



WITNESS STATEMENT OF TAMARA LOVETT

I, Tamara Lovett, 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 a Gunai and Gunditjmara woman who has been raised in Melbourne since I was born. I have been living with mental illness since I was a young girl, and this statement is a part of my mental health journey. It outlines some of the struggles I have had when accessing services, and is about my experiences both as someone who is using mental health services, and as someone working in Aboriginal mental health care.

My journey through the mental health system

- 3 I can't remember a lot of my journey through the mental health system. My memory is bad because of my mental health.
- 4 I have self-managed my mental health since I was 9. I am now 26. I have recently begun take medication now, but I did not back then.
- 5 One of the incidents that stood out the most happened when I was pregnant with my first child in 2012-2013. I had been seeing my GP, who knew me quite well, for over a year and I was open with her. However, I had to go to hospital to have my baby. I was told this kind of arrangement – where I would continue to see my GP for most appointments but go to the hospital for some – is called 'shared care'.
- 6 Because it was my first child and I didn't really know what would happen, I asked to see a psychiatrist for help. I got referred to a psychiatrist at a hospital via a support letter from my GP. I was not at any risk; I just wanted support.
- 7 My GP faxed a referral through to a particular psychiatrist at the hospital who she knew was right for me and would be able to work with the support letter and me. Another psychiatrist at the hospital grabbed my referral instead of the psychiatrist I was referred to, and freaked out. She referred me to the CAT team without my knowledge. I got a phone call out of the blue to come in for an assessment.
- 8 I said OK. I went to the hospital and was taken into a clinical room. The hospital staff bombarded me with questions. I was stressed out, and they kept asking me all these questions. They asked me about things like how I managed, what medications I should

be taking, and why I wasn't taking them. They also gave me scripts I didn't want. I left feeling worse than ever.

- 9 This was the first time I had asked for clinical support outside GPs and counsellors. I know that I get stressed out when a lot is going on and wanted to get a good plan to protect my mental health while I was pregnant and hormonal. I tried to do this by putting my hand up and asking for a referral.
- 10 The hospital said I had to stop the shared care. They said they would take on all my appointments going forward. I went back to my GP and said, 'This is ridiculous – I won't be forced into care I don't agree with'.
- 11 I trusted my GP and I was warned off the hospital. This hospital in particular has a bad name in my community when it comes to the mental health assessments of Aboriginal people. I have heard that it is known to refer them over to DHHS because of mental health concerns by family members. I avoided another hospital for the same issues, then I went to this hospital and that was how I was treated.
- 12 When I spoke to my GP about it, she said that it was not going to happen and that I would be able to keep seeing her. Everything else was OK after that, but if I wasn't a strong, resilient person that could have gone a different way.
- 13 I'm not embarrassed about my mental health, but I like to make my own decisions – particularly when it comes to my child.
- 14 After this, I had my child in the hospital. It was fine. However, I have seen that a lot of Aboriginal people take off and don't have their babies in hospitals. This is because of the way hospitals handle risk – they are very quick to refer to DHHS.
- 15 I saw a copy of an exit letter that the CAT team sent to the original psychiatrist I was supposed to see. I can't remember exactly how I saw the letter, but I think the CAT team sent me a copy. The letter said I didn't comply and that I would not do what they were asking. I felt as though they were trying to make out I wasn't help seeking, when it was more the fact I wasn't happy being forced into treatment I hadn't asked for and that wasn't part of the plan. I thought it looked really negative about me.
- 16 After my child was born, I experienced quite a bit of stress in the living situation we were in, and I needed to get out. I contacted a few places. I called a non-profit youth mental health organisation who couldn't help me when I called, and then did not get back to me and left me hanging.
- 17 I was ready to leave and was facing homelessness. I contacted another service who referred me to Wadamba Wilam. That was a good experience. I was provided with outreach support which meant I could meet with case workers at a place that suited me. I was given an opportunity to share my story about what was happening at the time.

- 18 Wadamba Wilam helped to get me out of my bad living situation and also helped me to leave a volatile relationship at the time. Workers advocated for me to go to a hostel, then onto a safe house and also advocated for me to access transitional housing. Things moved quickly and easily as the case managers kept on top of referrals.
- 19 Wadamba works from a strengths based approach and were able to help me see things in a more positive light. They believed my journey and didn't try and diagnose me or blame me for my past. My case workers listened and took my journey on board.
- 20 Wadamba Wilam and my GP have been the only ones who helped me. They are there when I need to talk, for medication or whatever it is I might need.
- 21 I am not comfortable using mainstream services, because in mainstream services workers aren't able to understand cultural needs. They are just fixed on a diagnosis and also on medications, but that's not the therapy I wanted. They are also limited on time, rushed and don't listen. And you never see the same people, which means you have to keep re-telling traumatic events over and over again.
- 22 I have had a lot of stress since I had my second child in 2018. The problem is that I manage so well that when I *am* in crisis people blow me off. I had postnatal depression and went to a maternal health nurse and said I was not connecting with my baby. They did a measurement scale – I don't know what the exact tool was, but it was similar to the depression scale – and said I was right at the top of it. Then they sent me home with no referrals, nothing. I ended up gaslighting myself, saying I was imagining it and hadn't tried enough with this baby. I really questioned myself.
- 23 Later on in 2018, I spoke to another lady who contacted me from my area. She was from maternal and child health and worked in outreach. In conjunction with another maternal and child health nurse, and based on how I was feeling, she confirmed that I had postnatal depression She decided I needed further support, but no follow up was done. She said she would refer me to somebody, but she never did. I have also had other workers from other services fail to follow up when I expressed that I had postnatal depression.
- 24 I also rang a crisis phone line when I was in crisis and they answered, 'What can we do for you?' Their tone was super casual and really cold and uninterested. I felt that was not an appropriate way to speak to someone in crisis.

My work in the mental health system

- 25 In 2015 I went on to work with Wadamba Wilam as a lived experience case manager. My role was as an Aboriginal Outreach Support Worker. I engaged clients, advocated for their needs and rights within mental health services, drug and alcohol settings, housing and other services. Wadamba Wilam sent me to New Zealand to talk about my story in a massive conference. I spoke about social and emotional wellbeing and about

times when I found that services I accessed that did not fit for me as an Aboriginal person.

26 I have also worked as an Aboriginal Mental Health Outreach Worker within community.

27 I currently work with for a community health service that serves the wider community as well as Aboriginal clients. I do victim assistance and Aboriginal engagement.

Problems with the mental health system

28 I have found that health services can be cold and clinical. They don't talk to me as a person. They just diagnose me and try to sort that part out. My PTSD comes from a difficult life. The workers don't ask me for my story, and so they don't know why my brain works like it does.

29 If I have come in because I'm hearing voices, they diagnose me as schizo-affective or something similar. I am not schizo-affective. It is more complex than just medication. Sometimes it is cultural. Sometimes my voices or hallucinations mean I need to go home. I have seen a man get locked up for saying he is a law man or a cultural man. He was not delusional, but they still locked him up for delusions.

30 The biggest issue is knowing what services are available. When it comes to Aboriginal-run services, I have experienced these services being defunded after working with them for a short period. When I am really unwell and withdraw from community, I withdraw from Aboriginal services because everyone in the community knows me and knows I am using them.

31 There is a problem with access to services. I rang a youth mental health non-profit organisation and was told I was too old. I rang another crisis helpline and was on hold for twenty minutes, not knowing what I was going to do. I was sitting outside the day care centre thinking, 'Where do I go from here?' My workers have sometimes failed to respond when I have told them I am in crisis and struggling.

32 I get blown off all the time. Sometimes I am not all right. Sometimes I need someone to talk to so I don't do something impulsive. I reach out all the time and more often than not I get a door shut in my face.

33 A lot of the time when I have tried to access help it is not culturally safe. Sometimes I can get help but it doesn't fit. They automatically jump to a diagnosis. My mental health makes sense when you listen to my life story.

34 It is not good to walk in somewhere where they are cold, they don't care and they are just ticking a box. In terms of cultural safety, I would like the services to not just give a diagnosis straight away. Aboriginal history is an oral history; we want to tell our stories. I want the people I am dealing with to get a bit of context for who I am and why I am here.

- 35 Otherwise, I wish people would read the notes the GP would send through. It has my story in it. I don't want to retell the story and be re-traumatised. I need the next part of treatment, not to rehash everything I have already done.
- 36 It would be good to have Aboriginal people, such as liaison officers, in mainstream services. This would mean we don't have to explain the historical or political contexts and how they impact on us. However, even in Aboriginal community-run organisations, there are a lot more non-Aboriginal people providing services than Aboriginal people.
- 37 The wait list for Aboriginal health services is ridiculously long. I have had to wait six or more weeks for counselling.
- 38 Services like Wadamba Wilam have to apply for funding every year or every two years. I don't understand why they have to apply to get refunded. When I was at Wadamba Wilam, there were four staff with thirty clients. I would have seven to ten clients that were high risk at a time. These clients were written off by society. I was told that they would never be able to manage due to mental incapacitation.
- 39 I have seen a client of Wadamba Wilam who was in this category who is now living by himself. He goes to all his appointments because of the work that has been done to help him.
- 40 When I was working as an outreach worker I would walk into the hospital and the staff would ignore me as a worker. I have had a client die who was not looked after properly in a mental health facility and I went to the Coroner's Court to give evidence. I told the Court about the way I was treated. The staff would lock me out of meetings because they were talking about giving electro-convulsive therapy to a 21-year-old who hadn't tried all the other options, and I cried. After that, they would try to block me in every way that I tried to support this client.
- 41 I have found that when I have given Aboriginal information about a client, I was constantly questioned. By Aboriginal information, I mean information like specific cultural information that may give more light about where a person comes from, information that was culturally appropriate in terms of the brain's response to grief, or that someone may need family support when being spoken to or given treatment. When I spoke about these things, I was questioned about who I was, where I worked, and my qualifications. It is not taken seriously.
- 42 When I was working at Wadamba Wilam, I was engaging clients in a hospital ward. I was attending Aboriginal-specific clinical reviews, which are meetings specific to a particular client in which I would talk about the culture of that client. This includes talking about where they come from, their family history and what they are about.

Reform

- 43 Services need to be more culturally safe. There needs to be more funding for Aboriginal-specific workers in clinical settings. The system also needs to consider outreach and rapport-building to be the most important element where it is possible.
- 44 We need more Aboriginal people working in both mainstream and Aboriginal mental health services.
- 45 More funding, and funding that is not based on an annual application for refunding, needs to go to services, like Wadamba Wilam, that help Aboriginal people.
- 46 Mental health is not just about stress or delusions. It also comes down to whether a person has housing, food and money, or is experiencing family violence. Mental health can't get sorted out until a person has these things. They need to be settled first and then the person can work on the rest.

sign here ► T Lovett

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