : Phone : Address : Discharge Date : 26-Nov-2024 14:34										
Admission Source : Emergency Department											
Admission Date : 19-Nov-2024 10:00											
Reason for Admission/Presenting Problems On admission: Robert presented to services on an Examination Authority which was put in place for reasons which were not disclosed to Robert. Robert was not given a copy of the Examination Authority. Robert has had one admission to the RBWH Older Persons Mental Health Team who found the grounds for detention were invalid and he was discharged as a voluntary patient with no formal follow-up arranged. Robert was reviewed by a registrar in the Emergency Department at Prince Charles Hospital on November 19th, with his friend Dr Amanda Gearing and was placed on a recommendation for assessment. I (Dr Wims) subsequently reviewed Robert personally in the ED and felt an involuntary order was not required. Robert was agreeable for an admission in the short stay pathway for up to 10 days as a voluntary patient to establish a path forward and to establish a management plan if needed.											
Principal Diagnosis											
Diagnosis	Comments										
Admission to the Short Stay Pathway											
Secondary Diagnosis Nil Entered											

Previous Medical**History Nil**

Entered

Inpatient Clinical Management**Clinical Progress**

Robert engaged well during his admission. He voiced his concerns regarding devices being at risk of being hacked (this is well documented in the public domain) and a dislike for modern technology (this is well documented in the public domain). On further exploration there was an internal consistency and logic to Robert's concerns, and while not in keeping with the majority of the population, were understandable in the context of his RAAF background and felt to be grounded in his known reality from his high level military service.

During Robert's admission, it was clear that he gives great attention to detail, has a compulsive, threat-response pattern in terms of his need for precise organization and control.

Version Number : 1.000

Summary Status : Finalised

Date Last Modified : 12-Dec-2024 11:35:41 Page

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URN : 285857

Patient Name: JOHNSTON, ROBERT

DOB : 31-Jul-1958

Clinical Progress

Robert demonstrated heightened threat sensitivity and vigilance, leading him to anticipate negative outcomes in particular scenarios. However, this was part of his military training and conditioning to assess and exclude critical threats as a priority.

He also demonstrated some fixed patterns of thinking, but with information and gentle persuasion, he is able to see alternative hypotheses. He demonstrated intense focus on details, order and organization, and very high standards regarding what is right and wrong. He also demonstrated significant distrust of particular organizations and institutions, possibly since he exposed significant wrongdoing in the military that has been verified by a Royal Commission. Robert has a tendency to maintain awareness of past threats and injustices and remains vigilant about others' potential motives. On the

other hand, Robert also demonstrates that if he finds you to be trustworthy, he will open up and share his concerns and information, and will openly talk about his concerns. He has developed close and supportive friendships, many of whom hold similar beliefs to Robert, and are similarly righteous with strong beliefs regarding what is right and wrong. Robert's responses to threat and adversity align with Robert's survival strategies developed as a result of childhood adverse experiences whilst a boarder at The Southport School where he experienced daily abuse of himself and others and had no agency to escape. However Robert was able to distinguish between the abuse he experienced and the longer term and more damaging abuse of boys who had been in the junior school who appeared far more harmed than himself.

The Southport School:

It is possible that Robert has always had a need for order and rules, but I would suggest that following his school experiences, order and rules were felt to keep him safe. I believe his adolescent experiences led Robert towards the possibility that the world wasn't safe, that some others couldn't be trusted (especially those who were in some positions of authority) and that he was vulnerable.

It appears however that Robert's twenties were relatively unremarkable, and he describes a rather carefree time at university.

RAAF:

Upon entering the RAAF, Robert describes an initial positive experience, and enjoying the rules, order, and structure. It would appear RAAF provided some certainty for Robert which he enjoyed, however he began to develop intense worry about making mistakes, and his description of his worry appears consistent with threat responses involving doubt and checking behaviours required to reduce his anxiety and distress and to prevent getting into trouble or making a mistake. Unfortunately, it appears his colleagues, peers and superiors saw this trait as something to tease and taunt and ridicule Robert with, and they seem to have deliberately set him up by hiding notes/papers/pages and putting mistakes in his documents, which would have been incredibly stressful for Robert.

I hypothesize that this increased Robert's learned threat responses that people in authority can't be trusted and that others are out to torment him and cause him harm, echoing and amplifying his adolescent experiences.

It appears circular thinking of one form or another has been a survival strategy used by Robert to create some sense of certainty in the world, however as time has gone on this appears to have become excessive and distressing, and at times can result in inertia however he functions adequately in daily life, driving, buying what he needs and cares for himself and his home.

Recommendations:

Robert was discharged on November 26th as a voluntary consumer. He has not been prescribed any psychotropic medication.

Robert was reviewed in outpatients on December 3rd and December 10th and remains well.

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URN : 285857

Patient Name: JOHNSTON, ROBERT

DOB : 31-Jul-1958

Clinical Progress

Robert would benefit from psychological support to develop additional coping strategies beyond his current threat responses and to explore ways to manage circular thinking patterns. He has identified psychologist Rosamund Nutting as someone he would like to work with and has arranged an appointment to see her on December 17th.

Robert is reluctant to consider medication because he has not yet had effective psychological care since his childhood or adult trauma and he would like to prioritise this first. I agree that non-pharmaceutical options should be fully explored as a first step.

Robert previously was administered Risperidone 2mg during his last admission to the Royal Brisbane and Women's hospital, but found this dose to reduce his cognitive processing to the point where staff incorrectly contemplated diagnosing him with dementia when he clearly does not have this condition.

Robert has now been discharged formally from mental health services. It has been a pleasure to work with Robert and we wish him well for the future.

Complications

Nil Entered

Procedures Performed

Nil Entered

Medications at Admission

Nil Entered

Medications at Discharge

Please note the Medications at Discharge have been modified after the completion of the patient's Discharge Medication Record by the Pharmacy.

Generic (Brand name) Strength Form	Directions	Status	Reason
------------------------------------	------------	--------	--------

Anticoagulant Medications

RIVAROXABAN TABS 20mg (XARELTO)	Take 1 tablet/s at night. - restarted	New	Regular medication
<i>Intended duration of therapy</i> Life Long			

Discharge Medications

ASPIRIN TABS 100mg (CARDIPRIN / CARTIA / ASTRIX /DBL ASPIRIN / SPREN 100)	Take 1 tablet/s at night. - restarted	New	
METOPROLOL TABS 50mg (BETALOC / MINAX/ LOPRESSOR / METOLOL / METOHEXAL)	Take 1 tablet/s twice a day. - restarted	New	
ALGINIC ACID COMOUND MIXTURE 500ml (GAVISCON)	Take 20mL four times a day as needed. (Gaviscon Dual Action)	Unchanged	
ALUM HYD./MAG. HYD/SIMETHICONE 400/400/30MG TAB (MYLANTA/Gastrogel)	Take 1 tablet/s as needed.	Unchanged	
ASCORBIC ACID TABS (VITAMIN C)	Take TWO tablets daily. (Swisse 1000mg high strength)	Unchanged	
ASPIRIN SOL TABS 300mg (SOLPRIN / DISPRIN / SPREN / ASPRO CLEAR)	Take 1 tablet/s as needed. . Not given in hospital	Unchanged	- pt states takes PRN for chest pains
ATORVASTATIN TABS 40mg (LIPITOR TROVAS / ATORVACHOL / LORSTAT / TORVASTAT)	Take 1 tablet/s at night.	Unchanged /	
CHOLECALCIFEROL (COLECALCIFEROL) TABS 25micrograms (1000 units) (OSTEVIT-D / OSTELIN / VITAMIN D)	Take 1 tablet/s daily.	Unchanged	

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URN : 285857

Patient Name: JOHNSTON, ROBERT

DOB : 31-Jul-1958

Generic (Brand name) Strength Form	Directions	Status	Reason
CLOTRIMAZOLE SOLUTION 1%, 20ml (CANESTEN)	Apply to affected area(s) daily when needed.	Unchanged	
DOCUSATE SOD 120mg (COLOXYL)	Take ONE to TWO tablet/s twice a day when needed.	Unchanged	
ESOMEPRAZOLE TABS 20mg (NEXIUM / NEXOLE / NEXOZOLE / NOXICID)	Take 1 tablet/s at night. (Not given while in hospital - given pantoprazole 40mg/day) Please see GP for review	Unchanged	Will take ONE PPI usually but if it does not help will take 2xPPIs
FLUTICASONE - SALMETEROL MDI 250microg-25microg (SERETIDE / SEROFLO / CIPLA Metered Aerosol) review	Inhale 1 dose/s twice a day. . Please see GP for inhaler	Unchanged	states uses seretide as well as Trelegy elipta PAVTIDE /
FLUTICASONE - UMECLIDINIUM -VILANTEROL ELIPTA 200microg-62.5microg-25microg (TRELEGY ELIPTA)	Inhale 1 dose/s at night. . Please see GP for inhaler review	Unchanged	states uses seretide as well as Trelegy elipta
GLYCEROL SUPPOSITORY 2.8g (Adult), 12	Use 1 suppository/s daily when needed.	Unchanged	
GLYCERYL TRINITRATE 400micrograms/dose (NITROLINGUAL PUMPSPRAY)	Take 1 dose/s as needed.	Unchanged	
IRBESARTAN TABS 150mg (AVAPRO/ ABISART / AVSARTAN)	Take 1 tablet/s at night.	Unchanged	KARVEA /
IRON TABS	Take 1 tablet/s in the morning.	Unchanged	
LACTULOSE SYRUP 0.67g/mL, 500ml (ACTILAX / GENLAC)	Take 20mL as needed.	Unchanged	
LANSOPRAZOLE TABS 30mg (ZOTON FASTABS / ZOPRAL ODT)	Take 1 tablet/s in the morning. (Not given while in hospital - pantoprazole 40mg/day) for review	Unchanged	Will take ONE PPI usually but if it does not given help will take 2xPPIs Please see GP
LEVOCABASTINE NASAL SPRAY 0.5mg/ml (LIVOSTIN / ZYRTEC NASAL SPRAY)	Instil 1 dose/s as needed.	Unchanged	
MACROGOL 3350 with ELECTROLYTE	Use 1 sachet/s twice a day	Unchanged	
SACHET 13.7g (MOVICOL / MACROVIC / MOLAXOLE)	/when needed.	Unchanged	
MAGNESIUM TABS 0.1% Apply to scalp and body as	Take 1 tablet/s in the morning.	Unchanged	MOMETASONE LOTION needed. for psoriasis
POLYETHYLENE GLYCOL	Instil 1 drop/s as needed.	Unchanged	
HYDROXYPROPYL GUAR BORIC ACID EYE DROPS (SYSTANE) (SYSTANE)			
SALBUTAMOL MA 100micrograms (VENTOLIN / ASMOL/ ZEMPREON)	Inhale 2 puff/s as needed.	Unchanged	
SODIUM CHLORIDE NASAL SPRAY (FESS)	Instil 1 dose/s as needed.	Unchanged	
THEOPHYLLINE TABS 250mg (S.R.) (NUELIN)	Take 1 tablet/s daily. (Not given while in hospital)	Unchanged	
UNLISTED MEDICATION	Take sodium citrate enema (Micolette) daily when needed. (Not given while in hospital)	Unchanged	

UNLISTED MEDICATION
VITAMIN TABS

Take ONE Difflam lozenge as Unchanged needed.
Take ONE high strength Unchanged
vitamin D (Swisse) tablet/s on

URN : 285857		Patient Name: JOHNSTON, ROBERT		DOB : 31-Jul-1958									
<div>Generic (Brand name)</div> <div>Strength Form</div>		Directions	Status	Reason									
alternate nights.													
Medications Ceased this Admission Nil Entered													
Adverse Reactions <table border="1"> <thead> <tr> <th>Agent Description</th> <th>Reaction Description</th> <th>Initial Reaction Date</th> <th>Ap</th> </tr> </thead> <tbody> <tr> <td>No Known Allergies</td> <td>Nil Entered</td> <td></td> <td></td> </tr> </tbody> </table>						Agent Description	Reaction Description	Initial Reaction Date	Ap	No Known Allergies	Nil Entered		
Agent Description	Reaction Description	Initial Reaction Date	Ap										
No Known Allergies	Nil Entered												
Alerts Nil Entered													
Follow Up Arrangements <table border="1"> <thead> <tr> <th>Service</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td> <div>Location/ Person Name</div> <div>Dr Wims</div> </td> <td> <div>Date/ Timeframe</div> <div>SSP TPCH 03/12/2024</div> </td> </tr> </tbody> </table>						Service	Comments	<div>Location/ Person Name</div> <div>Dr Wims</div>	<div>Date/ Timeframe</div> <div>SSP TPCH 03/12/2024</div>				
Service	Comments												
<div>Location/ Person Name</div> <div>Dr Wims</div>	<div>Date/ Timeframe</div> <div>SSP TPCH 03/12/2024</div>												
Recommendations to GP No specific follow-up with GP is necessary													
Recommendations to Patient Nil Entered													
Care Plan Summary Robert was discharged on November 26th as a voluntary consumer. He has not been prescribed any psychotropic medication. Robert was reviewed in outpatients on December 3rd and December 10th and remains well. Robert would benefit from psychological support to develop additional coping strategies beyond his current threat responses and to explore ways to manage circular thinking patterns. He has identified psychologist Rosamund Nutting as someone he would like to work with and has arranged an appointment to see her on December 17th. Robert is reluctant to consider medication because he has not yet had effective psychological care since his childhood or adult trauma and he would like to prioritise this first. I agree that non-pharmaceutical options should be fully explored as a first step. Robert previously was administered Risperidone 2mg during his last admission to the Royal Brisbane and Women's hospital, but found this dose to reduce his cognitive processing to the point where staff incorrectly contemplated diagnosing him with dementia when he clearly does not have this condition. Robert has now been discharged formally from mental health services. It has been a pleasure to work with Robert and we wish him well for the future.													
Pat hol og y Nil Ent													

ere d		
Medical Imaging Nil Entered		
Significant Other Investigations Nil Entered		
Discharge Summary Recipients		
Recipient Type	Name	Organisation/Address
Referring Doctor	Dr Kenneth Cameron	Innovative Medicine QLD 2-3/43 Commerce Drive, Sentinel House, Robina, 4226 (p):(07) 5616 8073 (f):(07) 5616 8078
Version Number : 1.000 Summary Status : Finalised Date Last Modified : 12-Dec-2024 11:35:41 Page 5 of 6		

URN : 285857	Patient Name: JOHNSTON, ROBERT	DOB : 31-Jul-1958
Authorising Clinician		

Name George Wilson

Date Authorised 12-Dec-2024

Position MH TPCH Registrar CSF

Although the discharge summary author is usually one of the clinicians responsible for the patient's care at the time of discharge, in some instances the author may not have been a treating clinician.

If received in error please return to Health Information Services, TPCH, Chermside Qld 4032 or via fax on 07 3139 4908. The content must be kept confidential.

ATTENTION QLD GPs

- My Health Record now has pathology (after 7 days), radiology and discharge summaries. - To register for online access to your patient results, MNHHS outpatient letters and discharge summaries via the Health Provider Portal (HPP)/Viewer, Register at www.health.qld.gov.au/hpportal.
 - For technical assistance call the GP Viewer helpline on 1300 478 439.
 - To receive pathology reports in your discharge summaries, send an email to EDSTVCorro@health.qld.gov.au to have your practice set-up.
- GP Connect can send pathology results directly to you. Call 1300 856 344 for more information.
 - To receive discharge summaries electronically, please call 07 3139 4075