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Submission to the Productivity Commission  
re the January 2019 Issues Paper on  
The Social and Economic Benefits of Improving Mental Health

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Thank you for the opportunity to provide input to the Issues Paper. My comments relate to the psychological impacts of severe childhood abuse and neglect. I have Complex-PTSD, a dissociative disorder, anxiety and depression. I am in my mid-40s, a single mother to two children and have been struggling with the effects of trauma and abuse for my entire life.

I was a very capable student throughout primary and secondary school, achieving a TER of 83.65 in the HSC. I went to university after high school but had my first breakdown only 6 months later. My breakdown came suddenly and unexpectedly with a suicide attempt. I was admitted to hospital and monitored for 3 days for paracetamol poisoning, then discharged without any medical professional querying the situation. I was unable to return to university and instead continued working in my part-time administration job, with increased hours. Several months later, I took on a full-time position with another company, which I held for a year before I experienced my second breakdown. This time I was not able to pick myself up again.

At the age of 19, I found myself homeless and unemployed. I moved in with my grandmother and used my meagre savings to pay a private psychologist. I was granted Sickness Benefit and later the Disability Support Pension. I continued to see the psychologist for just over a year but was not improving. There were several more suicide attempts over the following few years, resulting in multiple admissions to hospital where no treatment was provided. I was often discharged because my bed was needed for someone else. Eventually, after becoming homeless again and finding temporary accommodation in a refuge, I was seen by the local community mental health team. I was a client of that service for the next three years and received much care and a sense of having a safe place, but as the service was staffed by mental health nurses, there was no trauma therapy available.

For the past 15 years or so I have sought help from private psychologists, psychiatrists and community mental health. I have consistently found that healthcare workers in government services are not adequately trained in trauma therapy or trauma-informed care, and that private services, while much better equipped, are not affordable to me beyond a short term.

Within the public sector, I have consistently fallen through the cracks. The problem is that I'm too well to qualify for support services, but not well enough to function in a normal way. Community mental health services only provide crisis intervention and only for a maximum of 13 weeks, so no possibility of long term therapy there. Medicare only provides rebates for a maximum of 10 psychologist sessions a year, not anywhere near enough for trauma therapy, and it's impossible to meet the cost of a private psychologist on a pension income. NDIS has the potential to provide the support I need, but I function too well in day-to-day life to qualify.

I am not aware of any programs or support services that are available to me. If I had an alcohol or gambling addiction, there are services available. If I had a drug problem, there are services. If I was homeless or struggling with finances, there are many charities that would help. But I have never taken drugs, had an alcohol problem or even smoked cigarettes. I have never been unable to pay a bill and I am not in debt. I have not raised many red flags.

During my 20s, I tried many times to return to study and employment. I was determined to 'get back on track', knowing that my high school results and other achievements proved that I could be a successful and valuable member of society. I desperately wanted to complete a university degree and pursue a career; I knew I could do it if only I was well. However, I did not fully understand the ramifications of the trauma I had suffered. In fairness, neither did much of the health community at the time. I completed numerous TAFE courses in an effort to reconnect with a structured 'workplace', responsibilities, deadlines, and social interactions. I found myself unable to cope with a full-time load. After some years, I found employment for one day per week and simultaneously returned to university. Unfortunately, as I was still not getting the treatment I needed, I did not cope and left after a year of part-time study. After another part-time TAFE course, I then found a new job working 15 very flexible hours a week, which suited me quite well. After two years in this position, I took maternity leave. I intended to return but was struggling to cope with motherhood, let alone also working. My youngest child is now 11 years old and I have not been able to return to work or study.

As is evident by my history, my mental ill-health has had a significant cost both personally and to the community over 26 years. The major economic costs to the community include payments of Sickness Benefit and Disability Support Pension, incomplete university study (including an unpaid HECS debt, a scholarship and an Austudy student loan debt), healthcare services (primarily community mental health services and hospital admissions) and lost tax collected due to my inability to work. There are also flow on effects to my children which have cost the community in additional supports at school, maximum payments of Family Tax Benefit due to my low income and mental health care costs.

Personally I have the cost of providing my own healthcare beyond the little subsidised by Medicare; this creates debt which causes further financial stress. I also live in a regional area without adequate public transport and must bear the cost of driving 100km to the nearest city for treatment. When I cannot cope with these economic costs, I then bear the cost of going without treatment. Intangible costs of my mental ill-health include psychological distress, social isolation, low social participation, financial stress, discrimination, poor relationships including the break-down of my marriage, and the flow on effects to my children who now both suffer anxiety.

The worst thing about all these costs is that they are avoidable. The Mental Health Commissions state that even individuals most severely affected by trauma can experience recovery: "*With the right type of care and support ... this group can be appropriately supported to re-engage with the community, and so deliver significant social, emotional and economic benefits.*"

(<http://www.mentalhealthcommission.gov.au/media/193709/Consensus%20statement%20-%20Mental%20Health%20Commissions%20of%20Australia%20-%20Royal%20Commission%20-%20Jun%202017%20landscape.pdf>)

I have been working as much as I can for a period of 26 years to try to regain my health and become a functional individual who can contribute to society rather than be a burden to it. I often feel extremely frustrated knowing that I cannot access the effective treatments that I know exist. I feel that my life is largely wasted and dearly hope that our governments will realise there are people, like myself, who are talented and intelligent, and keen to study and work to make significant contributions to our society. I appreciate and fully agree with the NMHC statement on the development of a responsive system of care for those affected by child sexual abuse. (<http://www.mentalhealthcommission.gov.au/our-work/position-statements.aspx>). See also the Commissions Consensus Statement (previously referenced).

Who knows what I could have achieved if I had been provided the appropriate healthcare and supports early on? Of one thing I am certain: the cost of providing timely and effective care would be far lower than the cost of my ill-health over time.

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I'd like to make an additional note regarding child protection and mental health. About 3 years ago, a student who was about to change schools due to being returned to her birth mother. The child's case worker arranged a small going away party for the girl and her friends in a local park. Until this time I was not aware of the girl's foster care situation, assuming that her foster mother was her birth mother.

At the party I had a conversation with the foster mother where I learned the following about the situation: the girl (aged 8 at the time) had been with the foster family since she was a baby. Although the birth mother resided in the same town, the girl was to change schools so it would be easier for the mother, having all her children at the same school. Further, the girl was to have no further contact with her foster family (consisting of foster mother, father and siblings). In essence, this girl was being ripped away from everyone she had attachment with – the only family she'd ever known and her school community. I was horrified.

How can it be legal to inflict such trauma on an innocent child? We often hear about 'the best interests of the child' but this was certainly not the case here. While connection with her natural mother and siblings, given safety has been confirmed, is likely in the child's best interests, the loss of the mother and father she'd always known would have been devastating and certainly not in her best interests.

We clearly still live in a society where the rights of the parent are given higher priority over the rights of the child, even to the point of traumatising the child in our efforts to ensure the parental rights. I have no doubt that this poor girl will suffer from this trauma for the rest of her life; a trauma inflicted on her by the very system that is meant to protect her. As we look at the costs of mental ill-health, let's consider where we have the power to prevent it. Government departments, particularly those responsible for child protection, should not be the cause of trauma, which likely will lead to future mental illness.