Royal Commission into
Victoria's Mental Health System

WITNESS STATEMENT OF TERESA ████

I, Teresa ████, 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.

Background and nature of condition

2   I grew up in a country town and lived with my family. I went to the local school and had a 'normal' family upbringing with my mum, dad, younger brother and older sister. My parents provided a safe environment where I could explore my interests, primarily reading and music.

3   Since I can remember I felt different to my siblings and peers. I struggled to make connections with people my own age, had a deep distrust of people, including my own peers, and I didn't know what to do with the feelings I was experiencing.

4   I was diagnosed with Type 1 diabetes at the age of 14. There was no family history and it was a large learning curve for me and my family. In comparison to maintaining my mental health, managing and navigating how to get the care I need to meet my health and wellbeing goals resulting from having diabetes has been much easier.

5   I find it really difficult to explain my condition and what it means to be mentally unwell because I often do not have the words or the language to describe what goes on in my head. I do not think the words or the language exist. Even now, at 37 years old, with all I have learnt and achieved, I don't fully understand why my brain has a susceptibility to going to such dark places.

6   I first experienced really scary thoughts and feelings in my head when I was about 12. I recall feeling wrong, stuck and that my life wasn't worthwhile. It seemed like ending my life was the right solution. At the time I had no means for doing it and I was worried about the impact on my family.

7   I use the word 'feelings' but this does not really explain what I experienced and sometimes still experience. The things that my brain thinks about can be really scary to explain. It frequently wants me to do things that are harmful to myself and often the feelings are overwhelming and incredibly isolating.

Trying to find help

8   By the time I was 15, I had experienced the feelings and thoughts in my head for a long time. I did not know what they were, or what to do about them. Eventually I opened up to a school friend and they suggested that I see the school counsellor. I tried to explain the feelings to the school counsellor, but I did not have the language to describe them. The counsellor referred me to a GP and again I struggled to find words. The GP prescribed me anti-depressants.

9   Within days after seeing the GP, I took the whole packet of anti-depressants. It felt like I'd finally been given a mechanism to end my life and this was the best option available and I needed to try it. The next morning, my parents found me. I was taken to hospital in an ambulance. I do not remember much of what happened (I do recall having to drink charcoal in the hospital) but I remember feeling incredibly scared and ashamed. I thought I'd found the solution and yet I'd failed.

10   I felt ashamed about what I had done. At the time, I believed strongly that suicide was a selfish act and now I had to face up to my family and friends. It was such a confusing time but I recall hearing from staff at the hospital that I'd done a 'silly' thing which reinforced the thoughts I'd had about how selfish I had been. I had no language to describe how to explain how painful and confusing living was for me. There was no one to help me express how desperate I was. I immediately felt like I needed to pick myself up and find a way to make it up to the people I'd let down.

11   When I was at the hospital, I was given the option of going home or staying at an inpatient facility. I could not think how to explain myself to my family so I opted to go to the inpatient facility. I stayed there for two weeks.

12   As soon as I was admitted, I felt that I was treated like someone who couldn't be trusted. They took away the most basic things. I wasn't allowed to have spray deodorant in case I or other patients used it in a dangerous way. I felt that there was a culture of us versus them between the patients and staff. The staff had the control because we were such a potential danger to ourselves and each other that we could not make decisions for ourselves. It was down to the lowest denominator. Even in my naïve and teenage mind it was clear that I had many more options than many of the young people in there. The experience reinforced a sense of difference and a sense that I needed to work this out for myself.

13   Most of the nurses were supportive but I felt the inpatient facility could not help me. It provided a break but didn't help me understand why I was so easily distressed. I was keen to leave as quickly as possible. I decided I would pretend I was ok and get out and continue with my life.

14   I am forever grateful to one nurse who worked with me at the inpatient facility. I was close to thinking my life and dreams were over. I'd exposed my broken mind and I could not see how I could possibly navigate the gap between being a patient to be being a person. This nurse was able to convince me that I could overcome this and go on to achieve my desire to become a medical doctor.

15   When I left the inpatient facility, I was provided with follow-up psychology. It was really hard to access this service because I was living in a country town and had to travel about an hour to see the psychologist. Seeing the psychologist did not work well for me. Part of it was the shame that I felt about being there in the first place. I'd had first-hand experience of people who didn't have family support like I did or access to the resources that I did. I was also desperate to give everyone around me a sense of normalcy. Spending an hour travelling then exposing myself to someone wasn't worth it.

16   I had already developed mechanisms for coping over many years. However maladaptive they were, they were a better option than having to face an hour in the car with my one of my parents trying to wrestle with how they were coping with the fact that I'd tried to end my life and that I didn't understand why I was like this. I quickly went back to pretending that everything was okay.

Managing my mental health by myself

17   After this, I avoided the mental health system for a few years. During this time, I managed my mental health by doing whatever I could to manage, without exposing myself again. I was secretive about what I was doing. Self-harming was a technique I'd used for many years. Each form of self-harm was an attempt to see how hard it would be to end my life. Each time, there was a feeling of control and calmness as I understood more about how likely I was able to end my life through a particular method. Through this experimenting, hurting myself became a way to express the pain, distrust and disconnection I felt with the world.

18   Despite my struggles I did really well academically at high school and was offered a place to study medicine at the University of Melbourne. This was something that had seemed unachievable to me given the chaos of my mind. I was concerned that I would be found out and exposed. How would I explain the scars on my body to my patients? Who would trust a doctor who had brain that was so broken and unstable? I decided that I needed to find out what support was available to me. If I was going to make a medical degree work, I needed to give mental health professionals another go.

19   I saw a GP at my university who referred me to a psychiatrist. Seeing the psychiatrist did not work for me. I found it really hard to explain what was going on in my head. Reflecting now, that was almost twenty years ago and it has taken me all of that time to

work out what is going on in my head, and sometimes I still find it confusing. I came away from the psychiatrist with an ongoing sense that psychiatrists were not able to help me. I went back to managing my own mental health and dropped out of medicine.

20   From that point on, I would tell people that I was okay because I did not feel I could say otherwise. There was no point telling my family and friends because there was nothing available to help me. My solution was to throw myself into work and do as much as I could to keep myself safe. When things got bad, I would convince myself to give it another year and see what it was like then. I focused on other people and making their lives better where I could. I'd give over my agency to other people. I'd put myself in risky situations in the hope that people would take the decision away from me. The way that this worked out is that I would be good for one to two years, but then I would crash and find myself back at a doctor desperate for a new way to help me manage living in a brain that wanted to hurt me.

21   Between 2000 and 2018 I estimate that I have seen at least 10 different GPs seeking help for my mental health. Generally, they would prescribe anti-depressants and refer me to a psychiatrist. Sometimes the psychiatrist would put me on other medication. Excluding hospitals, I estimate I have seen at least eight psychiatrists, generally for an assessment and then weekly individual therapy.

22   I was hospitalised three or four times as a result of attempts to end my life. Each time I presented at an emergency department I was asked what I had been diagnosed with and why I had tried to end my life. I would be interviewed in the ward. There was no privacy and no chance to build trust. I could not answer the question. I did not have a diagnosis that I understood and I did not have the words to explain what was happening in my brain. Each time, the emergency department staff said that I did not want to enter the mental health system because there was nothing in the system that could help me.

23   Sometimes I'd get asked about whether I would enter the private health system. I had private health cover but there were long waiting lists and no one seemed sure it would help me. Generally, the staff said I should go and see my GP and get a referral to a psychiatrist. I felt like I was stuck in a cycle of reaching out for help and being sent back to the same people who couldn't help. It was easy to build up a distrust of the mental health system.

My understanding of my condition

24   For a long time I did not have a specific diagnosis. In the early 2000s I was diagnosed with borderline personality disorder, or BPD. Getting diagnosed with BPD was helpful as it gave me something tangible to understand, but it was also a diagnosis that was associated with negative stigma and there wasn't a clear path for treatment.

25   I was incredibly proactive. I bought textbooks, researched BPD and even recruited a friend to attend a medical conference in Queensland. I knew I had to be part of my treatment and I was ready and willing.

26   At the time that I was diagnosed I was told and my research showed that I was really hard to treat. Whilst there were programs available, generally I was not eligible to access these programs. I had this experience many times. In one instance I did not meet the criteria for a program because I was too high-functioning. I was educated, I had financial resources and family support. Another time I was not eligible because I was too old. It seemed my only option was referral to a psychiatrist for individual therapy.

27   I found it hard to establish a therapeutic relationship that would help me. Later, when the system changed to fund psychology sessions, I was referred to psychologists. This has helped me learn skills that help me live with and manage with my mind.

28   Over time, I learnt that there was a reluctance to diagnose people like me with BPD and the language changed to saying I had traits associated with the diagnosis.

29   During this time, I worked with a number of psychologists and psychiatrists who genuinely tried to help me and some others who left me feeling like I couldn't be helped. One psychiatrist I saw in about 2012 for an assessment left me distraught after he explained that there wasn't anything he could do to help me, this was just who I was, and I needed to learn how to live with it. I felt so exposed and helpless hearing his words.

30   There was one psychiatrist who I saw regularly for many years. It's hard to describe how our work helped me. Ultimately, I was left feeling that it was up to me and I stopped reaching out.

31   I never felt like I could share my mental health issues with people, particularly in the workplace because of the stigma and also because of the experience of living with it. Every day I have thoughts of ending my life and hurting myself. Most days these thoughts are impotent and I can manage and I appear like anyone else. Sometimes, they become all-encompassing. This is a scary and confronting experience to share.

32   When I became pregnant with my son in 2015 I knew that becoming a parent would be challenging for me to maintain my mental health. I did reach out for support at one point from the hospital but when they offered me an appointment I changed my mind. My fear that it would be repeat of previous experiences was heightened by a fear that they would think I was not going to be an adequate mother for my child. I thought it was better to do it on my own rather than put my trust in the medical system.

33   During appointments with the maternal child nurses I didn't feel I could share my experience with them. I would mention that I had a history of mental health issues and imply that I therefore knew what the signs were if I was getting sick. My experience in the system had led me to believe that I couldn't be helped and that anyone in the system couldn't be trusted to help me.

34   My most recent hospital report records that I have had a major depressive episode. Being diagnosed with something other than BPD is in some ways better, as there is a lot of stigma associated with BPD. It was also helpful that I could associate it with post-natal depression. This provided a relatively stigma-free narrative that people could relate to and I could start to share with the people who know me. Part of me still carries the stigma of my history and the way my brain operates. Part of me feels like a fraud saying that I have had post-natal depression. I fear I will be found out for being a person with BPD taking resources from people with more deserving conditions.

Crisis

35   Things became really challenging for me last year. The best way I can describe it is that my brain stopped being able to distinguish between the helpful and the not-helpful thoughts. Thought processes would conclude that harming myself was the only option. The thoughts of harm took over and the techniques I'd learnt were no longer able to help me. I ended up being admitted to hospital for two weeks. This was a severe episode that was life threatening to me and to my child. The experience still terrifies me.

Hospital admission

36   My experience in hospital worked out to be a very positive one. Almost every step of the way I felt that people listened to me, understood me and were able to direct me to the help I needed. It was the first time that I have ever felt this way about the mental health system. Compared to the previous times that I had visited hospitals, the doctors seemed to have shifted their view and it was a much more supportive experience.

37   The psychologist who treated me at the hospital understood what was going on with me and helped me with the process of leaving the hospital. She listened and allowed me to talk things through. She gave me language to describe what I was going through and hope that I could recover.

38   Before I left hospital, I was referred to an outreach program and given access to a peer support program. The referral was a seamless process where representatives came and met with me before I left the hospital. From the start they helped me retain more agency in my life.

39   Being hospitalised means you give over some of your agency. You enter with a security guard and all your belongings are searched. You can't leave the ward for the first 24 hours. Normal activities like showering can require checking in with the nurse. You spend much of your time waiting for people to see you. However, with this program they told me when they were coming and then they would come at that time. It was a small thing but helped me feel more in control and more like a worthwhile person.

40   I had two meetings with people from this program when I was in hospital. The first time, they came and told me that it was going to be really hard when I left the hospital and that I should take my time and not put any pressure on myself. They then came the next day and asked me how they could help me with the things I needed to do to leave hospital.

41   When I got out, I felt the whole world could tell I had been in a psychiatric hospital and I couldn't reconcile this with the life that I had built, including my friends and work. I didn't have the words to explain myself to people I worked with. I couldn't share it with my friends.

42   I was out of hospital but I was still very unwell. I could not do basic things like getting myself to the doctor, or going to the supermarket. I avoided going to all the usual places I would go in case I saw someone I knew. I didn't know when I would be better and I didn't have a language to explain what was happening.

43   The outreach program helped me find a psychologist that I could work with, drove me to my appointments and de-briefed with me after. It was really important to have people say to me that it is normal and okay to not be coping and then ask me what they could do to help me. I also had the support of a peer worker who helped me normalise my experience. This support was amazing.

44   The most important part of the outreach program was that it then provided me with a pseudo friend to help me get back into my life and made me able to work again. They were there for me whenever I did not feel worthwhile. Instead of having appointments at a clinic they would meet me at home or at a coffee shop. This helped me feel normal and part of society.

45   I can see how people might say "You've got a partner, you've got a family, you've got friends, why do you need another friend?" I think this is the perspective of someone who hasn't been in a psychiatric hospital environment. It's a confronting and scary environment. I was not able to make important decisions for at least 24 hours. I was followed around and I had to be scanned to get back in to the rooms where I was sleeping. Having access to somebody who understands what it was like was incredibly important. It also meant I didn't feel like I was a burden on my family and friends.

46   I work in government, in a leadership position, and am often required to make decisions about allocating money to different programs. On its face, I can see that providing someone with a friend doesn't sound like it would be great value. However, I think that I really demonstrate the value of this program and the small investment required. I am now back at work and in a position where I'm able to recognise when I am, and when I am not, in a healthy zone. I feel better supported now then I have in the last twenty years of pits and falls of my mental health journey. The three months of somebody taking me out to coffee and assisting me was incredibly good value.

47   With the support of this outreach program and the connections they helped me build, I am still alive, I have incredible support from my family, including my beautiful three year old boy and I feel the most resilient that I have ever been.

My decision to be open about my mental health

48   When I was most recently in hospital I felt a lot of shame. I asked myself how I would explain to people at work that my possessions had been taken away, and that to go back where I was sleeping I needed to be scanned by a security guard. I remember thinking a lot about what my colleagues might be saying about me.

49   If I had taken sick leave at work because of physical illness like breast cancer, everyone would be sending me flowers and could easily name the problem. However, when it comes to mental illness, I have the impression that people are unsure what to do. People seem to be hypersensitive and mental illness. It is not spoken about openly. It's ok to be unwell. But we aren't sure if it's acceptable to be mentally unwell. There seems to be a fear about naming mental health problems. I had never heard anyone at my workplace say that they have spent time in a psychiatric hospital. When a person disappears for a time and then returns on a special project, it is only talked about quietly. When I was the one experiencing this, it felt really lonely.

50   At the hospital and the outreach program, I was told I did not have to share that I was receiving psychiatric treatment. They also told me to consider how open I wanted to be about my experience, and that I only had to tell my employer that I was medically unwell. This advice, even though it was well meaning, contributes to the stigma that exists. I am not sure that if I had cancer the medical profession would have said the same things.

51   I made a decision to be open about why I had been hospitalised. Part of the reason I ended up in hospital was because I didn't share what was going on for me. I decided that I would talk about my mental health to as many people as possible because it might at least help one other person. I also thought it might help me if the people I worked with understood some of the signs I had identified that indicated that I was becoming

unhealthy again. I could also recognise that being ashamed about my struggles with mental health had become a barrier to my health.

52   When I returned to work, I told my colleagues that I had been in a 'psych ward' and that it had been a really awful time and that I was still working through it. My supervisor was very supportive and said to make sure that I was comfortable saying what I was saying and that I did not have to say anything I did not want to. My return-to-work person said the same thing. My colleagues were very supportive. However, I wanted my colleagues to know that I was at work to be part of the team and also that my health is the most important thing to me.

53   Because of my decision to be open, I feel much more comfortable and effective at work. I am also now having many more conversations with people at work and have been able to reach out to people with similar experiences. It also gives me a way to address some of the stigma that still exists around mental health and conditions like BPD.

54   I am yet to feel that I am being treated differently or negatively at work because of my decision to be much more open about my mental health. My approach is to take it day-by-day and to share what I feel comfortable sharing. I am grateful to have such a supportive workplace.

Problems I see with the mental health system

55   It is a real problem that people do not have access to affordable support to improve their mental health. The advice that I have been given is that the best way for me to stay well is to invest in weekly therapy with a psychologist that I trust. This is not an easy undertaking. To do this, firstly, I need to find the right person. Secondly, I need to be able to afford to see them. It is an expensive undertaking to find the right person, both in terms of financial cost and emotional outlay.

56   It has taken me a long time to realise that I will require about 80 sessions with a psychologist over a two-year period to get to a point where I might have a level of confidence that I won't be hospitalised again, let alone be a danger to myself and those I love. I'm now paying $200 a week out of my own pocket to get help. Fortunately, I am able to afford this because I am able to earn an income which makes seeing a psychologist possible. I am conscious that I can afford to do this when not many people with mental illness are in this position

57   This is not something I could do if I could only access the 10 sessions with a subsidy each year which are available under my mental health plan. I think that the limited number of sessions that I can access under a mental health plan is arbitrary and potentially damaging. For me, it has promoted a feeling that, if I am not 'fixed' at the end of 10 sessions, maybe I was not using the 10 sessions 'correctly'.

58	Providing programs for people to be supported through the process of accessing the help they need, particularly when they are most vulnerable, is important. For me, poor mental health impacts my ability to trust myself and my decision-making. Knowing that someone is looking out for you, normalising the struggle and feelings is incredibly important. This is what the outreach and peer support program did for me. I was able to find a psychologist with the assistance of referrals from the hospital and my outreach service. These services helped me manage my expectations and encouraged me to be open about my concerns. Without their support, I don't think I would have had the courage to advocate for myself and make myself vulnerable to another medical professional.

59	When people present for help with mental illness, whether it is at the GP or the emergency department they should be treated with care and supported to regain their agency wherever it is safe to do so. This means providing options for privacy when making assessment and asking about the presenting issues, keeping them informed about what options are available and listening to the concerns.

60	When I studied medicine, I learnt about the concept of 'first do no harm'. Unfortunately, it is too easy for words and stigma to do harm to people who are vulnerable and unable to rely on their minds to distinguish between helpful and harmful comments. For this reason, people treating people with mental illness need to be fundamentally committed to the principle of first do no harm. In my experience, well-intentioned words are easily misinterpreted to reinforce a confused thinking pattern that has been created in my confused brain. People with mental illness need to be treated with dignity and care and supported to regain our agency.

61	I am grateful that I have family, friends and resources that have given me enough scaffolding to feel like I can expose myself and share my story publicly. I am grateful to the medical professionals who have heard me and helped me find enough hope to keep going.

62	I make this public statement because I want my child, the people who know me and any person who has a mind that is confusing and goes to dark places, to be clear. You matter and it can get better. It is worth waking up tomorrow. Whilst it might be hard, keep reaching out. Our system might not be what you need right now but you deserve a system that responds to you and allows you to reach your human potential. We will only get the system we need if your voice is there to be heard.

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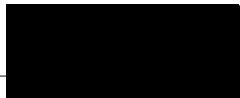
print name Teresa ██████

date _28 June 2019_