Royal Commission into
Victoria's Mental Health System

WITNESS STATEMENT OF GEORGIA HARRAWAY-JONES

I, Georgia Harraway-Jones, 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 I am 20 years old. Just over two years ago, I began to suffer from a debilitating eating disorder. This statement is about my experiences with the mental health system in Victoria in trying to treat my illness over the past few years.

When I first experienced a mental health illness

3 From around the age of 13 or 14, I started suffering from disordered eating thoughts and depressive thoughts.

4 By the time I turned 18 and finished high school, a lot of my friends had moved away from where I lived in regional Victoria.

5 After finishing school, I started working full-time. This was when my thought patterns started getting worse and I fell into unhealthy behaviours.

6 Things took a turn in March 2017 and I developed Anorexia Nervosa.

My journey through the mental health system

7 To keep my Mum off my back, I went to see a GP in July 2017. I was convinced that nothing was wrong and I expected a doctor to confirm that. I walked out of that appointment with a diagnosis of Anorexia Nervosa and a referral to a psychologist. I was 18 years old at the time.

8 I was referred by my GP to a psychologist said to be experienced in treating people with eating disorders. I had to wait eight weeks, until September 2017, before I could get an appointment with the psychologist.

9 I had ten weekly sessions with the psychologist. With the beginning of the new year, I then had another ten sessions available to me.

10 I was referred by my doctor to a dietician and I was bulk-billed through a local public hospital. I was referred in September 2017 but I had to wait until December 2017 before

I could book in an appointment to see the dietician. My doctor referred me to a psychiatrist in September 2017. I waited until January 2018 before I could get an appointment.

11 I struggled during these waiting periods. When I first felt unstable during this time, I contacted headspace but my needs were too complex to be met. I saw the GP once a week for a short consultation during the time I had to wait. I went downhill and was told I might have to go to hospital involuntarily. During that time, anorexia tightened its grip on me.

12 I ended up going to a private clinic in Geelong for an inpatient stay in July/August 2018. I had to organise it in advance and travel a couple of hours to get there on my own.

13 I found that the clinic had a good understanding of eating disorders. In comparison, I found that the psychologist in my local area did not have the same understanding. This meant that I found it difficult to get support close to home, which inhibited my recovery.

14 During my inpatient stay in Geelong I felt isolated as my family couldn't visit me and neither could my friends. This made my treatment difficult. I was also far away from my local treatment team.

15 I wouldn't have been able to afford my inpatient stay at the private clinic without the help of my parents and their health insurance.

16 If I wanted to go to a public hospital the wait would have been around three months. At the time, I was suicidal and not eating. A private hospital was what I needed as I believe I would not have made it through the next three months.

17 After my 40 day inpatient stay and program at the clinic in Geelong, I found it difficult to transition back into life at home. I had to make new appointments with my dietician and psychiatrist, but again the waiting periods made things difficult. There was also a gap between the hospital and care. It was disjointed. There was no follow-up service and no outpatient program for eating disorders.

Impact of my eating disorder on my life and the lives of others

18 My eating disorder made me feel like a burden. Anorexia made me lose so much more than weight. I lost friends, health, employment, education, and my independence.

19 My friends moving away made me feel like something was wrong with me, and my eating disorder became a coping mechanism for my feelings of isolation. I thought that maybe if I changed myself by losing weight that I would be happier, that people would like me more. These were just some of the false promises made by my eating disorder.

20 My eating disorder also had an impact on my family. I feel that my Mum became burnt out from looking after me and worrying about me and she had to take time off work because she was so exhausted.

21 The stress and toll it took on my parents and my brother meant that life at home was difficult. It wasn't easy for any of us. I felt like it got to the point where they almost needed help for themselves because they were so drained.

22 There were also financial consequences for my family, as they were helping me to pay for all of my appointments and medications.

Reform

23 Living in regional Victoria, long waiting times and long travel times prevent access to services. I am trying to arrange an appointment at a clinic in Melbourne at the moment. Travelling to Melbourne once a fortnight is expensive for me and difficult with working full time as I have to take time off work. More services need to be allocated to regional and rural areas, with adequate funding to take on extra staff to minimise wait times.

24 A more holistic approach to services would be helpful. At the moment services are crisis based, meaning that treatment doesn't start unless the situation is dire. People experiencing early signs of mental illness would benefit from early access to treatment and preventative measures to stop their decline. Helping people in the early stages of their lives would give them the most chance of improvement. This could be in the form of resilience strategies being the focus at an early age. Mental health promotion should be a part of the national curriculum- young people need to be given the resources and skills they need to recognise signs of being mentally unwell, and to reach out for help and support when they need it. All schools should have access to support workers/counsellors, including primary schools, as mental illness isn't just something that affects older people, it affects young people too.

25 There needs to be more specific eating disorder support, particularly outside of metropolitan areas. Currently, there is no eating disorder specific treatment in my area. As a result, I found it very difficult to access specific support. I believe that people living in more remote areas would find it incredibly difficult to access support. Specific support provided by those who understand the mind of someone with an eating disorder is so important. A general approach is like a band aid solution, and doesn't address the problem in the way that specific support does. Eating disorders are complex and dangerous. Treatment which targets the illness is key in supporting sufferers to recover, to better understand the triggers of their illness, and to come up with appropriate strategies to move forward with their lives.

26 I would like to see an increase in funding for mental health care sessions to provide for more than ten sessions. I am pleased to see an increase to 40 sessions for eating disorder patients, but for others with mental illness, 10 sessions is simply not enough. Psychiatrist visits should be included in mental health care plans as they are a big part in recovery. The cost of seeing a psychiatrist can often be a barrier, which is something I have experienced myself.

sign here ►

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