

My name is [redacted] I am a 25 year old female, I live in the [redacted] and I have a dual diagnosis of Borderline Personality Disorder and Major Depressive Disorder. My only source of income is the Disability Support Pension (DSP), which I have been receiving since November 2010. Before being granted DSP, I was receiving Newstart Allowance. I have not been employed since March 2008, as my mental illness leaves me unable to sustain regular employment. I have been under the care of a private Psychologist through the Medicare Care Plan Scheme since February 2010, due to the failure of the Public health system to treat my Disorder. I was absolutely outraged when I became aware of the proposed changes that will take the maximum number of sessions available through the Medicare Care Plan Scheme down from 18 to just 10. After voicing my concerns with my Psychologist, she encouraged me to submit my personal experience to the Enquiry into this matter to provide a personal context to the inequity and injustice of minimising this scheme. My story is very similar to so many other Australians who live every day with long-term and chronic mental health issues, and I share it with you below.

I first entered the Public mental health system at the age of 15 after a failed suicide attempt. I saw a Psychiatrist in my hometown of [redacted] sporadically until I was 17, then I moved to Brisbane for three months. While in Brisbane, I was appointed a Case Manager at Nundah Child and Youth Mental Health Service (CYMHS). It was during this three month period that I had my first in-patient admission to the Acute Mental Health ward after a minor overdose. Three weeks later, I had my second admission, and after I was discharged, I moved back to [redacted]

In the following 16 months, I was again linked in with CYMHS and was on various medications, most for no longer than a period of a few months. I moved to [redacted] again just prior to my 19th birthday. I was not linked in with any services, but saw a GP weekly for five months. It was this doctor who first suspected what became an eventual diagnosis of Borderline Personality Disorder. I entered the Dialectic Behavioural Therapy Program at [redacted] in April 2005. I completed the six month course twice, consecutively.

During these 12 months I had numerous in-patient admissions, and was self-harming and overdosing frequently. After DBT ended, I was assigned a Case Manager and worked with her for a further 22 months. More hospitalisations, suicide attempts and severe self-harm continued. When she left the service, I was assigned yet another Case Manager - my third in less than two years. I worked with her for 19 months, before she advised me that she was no longer able to work with me due to the nature and complexity of my illness, and I was exited from the mental health system.

During these 19 months under the assignment of my third Case Manager I had undergone surgery for severe self-inflicted burns, and had other in-patient admissions including an overnight Intensive Care Unit admission after a suicide attempt. I was also still severely self-harming. I completed my 3rd DBT program during this time. I also found out during this 19 month period that my mother had breast cancer. In July 2009 I spent 48 hours in ICU on life support after attempting to take my life. I was not expected to survive, and Police had been to my mother's house to tell her to expect the worst. I survived physically unscathed, but emotionally I am still struggling some two years on from this.

Just after being released from hospital after the ICU admission in 2009, I began seeing a Sexual Assault counsellor to seek support following a traumatic assault from my past. Addressing this issue has been extremely difficult, and still remains something that I am struggling to come to terms with, even after two years of counselling.

In April 2010, I had my second surgery following another severe self-inflicted burn. My mother died from breast cancer in June 2010. In November 2010, I spent a week in hospital following another failed suicide attempt. Since my first admission in 2003 I have been hospitalised a total of more than 25 times. Most of these admissions have either been crisis admissions (2-5 day stays) on a psychiatric ward, or medical admissions following overdoses. My longest stay was 22 days, and I was under an Involuntary Treatment Order for the entire time.

After being released from hospital in November 2010, I saw a Psychiatrist at [redacted] but after four sessions, she told me "I was too well" to continue to see her, and I was again exited from the Public mental health system.

The care and support of the private Psychologist I have access to through the Medicare Care Plan Scheme has, as I have illustrated above, quite literally saved my life. To say that I am fearful and distressed at the possibility of having to forgo this critical intervention would, quite frankly, be an understatement. I implore the members of the Enquiry understand that to me, and to so many other Australians like me, the almost-halving of access to the Medicare Care Plan Scheme is not just inequitable and unjust ~ it is reducing our quality of life, will inevitably result in more hospital admissions, and impact significantly on the brave and positive steps people with mental health make every day to live independently and make a contribution to our communities.