



WITNESS STATEMENT OF SALLY JENNINGS

I, Sally Jennings¹, 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 Liam's illness

- 2 I first became seriously concerned about Liam in 2014 when he was in Year 9. There were flags of concern from when Liam was a young child, but the behaviour and anxiety became more impactful as a teenager in 2014. Liam had been a high achiever and was very motivated; he had a strong social network, played sport at a State level and was learning grade six guitar.
- 3 When he was in Year 9 (14 turning 15), the number of things Liam was involved in seemed to become a problem. He struggled to handle his commitments and had increasing levels of anxiety. He developed a tendency to get really angry when he was not coping well, and to lash out. But other times he would shut down completely and not talk to anyone. When Liam was struggling his whole face changed: he scowled and looked angry and pulled his hoodie over his head. It was difficult to engage him or to get him to go to school.
- 4 Initially I thought that some of Liam's behaviour could be put down to him being a teenager. But his anger and lashing out kept escalating. He would have angry outbursts and then become really distressed.
- 5 At around that time I became aware of Liam's self-harming behaviours.

First visit to the ED

- 6 In around late 2014 Liam was suffering from acute anxiety. Liam was very distressed and I took him to the ED. I only ever took Liam to the ED when I was concerned he was suicidal, which was usually when he told me he did not feel safe.

¹ The name and details of the witness (and others) referred to in this statement have been changed to protect their identities.

- 7 Liam was never in a heightened state by the time he got to the ED – the heightened state was calmed at home by us as parents and, on one occasion, his older brother. By this point, Liam was able to articulate that he did not feel safe.
- 8 When we arrived at the ED, Liam had to explain to the triage worker how he was feeling. He had to do this in front of all the people in the waiting room, which seemed quite difficult for him. I was not allowed to speak for him. Liam struggled to communicate at the best of times, and gave “yes” or “no” answers to the questions he was asked.
- 9 We had to wait for some time before we saw a mental health worker. Liam presents well: he is well spoken and polite. He presented well to the worker. He answered the worker’s questions but did not tell the worker what he was telling me: that he felt unsafe. I do not think the worker realised how acute Liam’s mental illness was, as Liam was released shortly after the assessment. This problem was repeated each time we visited the ED.

Experience with the mental health system

Finding the right GP

- 10 The next day, I phoned to get Liam an appointment at our local medical clinic with a GP for a mental health care plan. I tried to get Liam an appointment with a GP he had seen a few times and with whom he was comfortable, but I couldn’t. I was told by the receptionist that the GP only prepared mental health care plans for his own patients, and Liam was not considered one of his patients. Liam was given an appointment with a GP he had never seen before.
- 11 Liam was comfortable with me attending his GP appointments, so I did. I attended with Liam to the GP, ED and took him to appointments for psychology and psychiatry. Liam was a teenage boy who would not have attended these appointments and the ED of his own volition, he also needed transport to and from the appointments. If I hadn’t attended the GP, I believe that Liam would not have gone himself or expressed the level of distress he was experiencing. The GP did Liam’s K10 (anxiety and depression screening tool), prepared a mental health care plan for him referring him to a psychologist.
- 12 Over time, Liam and I saw different GPs within the same practice, the different responses from each GP added to the challenge of finding the right treatment for Liam.

Seeing a psychologist

- 13 In 2015, when he was 15 and in Year 10, Liam started seeing the psychologist. I was not included in these sessions; Liam had told the psychologist that he did not want my husband and I to be involved in the sessions.

- 14 Given Liam's discomfort with speaking, I am not sure what I thought was occurring in the sessions. I did not have much knowledge of what was going on in the sessions or how to support Liam. I asked Liam how the sessions were going, but he is not a big talker and he didn't say much, other than he had been given some relaxation exercises.
- 15 In about September 2015, my husband contacted the psychologist to convey our concern that we were not getting information back from Liam and had concerns regarding how he was travelling. Following this, my husband and I attended a few of Liam's sessions with the psychologist. I believe that Liam attended these sessions to placate us. There was never a time that anything of concern was raised with us.
- 16 I still did not know how Liam was travelling, whether the sessions with the psychologist were helping Liam, or what I could do to help.
- 17 Liam had four more sessions with the psychologist in 2016 (without my husband and I present). The last session he attended only went for about 20 minutes. I commented to Liam that the session had seemed quick. Liam shrugged and said he didn't have anything to say. We didn't contact the psychologist again, as Liam indicated he felt there was no point in going.

Trying to find the right psychiatrist

- 18 It was difficult to work out what was going on. I asked Liam what he wanted to do next. He said he wanted to see a psychiatrist. My husband and I both spent time speaking with colleagues and friends who had previous experience with psychiatrists, in order to find someone suitable for Liam. Options that seemed well suited to him were either not taking new clients, but more particularly were not seeing those under 18 years old. Adolescents don't fit in either the paediatric category or adult category. As a result, there was not a lot of choice.
- 19 I took Liam to a different GP to get a referral to an adolescent psychiatrist. Liam had never seen this GP before. I went into the appointment with Liam, as I usually did for his GP appointments. The GP requested to speak to Liam without me there so that they could have a conversation "man to man". Liam told the GP that he was happy to have me there, so I stayed in the room. The GP then said to Liam something to the effect that he had a good life and a loving family and that really he had nothing to be anxious about.
- 20 I felt like the GP was minimising how Liam was feeling and his health issues, and was telling Liam that he had no reason to be anxious because of his great life. I felt that the GP failed to realise that there was more than just anxiety going on.

- 21 The GP did however, give Liam a referral to a psychiatrist, despite indicating that he would prefer not to refer to a psychiatrist. He didn't think that Liam's condition warranted psychiatric intervention.
- 22 I found it concerning that Liam's presentations were being minimized in this way. Each time we sought help, I had the sense that it was very uncomfortable for Liam to attend.
- 23 Whilst Liam was seeing the psychiatrist, my husband and I were also keen for him to have support from a psychologist. We made a couple of appointments with a psychologist within a public health service, but Liam never attended. We believe that he felt uncomfortable with the speaking form of treatment.

Seeing a psychiatrist

- 24 From October 2016, Liam began seeing a local adolescent psychiatrist.
- 25 The psychiatrist assessed Liam as having ADHD and prescribed a type of ADHD medication. I disagreed with the psychiatrist's assessment of Liam's condition as ADHD. It was inconsistent in my view with Liam's pattern of behaviour through life and school.
- 26 The results of this medicine were horrific. Liam plummeted into a serious, depressive phase and hated how he was feeling. He would take off on his bike and disappear for hours. Other times he would repeatedly smash his body into the garage door. Our whole family would have to tackle him to the ground to stop him.
- 27 Liam was meant to take the medication in the morning. On one occasion Liam took it at night. He was in a heightened state and was up all night. He took off on his bike and my family could not stop him. I was worried about him being out at night, and what he might do.
- 28 I called the psychiatrist in the morning and took Liam to see him when I could get an appointment with him later in the week. I explained the events of the night in question. The psychiatrist considered Liam may have an underlying mood disorder. The ADHD medication was ceased and Liam was put on a medication to treat the mood disorder. The medication required gradual increase in dose which occurred over a period of months. We were warned that there could be serious side effects if it didn't suit him.

ED the only option

- 29 Liam had been considering not returning to school to complete year 12/VCE. In the beginning of 2017, when Liam was 17, as the impact of the medication was taking effect, he started to consider that he may be able to manage 1-2 subjects. The school

was supportive and encouraged Liam to come back and take on three subjects so that he could finish his VCE, which he agreed to.

- 30 Around this time, Liam returned to the psychiatrist. His medication was increased and he was put back on the ADHD medication.
- 31 Shortly following the resumption of the ADHD medication, Liam had an extreme onset of depression. He was reckless and aggressive and engaged in self-destructive behaviour, including stealing my car.
- 32 During this period, I took Liam to the ED several times in a short space of time. Each occasion we went to the ED, Liam elected to attend because he was suicidal and didn't feel safe. Each time we went to the ED, it was outside business hours.
- 33 On two occasions, the ED presentation was preceded by Liam being in an uncontrollable state and attempting to run off. Our family had to wrestle Liam to the ground to calm him down and stop him from taking off. Our whole family ended up physically on top of him. Once we were able to stop him and calm him down, he would be open to listening to us and we could ask him whether he would come to the ED.
- 34 Most of the visits to the ED involved Liam being given medication to calm him down, and then being sent home.
- 35 On one ED visit, the mental health worker suggested cognitive behavioural therapy for Liam. Liam was suicidal. He needed immediate hospitalisation. In my opinion, there seemed to be no appreciation of the seriousness of Liam's meltdowns or that Liam was not feeling safe with himself. I had to be assertive and say that we had attended because Liam was not safe and wanted to stay hospital overnight.

Falling in the gap between children's services and adult services

- 36 Liam was acutely unwell and needed to be in hospital, but there was nowhere for him to stay. At this point he was 17 and was well over 180cm. It was believed not to be appropriate for him to be in the children's ward or the adult psych ward. The hospital staff and mental health worker indicated that it was not appropriate for him to go to the paediatric ward due to his age, nor was the adult mental health ward appropriate for him. There was nowhere for him to go. He ended up staying on a trolley in the ED overnight. I had to collect him at 7am because he had not been admitted.
- 37 I had a number of discussions with the psychiatrist about the option of admitting Liam to a private psychiatric hospital. However this was only going to be an option during business hours, and was therefore not the response we needed in out of hours crisis times.

Cognitive assessment

38 In 2017, Liam agreed to see another psychologist. The aim of this was to have a cognitive assessment, and to establish where the challenge was with Liam's learning, processing and memory. We didn't end up getting a formal report. However, the psychologist was helpful in moving away from the 'talking/feeling' type of therapy. The assessment was also helpful in providing pragmatic ways to help Liam manage his learning and working load. The assessment highlighted that he was intelligent, with significant memory, but that he struggled with managing the volume of priorities, which tended to result in higher levels of anxiety. Liam seemed to find this information reassuring.

Psychotic episodes

39 During 2017, when he was in Year 12, Liam had two psychotic episodes.

40 I came home from work one day to find an ambulance in our driveway. Liam's younger brother had called the ambulance. He told me that Liam had been smoking marijuana and seemed to have lost all sense of reality. Liam had asked whether he was really there, and told him that he felt like he was outside of his body and he was very frightened. The paramedics dealt with the situation really well. They were very sensitive and did not take him into hospital.

41 The second episode occurred one night when Liam was at a friend's party where he had smoked some marijuana. He rang me to tell me what he'd done, regretting it immediately. I took Liam home that night, as Liam was still in touch with reality and had an awareness of what was going on. We did not engage any services on this occasion.

42 Up to this point, we had only discussed our family history of mental health concerns with the psychiatrist, as part of his history taking /assessment process. This extended to our immediate family – Liam's parents and grandparents. As far as I am aware, no other medical professionals had delved into our family history. My extended family has history of bipolar disorder. I had not had the headspace to think about this; and no one had asked. Following Liam's experience on the ADHD medication, the psychiatrist considered that Liam was likely to be suffering from an underlying mood disorder. Liam was prescribed medication for a mood disorder and he remains on that medication.

Managing medication and ongoing needs

43 Liam remains on a combination of medication. Liam has had his medication adjusted for his mood disorder and for sleeping, with the last consultation with his psychiatrist in May 2018. In 2018, he commenced a traineeship but had a period of depression and resigned. He had been unable to play sport regularly or attend training regularly during

2018 also. In 2019 Liam commenced university full time but it quickly became too much and he dropped to part time. He suffered a period of depression and is going through the process of applying for special consideration to manage his attendance and workload.

- 44 Liam is currently being treated with medication for Bipolar 2, anxiety and also to assist with his long term challenge with sleep, which, as I understand it, is consistent with his presentation. In preparing to apply for special consideration, Liam received a letter of support from the psychiatrist who has treated him previously. The letter indicated that Liam has a diagnosis of Bipolar 2 disorder and generalised anxiety disorder.
- 45 Liam is not currently seeing a psychiatrist. Liam gets prescriptions for his medication from a GP at a bulk billing practice which is separate to where he has been previously. One of the issues with having a treating psychiatrist is that the referral for the psychiatrist only lasts for 12 months and then you have to get a new referral.
- 46 My husband and I have always paid for Liam's attendance to private health professionals. I think a private psychiatrist is unaffordable for a young person working in a casual job. Liam has not wanted to reconsider Headspace as an option. This is because he would have to retell his story, there would be a long wait, and this is all without the guarantee that he will get to see a psychiatrist.

Problems with the mental health system

GPs

- 47 In my view, the use of GPs as a first stop for addressing mental health issues is not necessarily beneficial or appropriate. The linear process of going to see a GP who prepares a mental health care plan, and then makes a referral to a psychologist for ten sessions, is not effective for everyone. This process is difficult for many teenagers and adolescents and does not address their needs. This process needs to be less 'one size fits all'.
- 48 In my view, GPs need further training and education in dealing with patients with mental health concerns. This means more funding for GP practices in the area of mental health. The funding model of GPs needing to see many clients, discouraging the practice of spending longer with clients would be worth re assessing also.
- 49 GPs are also generally unavailable outside of business hours, meaning that we could not get help other than from the ED after hours.

ED as the default is inappropriate

50 To me, the ED as the default for out of hours help is inappropriate for adolescents with acute mental health concerns. Liam appeared ashamed when he had to explain to a triage worker in front of the whole waiting room how badly he was feeling. By Liam presenting in a calm and compliant manner to the ED, it felt to me as if the seriousness of how he was feeling was not acknowledged.

51 I think there should be a separate triage for mental health at the ED or an alternative emergency option for young people who are in crisis. Liam found presenting to the ED extremely difficult as he had to say, in front of a waiting room full of people, how he was feeling, including being suicidal.

Inadequate services for adolescents

52 There appears to be an inadequacy of services for adolescents when suffering from acute mental health issues. They do not fit into either the adult or paediatric services.

Medication needs to be more affordable

53 Liam's medication has not always been covered under PBS, making it very expensive. Although my husband and I are able to help Liam pay for the medication, we are aware that not all young people are in this position.

Children's privacy and information for parents

54 At various stages, my husband and I were left in the dark about our son's mental health because the mental health professional said they could not speak to us because the information was private (and our son had not consented to us being informed). While I understand and respect the need for children and adolescents to have privacy, it puts parents in a difficult position. I did not know how my son was travelling, whether the treatment was helping, or what I could do to help.

More support is needed for families

55 There is a heavy reliance on family to protect the person who is unwell. This can create challenges within the family dynamic. It also becomes difficult when the family is ill-equipped or unaware of how to respond to their loved one's mental health issues.

Accepted into evidence at the Royal Commission into Victoria's Mental Health System public hearing on 11 July 2019.