Royal Commission into
Victoria's Mental Health System

WITNESS STATEMENT OF CATHERINE WHITE (FORMERLY RITCHIE)

I, Catherine White (formerly Ritchie), say as follows:

1 I am 59 years old and have had a dual diagnosis of chronic complex post-traumatic stress disorder (**PTSD**) and alcohol use.

My experience with alcohol use and mental health

2 Things started to go a bit pear-shaped for me about 20 years go. I landed the perfect job but after about two months, I started getting severely bullied and was subjected to sexual harassment in the workplace. I also received threatening material at my home. I felt extreme anxiety and fear at my workplace and at home with two young children. It made me wonder whether I was going nuts and who was doing all these awful things to me. I felt like I could not trust anyone and my coping mechanism with all this stress was alcohol.

3 I started drinking regularly and it reached a point where I thought that I had to put my mental health first. I resigned from my job and after that, I felt great. I stopped drinking and was getting myself together again.

4 However, nearly two and a half years after I left that workplace I was receiving abusive and threatening phone calls and I was targeted in a variety of ways. Moreover, a former colleague told me that she had done a lot of damage to me personally and professionally, and that even if I told people the truth no one would believe me because I had a drinking problem. That just broke me, I was devastated.

5 All of it was horrendous and I continued to try to numb my mind with alcohol for many years, until 2010. I tried to work in that period but I couldn't. I was fearful of people, I had extreme anxiety and I couldn't deal with any aggression at work. I just fell in a heap. My coping mechanism for any stress was alcohol. I was binge-drinking for nearly seven years.

6 In 2010, I decided that I needed to seek help and I booked myself into a rehabilitation program at a private clinic. I was lucky because I had private health insurance and the money to be admitted to a rehabilitation program. It's a huge decision to seek that help

when you are dealing with so much humiliation and shame. Therefore, it is very important that help is there when you do make that decision. I was very fortunate in that respect because I was able to get admitted the very next morning after I made that decision.

7 The rehabilitation program was awesome. It was a 28 day program with ongoing support, weekly meetings, alcohol and other drug (**AOD**) counselling, among others. We would have locked-in visits from people from Alcoholics Anonymous (**AA**) or be taken out in a bus to attend AA meetings. There was a psychiatrist on site that we had appointments with, daily counselling groups and one-on-one sessions if it was needed. I was very confused about everything when I went in there and the program really helped.

8 However, I could not get over what had happened to me and I relapsed after coming out of the program. In 2013, I saw a psychologist and he diagnosed me with PTSD. I felt a bit relieved after receiving that diagnosis because I had something to work with. I was not someone who had just gone onto alcohol, it was symptomatic of something else.

9 At that time, dual diagnosis was very new and not a lot of people got the connection between trauma, mental health and addiction. For example, even the psychologist who diagnosed me with PTSD (in June 2013) ignored the fact that I was still drinking. I obviously didn't have the necessary coping skills. I kept getting triggered and drinking. I accepted his diagnosis of PTSD as it made sense but he minimised the distress of my alcohol abuse, virtually dismissed it which made me feel like it wasn't a big issue. However, it was affecting all areas of my life and I needed a professional to view it as the problem it was for me. I felt embarrassed, ashamed and invalidated.

10 It was hard to get the dual diagnosis help I needed and my life ended up an absolute mess in June 2016.

11 I had lost another job at that time. My boss was abusive again and I just lost it. I thought that was it and I couldn't get ahead. The lady I was living with at that time told me she couldn't have me live there anymore with my mental health concerns. She kicked me out. So, I loaded my car up and drove to a train station car park and sat in the car, drinking. I was feeling quite suicidal. I rang up my ex-husband and had a chat with him and I realized I knew what I needed to do. I rang Lifeline. They were awesome. They contacted the local police who contacted the Protective Service Officers (**PSO**).

12 The PSO came over, spoke to me, took the keys off me and put me in accommodation for the night. I found a rooming house to go to three days later. I fell through the doors of the local Centrelink office and asked for help and said that I needed to see a social worker. Luckily, the people from Partners in Recovery (**PIR**) were there. I had an interview with them and then I was contacted by Substance Use Recovery (**SURe**). This started off my recovery journey.

13 I was very well-supported by PIR. They put me in touch with an AOD counsellor and a local EACH branch. EACH is a community-based organisation that provides a range of health, disability, counselling and community mental health services across Australia. I got a brilliant doctor who specialises in addiction, a psychologist, an art therapist and an outreach worker. This experience taught me a lot about myself. I totally abstained from alcohol for the 17 months I lived in that rooming house. After that time, I have had a couple of lapses with alcohol but nothing major. I will not say I am 100% cured, I am still learning what my triggers are. I am still on my recovery journey.

14 I was also granted a NDIS plan which supports my continued recovery and appointments with a psychologist referred by my GP. The psychologist has been invaluable as I need fortnightly sessions and the option of weekly if need be.

15 After the rooming house, the people looking after me through EACH put in applications for community housing for me. I am living in a unit now and didn't have to wait long for it at all.

Dual Diagnosis Consumer and Carer Advisory Council and Dual Diagnosis Certification

16 I am currently studying for a dual diagnosis certification program – a Certificate IV in AOD and Certificate IV in mental health through Holmesglen TAFE. I am due to finish the academic components of my study by the end of June 2020. As part of the Dual Diagnosis qualification criteria we are required to complete 80 hours of placement work. Placement opportunities are currently delayed due to the present COVID-19 situation.

17 I am currently a member of the Eastern Region Dual Diagnosis Consumer and Carer Advisory Council. The Council has about 10 members and a peer group structure. We facilitate group meetings at various organisations supporting people struggling with mental health and addiction. All members attend training sessions throughout the year

and have been allocated a mentor from the working group. The working group is chaired by the dual diagnosis and service development manager for Eastern Health and other professionals from Eastern Health, Turning Point, Neami, FaPMI, Anglicare, HYDD and Mentis Assist.

18 The Council runs about five hourly groups across the Eastern region each week.

19 I want to be a walking advocate for dual diagnosis. I am interested in my own recovery and those of other people and I didn't want my involvement to be based solely on my lived experience. I wanted to know more about other people's experiences because everyone is different and some people's needs can be more complex than others.

Recommendations for change

A shift in attitudes is necessary to address the social stigma and discrimination relating to addiction and mental health

20 There is a lot of stigma and discrimination around addiction as well as mental health. I encountered that with my family and friends. As mentioned above, a person I had considered a friend told me that no one would believe me, even if I spoke the truth, because I had a drinking problem. Alcohol was my way of coping with a very abnormal situation. To have that coping mechanism thrown in my face by someone I had considered a friend was very humiliating and damaging.

21 I was also a very harsh judge of myself. The self-stigmatisation and self-discrimination was so intense that I felt like I was walking around with a label on my head. For me, it wasn't so much the services that ever let me down, it was my friends, family and the stigma and discrimination in society.

22 I think the present COVID-19 situation may result in an organic shift in the attitudes of society. For the first time, we are all in the same boat. No one in society is immune to any effects of the present situation and it boils down to the resilience of individuals and their coping mechanisms. The COVID-19 situation has exposed the shortfalls in society and in the behaviour of people – there are statistics of increased alcohol use and increased family violence. Everyone is in survival mode and the fear, vulnerability and uncertainty of the future can bring out the worst in some people and lead to a decline in mental health. The feeling of isolation and loss of connection is what drives people to behave in certain ways or resort to addiction. I am hopeful that this situation

may result in society better understanding those aspects of addiction and mental health.

23 If such an organic shift in attitudes towards addiction and mental health does not occur, then work needs to be done to bring about that change in the health system.

Flexibility in accessing addiction and mental health services post COVID-19

24 The COVID-19 situation has resulted in more people reaching out and asking for help which they might not have otherwise because in some strange way, it was giving them a connection.

25 People have also started using more flexible ways of accessing services such as video conferencing and similar mechanisms. I think people are going to be more willing to access services in that flexible manner in the future (post COVID-19). It may be preferable for people because it is a lot more private. They do not have to tell someone they are going to an appointment or worry about being seen going to an AA meeting because everything is done virtually. They can attend and get the support they need without even turning on their video in some cases. They can just listen, which is what helps people mainly. I see such flexibility in accessing services as a necessary part going forward to help society.

Knowledge and awareness of dual diagnosis

General practitioners (**GPs**)

26 I have heard that many doctors and GPs do not understand addiction, mental health and the linkages between the two.

27 In the second phase of my recovery journey, in 2016, I was referred to a GP who is an angel. She has offered me so much empathy, compassion and support without any judgment. She is also very sensible and doesn't hand out pills unnecessarily. She only offered me Valium after I had given up drinking and was doing really well because she considered that I was sensible enough then to take it. She understands both addiction and mental health issues and also helps me to complete my claim form for my income protection plan every month. However, she is only able to look after me for a few more months due to her own personal health issues. She herself acknowledged that even if I found another GP, there are not many who understand addiction.

28 The fact that many GPs do not understand addiction is very sad because if GPs stigmatise or discriminate based on addiction, that puts us back in the dark ages. GPs need to have a better understanding of addiction and understand that it is not a fault in character that leads to addiction. Such understanding would enable GPs to better assess both the physical and mental health of their patients, thereby allowing GPs to more easily identify the nature of a patient's health issues (whether they be related to addiction, mental health or other issues). GPs should have a trauma informed approach.

Integration of services and information sharing

29 There is value in having integrated services which can deal with AOD issues alongside mental health issues. In my own recovery, I wanted everyone involved, the GP, the psychologist, the AOD counsellor and everyone else. I wanted all of them to be in the loop and to know what was going on. This is primarily because I didn't want to tell each of them my story over and over again and re-traumatise myself. People get sick of that to the point that they are so blasé about what happened to them and start thinking that no one else would care because they are sick of hearing their own story.

Education

30 It is also important for knowledge and awareness of dual diagnosis to be a focus in education, particularly in undergraduate psychology programs. I understand that is not done at the present. Some universities do engage workers running recovery groups to lecture to their psychology students so that they get the lived experience perspective as well, which may include experience relating to substance use.

Trauma and crisis intervention

31 Trauma has a huge impact on mental health. In my personal experience, there was a lot of trauma in my childhood which resulted in me building up an unhealthy acceptance of bullying, which the average person wouldn't tolerate. Consequently, when I was severely bullied in the workplace, my reaction to everything that was happening in that workplace scared me more than the events that were happening. I was questioning myself as to why I was drinking or being scared to report things. I was questioning where my resilience had gone and why I was scared of what my colleagues were going to do. During this time the behaviour kept escalating in the workplace and I stopped feeling safe at work. It got to the point where any future attempts to go to work that involved public transport resulted in extreme anxiety and a

fear of losing control. I couldn't even go on a train to work. A lot of phobias manifested for me and every day, when I tried to go to work, I had to get off the train three or four times because I thought I was going to faint or vomit. I was constantly in a state of fight, flight or freeze. I didn't have any such issues while getting on the train to come home. I view this as an impact of the trauma of being bullied.

32 For me, trauma and crisis intervention go together. When someone has been through a traumatic experience, they may not view it as a crisis at the time. However, it's bound to have some effect down the track, particularly when they are confronted with a similar situation. In terms of crisis intervention, a lot more services need to be available when things happen to ensure that people receive good support within 24 or 48 hours of something happening to them. That's the danger period for people blocking something out and not seeking help. Moreover, when they do make the difficult decision to seek help, they should be able to get that help in the public system. I understand that funding may be an issue for that to happen in the public mental health system. I was fortunate to have the insurance cover and money necessary for my rehabilitation program but not everyone may be so lucky. No one is immune to stress and addiction and everyone deserves help when they decide to seek it.

33 Moreover, a lot of people, like me, may have a delayed reaction to trauma. I turned to alcohol in the first instance and that addiction didn't really help me process the underlying PTSD. That's not ideal because the PTSD is always there. I should have allowed my mind to try and get back to some sort of balance. I didn't really achieve that – I would seek help and it would bring forth so much suppressed trauma that I couldn't deal with and I would shut down again. For me, shutting down was using alcohol. So, the recovery journey can be a staggered process.

34 The issue with a lot of the services is that they refuse to help unless you completely give up drugs or alcohol. I am not saying that services need to provide counselling or therapy to someone when they are under the influence of alcohol or drugs. However, in my view, a one hour therapy or counselling session could have a significant positive impact on someone even when they haven't fully given up alcohol or drugs. If that person then falls off the wagon, that's because they don't yet have the coping skills required to process the event(s) that has happened to them. People's attitudes shouldn't be such that they do not even attempt to help someone just because they are actively using alcohol or other substances.

Composition of peer workforce

35 Due to the vulnerability of people with mental health and addiction issues, it is important that the peer workforce comprises only those people who are properly equipped to help people with such issues. A peer worker is often viewed as a role model by vulnerable people who are seeking help. Therefore, they need to be someone who consumers can rely on and trust.

36 I do not know how closely the peer workforce is monitored or regulated. A lot of ongoing work is necessary in this area to ensure that peer workers have their own mental health under control, are in a position where they have built up resilience and are able to offer hope to someone whose life might never be the same again.

The recovery journey and the need for holistic treatment and support

37 I have referred to my "recovery journey" several times in my statement. I believe that a person's recovery needs to be looked at holistically to provide the necessary treatment and supports.

38 A person's recovery does not have an end date. It is not a linear process, nor one which is resolved through trial and error. It is important to realise that we're all individuals and if it was that easy, it would be a case of, "*Yeah come this way, go to that room, take these drugs, in six weeks you'll be fine*". It is not that simple.

39 There are a lot of factors to consider. It's not just about "recovering" in one particular aspect of a person's life. What is the point of getting a person's medication under control and managing their symptoms, if that person ultimately becomes homeless? Recovery requires looking at all aspects, taking a holistic approach of a person's life and putting in place a range of safety nets and supports so that if one falls over, the person can sort of lift themselves up with another.

Private health insurance cover

40 I understand that mental health may not be covered under private health insurance if a person has been diagnosed when he or she gets insurance. This is wrong, it breeds fear in people and puts them off coming forward and asking for help because they feel it's going to jeopardise some other area of their life. That is counterproductive, particularly when we are trying to raise awareness that mental health is something everyone faces. Private health insurance companies should re-jig their criteria because it's not going to be a good result if someone cannot get the help they need.

Royal Commission into
Victoria's Mental Health System

Sign here ▶ 

print name Catherine White (formerly Ritchie)

date 2 July 2020