



WITNESS STATEMENT OF AMELIA JANE MORRIS

I, Amelia Jane Morris, say as follows:

- 1 I make this statement on the basis of my own knowledge, save where otherwise stated. Where I make statements based on information provided by others, I believe such information to be true.
- 2 This statement is about my experience over the past five years of trying to navigate Victoria's mental health system.
- 3 I am 21 years old. I live in Melbourne but grew up and went to school in country Victoria. I have been diagnosed with major depressive disorder and generalised anxiety. I have also been diagnosed with attention deficit hyperactivity disorder.

My journey through the mental health system

- 4 When I was around 11 or 12, I started to become withdrawn. I had previously been keen on socialising and extracurriculars but that began to change. By the time I was around 15, my mental health began to deteriorate. I struggled to engage socially, attend school, and I spent a lot of time feeling awful. After speaking to my mum at the start of 2015, I tried to get help.
- 5 For six months, I sought help in the community. Initially I tried to work through my issues with a local GP who was considered to be the only mental health GP in town. I was diagnosed as having anxiety and directed to an online treatment course which was for people aged over 18. It was out of step with my needs as a 16-year-old. I felt like "Is this it? Is this all there is?"
- 6 I also accessed headspace. Being in country Victoria, the closest headspace centre was a 45-minute drive away, with no public transport, and it was only open between 9am and 5pm. My mum had to take time off work, pick me up from school, drive me to headspace, wait for my appointment to finish, drive me back to school and then drive herself back to work. I missed out on at least half a day of school once a fortnight. A lot of pressure was put on my mum to get me to and from these appointments.
- 7 At headspace I saw both a psychologist and psychiatrist. I disclosed suicidal thoughts to both and they took action and my sessions covered by Medicare were increased from six to 10.

- 8 I continued to have suicidal thoughts. I withdrew from my friends and I could barely get out of bed in the morning. As I passed the halfway point of my sessions, I worried what I would do when they ran out. Things were not getting better and I began to panic. My Year 11 exams were coming up and I was worried and stressed.
- 9 In June 2015, I attempted suicide. I was able to call an ambulance. When they came, 25 minutes later, a paramedic suggested to me that I could have just called them if I was thinking about it. I was taken to the local hospital's emergency department, and once there the staff attempted to find a bed in a mental health ward for me somewhere, but there was nothing. I was very distressed. I stayed in the children's ward overnight, and the next morning I was seen by a mental health worker. The worker did not provide a referral to a psychiatric ward. I got the impression that he thought I wasn't serious enough and I felt that he dismissed me as a dramatic, attention-seeking teenage girl.
- 10 I eventually obtained a referral to a private psychiatric hospital in Melbourne, but a bed was not available for another three days. I was discharged from the hospital. There was no follow up or support. Mum had to look after me.
- 11 I spent nearly three months in the psychiatric hospital in Melbourne. I turned 17 just after my arrival there. I was two hours away from my family and friends, who could only visit me on weekends because of school and work. Mum was looking after my other sisters, who were then 13 and 15, back at home. I had restricted access to my mobile phone, meaning I was not always able to communicate with my support networks. I felt incredibly isolated from the people I loved.
- 12 I was initially placed in an intensive care ward. There were only curtains between beds, there was no privacy and no division between age or gender. I felt like this wasn't what being a teenager was supposed to be like. I wasn't around anyone my age, and I felt like none of the staff knew how to deal with a teenager. It felt wrong to me, and I felt abnormal.
- 13 I attended group therapy but being in an adult ward, the participants were speaking of stresses that did not relate to me at all, such as stresses from work or financial pressures. This reinforced my feeling of isolation.
- 14 I was prescribed a number of different medications, some of which had awful side effects. One made me vomit for about a week and a half.
- 15 In around August 2015, I began receiving TMS - Transcranial Magnetic Stimulation - treatment. I understand that this treatment involves magnetic fields being used to stimulate small sections of the brain for an anti-depressant effect. This was something that worked for me, and I stabilised. However, I was required to go back to hospital

every couple of months to receive the TMS treatment as I wasn't able to receive it as an outpatient at the time.

- 16 I returned to school in December 2015. I completed Year 12 over two years, between 2016 and 2017. During my various periods of school holidays, I returned to hospital to continue TMS treatment. I had terrible experiences during these hospital stays. I recall there was no privacy. The hospital staff removed all the doors from the cupboards in the rooms, but no one could tell me why. I felt I had to take all my valuables with me whenever I left my room.
- 17 There was never any follow up or communication with me between admissions and I was not given any sort of tailored information on discharge. For example, if I did receive information, it was general in nature, and recommended exercise or tips for managing finances. No one ever went through the discharge information with me.
- 18 By the end of 2017, I was at the end of Year 12, exams were coming up and I was feeling very stressed. I wanted to work on becoming healthy, not just surviving, so I began to see a local psychologist. The psychologist (who was an older man) subjected me to threats of a sexual nature as part of a therapy about stress management. I fell apart two weeks before my exams. My trust in the mental health system was further broken down.
- 19 In 2018, I moved to Melbourne and began studying a double degree in arts and law at university. I also began to receive TMS treatment as an outpatient. This meant that I didn't have to spend weeks at a time in hospital. However, this wasn't without incident as there was a conflict in the information I was given about the need for a referral. A referral ended up being difficult to get and this led to a delay in treatment. I felt like the goal posts kept being moved, especially because the referral for my inpatient TMS treatment had always been completed within the hospital.

Problems I encountered with the mental health system

- 20 One of the main problems I encountered with the mental health system was that when I asked for help, it felt like there was nothing there. The narrative around mental health seems to repeat the same message – “don't be afraid to ask for help”. The problem comes when you ask, there doesn't appear to be any answer. It's so heartbreaking when you finally work up the courage to voice the horrible things that you're experiencing, but there's nothing there to help you.
- 21 While I believe Headspace plays a positive role for many young people, it was insufficient to meet my needs. There was nothing for me in between primary care and the emergency department. As someone with more complex needs, I felt abandoned by

the mental health system when I needed it most. I also feel that the services I have managed to access are not suitable for me as a young person.

- 22 When my mental health first began to decline, I felt dismissed by a number of professionals (general practitioners, paramedics and emergency department staff). This made me second guess how I was feeling and made it more difficult for me to ask for help.
- 23 I still feel like I have to fight so hard just to get the help I need to survive. I don't think I know what it feels like to be mentally healthy and thriving. The help that I have accessed with difficulty is just enough to keep me existing, but I'm not living. When I did seek help, my experience was incredibly isolating.

Recommendations for improvement to the mental health system

- 24 From my experience, there seems to be a large gap between general practitioners and headspace on the one hand, and emergency rooms on the other. Emergency rooms should not be the first point of call. There needs to be something in the middle. Mental illness needs to be seen in the same way as physical illness. A person should not have to wait to end up in an emergency department before being taken seriously or being provided with help.
- 25 Access to care needs to be improved, in particular, access to specialised services. Without private health care, access to a bed in a psychiatric ward is very difficult.
- 26 Access should also be improved for rural and regional communities, especially people within these communities with complex needs. Like me, some people may be forced to go to Melbourne and leave their support network to get help. This was a very isolating experience for me and I believe it impacted upon my recovery. Services should be more flexible in the times they are open. This would help young people access these services.
- 27 Access to ten free sessions with a psychologist is not enough. It doesn't provide enough time to address and work through any mental health concerns. It is so hard to find someone you trust that you can speak to and to do this in such a confined number of sessions is really difficult, especially for young people.
- 28 There needs to be more support for families. During the time I was in hospital, my sisters were 15 and 13. There was no support for them or for my parents. While not everyone wants their families involved, more support should be provided for families and carers.

- 29 There needs to be better contact or follow up after hospital stays. I never received helpful or relevant information on discharge and no one spent any time explaining any information to me.
- 30 Services need to be adjusted to better meet the needs of young people. I experienced this first hand while I was in the psychiatric ward surrounded by adults. Treatment and support needs to be tailored to young people so that young people are not made to feel (more) isolated or abnormal.

sign here ► Amelia Morris

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