



WITNESS STATEMENT OF ALEX SMITH

I, Alex Smith,¹ 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 was born in England and grew up in Western Australia. I moved to Melbourne in 2004. I identify as a trans masculine person.
- 3 I am currently a lawyer at a community legal centre.

My first interactions with the mental health system

- 4 My first interaction with the mental health system was around 2009 when I was 25. I was admitted to the emergency department of a large public hospital in relation to a self-harm incident. I had punched my arm through a window and required approximately 25 stitches. I remember that I was told by staff in the emergency department that I was very silly and that I shouldn't do this again because the hospital needed the beds for people who were actually sick. I was discharged from the emergency department and there was no follow-up in relation to my mental health. My stitches were removed by my local GP.
- 5 About the same time I signed up for counselling provided by an LGBT-specific health service. I self-referred myself to this service based on my research online. At this time I identified as a lesbian female. Although this service didn't have many female identifying clients, it was happy to see me. I remember that this was the only LGBT-inclusive counselling option open to me. The counselling that I received was affordable because it was heavily discounted by the health service. This was important, because at the time I was unemployed and receiving Centrelink benefits.
- 6 When I first contacted this health service, I remember feeling pressure to be performative about how unwell and volatile I was so to increase my chances of getting help. I feared that I would be de-prioritised or denied access to help if I didn't appear sick enough, and I had been told that there was a waitlist, and they had to prioritise people based on their intake calls with the duty worker. For this reason, I have often felt

¹ The name and details of the witness referred to in this statement has been changed to protect their identity.

that it is very difficult for people like myself who try to be resilient to access mental health services when they are needed.

- 7 I attended around 16 counselling sessions at this health service. I found the counselling quite helpful. However the counsellors were masters students and were engaged on a voluntary basis as part of their studies by the health service. This meant that they would often leave the service at the end of the semester and then I would have to start with someone new. After the second counsellor I couldn't deal with meeting a third. At this point I decided not to continue with the counselling provided by this service.

Contacting my employee assistance program

- 8 In 2010 I was working as a public servant. I remember feeling uncomfortable using the toilets at work because I wasn't feeling comfortable with my gender identity. I called my workplace's employee assistance program (EAP) and disclosed these feelings of discomfort. The counsellor I spoke to told me that they didn't have expertise in matters of gender and that this was something they could not help me with. They did not offer a referral to another service. After this experience, I didn't call my work's EAP again. I felt ashamed and rejected following this experience, and I did not disclose my gender-related issues to a mental health professional for another 6 years.

Accessing counselling whilst living in regional Victoria

- 9 Soon after, I moved to New South Wales for work and then to the Northern Territory. I returned to Victoria in 2016 and began living and working in a large regional Victorian town. At this time I identified as non-binary, and had accessed a trans-specific GP service in Melbourne once. At this time I really needed mental health support as I was going through what turned out to be the break-up of my long-term relationship and was having issues with IVF, fertility and other gender identity stuff, and was experiencing a great deal of workplace stress. I didn't try to access any counselling or mental health services in my region because I knew that there was no LGBT-specific service in the region, and I did not believe that the services in my local area would have had training or knowledge about the specific issues I was facing. In fact, I believed that it would be more likely that I would encounter ignorant and discriminatory attitudes about my gender identity, which made me feel really isolated and distressed.
- 10 Instead I called an inner-city Melbourne health service that provided LGBT-specific support and was placed on the wait list for counselling services. I hoped that I could see a counsellor in person either on the weekend or after hours by telephone when I got home from work at 6pm on weeknights. I was very willing to drive from where I was living in regional Victoria to see a counsellor in Melbourne on the weekends. As it turned out, I was only able to access counselling services over the telephone after

approximately two months of being on the wait list. This was too little and too late, as there had been an urgent crisis where I had to make a decision about my IVF treatment with my then partner. Due to the long wait list I didn't receive the counselling that I required at the time I needed it. I still feel a great deal of grief about my poor communication and decision-making at this time, and I believe I caused my ex-partner a lot of unnecessary mental distress due to my behaviour and lack of clarity. I believe that things might have turned out very differently if I had received appropriate counselling during this time.

- 11 Despite not being able to access counselling services during my time of crisis, I subsequently decided to give telephone counselling with this service a try. The counsellor that I was eventually paired with identified as non-binary, as I also did at the time. This was important to me, as it signalled that the counsellor had an awareness of gender identity that was comprehensive and deeper than that which could be gained from a short training course. The latest appointment I could access was at 5.30pm, which required me to leave work early, and conduct the appointment in my car, as I didn't want to take the call at work and my home was a 45 minute drive away. This counsellor initially seemed right for me, however it turned out that they weren't a terribly good fit. This was because they were younger than me and I didn't feel that speaking to someone on the telephone was helping me. What I really wanted was to speak to someone in person. Even though I appreciated their effort, I stopped seeing this counsellor after two sessions.

Getting support to transition

- 12 I made the decision that I wanted to start affirming my gender identity with hormone replacement therapy (HRT) in March 2018. By this time, I had moved back to Melbourne and was living with a new partner. I was extremely distressed by this decision, as I was worried about the impact it would have on my already strained relationship with my family, and concerned about the impact on my ability to stay in the legal profession, which is still quite conservative, particularly regarding issues that relate to mental health diagnoses. I contacted an LGBT mental health service, who told me that their wait list was around two months. They offered me some other suggestions for services that might be able to see me more quickly, and I was referred to an LGBT mental health service in inner city Melbourne. This service saw me within a week of referral, which I found extraordinary. I saw a clinical psychologist at this mental health service who was recommended for trans and gender diverse people. I was able to access his services under my mental health plan, but still had to pay about \$80 per session. At the time I was able to afford this.
- 13 I was grateful for this psychologist, but he wasn't the most perfect fit because he was a cisgender male. I think that it would have been easier and less awkward for me to speak

about issues of gender identity with a cisgender woman or a trans masculine person. Despite this, I pushed on with seeing him because this was an incredibly critical time for me. I was extremely distressed and frightened about telling my mum about my decision to transition. This distress was preventing me from being able to access HRT. Even though this psychologist wasn't the best fit for me, it was really helpful to have someone to speak to, particularly around decisions around difficult family relationships. Not long after first seeing him, I started HRT.

- 14 I continued my relationship with this psychologist as he was one of the few mental health practitioners I knew of that was able to write me a 'WPATH letter', a referral letter that was required for me to access gender affirming surgery. He wrote me this letter, as well as the letters required for me to change the gender on my passport and driver's licence.
- 15 I stopped seeing this psychologist around the time I began saving for my gender affirming surgery, which cost me approximately \$10,000. Despite having a well-paid job, I couldn't afford to see this psychologist and save for the surgery at the same time.
- 16 I then re-connected with the health service that had provided me with telephone counselling. This was a difficult period for me and my partner, as we were experiencing difficulties around my decision to transition and the potential impact on family and work relationships. My partner was very concerned that our relationship would end if we did not access counselling support. We were placed on a waiting list for trans specific couples counselling, which was the only service of this kind that I was aware of. I remember my partner calling up the service whilst we were still on the waiting list and crying and urging them to provide us with a timeline for receiving counselling. During this time, I was refused service by a pharmacist in central Melbourne as they did not wish to provide HRT, which added to my distress at the time. I also stopped speaking with my entire immediate and extended family except for my mother at this time. This was a lot for me to process.
- 17 Eventually we were connected with a counsellor, however it was the same person that I had previously received phone counselling from. This wasn't ideal as they were still not a good fit, but I wanted to give it a try for the sake of my relationship.
- 18 It was a requirement of couples counselling that I saw another counsellor individually. I had to wait another six weeks until a counsellor was available to see me. The counsellor that I was eventually connected with was lovely, but was also a student and I was only able to see them for six sessions before they finished up at the service. My file was supposed to be passed over to their supervisor but I was not offered an appointment with this person for approximately eight weeks. We continued with couples counselling despite me not receiving individual counselling for some time but this ended up not

being ideal for us, though I do believe it helped us get through a crisis point in our relationship.

My privacy concerns

- 19 At the time when my partner and I were accessing couples counselling, it dawned on me that a lot of my workplace colleagues were friends or had professional relationships with my couples counsellor and individual counsellor. I developed serious concerns about my privacy, as I had heard that staff at the health service would often talk amongst each other about their clients particularly when presenting case studies at team meetings. I became concerned that my own experiences were being talked about in this setting, and even if my name was not used, that I could easily be identified by my personal characteristics and particular job. I became concerned that deeply personal details about me and my relationship might be shared with my wider community.
- 20 From this point onwards I felt that I wasn't able to engage with the counselling service anymore. I felt that I was no longer able to disclose anything to the counsellor. Having known that my personal information could be shared in team meetings, I would not have accessed the service in the first place. We stopped with couples counselling. I continued with individual counselling when I was eventually allocated the supervisor. They were a trans woman who was older than me and I found them to be a good fit for me. I wanted to raise with this counsellor the possibility of requesting that my information not be talked about in group settings at the health service. However this practitioner became unwell and cancelled two sessions in a row. After this I never returned to this health service, as I felt extremely tired of telling my story to different people, and feeling like I had to carry the burden of rescheduling appointments with the service when the service was unable to offer the scheduled appointment.

My engagement with the private mental health system, peer support and online counselling services

- 21 These experiences left me feeling that I am not sick enough to access the mental health services that I need. I eventually decided to try the private system. About a month ago, I saw a therapist who I was referred to by my partner's therapist. However I was not able use my mental health plan to see this therapist. This meant that they were too expensive for me to continue with. If I had not just paid \$10,500 for gender affirming surgery I might have been able to continue seeing them.
- 22 I've also tried to access online counselling services. Both times I have tried to access these services I have been left waiting for over 45 minutes with no one becoming available for me to connect with.

- 23 During my transition, I accessed online peer support via a Facebook group run by a volunteer-run Victorian TGD advocacy organisation. This group was absolutely vital to me during the lead up to and during the first year of my medical transition, as I was able to access health information and practical and emotional support from a community of peers having the same experiences that I was having. Accessing this online peer-support group was vital to me maintaining a positive mental outlook during this time, and informed all of my decisions around health care, family conflict and surgery choices.
- 24 I also provided informal peer support to another TGD person during this time, as I was aware that there are few appropriate services available. While I am glad that I was there to provide support, I believe that hearing this person's experiences did impact further on my own mental health, and I would have appreciated support.

My recommendations to improve the mental health system

- 24 There needs to be a publicly-accessible database of trans and gender diverse (TGD) aware mental health practitioners. This could include mental health practitioners who have opted into some form of inclusive psychology network, have at least a minimum level of awareness training, or have committed to values of trans inclusion in mental health care. At the moment, it is very difficult to identify these practitioners, particularly in regional areas.
- 25 With respect to awareness training, it is important to know that when people say that they are LGBTIQ+ aware, they often only mean that they are gay and lesbian aware. This is an important distinction because the issues relevant to trans and gender diverse people have nothing to do with the issues relevant to gay and lesbian people. These unique issues include difficult subjects such as surgical intervention, family breakdowns, the impact of widespread stigma and discrimination still faced by the TGD community, the negative mental health effect of having to submit to a pathologising healthcare regime to access HRT and gender-affirming surgeries, the mental health effects of taking hormones and experiencing a second puberty, the impact of transitioning upon intimate relationships and the importance of respect and empowerment and non-judgmental treatment of sex workers. Any training should also cover the complex trauma experienced by people with intersex variations.
- 26 There needs to be a better conversation about privacy management in LGBTIQ+ specialist mental health services. I believe that there needs to be more professional practices around the protection of private information. This is informed by my experiences.
- 27 While the number of mental health sessions provided under a mental health plan is a really big problem for the general population it is especially relevant for TGD people.

This is because TGD people are legally required to access a clinical psychologist or a psychiatrist in order to access gender affirming surgery. For many TGD people this means that they have to choose between looking after their mental health or accessing gender affirming surgery. Whilst there are services available to help the most financially disadvantaged TGD people access gender affirming surgery, I do not think that enough support is available. I work full time and am still horribly in debt from the process of transitioning. Despite being successful, I have not been able to access or afford the mental health care I need. I ultimately believe that an informed-consent model should be adopted for gender-affirming surgery, but until this happens, I believe that free or low-cost clinical psychology services should be provided to the TGD community so that they can obtain the letters they require to undertake surgeries.

- 28 I believe that peer-support services for TGD people should be better funded and resourced, both in Melbourne and in regional areas, as they are often vital and overlooked mental health support that is provided without funding or professional support by other passionate TGD community members. In particular, people who provide formal or informal TGD peer-support should have access to mental health services in addition to their entitlements under Medicare, as they often the 'first responders' to other TGD people opening up about distressing incidents or feelings, from acute gender dysphoria to sexual assault, which can be psychologically triggering for the person providing support.

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