

ROYAL COMMISSION INTO VICTORIA'S MENTAL HEALTH SYSTEM

Melbourne Town Hall, Yarra Room,
90-130 Swanston Street,
Melbourne, Victoria

On Wednesday, 3 July 2019 at 10.00am

(Day 2)

Before: Ms Penny Armytage (Chair)
Professor Allan Fels AO
Dr Alex Cockram
Professor Bernadette McSherry

Counsel Assisting:
Ms Lisa Nichols SC
Ms Fiona Batten
Ms Georgina Coghlan

1 MS NICHOLS: Good morning, Commissioners. Yesterday we
2 heard some very powerful and eloquent evidence from four
3 witnesses who spoke, among other things, about the impact
4 of stigma on their lives and, although they came from very
5 different walks of life, it was remarkable how they spoke
6 with one voice about the persistence of stigma and on its
7 lasting impact.

8
9 Today, we will hear from two more consumers, one of
10 whom is Janet Meagher, who will share her experience living
11 with schizophrenia and talk about how she became an
12 international advocate for consumers and has done some very
13 important work in the development of mental health literacy
14 and advocacy.

15
16 We will also hear from another consumer, Teresa, who
17 will share the challenges she has faced getting the help
18 she needed and describing her experiences of stigma.

19
20 As you know, Commissioners, the question of stigma in
21 relation to mental health and discrimination in relation to
22 mental illness is the subject of academic study in
23 Australia.

24
25 We will ask some experts in the field questions about
26 how stigma is understood structurally in society, what the
27 significant studies have been about stigma in Australian
28 society, what are the trends, what are the differences
29 between stigmatising attitudes in relation to depression on
30 the one hand and schizophrenia on the other; whether there
31 are signs that these things can be improved, and what are
32 the likely measures that are likely to be effective to
33 improve the position in relation to stigma.

34
35 We'll hear from Associate Professor Nicola Reavley,
36 who is head of the Population Mental Health Unit and deputy
37 director of the Centre For Mental Health at the University
38 of Melbourne.

39
40 We'll also hear from Dr Chris Groot who is a
41 psychologist who lectures at the Melbourne School of
42 Psychological Sciences, and directs the Mental Illness
43 Stigma Research Lab at that school.

44
45 Finally, we'll hear from Dr Michelle Blanchard who is
46 the deputy CEO at SANE Australia. Dr Blanchard will give
47 evidence in relation to stigma and structural

1 discrimination for people affected by severe and complex
2 mental illnesses. Dr Blanchard will explain what
3 structural discrimination is, how it manifests, the
4 attitudes of employers towards people with mental illness,
5 the consequences of structural discrimination, and what is
6 known so far about what can be done to overcome structural
7 discrimination.

8
9 The first witness this morning is Janet Meagher, and I
10 call her to give evidence now.

11
12 <JANET MEAGHER, sworn:

[10.03am]

13
14 MS NICHOLS: Q. Ms Meagher, have you, with the
15 assistance of the Royal Commission, prepared a statement
16 about your lived experience and your work as an advocate?

17 A. Yes, I have.

18
19 Q. I tender the statement. [WIT.0001.0015.0001]
20 Ms Meagher, are you currently a member of the Independent
21 Advisory Council of the National Disability Insurance
22 Agency?

23 A. Yes.

24
25 Q. Have you been a Mental Health Commissioner on the
26 National Mental Health Commission?

27 A. Yes.

28
29 Q. Have you been, and are you, a member of numerous
30 ministerial and advisory bodies in relation to mental
31 health?

32 A. Yes.

33
34 Q. Have you been instrumental in developing numerous
35 bodies that both nationally and internationally work for
36 advocacy in mental health?

37 A. Yes.

38
39 Q. With that short introduction to your auspicious
40 career, can I take you back to your earlier life. Did you
41 grow up in Newcastle and then move to Sydney, where you
42 studied at Teachers College?

43 A. Yes.

44
45 Q. Did you work for a while as a teacher?

46 A. Yes, I did.

47

1 Q. After that, did you become a nun?

2 A. Yes. I know who I am.

3

4 Q. But these people don't yet know who you are,
5 Ms Meagher, I'm sure that they will very shortly. There
6 are many things we could ask you about in your life, but
7 I'm going to go directly to your first experience with
8 mental illness; can you describe that, please?

9 A. I had what was in those days called - I don't think we
10 have them any more - nervous breakdown; in fact, I had
11 several, multiple, and many - many, many - nervous
12 breakdowns. So, I suspect I'm not nervous any more.

13

14 The result of that was multiple hospitalisations,
15 multiple cures tried on me, and multiple everything else
16 tried on me as well. And, after utilising most of the
17 private hospital systems to the last point of possibility,
18 I was then moved in to become a guest of Her Majesty at one
19 of the large institutions in Sydney.

20

21 Q. Over what period of time did you remain a guest of Her
22 Majesty at that institution?

23 A. Well, my initial breakdown was around about 1969, and
24 I was officially discharged, with question marks over it,
25 in 1979; so pretty well, a decade of my life.

26

27 Q. Did you receive a diagnosis?

28 A. Multiple. The most persistent one was paranoid
29 schizophrenia, which I suspect is probably what I still
30 have, yeah.

31

32 Q. Did you stay mostly in a single institution while you
33 were involuntarily cared for?

34 A. Yes, yeah, I was institution - became
35 institutionalised.

36

37 Q. Yes, institutionalised. Can you describe the
38 hallmarks of your experience at that place?

39 A. Well, I'll preface it by saying that, there were
40 wonderful, committed and marvellous, humane staff there.
41 There were, parallel to that, monsters who were in the
42 guise of nursing professionals and care professionals.
43 After I left I did a quick survey of people I knew who'd
44 been through, and I only ever met one who said they hadn't
45 been sexually abused, and that pretty well confirms to
46 anyone else I speak to on a person-to-person basis who were
47 in these care situations.

1
2 I think you could sum up the experience - apart from
3 the wonderful staff who were horrendously marvellous in the
4 circumstances that they were placed - there were staff who,
5 you just had to know they were on duty to know that one of
6 you was going that night; so that was one aspect of it.
7

8 The other aspect is, the amount of emotional abuse,
9 the amount of physical abuse that went on, and I became
10 pretty good at that myself; I was a very excellent
11 responder to violence. In other words, I was extremely
12 violent myself. And, I understand that now to be a
13 reaction to the anger at the brazenness of people to claim
14 they were health professionals and at the same time turn
15 round and create the most inhumane system of "care" that
16 you could possibly imagine. And, because we were not
17 competent before the law, no-one would listen to what was
18 happening, and those staff who did tell would say to them,
19 "We can't do anything, we are helpless to help you."
20

21 Q. Ms Meagher, was there anyone to advocate for you then?

22 A. No, no. The staff were as much bullied and
23 intimidated as we were - the good staff.
24

25 Q. You spoke about anger a moment ago; did that drive you
26 to become an advocate?

27 A. Yes, I'm still angry.
28

29 Q. Towards the end of your time at that institution, did
30 you find yourself working at the library of the Sydney
31 TAFE?

32 A. Yes.
33

34 Q. How did that come about?

35 A. Oh, it's a bit of a hilarious story, if you laugh at
36 these things - I do. One of the long-term patients used to
37 have an idea in his head that he was in charge of all of
38 us, and he ran - you'd have to know institutions to
39 understand this - but he ran what was called the watch
40 making service. Anyone who had a faulty watch or clock,
41 anybody, staff, community, patients, you know, if your
42 watch gave up you'd take it along and he would fix it for
43 you. He had all this equipment in this little garagey
44 thing in the grounds of the hospital.
45

46 Anyway, he decided that it was time I got out of there
47 to see what the other world was like, and so, he saw a job

1 in the Sydney Morning Herald and he applied for it in my
2 name. I got the job. No interviews, no nothing, just,
3 this one will do. My address was of course Gladesville
4 Hospital; Victoria Avenue, Gladesville, you know, obvious.
5 And, I got this job and I had to go to work every day and
6 that was extraordinary for me.

7
8 To control my behaviour, which as I said was not very
9 good, I was given heaps of tranquillisers, you know, to
10 moderate me, and of course, I'd get to work, which was a
11 major achievement just to turn up, for me to get the bus
12 and to know where to get off, and to actually walk to the
13 workplace, and I was exhausted; so I used to curl up on the
14 staff locker room floor and go to sleep for the day.

15
16 Three months later - and I quite liked getting paid,
17 like, it was amazing, and I had money and it was pretty
18 good. I wasn't causing trouble in the hospital any more,
19 so it was even better. The time for the interview
20 regarding your retention of job and increase in pay came
21 up, and I was looking forward to it. I had to wake myself
22 up to make sure I got to Mrs Crisp's office. Mrs Crisp was
23 the head librarian, and Mrs Crisp is exactly what that
24 tells you in the name, and she says, "Sit down please
25 Janet", and Janet sat down. "I'm afraid we can't give you
26 your increment." I was shocked and dismayed, shattered
27 actually, because I'd been to work every single day I was
28 supposed to come, you know. How dare they. Here's another
29 person who was knocking me around, you know. It never
30 occurred to me that I should have actually been physically
31 working.

32
33 Q. So, after that, Ms Meagher, I gather you --
34 A. Physically worked.

35
36 Q. -- went to work, and is that a significant thing, that
37 you had a job and you were getting independence?
38 A. Yes.

39
40 Q. Did you form part of what was then called an
41 experimental rehabilitation program in about 1980?
42 A. Yes.

43
44 Q. Where you were moved out into small group
45 accommodation?
46 A. That started around the time my job was applied for.

47

1 Q. Yes.

2 A. And it continued on.

3

4 Q. Yes.

5 A. And we were - I was chosen basically to come from the
6 back wards to prove that the program wouldn't work; you
7 know, these new fangled ideas in mental health were always
8 coming up and it was never going to work.

9

10 So they had us training to use the new - bank cards
11 had just been introduced, we weren't used to using money,
12 we weren't used to washing our own clothes or looking after
13 ourselves, we didn't know about changing beds or all of
14 that stuff; we really had to learn. It was called domestic
15 retraining, and it was life retraining really to
16 deinstitutionalise us and to get us used to not sleeping in
17 a ward at night. We were allowed to sleep in the domestic
18 retraining unit eventually, and I was the one that was
19 supposed to fail.

20

21 Q. And you didn't?

22 A. I didn't.

23

24 Q. No.

25 A. And I was the one who stayed in the community.

26

27 Q. We spoke about you being angry before, but did you
28 find within you something of a vision to start to become an
29 advocate so things could change for other people?

30 A. Yes. Around the time I had to come off the major
31 tranquillisers to work at work, my psychiatrist had decided
32 that, if I could stay off the major tranquillisers and
33 behave myself, be less violent, and if I could do that at
34 work, why couldn't I do it at the hospital, and we talked
35 about it.

36

37 And, when we talked about the causes of my anger, I
38 could still articulate for you every single instance when I
39 got violent, and I can tell you why; I could tell you today
40 why and it's the same things that set me on fire now.
41 Because my doctor said to me, "I can't do anything to
42 change this system, I'm part of the system that's let you
43 down, but you can do something. You've got a brain you
44 should use and you've got the intelligence and you've got
45 the capacity, and you need a reason to keep going, and the
46 reason you need to keep going is because things need to
47 change", and she said, "Tell me next week what your vision

1 is and I said, "I can tell you now, my vision is that
2 services will never ever again, in the name of treatment
3 and care, cause harm." And that's my motto.

4
5 Q. And, did you do a few things starting with picking up
6 a copy of the then Mental Health Act, New South Wales.

7 A. Yes.

8
9 Q. And read it and become familiar with it?

10 A. Yes. Well, she put a challenge out to me and, anyone
11 who knows me, knows I hate challenges because I'll try and
12 meet them, and I got a copy of the Mental Health Act, you
13 know, as mad as I was supposedly at the time, and I read
14 through it and read through it and read through it, and
15 then started talking to other people who were advocating
16 for change and I realised, here was a weapon, this was a
17 weapon.

18
19 And then I looked at other weapons, like Codes of
20 Practice and expectations of health services, et cetera,
21 and so, my anger became targeted into, if you like, at
22 first an intellectual exercise in creating the weaponry
23 that I would need in the future to change mental health
24 services, and here I am, what, 40 years later.

25
26 Q. Did you try and make your way into different groups
27 that were doing advocacy?

28 A. I did, and some didn't want a thing to do with a mad
29 person, because they already had mad people at home and
30 they didn't need reminding of them, especially when they
31 went to meetings and things.

32
33 So, some pretty well just said, get out of our lives,
34 we don't need another one in our life, and others opened
35 their arms and mentored me and gave me the skills and the
36 balance I needed in my advocacy and promoted me beyond just
37 being an advocate, to being a board member, to being a
38 representative, through to wider and wider realms, yeah.

39
40 Q. In 1993 the Human Rights and Equal Opportunity
41 Commission released the report, Human Rights and Mental
42 Illness. Was that a turning point for you in your work?

43 A. Well, the announcement of it was definitely, because
44 we'd been working on advocacy around human rights for a
45 number of years. Around that time - you know, leading up
46 to the final report there were a number of sessions of
47 interviews from the Royal Commission - not Royal

1 Commission, the Human Rights Commission, and Brian Burdekin
2 was very interested in speaking to people with lived
3 experience particularly, and this was the first time people
4 who'd been through a service, through an experience,
5 actually got to articulate it and have it heard. You know,
6 many had articulated, but nobody had had it heard
7 previously, that things were happening that were not right.
8

9 So, it helped empower the consumer and was the start
10 of the consumer movement in Australia; to have that report
11 produced and mental health service reform commenced on the
12 back of that. We now have the National Mental Health
13 Strategy, for instance, which came out of that process, and
14 our lived experience voices started to be, not only valued
15 and heard, but there was a demand that we could now have
16 that there couldn't be nothing about us without us.
17

18 Q. Did the National Mental Health Commission ask you to
19 become involved in developing a framework for integrating
20 care and support into a person's whole-life trajectory?

21 A. Well, all of us on the National Mental Health
22 Commission had a workshop sort of thing to figure, what
23 frame were we going to place around the report cards that
24 we had to make and were committed to making to the
25 Australian people about mental health in this country.
26

27 On that day that we were discussing it, I recalled
28 something I'd heard in some of the literature - who knows
29 where - I think in disability literature, that were stating
30 that all people ever wanted was a contributing life, and
31 that concept did appeal to all of us around that table.
32

33 And I'd done a lot of thinking about a contributing
34 life and what it meant to people and, if I may, I'll copy
35 something that the Commission wrote at the time?
36

37 Q. Yes.

38 A. And I'll explain the concept because I think it's
39 really important, because I think it is a great frame
40 around which we can place a lot of reforms in our mental
41 health sector and it means it focuses on the individual as
42 well as the type of service is:
43

44 "A contributing life means a fulfilling
45 life enriched with close connections to
46 family and friends and experiencing good
47 health and wellbeing to allow those

1 connections to be enjoyed. It means having
2 something to do each day that provides
3 meaning and purpose, whether this is a job,
4 supporting others, or volunteering. It
5 means having a home and being free from
6 financial stress and uncertainty. It means
7 opportunity for education and good
8 healthcare, all without experiencing
9 discrimination due to having a mental
10 health difficulty."

11
12 That's what I wanted for Australia. That's what we
13 agreed to, and that, I think, is the nexus of all mental
14 health service delivery and the point of all service
15 delivery should be around that. If you're not helping me
16 have a contributing life, you're not helping me.

17
18 Q. In that framework, what's the difference between
19 thriving and just surviving?

20 A. Currently, we are just surviving. We are having
21 sustenance for our bodies and no sustenance for our spirit
22 and soul and humanity. We are often depersonalised and
23 humiliated and denigrated by the very fact we have a mental
24 illness and, secondly, by the nature of the services that
25 are offered to us. And I think we really need now to turn
26 that.

27
28 We need health professionals who encourage and support
29 and enable, not just people who make us conform to
30 medication regimes.

31
32 Q. You've used the expression in your statement with the
33 Commission, that "a person is not just a mental illness
34 walking about." Can you say more about that?

35 A. Um, there's so much to say I don't know where to
36 start. The trouble in mental health services is that you
37 are the mood disordered person in room 8, you are the
38 bipolar one, you're the schizophrenic one, you're the
39 depressed one, and "what's your name?" And so, it becomes,
40 "Oh, you're the one on clozapine, or we have to make sure
41 we check your clozapine. Not, "Hi Janet, how are you, and
42 are things going alright for you, do you think you need a
43 blood test in the next few weeks?" No, it's "oh, the
44 clozapine, we have to check your clozapine level. It's,
45 you know, you're on lithium, we have to make sure. You
46 must conform, you must conform, and so, it becomes a
47 depersonalisation, and I could rant on about that for a

1 long, long time, and I'll try and control myself.

2

3 Depersonalisation is such a common mechanism to just
4 get things done according to policy, and we saw the Nazis
5 do it, we see us doing it now with immigration and things
6 like that: we call something a name and then we don't have
7 to face the humanity of it. And I'm begging mental health
8 services to come back to person-to-person, to help people
9 who can't sit up here and talk to you. Help them to find a
10 way to re-contribute in society.

11

12 Human beings are givers and sharers. If you've got a
13 mental illness, you're probably not giving a great deal -
14 you're giving someone a job. You're probably sitting on
15 what I call Days of Our Life therapy and taking pills;
16 you're not contributing. You're dehumanising and the
17 services don't stereotypes at the present time.

18

19 Look, I say this as a sweeping statement, there
20 probably are a handful, and I mean one handful, of services
21 in Australia that humanising and thoughtful and
22 person-centred. We hear all this language in mental
23 health. If I ask everyone in the audience, they could all
24 rattle off a number of service modes: you know,
25 person-centred, community based X or Y or Z, and this first
26 or that second. We can rattle them off: the trouble is, it
27 doesn't get to the core.

28

29 Q. What's at the core?

30 A. Well, the heart is protected from us. You know, the
31 heart of services is protected from us. Chances are, we
32 might actually cause change if we got to the heart of
33 services. We can't seem to get there, I'm sorry.

34

35 Q. Do you have views about why it's hard to get there?

36 A. Oh, yeah.

37

38 Q. What are they?

39 A. Oh, the paperwork, the policy doesn't allow this, or
40 we're building walls in services to protect either the
41 people in it or the fear of us, or the - I mean, there are
42 better people than me to talk about what causes problems.

43

44 But, we were chatting earlier, some of us, about a
45 report that was written in the late 90s as part of the
46 national mental health strategies which was called, the
47 Attitudes of Health Professionals Project, a very scathing

1 and damning report which was shelved due to industrial
2 issues very early in its life. That's where we have to
3 start.

4
5 If we can't start where the face-to-face services are
6 happening - yes, we need a framework and a policy around
7 it, but if you're putting another framework, another
8 policy, another something out there - I once listed for a
9 speech I gave over 700 reports and reviews and so on that
10 had been written in Australia since the day colonisation
11 began, and what we end up with is another report, and I'm
12 begging you not for another report.

13
14 I beg you for a change that's going to move people
15 from a place of behaviour modification to having a
16 contributing life, and that has to start with the
17 professionals who deal with this; whether it be in the
18 non-government sector, the health sector or the community
19 sector, but along the way change has to happen within.

20
21 Q. Ms Meagher, you said this in your statement, that:

22
23 "A new service framework and strategy must
24 overtly move beyond focusing on beds, acute
25 care and clinical services and move on to
26 include non-government community services
27 across all sectors, including peer and
28 family workers."

29
30 Now, there are a number of concepts tied up in that
31 and I'd like to ask you, on the basis of your experience,
32 the importance of linking clinical and non-clinical
33 services.

34 A. Well, the importancy is that, none of us spend our
35 entire life under clinical governance. Most of us are
36 living a life, albeit not always a contributing life, we
37 are living a life in a community of our choice - and
38 sometimes without our choice - and that is where life
39 happens. It doesn't happen in a hospital. Life happens in
40 our friends, in our family, in our community and if we're
41 solely tied up in purely clinical interventions, then you
42 have a very limited and very puerile life and, from my
43 point of view, we need a contributing life, every single
44 one of us, every one of you sitting up there, everyone in
45 this room needs a contributing life; whatever way we want
46 it.

47

1 You know, if I want to be a dog trainer or if I want
2 to be a guard at the door of this Town Hall, it doesn't
3 matter, I want to have a place in life where I feel I'm
4 contributing something, and if I'm a health professional,
5 if the only thing I ever do with a person living with
6 mental illness is dish out pills, what am I contributing to
7 that person's life? Is that what you're trained for, for
8 God knows how many years? To dish out a pill?

9
10 Q. Ms Meagher, you said in your statement that:

11 "The effort, control, guts and sheer
12 willpower it takes for a person with mental
13 health issues to participate fully in
14 society, it's extraordinary."
15

16
17 A. Yes.

18
19 Q. Can you tell the Commission about what you've seen
20 about that guts, determination and sheer willpower along
21 your journey?

22 A. I don't think anyone has any idea how hard it is to
23 play at being normal. There are people in this audience
24 that know, they know it very deeply.
25

26 A lot of us live a job and a life and have families
27 and friends and whatever, and for me, and for them I'm
28 sure, just the drive and energy it takes to plan for each
29 day: if this happens, what am I going to do? If that
30 happens, what am I going to do? I still do it. You know,
31 40 years since I left services, I have to do it to support
32 the fact that I have to keep going, I have to maintain this
33 level of participation because, if I don't, I've failed.
34 And, if any of you here could say the same: they get up
35 each morning and have a plan for that day, and they cannot
36 fail. Failure means you're going backwards.
37

38 Sometimes we have episodes and you go backwards
39 without wanting to, but we do our best to come back quickly
40 and to get help early, and most of us have techniques
41 whereby we can get ourselves back on track fairly quickly,
42 but it is like a Ten Tonne Tessie hanging over your head
43 all the time that, if you just lose track or if you just
44 let go too much, things may not look too good.
45

46 It's a struggle and it's a struggle that takes a lot
47 of energy, a lot of ethical decisions based behind the way

1 you want to behave today or tomorrow or the next day, and
2 in the impact that in my instance I want to have, it's
3 critical that I maintain a very balanced way forward, so
4 it's not a simple decision to get up and to go to the
5 hearing and to tell you how wonderful everything is; it's a
6 very critical, moral and ethical process I have to go
7 through every time some of these things happen.

8
9 I might get up at home - if you were ringing me to
10 talk to me about X or Y, I might have to get up an hour
11 earlier just to go in my head through, oh, what does this
12 person want? What am I likely to think about that? I
13 don't think average people do that. I do and I think it's
14 part of my professionalism that I do that, and I'm pretty
15 sure anyone with a mental health issue out there who wants
16 to contribute is doing the same sorts of things.

17
18 Q. In your journey with mental health services, have you
19 met people along the way who have, by their kindness and
20 their service, given you cause for optimism about the
21 service?

22 A. Oh, yeah, there's amazing people, there are amazing
23 people in this sector: my peers, other people with mental
24 health issues, some family members of other people - not
25 me. And some of the bureaucrats along the way and health
26 providers, they've all given us a leg up, and I think any
27 of us who have moved in advisory circles or advocacy
28 circles will tell you that the issues get better hearing
29 when there's friends on the other side; when there's
30 support coming from higher places.

31
32 We can't advocate if no-one's prepared to listen;
33 that's the state we were in in the late 70s, early 80s:
34 no-one was prepared to listen. We're not in that situation
35 now. There are people who do listen, who do think there's
36 a wisdom in knowledge and who do believe that there is an
37 expertise that's borne of experience, and I think now's the
38 time.

39
40 MS NICHOLS: Thank you very much, Ms Meagher. Chair, do
41 the Commissioners have any questions?

42
43 COMMISSIONER FELS: Yes, thank you for your excellent
44 evidence, I have a couple of questions. Would you be able
45 to say something about your views on the role of people
46 with lived experience and families and carers in helping or
47 participating in policy making, in also service delivery

1 operations: what is their role? For example, are they just
2 passive recipients of whatever services are given to them?
3 A. We are not passive. We will no longer receive. We
4 participate, and you can't take us back 40 years to when we
5 were passive. There is no passivity any more or into the
6 future, and I think this is where the problem with mental
7 health services lies at the present, that they expect us to
8 be passive, they expect us to have a docile view when
9 offered service that might not suit. They do not expect us
10 to be intelligent participants in their own service or
11 planning for service, and I think that has to change and it
12 has to change from the first instance when we arrive for
13 service.

14
15 We are frequently, if not more often than not,
16 rejected for service, because you're not yet sick enough
17 for a service. How dare they.

18
19 If you turned up with chest pains - let's hope we
20 don't - to a hospital today, they will at least do some
21 exploratory tests and some investigations. I can bet your
22 socks that if all of us went and turned up at the nearest
23 emergency department saying, "My thought processes are not
24 able to be contained right now and I know, if I leave this
25 much longer, I'm going to go into a full psychotic
26 episode", I know what's going to happen to me. "Go home
27 and have a cup of tea, you'll be alright." Well, guess
28 what? We're not, and that's what happens. Then you have
29 to go into fully-fledged psychotic episode before anyone
30 will even try to do anything to help you.

31
32 The trouble is we've been trained now, and those of us
33 who are now activists and active as lived experience
34 people, we've been trained to recognise our symptoms and to
35 know how our mental health is at the present time. I can
36 pick up, and most of my colleagues, can pick up when things
37 are going a little bit off track and we like to do things
38 then to prevent a further escalation.

39
40 There is no service, no early intervention for us -
41 you'll hear early intervention all the way through this
42 hearing or these hearings, but there's no early
43 intervention for us. There's no process, there's no place
44 you can go, there's no intervention you can seek that will
45 help you in that early onset stage: prevention, ha, ha, ha,
46 what a farce.

47

1 And then, we've now developed ways of service
2 provision that includes people whose lived experience is an
3 important and integral part of their role, and I've been
4 very proud to be part of the blooming of that type of
5 service provision, and I say that peer work is probably the
6 most revolutionary thing that's happening in mental health
7 at the present time.

8
9 And I add the proviso that, the type of peer work I'm
10 talking about is well trained and well experienced peers,
11 not just a consumer you know or someone really nice that
12 lives up the street that needs a job; it's about someone
13 who's got the skill and experience and the qualifications
14 to be able to support someone alongside other allied health
15 professionals.

16
17 Trouble is, in mental health we've been cutting back
18 on services and the use of ancillary health professionals.
19 If you're treating the whole person you really to treat the
20 entire person and their circumstances if we're having a
21 contributing life. So, I say, hey, hey, bring back the
22 broad service delivery we used to have once upon a time and
23 treat the contributing life potential of people.

24
25 Q. Would you be able to say something about the role of
26 families and carers?

27 A. Yeah. Well, alongside the person with lived
28 experience, the families and carers have a significant role
29 not to allow imperfect systems to damage the person they
30 love. And they have a role in helping alongside us to
31 advise and support services around what is best for the
32 person they love and care about.

33
34 Too often the systems and the reaction to systems
35 burns out families and carers, and their attitudes to us
36 get soured by their constant rejection and disrespect given
37 by services. So, I think, if we're seeking respect and
38 humanity from service delivery, we also need to expect that
39 families are consulted and given the respect that's due to
40 them.

41
42 There's still a pervasive thread that's not publically
43 spoken about, about toxic parents. Now, that thread of
44 toxic parenting still is pervasive when you rub the gloss
45 off the top of mental health. Parents are still treated as
46 if, "Well, we understand why Janet's like that, look at
47 mum. Look at dad, is there any wonder", and we do this and

1 that's again the disrespect I referred to earlier.

2

3 I'm sort of angry about, I suppose, the amount of
4 disrespect in the system, and that goes particularly to
5 families who often feel helpless and hopeless.

6

7 CHAIR: Q. Ms Meagher, you talked earlier about the fact
8 that there are a handful of services that you've come
9 across, you've obviously travelled widely around Australia
10 and internationally and now have this wealth of experience
11 that you bring to bear. Is there anything, other than the
12 peer workforce that you've talked about, that's common to
13 those models that you think are really important?

14 A. Well, that's fairly easy to answer. Yes, it's the
15 open door policies, it's the welcoming that you receive in
16 these sorts of service. You can tell - it's like a nursing
17 home: you know, they say, if you go into a nursing home and
18 you can smell something nasty, that's not a great nursing
19 home.

20

21 Well, in a Mental Health Unit, you go in - if you can
22 get in - and, if you're not welcomed and given what you
23 would get if you went into any other type of service, you
24 can pretty well guarantee it's going to be a stinker. The
25 things that go with that are assertive, supportive: this is
26 the language, we could write a whole dictionary.

27

28 Service providers who are there. I remember one I
29 visited way back in the dark ages, and they told me that
30 the staff in that service were employed by a lived
31 experience committee, a board. And so, if you were the
32 service provider and I'd missed an appointment, if you
33 hadn't followed up within X number of hours and documented
34 that, you run the risk of losing your job. If you didn't
35 make efforts to connect to lower the medication regimes, a
36 whole heap of other things, to create social advantage for
37 that person, you could be eliminated from that service.
38 Now, that might seem extreme to you, but I've never been in
39 a more friendly service environment.

40

41 In fact, I was there when I saw a police car pull up
42 the front, and the police car brought in a person who was
43 clearly living on the streets, but - I'll call him Joe -
44 Joe had missed his appointment. The police knew Joe had an
45 appointment, so they brought him up there, police taxi
46 service. There was no animosity. It was just like, if we
47 help Joe, Joe stays well, we have no work to do, so they

1 help him. So, that's an extreme, it's my ideal service.

2

3 But the real mental health services that I've seen
4 that really help not only look at my state of mind, but my
5 state of body, my social environment, the things around me
6 that are causing issues; they look at me as a whole person:
7 what is preventing my contributing life moving forward?
8 Those places have very, very good physical health checks.

9

10 And the reverse of that of course is, any number of us
11 could tell you experiences of going to a doctor with a
12 health issue. You know, I might go to the GP with a
13 migraine headache. You can bet yourself a million dollars
14 it will be something to do with my mental health issue.
15 Guaranteed: you're too stressed, so how about we up the
16 minor tranquilliser for you. So, yeah, those - you get so
17 sick of having to say, "No, I'm sick, this is the flu, this
18 is", so it just becomes too hard sometimes, you just give
19 up, and we don't want people giving up, we want people to
20 have healthy bodies, healthy minds and a healthy life, and
21 I don't think we can have that under the present
22 circumstances

23

24 CHAIR: Thank you.

25

26 MS NICHOLS: Thank you very much, Ms Meagher.

27

28 CHAIR: Thank you very much for your time today.

29

30 THE WITNESS: Can I add a thing because I've been stewing
31 on something overnight?

32

33 MS NICHOLS: Yes.

34 A. Since this is about stigma - I know I'm sick of
35 hearing my own voice but anyway you're going to have to
36 listen for a few minutes. Today's about stigma and I got
37 churned up overnight, so here you go.

38

39 The word "stigma" I hate with a vengeance, I hate it,
40 and I hate it because it's soft and deflective. It allows
41 for forgiveness. I've reached the stage, I don't allow
42 forgiveness. It's a weasel word. I use "discrimination",
43 and unapologetically, whether it's legal or illegal, I
44 don't care; if you don't like me and you've done something
45 nasty, or you're thinking of doing something nasty, or you
46 have nasty thoughts about me because of my mental health
47 issue or because of my sexual orientation, or because of

1 whatever, religion or whatever, you're discriminating in
2 mind or in act. So, to me, there is no way I will
3 countenance the word "stigma".
4

5 And, I think it's intolerable to permit or excuse
6 verbal or social exclusion or vilification for those of us
7 who experience mental health issues, but we do.
8 Twenty years ago we frequently heard people described as
9 "spaz", "spastic" was a term in frequent use - we all
10 remember.
11

12 And, that was not used to describe people with
13 cerebral palsy. It was used as a common expression to talk
14 about excitement or incompetence. Because of cultural and
15 humane pressures within our community, that is now
16 understood as being a denigrating term and was eliminated
17 in a very short time. Not so in our field.
18

19 "Have you been to the crazy mad party?" I can go to
20 "a mad March sale", or "get crazy prices" and even "go
21 psycho" if my team doesn't do what I want it to do.
22 Melbourne can be described by pundits as being
23 "schizophrenic city" if they are two aspects in contrast in
24 its demography.
25

26 This stuff is possibly funny and it's probably clever
27 to an advertising exec or publisher, but it's awful and
28 humiliating and above all disrespectful for those who have
29 to wear the terms, "crazy", "mad", "psycho".
30

31 And, if you think of it as disrespectful, think about
32 the depths of isolation, despair and hopelessness that's
33 represented in the real meaning of those words.
34

35 "Mad" is a condemnation, a summation, of all that has
36 happened to you. "Crazy" is about loss. The loss of
37 rationality, credibility and a normal life. Nothing is
38 harder. "Psycho" is psychotic, loss of control. Loss of
39 control of your thoughts, memories, reality. Not to be
40 laughed at.
41

42 "Skitzo", schizophrenic. Nothing to do with two
43 contrasts or aspects. A completely - a fallacy, and
44 everything to do with further vilifying and trivialising
45 those whose lives are shattered by experiencing what a
46 persistent mental health issue can do to your life
47 potential and purpose.

1
2 One other aspect of stigma, if I can discriminate
3 further: health services. No other part of health deals
4 with patients as health does, and mental health. Ask any
5 mental health consumer who's been treated for coronary
6 oncology services; they will tell you the contrast is
7 shocking, shameful and confronting.
8

9 In mental health services, generally speaking with few
10 exceptions, the tone is one of containment, is punitive in
11 nature, and is requiring compliance. It is even likely
12 that we could describe that modality and compare it to
13 gentle service, caring, support, anticipatory and in-home
14 interventions that happen with the other types of health
15 service.
16

17 In mental health, we talk of behaviour, not personal
18 guidance; compliance. Why don't we talk about adding help
19 to create positive self-help activities? We talk of words
20 like "absconding", "non-compliance", "tribunal", "audits",
21 et cetera, et cetera. All are related military terms and
22 legal in their context. Not humane and effective
23 terminology.
24

25 Now, I'm not here to change terminology in mental
26 health, I'm just here to explain what underpins all these
27 negativities that constantly arise in relation to mental
28 health treatment and care.
29

30 I think we have to look at terminology to explain why
31 we want humane, effective and supportive services that help
32 us live a contributing life.
33

34 So, I think I'll shut up now and hope that some
35 message of your understanding of what it's like to live
36 through advocacy in this area and to find constantly that
37 we need to reform, not just ourselves, but attitudes as
38 well. Thank you.
39

40 MS NICHOLS: Thank you very much.
41

42 <THE WITNESS WITHDREW
43

44 MS NICHOLS: Commissioners, the next witness is Associate
45 Professor Nicola Reavley. We'll call her before we have a
46 break, if that's alright. I call Associate Professor
47 Nicola Reavley.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47

<NICOLA REAVLEY, affirmed and examined: [10.56am]

MS NICHOLS: Q. Professor Reavley, have you prepared a statement about your work in the area of stigma and discrimination concerning mental health?

A. Yes, I have.

Q. You have. I tender the statement.[WIT.0001.0022.0001] Can I ask you a little bit about your background and your research interests first. Are you the head of the Population Mental Health Unit and deputy director of the Centre For Mental Health at the University of Melbourne?

A. Yes, that's right.

Q. Have you undertaken considerable research on mental health literacy and stigma?

A. Yes.

Q. Have you authored and co-authored a number of research papers in this area?

A. Yes.

Q. I'll ask you firstly, how does the World Health Organisation define "stigma"?

A. So, there's a number of different definitions of "stigma", but the WHO, the World Health Organisation, defines it as a mark of disgrace or shame that results in someone being rejected, discriminated against or excluded from participation in social and economic activities.

Q. In this field of learning, do studies look separately at attitudes and behaviour ?

A. So, people do use these terms a bit differently, but for the purposes of what I'm going to talk about today, we do make a distinction between stigmatising attitudes and discrimination which is more about the actual behaviours or perceived behaviours, yeah.

Q. Why is it necessary, for the purposes of this academic study, to distinguish between those two things?

A. So, obviously attitudes lead to behaviours or dictate behaviours to a degree but not perfectly, and a lot of the earlier research in this area asked people about their attitudes towards people with mental illness because it's relatively easy to do it; it's much harder to get to people and ask about their experiences, but that is more

1 cutting-edge research and that's only really been done more
2 recently.

3
4 Q. Why is it much harder to actually ask about behaviours
5 as opposed to attitudes?

6 A. So, because you have to actually find those people,
7 and the nature of the research we do is population health
8 research, and so, we're interested in doing research as
9 rigorously as possible to quantify the proportion of the
10 population that have these experiences, so you need to
11 sample people in a - you know, get people into your study
12 in a rigorous way to be able to make reasonable statements
13 about the number of people that have these experiences.
14 So, you need to effectively kind of screen them and only
15 get to the people who have mental health problems if you
16 want to ask about that - ask about those things.

17
18 Q. Essentially, is it more onerous to enquire about
19 behaviours?

20 A. Definitely more onerous and therefore more expensive,
21 yes.

22
23 Q. In this context, what's the distinction between public
24 stigma, perceived stigma and self stigma?

25 A. So, in our research we use the term personal stigma,
26 and we mean the attitudes that people themselves hold:
27 sometimes you see that described as public stigma.

28
29 Perceived stigma is about what you as a person think
30 about what other people's attitudes are. And, you know,
31 that can - I think, has been quite eloquently described by
32 people, that can deter help seeking for example because
33 they think that other people are going to view them
34 negatively.

35
36 Self stigma is the attitudes. Effectively, you're
37 kind of internalising the attitudes of others and holding
38 them about yourself, which again can be inhibiting people's
39 participation in many activities in society or seeking help
40 when they need to.

41
42 Q. Thank you. Just by way of background, have you
43 investigated at least the following kinds of stigma:
44 beliefs that people living with mental illness are
45 dangerous and unpredictable?

46 A. Yes.

47

1 Q. And beliefs that a mental illness is a sign of
2 personal weakness?
3 A. Yep.
4
5 Q. That mental illness is not a real medical illness or
6 that the person could snap out of the problem?
7 A. So that's really the idea - yes, that's really the
8 idea, that it's not a real illness and they just need to
9 get out more or something, yes.
10
11 Q. And unwillingness to interact socially or
12 professionally with people with mental illness or
13 willingness to avoid people with mental illness?
14 A. Yeah, so that's sometimes referred to as the desire
15 for social distance.
16
17 Q. Could I ask you just to speak a little bit closer to
18 the microphone so that I can at least hear you better. Can
19 I ask you next about the National Survey of Mental Health
20 Literacy and Stigma. Is that a survey that was and is
21 Australia-wide and was conducted amongst adults in 1995,
22 2003 to 2004 and 2011?
23 A. Yes, that's right. So, the first one was done in
24 1995, and that was a household survey. The subsequent
25 ones, 2003-04 and 2011 were telephone surveys. So, they're
26 computer-assisted telephone interviews, they're random
27 digit dialling of, in the most recent one anyway, landlines
28 and mobile phones, and that's important because, if you
29 only use landlines you tend to under-sample younger people
30 who only have mobiles, so you're more able to say that
31 you're getting a sample that's more representative of the
32 general population.
33
34 Q. Were there two surveys of young people in 2006 and
35 2011?
36 A. There were, yes, done in a similar way, yeah.
37
38 Q. What does "young people" mean for the purposes of
39 those surveys?
40 A. Aged 12-25 for the most recent survey.
41
42 Q. Thank you. Is that work being updated, in effect, by
43 the National Stigma Report Card?
44 A. That, I'm not - I'm not directly doing that work.
45 I believe that will be using somewhat a different
46 methodology, but you should ask them about that.
47

1 Q. Yes, we will ask your colleague, Chris Groot, about
2 that later today.

3 A. Yes.

4
5 Q. But as far as you're concerned, the national survey is
6 as - it's dated back to 2011?

7 A. The most recent one was 2011, yeah.

8
9 Q. I think you've covered how it was that it was
10 conducted. What sorts of questions were people asked?

11 A. So, in terms of stigma, we - as you've just described,
12 we asked them about their beliefs about whether it's - and
13 we looked at a range of mental health problems in that: so,
14 depression, psychosis, chronic schizophrenia, PTSD and
15 social phobia in the most recent one.

16
17 And we asked them about their beliefs about whether a
18 person could snap out of it, whether it's not a real
19 illness. We ask about whether they believe a person with
20 the problem is dangerous or unpredictable, whether they
21 would avoid the person or whether they would tell someone
22 if they had the problem. Also some things about how
23 willing they would be to vote for a politician or have a
24 person with the problem marry into their family. And the
25 desire for social distance questions which are around maybe
26 having someone living in the neighbourhood, socialising
27 with the person, having the person marry into your family.

28
29 Q. Can I ask you about what the survey reveals about
30 trends in relation to depression in the period between 1995
31 and 2011?

32 A. Yeah, so overall between those years there was a small
33 decrease in desire for social distance.

34
35 Q. Yes.

36 A. Probably for depression, kind of a decrease in beliefs
37 about depression being a personal weakness.

38
39 Q. Yes.

40 A. Also, the thing we also found was that, between
41 those years there were increases in beliefs about
42 dangerousness of the person, even for depression.

43
44 Q. Even for depression?

45 A. M'mm.

46
47 Q. Alright. And, what did you find about the willingness

1 of people to disclose their mental health status in
2 relation to depression?

3 A. So, that has increased quite a bit.

4
5 Q. Sorry, does that mean people are more willing to
6 disclose?

7 A. They're more willing to disclose. So, up from around,
8 I think about 20 per cent in 2003, to about 30 per cent in
9 2011. They are also more likely to know someone with the
10 problem, so really up from 45 per cent to 71 per cent.

11
12 Q. Are those figures confined to depression?

13 A. Yes, largely, yes.

14
15 Q. What did the survey tell you about the state of mental
16 health literacy? Sorry, before - I've asked the question
17 badly. Can I ask you firstly to tell us what is mental
18 health literacy?

19 A. So mental health literacy I believe is attitudes about
20 mental health problems that aid in their recognition
21 management and prevention; that's how it's been defined.

22
23 Q. What does that lead to?

24 A. The stigma questions weren't included in the 1995
25 survey. They weren't included in the 1995 survey. The
26 questions in that survey were mostly around whether you
27 could recognise and label the mental health problem. So,
28 people were given a little vignette written to satisfy the
29 DSM criteria for a disorder, the Diagnostic and Statistical
30 Manual criteria, and then you ask those people what, if
31 anything, is wrong with the person and see what they say in
32 response to that. And then a range of questions about what
33 they believe about treatments.

34
35 So, between 1995 and 2011, which is a reasonably
36 long - well, reasonably lengthy time period, we can see
37 that people are much better at recognising depression, so
38 around 39 per cent in 1995, up to about 74 per cent in
39 2011, and also beliefs about treatments move closer to
40 health professionals, so they're much more likely to
41 believe that, for example, antidepressants are helpful or
42 cognitive behavioural therapy is helpful. So, we've seen
43 attitudinal change in that time.

44
45 Q. What are the major predictors of poor mental health
46 literacy?

47 A. So, in general, if you're female you tend to have

1 better mental health literacy. Younger people, so people
2 aged younger than 60, tend to have better mental health
3 literacy. Having a higher level of education tends to be
4 associated with higher mental health literacy.

5
6 Q. Can I ask you now, what does the 2011 survey reveal
7 about differences in stigmatising attitudes about
8 depression on the one hand and schizophrenia on the other?

9 A. So, probably not surprisingly, stigmatising attitudes
10 tend to be higher for people with chronic schizophrenia
11 than depression.

12
13 Q. When you say tend to be higher, what did the survey
14 actually reveal?

15 A. So they do reveal that they're higher. So, it varies
16 according to the type of attitude that you're talking
17 about. So, certainly views about dangerousness are higher
18 for people with schizophrenia than depression. But if
19 you're talking about, for example, believing that
20 something's not a real illness, then those beliefs tend to
21 be higher for a social anxiety disorder for example than
22 schizophrenia. I think that's an important point to make,
23 people tend to talk about stigma as if it's this
24 uni-dimensional thing but actually it's not, it encompasses
25 different types of attitudes.

26
27 Q. Yes, I see. Did the survey find the following: that
28 beliefs in dangerousness and unpredictability are notably
29 higher for schizophrenia than other illnesses; in fact,
30 37 per cent of respondents believe that a person with
31 chronic schizophrenia is dangerous, whereas 22 per cent of
32 respondents held the same believe with respect to a person
33 with depression?

34 A. Yes.

35
36 Q. Has the survey been able to detect gradations of
37 belief within certain parts of the Australian community?

38 A. So, these are general population surveys. So, if you
39 want to, for example, look at beliefs in part - you know,
40 people in Australia who relatively make up a very small
41 proportion of the percentage of the population, so that
42 might be people from culturally and linguistically diverse
43 backgrounds or Aboriginal and Torres Strait Islander
44 people. There are very small numbers in the survey, so
45 really this is not kind of the best way to fully explore
46 beliefs in those people, those groups of people.

1 Q. Is it correct to say that it's an Australia-wide
2 survey that's generalised across the population?

3 A. Yes.

4
5 Q. Is it generalisable to Victoria?

6 A. Yes, there's no reason to think that it would be any
7 different; it's reasonable to assume that, yeah.

8
9 Q. In summary, what have been the hardest attitudes to
10 shift?

11 A. So, I think the interesting thing - one of the
12 interesting things we've seen is the increase in beliefs
13 about dangerousness over time. And, you know, thinking
14 about this, one possibility is that in order to, you know,
15 destigmatise and encourage people to seek help for common
16 mental disorders like depression, the idea that it's a
17 disease like any other, that it's a chemical imbalance, has
18 been promoted and this has probably reduced blame of
19 people, so reduced that idea that, you know, they can snap
20 out of it.

21
22 But it's absolutely possible that what that's done is,
23 if you've given the message that it's really not that
24 person's fault, it's not in their control, possibly the
25 corollary of that has been that people might be seen as out
26 of control and therefore more dangerous.

27
28 And I think for us this highlights the need to be
29 really careful about the messages that these types of
30 campaigns and interventions send so you're not unwittingly
31 doing harm and increasing the negative attitudes in some
32 ways.

33
34 Q. Can you expand on that a little bit? What do you mean
35 by campaigns' capacity to unwittingly cause harm?

36 A. Well, I think, you know, obviously a lot of effort has
37 been put in to improving mental health literacy and stigma
38 and it's done - you know, it's really changed attitudes in,
39 we would say, positive ways: people are more willing to
40 disclose, people are more willing to seek help, and that
41 has definitely been positive.

42
43 But, if you're then, you know - I think possibly
44 another thing that may well have happened, and we can see
45 that from evidence from some other campaigns, is that, when
46 people hear the term "mental illness" we've got evidence
47 that they tend to think about more severe illness. And

1 possibly what some of the campaigns are doing is broadening
2 the idea of mental illness out to include depression as
3 well and, therefore, that's possibly why we can see that
4 some of the attitudes about dangerousness even for people
5 with depression, for which really there is no evidence that
6 this is the case, is possibly you know has that unintended
7 consequence.

8
9 So, I think we just need to be really careful about
10 the messages that we send.

11
12 Q. Am I right in thinking that there is not a lot known
13 as to the basis on which the attitudes about dangerousness
14 and more severe mental illness have increased?

15 A. Not a lot is known?

16
17 Q. About why?

18 A. About why. So, because we haven't directly asked
19 people if that is what they're thinking. Looking at the
20 data in other countries as well, so other people for
21 example in Germany have looked at this, and there it's a
22 hypothesis that it's a reasonable conclusion to draw. Can
23 we be definitive about it? Not definitely, but rarely in
24 this type of research are there definitive conclusions.

25
26 Q. Can I ask you about your work with the National Survey
27 of Discrimination and Positive Treatment. Was that work
28 that you and your colleagues conducted in 2014?

29 A. Yes.

30
31 Q. Was it the first of its kind in the world?

32 A. Yes.

33
34 Q. Can you tell the Commissioners about what that survey
35 was?

36 A. Yes, I can. So, because I said before, you know, it
37 is relatively easy to do work just asking people about
38 their attitudes, it is more difficult to capture their
39 experiences, but we thought this was an important direction
40 that research should take to kind of inform interventions
41 to reduce the problem.

42
43 So, in 2014 we did a similar survey; it was, again, a
44 computer-assisted telephone interview with a random
45 sampling of the population, and in that survey we screened
46 people on a symptom questionnaire and we also asked them if
47 they'd had a diagnosis, and the people that met a certain

1 cut off for symptoms or said they had a diagnosis, we then
2 asked them a range of questions about the experiences
3 they'd had. This was, as you mentioned, a world-first
4 survey, in that we asked about their experiences of
5 discrimination and also positive treatment in a really
6 broad range of domains: so it was friends and family,
7 workplace and education, health services, other aspects
8 like in the neighbourhood, insurance, legal situations,
9 things like that.

10
11 Q. Can I just ask you to run through the contexts that
12 you address? So, you started with friends?

13 A. So, we did spouse, family, friends, in the workplace,
14 looking for work, education, health services, and then we
15 talked about other people, so that might be landlords or
16 neighbours and then some other situations like insurance
17 and legal, Centrelink for example.

18
19 Q. We'll get to those in a moment. Can I just ask you
20 about the key findings of the survey, and is it correct
21 that the survey reported that in most domains the
22 respondents said there were more positive treatment
23 experiences than avoidance or discrimination?

24 A. Yes. So, people were more likely to say yes or no
25 with the answers we asked them at first, were more likely
26 to say that they had been treated positively than avoided
27 or discriminated against.

28
29 So, in friends I think it was around 50 per cent of
30 people said they had been treated more positively. I think
31 maybe around 14 or 15 discrimination and about 20 per cent
32 been avoided, as an example.

33
34 Q. And so, that question asked people to compare the
35 extent to which they were treated positively to the extent
36 to which they were treated negatively?

37 A. Yes. So, it really - the percentages I've just given
38 you there are the percentages of people who said, yes, to
39 the question. And we then asked them to flesh that out a
40 little bit and give us a bit of detail, but yes, that's
41 right.

42
43 Q. Was there any significant exception to that trend?

44 A. So, the exception to that was when we asked people how
45 they'd been treated looking for work, so the negative
46 experiences for people looking for work tended to outweigh
47 the positive.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47

Q. Do you know by how much?

A. I think it was around 15 per cent, as opposed to 10 per cent.

Q. Can we just focus for a moment on the circumstance of looking for work. What was the most common type of discrimination in that context?

A. So, about half of the people - among those who said they'd been discriminated against looking for work, about half of them said they'd been denied job opportunities. They also reported not disclosing their problem and being quite concerned about that and keen not to tell; so, it's a kind of anticipated discrimination.

Q. Did people report that they had not been hired because of their mental health problems?

A. They did, about 15 per cent of people.

Q. Can you say on what basis that conclusion was reached?

A. Well, it is difficult because of course you are going by what people themselves perceived, and of course it is possible that they may perceive things differently to how the person intends; it's very difficult to kind of tease that out.

But one of the things we did do in that survey with another group of people who actually did not report having a problem or symptoms, we asked them whether they'd observed - what they'd observed in others they knew with mental health problems and the patterns were quite similar.

Q. What did the survey report about people's treatment within the health system?

A. We again did - you know, people were more likely to report positive experiences but certainly some of the things they talked about were, being treated dismissively, not being listened to, and I think - and you know, what Janet talked about this morning very eloquently highlights it, and I think one of the things we think about discrimination in health services, people being seen just in the context of their mental illness and having the other aspects of their health and life more broadly, like their physical health, just being completely ignored.

Q. Did the survey also reveal that people had positive experiences in the health system?

1 A. Yes, certainly, yes.

2

3 Q. Was the survey able to provide a proper basis on which
4 to draw any conclusions about the behaviour of insurers
5 offering or refusing to offer health coverage?

6 A. So, the numbers of people who had - because of course,
7 you know, a lot of people in the population, that situation
8 simply doesn't arise for them, so this is not probably the
9 best method to really draw conclusions about that, so the
10 numbers of people that reported were very small, so I
11 wouldn't say that this is the best way to get at that,
12 yeah.

13

14 Q. Can I ask you about your research on what it is that
15 drives stigma?

16 A. So, we have looked at this. As part of that survey
17 also, we asked people about their views about the
18 dangerousness of somebody with a mental health problem and
19 we asked also about their exposure to media reports,
20 whether they knew someone with a mental health problem or
21 whether they'd had experiences of being afraid of or being
22 harmed by someone with a mental health problem.

23

24 Other literature - and this really did confirm that -
25 that people are much less likely to have stigmatising
26 attitudes if they know someone with a mental health
27 problem. And that's because people are obviously - you
28 know again what Janet was talking about today, talking
29 about the depersonalisation. If you know someone with a
30 problem, which of course is more likely to be depression
31 because it's a more common problem, you're more likely to
32 think about that in terms of the whole person in a more
33 complex way. Whereas if you don't know someone you might
34 be more likely to go just by stereotypes.

35

36 So that was one finding, that if you know someone it
37 confirmed that, you're less likely to have stigmatising
38 attitudes.

39

40 For the influence of media it seemed not particularly
41 strong for depression and I think that's because of what I
42 just said before, people don't just think about the
43 stereotypes.

44

45 But for schizophrenia, the media does probably play a
46 greater role, because if you're only thinking about someone
47 in a stereotypical way, the media is definitely one of the

1 influences on that.

2

3 Q. In terms of the positive factors that can ameliorate
4 against or prevent stigma, has the research indicated that
5 the most powerful factor is having knowledge of or a
6 personal relationship with someone with a mental health
7 condition?

8 A. Yes, that certainly seems to predict lower
9 stigmatising attitudes. So, interventions to reduce stigma
10 tend to obviously have that as a component, so they're
11 known as contact interventions, so they usually involve
12 someone with a lived experience talking about their
13 experience, so that could be in person; it could be on a
14 video, sometimes it's also imagined contact. The other
15 probable main --

16

17 Q. Can I just stop you there. What do you mean by
18 imagined contact?

19 A. Well, there are some studies that ask people to
20 imagine having contact with a person with a mental illness
21 and then trying to create a more kind of empathetic
22 response to that person, some studies do do that, not so
23 many. It's more common to have an actual, hear an actual
24 story from a person. Video is - using video testimonies is
25 quite common because it's relatively easy to do.

26

27 Q. You say this is common, but if we can put things in
28 the context of public health campaigns or interventions
29 from a policy perspective --

30 A. Yep.

31

32 Q. -- when you speak about contact interventions having
33 efficacy, what sorts of contact interventions, according to
34 the evidence, actually work?

35 A. So it might be useful to maybe make a distinction
36 between a campaign which could be more like a media
37 campaign aimed at the general population or an intervention
38 which might be, for example, people going into a classroom
39 at a school and talking about their experience. So, maybe
40 I'll make that distinction for the purposes of this.

41

42 Q. Yes, so if you were to construct a hierarchy of
43 things, leaving to one side close personal relationships
44 which are hard to regulate from a policy perspective --

45 A. Yes.

46

47 Q. -- if you were to identify the kinds of things from a

1 policy perspective that work as contact interventions, what
2 are they?

3 A. So, there have been a number of campaigns which
4 involve people talking about their experiences, education
5 around myths and how to combat stereotypes. Those are
6 probably the kind of whole-of-population campaigns.

7
8 There are, in terms of more small-scale interventions,
9 so going into schools as I just described, or with health
10 and medical students, sometimes with employers, so they
11 operate both on a kind of broad scale and on a smaller
12 scale.

13
14 Q. So, is the common thread in those sorts of programs,
15 having a person with lived experience speak about their own
16 lived experience?

17 A. That's a common thread in what we call contact
18 interventions. There's also what's called
19 psycho-education, which might not - which is more around
20 dispelling myths and giving correct information, and a lot
21 of interventions combine those two components.

22
23 Q. Is psycho-education effective without contact
24 intervention?

25 A. Yes, sometimes. Yes, they both - they both seem to
26 have small-to-medium effects so far as we can tell. We've
27 done a systematic review and meta-analysis looking at the
28 effects of these interventions for severe mental illness.

29
30 Q. Just on that analysis, focusing on severe to mental
31 illness, you've said that the research shows
32 small-to-medium effects. What do you mean by
33 small-to-medium in that context?

34 A. You can get - so we talk about effect sizes, and when
35 they're small-to-medium it's a kind of - yeah, we can get
36 small changes in attitudes. In the short term what we
37 don't really know is the extent to which things are
38 sustained; often because we don't measure it and, sometimes
39 when you do measure it slightly longer term, the changes
40 seem to drop off. So, one of the things we need to know
41 more about is how to sustain those attitudinal changes in
42 the longer term, what might be needed for that.

43
44 Q. When you say "drop off", do you mean that the changes
45 don't remain after the interventional program (indistinct)?

46 A. For a long-term, we're not - so, one of those things,
47 it's like it's not often measured, so can I say that it

1 definitely doesn't sustain? No, I can't, but we've got
2 some reason to suspect that it might not. So, you might
3 need ongoing or top up type of interventions.
4

5 Q. Alright. Can I now turn to asking you some questions
6 about other jurisdictions. Was there a significant
7 campaign in the UK called Time to Change?

8 A. Yes.
9

10 Q. Can you tell the Commissioners what that campaign was?

11 A. So that's probably been the best funded and best
12 evaluated anti stigma campaign anywhere. It's mainly
13 involving - so there was a media campaign, social media,
14 TV, various things, and also kind of mass contact
15 interventions which are often sporting events, so
16 encouraging contact between people with mental illness and
17 members of the community.
18

19 Q. Can I just ask you to slow down for a minute. I would
20 like to get from you the elements of that campaign. So,
21 can we start with television?

22 A. So, they would involve people with lived experience
23 talking about that, talking about obviously again you know
24 the idea about dispelling myths and giving accurate
25 information about mental illness.
26

27 Q. Alright. So, television, social media?

28 A. Yes, also, similar, similar elements in the campaigns.
29 Just, I guess, delivered in a different way. So, similar
30 elements and messages but delivered in a different way.
31

32 Q. You mentioned sporting events, I think?

33 A. Yes, they had mass sporting events in local
34 communities.
35

36 Q. Do you mean sporting events with sponsorship related
37 to mental illness, or something different?

38 A. Sponsorship: so, well, I guess the campaign was in a
39 sense the sponsor, but it was in order to promote contact
40 between people with mental health problems and the local
41 communities in a - you know, as a mechanism for doing that
42 really.
43

44 Q. So, did the sporting events involve people with mental
45 health issues playing games?

46 A. Participating.
47

1 Q. Participating?
2 A. Yes.
3
4 Q. With people who did not?
5 A. Yes.
6
7 Q. I see. Was there any other significant element of
8 that campaign?
9 A. Those were the main elements. They also did some more
10 tailored interventions, for example with medical students.
11
12 Q. Yes.
13 A. And some work with employer - employers as well,
14 businesses.
15
16 Q. Were these different aspects of the campaign
17 coordinated?
18 A. Yes, to some degree, yes.
19
20 Q. Over what length of time did they run?
21 A. So that's been going since about 2008, a bit more
22 intensive in the earlier years, and they evaluated it with
23 an annual viewpoint survey.
24
25 Q. Do you know whether it was run by a coordinating
26 agency?
27 A. So, it's - yes, there was a campaign set up and it's -
28 it was funded by the UK National Lottery, so yes, there is
29 a coordinating agency, Rethink Mental Illness, yes.
30
31 Q. Is one of the significant things about this campaign,
32 that it has involved evaluation of the results?
33 A. Probably been the best evaluated, so because they did
34 an annual survey, and it's hard to evaluate these kind of
35 campaigns because you can never be sure. You know, they're
36 usually done with surveys at one time point and then later,
37 and of course you're never really sure if you haven't got a
38 comparison community that hasn't had the intervention, it's
39 difficult to be sure, but within those you know restraint -
40 constraints, yes, it's had a - it's quite well evaluated.
41
42 Q. And what did the evaluation show?
43 A. So the most recent evaluation has shown that there
44 have been changes in attitudes which - so, I think that's
45 most recently published in 2017, and that, given the
46 difficulties, that is a positive finding and most of those
47 changes were in the target group, which I think was people

1 aged about 24-44, so that's a positive finding for them.

2

3 Q. What were the attitudes that had changed?

4 A. They have questions about beliefs about people and
5 also they do look at the desire for social distance there.
6 So, more willing to have interaction, yeah.

7

8 Q. Did the attitudes concern people living with more
9 severe mental illnesses?

10 A. So, I think that this is probably one of the sort of
11 caveats of this: their questionnaires that they use in that
12 campaign just ask about mental illness. And, as I sort of
13 mentioned before, possibly what some of these campaigns do
14 is broaden the definition of mental illness to include
15 depression and, therefore, are you really capturing changes
16 in attitudes to people with severe illness, or are you
17 broadening the definition of mental illness and people view
18 people with depression in a less stigmatising way anyway?
19 Everything has its limitations in that regard.

20

21 Q. Yes, but can anything be learned from the evaluation
22 of that survey and the way the questions were asked about
23 whether the attitudes towards schizophrenia for example
24 were able to be shifted?

25 A. I think we can say that it's possible that the
26 attitudes have been shifted a bit with those kind of
27 caveats around it, yes.

28

29 Q. And, why is that, on the basis of that survey?

30 A. On the basis of - yes, yeah, so --

31

32 Q. What did that survey reveal that allowed researchers
33 to conclude that there may have been a shift in attitudes
34 towards schizophrenia?

35 A. Well, because they do use the term "mental illness" in
36 their questionnaires, and when most people hear that term
37 they think of more severe mental illness. Much less likely
38 to think of depression, although that's possibly shifting a
39 bit.

40

41 Q. Insofar as that survey showed a positive shifting in
42 attitudes, did it descend to working out what elements of
43 the campaign were particularly important in that?

44 A. That is more difficult.

45

46 Q. Yes.

47 A. Because it is hard to tell. Because, even if you ask

1 people - people don't always recall what they heard or saw.
2 So, you can make some assumptions, but it's very difficult
3 to be definitive about that.
4

5 Q. I see. Can I ask you about the World Psychiatric
6 Association's campaign called Open the Doors and the
7 rolling out and evaluation of that in Austria and Germany?

8 A. So, most campaigns either specifically have targeted
9 depression or they have targeted mental illness broadly,
10 but the WPA's Open the Doors campaign specifically targeted
11 schizophrenia. And again, these were sort of more contact
12 interventions, people with lived experience talking about
13 their experience, and they had public events and some media
14 as well. And in both those places, they did, like, a
15 before and after survey.
16

17 So, in Germany, the campaign reach was very small.
18 So, when they asked people in those surveys - you know,
19 less than 10 per cent of people in both those surveys had
20 even heard of the campaigns, so already the reach is small,
21 so you've got to kind of think about it with that
22 limitation. In Germany it seemed that there were some
23 small changes in positive attitudes, but in Austria it
24 looked like actually some of the negative attitudes,
25 including about dangerousness, actually increased.
26

27 And, the researchers working on that evaluation
28 thought that possibly that was because not long before the
29 follow-up survey there was a case that had quite a lot of
30 high profile in the media, someone with schizophrenia shot
31 someone, and they think that this impacted on the
32 attitudes.
33

34 And I think this highlights a really difficult
35 point in this area that, with all the work that people do
36 in campaigns, one very high profile media event involving
37 someone with schizophrenia is a very difficult thing to
38 kind of mitigate against.
39

40 Q. Has your research showed that one of the things that
41 is likely to be needed is to have more positive messages?

42 A. I think there is an argument for that. So, when we
43 did our discrimination survey, what you often find is that
44 friends and family in particular are more likely to avoid
45 the person, and I think we know from this and other pieces
46 of work that we've done that most people I think want to
47 help, want to, but they often are stopped doing that

1 because they don't want to do the wrong thing and make the
2 situation worse and say the wrong thing.

3
4 And I think a lot of stigma campaigns are about what
5 not to do, and helping people know a bit more about what to
6 do and have confidence about what to do is something that
7 we should try and do and test and evaluate. So, certainly
8 an intervention like mental health first aid, which is
9 analogous to physical first aid but how to help someone
10 developing a mental health problem in a crisis, that's been
11 really well evaluated and that's what that does; it gives
12 you guidance on how to help someone and that has
13 anti-stigma effects, that's pretty well-established.

14
15 Q. Can you say a little bit more about that concept,
16 mental health first aid?

17 A. Yep. So, I think most people are familiar with the
18 concept of physical first aid which is about that really
19 short-term help to get someone into professional help; it's
20 a similar idea. And, it's a training course, usually two
21 days, and it's designed for members of the public and it is
22 that: it's how to give someone that early help until they
23 get professional help.

24
25 Q. Do you know where that's being trialled?

26 A. Yes. So, that is run by an organisation, Mental
27 Health First Aid, and that's quite widespread into
28 Australia. Actually I think it's now up to about
29 3 per cent of the population's been trained in that and
30 it's spread to about 25 mainly high income countries.

31
32 Q. Is it the case that that program's been evaluated for
33 anti-stigma effects?

34 A. Yes, in high quality studies, in randomised control
35 trials, yes, several now. Not just in Australia, in other
36 countries too.

37
38 Q. What did those studies show?

39 A. They do show reductions in stigmatising attitudes:
40 beliefs about dangerousness, beliefs about not being a real
41 illness, and desire for social distance.

42
43 Q. Is it relevant that participants in that had very
44 personal high contact experience with that educational
45 event?

46 A. Well, it's a two-day course so, you know, certainly if
47 you think about exposure, you know, some media campaign,

1 someone might just see one TV ad or two TV ads or a clip on
2 YouTube. I mean, that's obviously really different to
3 doing a two-day course specifically about mental health.
4

5 Q. Thank you. Finally, in your statement with the
6 Commission, you say that:

7
8 "Reducing stigma is a process of bringing
9 about long-term cultural change."
10

11 If you were asked to recommend one thing, what would
12 that be?

13 A. I think we should do those interventions at, I think
14 it needs to be whole-of-system. So, of course the media
15 campaigns are very important, I think we need to know a
16 little bit more about the active ingredients in that.
17 Tailoring to different groups. So, there's of course the
18 general population but you know, as has been again amply
19 described this morning, people in health services, people
20 in other services, to know a bit more about the active
21 ingredients in those. How not to do harm, how not to
22 increase attitudes, because there is some evidence with
23 contact interventions that, if you can't relate to the
24 person or if their story's not positive, you're actually
25 doing harm and increasing stigma.
26

27 And we need to know a bit more about how to use social
28 media. It's obviously in our world really important, can
29 be very polarising and negative, but it's also definitely
30 opportunities for intervention.
31

32 We need to probably know a bit more about the effects
33 on social and economic participation, health service use,
34 and we should evaluate it and we should evaluate what we do
35 so we don't waste money. And, the survey we did, the
36 national survey, kind of offers the opportunity of that for
37 a baseline, that we could then repeat that survey in
38 future years to see if there's been changes.
39

40 Q. Sorry, one more question on social media: am I right
41 that there has not been much, if any, research on the power
42 of social media to prevent and mitigate against stigma?

43 A. Certainly we need more. I've done a small project
44 where we looked at the stigmatising language that people
45 used on social media, and also the extent to which it was
46 being used to promote more positive attitudes, but we
47 definitely need to know much more about how that impacts on

1 people.

2

3 MS NICHOLS: Thank you very much. Chair, do the
4 Commissioners have any questions?

5

6 CHAIR: No. Thank you very much.

7

8 MS NICHOLS: May Professor Reavley be excused, please?

9

10 CHAIR: Yes, thank you.

11

12 <THE WITNESS WITHDREW

13

14 MS NICHOLS: Commissioners, would it be convenient to take
15 a 15 minute break now?

16

17 CHAIR: Yes, adjourn.

18

19 **SHORT ADJOURNMENT**

20

21 MS BATTEN: Chair, I understand there's a restricted
22 publication order in relation to the next witness.

23

24 CHAIR: Thank you. The Royal Commission has made an order
25 pursuant to the Inquiries Act 2014 prohibiting the
26 publication of the surname of the next witness who is about
27 to give oral evidence to the Commission.

28

29 I'd like to remind all persons present or watching the
30 live stream, including the media, that any material which
31 would enable the identification of the surname of this
32 witness cannot be published.

33

34 It is a criminal offence under the Inquiries Act for
35 any person to breach this order. A copy of the order has
36 been placed on the door of the hearing room. Counsel, you
37 may call the next witness

38

39 MS BATTEN: Thank you, Chair. The next witness is Teresa.
40 I call Teresa.

41

42 <TERESA, affirmed and examined: [11.59am]

43

44 MS BATTEN: Thank you, Teresa. If you can just sit so
45 that you can speak into the microphone, just adjust it to
46 make yourself comfortable.

47

A. Sure. Is that okay?

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47

Q. Thank you. Have you, with the assistance of the Royal Commission team, prepared a statement that outlines your experience with the mental health system?

A. Yes.

Q. I tender that statement. [WIT.0001.0009.0001] Teresa, you grew up in a country town with your family, and you went to the local school, and you had a normal family upbringing with your mum, your dad, your younger brother and your older sister?

A. Yes.

Q. And your parents provided a safe environment for you where you could explore your interests which were primarily reading and music; is that right?

A. Yes, that's correct.

Q. From when you were about 12, can you tell the Commissioners a bit about how you started to feel?

A. I think, when I reflect back on my childhood, my earliest memories are memories of feeling uncomfortable and feeling uncertain; they're not positive memories, despite my family's upbringing.

And, I'd been living with these memories as a child for a very long time, and I had this - I had a distrust of my peers, I didn't know how to connect in. And, by the time I got to about the age of 12, I think, I explored these thoughts and reached the conclusion that my life just wasn't worth living. The thoughts that I just kept having were just so scary and I didn't know what to do with them, that I just, I felt like I'd reached a point where there was no other choice, that this would be the best option, to end my life.

At that time, I didn't have means to do anything like that, and it was one of the things that was always really important to me, was thinking about the impact that that decision would have on my family. So, obviously, I didn't enact that plan and I just kind of kept on going and living with that, but I had no idea what was going on or how to talk to anyone about that.

Q. When you say "about that", was it easy to tell other people what you were experiencing? Was it easy to describe?

1 A. It was incredibly difficult to describe. Like, I
2 didn't understand, I didn't have any language to share it
3 with people, and I felt so much shame that I had this
4 wonderful family and all of these opportunities, that this
5 is what was going on in my brain. I just didn't feel like
6 I could talk to anyone, and there was no-one to talk to
7 about it.

8
9 Q. When you were about 15, did you try and talk to a
10 school friend about it?

11 A. Yeah. When I was 15, I happened to be in the school
12 bathroom, doing something I probably shouldn't have been
13 doing, and this friend explained that she had recently
14 reached out to the school counsellor about how she'd been
15 feeling and that that had been a positive experience for
16 her, and I thought, okay, well maybe that's something that
17 would be worthwhile to do.

18
19 So, I got in contact with the school counsellor and
20 she arranged for my mother to take me to the local GP. The
21 GP prescribed me a packet of antidepressants and, in short,
22 two days later I took the whole packet of antidepressants
23 because I didn't see that anyone was going to be able to
24 help me with what I was going through and I thought, well,
25 I've got this available to me, I've gotta just give it a
26 go.

27
28 I ended up in hospital. My parents found me the next
29 day and I was conscious enough to describe what I had done,
30 so they took me into the local hospital. I remember just
31 feeling such deep shame about what I had done. I remember
32 hospital staff making me feel like - telling me that I'd
33 done something silly, and I just - I felt so, so alone and
34 so stuck that I just honestly had no idea what to do.

35
36 It was offered that I could go and spend some time in
37 an inpatient facility down in Melbourne, it was an
38 inpatient facility designed for young people, and I knew I
39 couldn't go home and face my family, I couldn't go to
40 school and face friends at school, so I went down and spent
41 two weeks down at that inpatient facility.

42
43 Q. Can you tell the Commissioners what the inpatient
44 facility was like?

45 A. I think the first thing is, it's incredibly
46 disempowering. Anything - everything that you have is
47 searched and even the most basic things are taken away from

1 you. It was - I learnt, in some ways it was like a school
2 for teaching you how to do things that are harmful for
3 yourself, because it had never occurred to me that spray-on
4 deodorant could be used in a harmful way until they took my
5 spray-on deodorant away from me, and I was like, okay,
6 that's something new.

7
8 And, you know, the staff were kind, but I don't recall
9 anyone being able to help me understand why my brain was
10 like the way it was. I could see that I didn't feel
11 connected to the other people who were in there. I felt,
12 again, that shame of having a very supportive family and
13 home and I came away with the sense that I really need to
14 pick this up myself and keep pretending that everything's
15 okay.

16
17 Q. Just before we move on to that, can you describe how
18 you feel you were treated while you were an inpatient?

19 A. I think at that time, being an inpatient - like,
20 you're - you're not treated as a human, as a person, you're
21 treated as a, kind of someone whose behaviour needs to be
22 managed and controlled, and everything that you do has to
23 be - you have to seek someone else's permission to do it,
24 and yeah, there was no kind of - I think my voice just
25 wasn't heard.

26
27 I remember being in a group therapy session and being
28 challenged because I wasn't doing enough to explain what
29 was going on for me, and it was assumed that I wasn't being
30 compliant and that was the conversation; there was no
31 understanding that it was incredibly difficult for me to
32 talk about.

33
34 Q. You've said that you didn't feel that the inpatient
35 facility could help you at that time; is that right?

36 A. Yeah, there wasn't - I didn't get any kind of insight
37 into why I was like I was, and I didn't really get any
38 insight into what I would need to do to improve my health.

39
40 Like, I didn't come out of it with an understanding of
41 a condition, or a story that was presented as a, well,
42 here's a respite from your life; great, you've had your
43 respite, now move on.

44
45 Q. Were you offered any follow-up treatment after you'd
46 been in the facility?

47 A. I must have been, because I remember when I returned

1 to my hometown I remember going to see a psychologist in a
2 neighbouring town; there wasn't any services in the town
3 that I was living in.
4

5 Q. So, how far away was that?

6 A. It was about an hour's drive, or maybe just under an
7 hour's drive. So, in order for me to get there my parents,
8 one of my parents, had to drive me there, and that was just
9 an incredibly difficult experience, because I'd spend more
10 time sitting in a car with a parent who I felt so guilty
11 for feeling the way that I did, more time with that
12 experience than perhaps getting the help that I needed from
13 the psychologist. I don't - yeah, I don't really remember
14 how that psychologist was able to help.
15

16 Q. So, did you continue seeing the psychologist, or did
17 you stop seeing them?

18 A. I don't remember entirely, but it didn't - I don't
19 remember seeing them that often. I think I must have been
20 able - I was - the incentive to see the psychologist just
21 wasn't there because it was too challenging to get to it
22 and, yeah, I just - I wanted to move on with my life and do
23 things to try and see if there was a different way I could
24 get better.
25

26 Q. So, how did you manage your mental health from that
27 point?

28 A. I think, I mean, over a long period of time I
29 developed a whole lot of different strategies. I'd set
30 goals for myself so that, you know, we'll just focus on
31 this thing that's going to happen and then, you know, don't
32 think about what's going on in your brain; you can make
33 that decision after you've done that.
34

35 Self-harming was always a big way for me to cope. I'd
36 started self-harming at probably about 12 or at the age of
37 12 or 13 when I first was trying to think through options
38 to end my life. The self-harming was always about testing
39 out how far I could go, but also was a really effective
40 mechanism for helping me feel calmer and in control. And,
41 yeah, I managed it that way and I managed to complete
42 Year 12. I did really well in Year 12.
43

44 Q. You did really well and got into medicine at a
45 university?

46 A. Yep.
47

1 Q. You tried to use the mental health system again at
2 that point?

3 A. Yeah.

4
5 Q. Can you tell us about that?

6 A. Yeah, I mean, I was really conscious that the thoughts
7 and the feelings that were going on in my brain hadn't gone
8 away, and I knew that studying medicine was going to be an
9 incredibly stressful thing.

10

11 And I also had this need that, if I was going to be a
12 good doctor and be able to help patients, I needed to be as
13 well as I possibly could be, so I reached out for support
14 through the - there was a GP associated with the medical
15 school that I was in and she was really kind and really
16 supportive and referred me to a psychiatrist, and I saw
17 that psychiatrist a few times.

18

19 But it was - it was just so hard to explain what was
20 going on in my head, and I was so fearful that, if I
21 started exploring that, I'd lose everything that I'd worked
22 so hard to achieve. So, I just - I didn't know how, and
23 there wasn't anyone who could help me kind of find that
24 safe space to actually talk about what was going on.

25

26 And I think that kind of, from that point on I kind of
27 entered into this cycle of reaching out for help.
28 Generally you go to a GP and you get referred, and it just
29 became my life as an adult, became this cycle of things
30 getting bad, or something happening that meant that I'd go,
31 okay, I've got to be a bit more proactive about this. I'd
32 reach out for help, get referred, and yeah, none of those
33 really helped me get to the bottom of what was going on.

34

35 Q. You went to the emergency department a few times in
36 this period.

37 A. Yeah.

38

39 Q. Can you tell the Commissioners about what it was like
40 going to the emergency department and trying to get help
41 that way?

42 A. Yep. So, there was a couple of times where things
43 would become so distressing that I would use whatever I had
44 available to try and end my life, and I ended up in the
45 emergency department, probably about four or five times.

46

47 The emergency departments are not designed to support

1 and understand what's going on for someone who's incredibly
2 vulnerable and distressed. I think they're incredibly
3 public environments, everyone's got too much - there's too
4 many things going on, no-one's got time to really explore.

5
6 And generally what would happen is, I'd get into the
7 emergency ward, eventually I'd see a psych registrar, and
8 the message that I heard consistently was that, you don't
9 want to enter the public mental health system, it's not a
10 system for people like you, go to your GP, go get a
11 referral, that's your best option of getting the treatment
12 that's going to help you.

13
14 Q. You mentioned that in the emergency ward there's no
15 opportunity for privacy and you have to speak to someone in
16 front of everyone else. Can you tell the Commissioners a
17 bit about what that feels like?

18 A. So, you're in a bed and they'll come into your bed and
19 they'll draw a curtain, a very flimsy curtain to separate
20 you from the person next door, and most of the time you can
21 hear what's going on for the person next door, and they'll
22 say, "Oh, so tell me what brought you in today." And
23 you'll explain that you tried to overdose, or you - however
24 the mechanism you use. And they'll say, "So, why did you
25 do it?" And you hear between you and this flimsy curtain
26 the person next door, and there's just no - no place. You
27 don't know the person that you're talking to, you don't
28 know the answer as to why you've ended up here; it's just,
29 this impossible situation.

30
31 And it's the same experience: like, I remember at one
32 point I got moved up to a ward and it was the same
33 experience. The doctor comes in, draws the curtain, you've
34 got the person next door to you and you're expected to open
35 up about something that's so painful, and so scary to you,
36 that it's forced you into thinking that the best option is
37 to end your life. Yeah, I don't know how else to, it's
38 just --

39
40 Q. I think you've done really well. Teresa, can we talk
41 about diagnosis. In the early 2000s, did you get a
42 diagnosis?

43 A. Yeah. So, I don't really remember how the diagnoses
44 came up, but I think I recall that it was within the -
45 someone at the emergency department said to me, oh, I think
46 that you've probably got this, and that diagnosis that I
47 was given was borderline personality disorder, and that was

1 amazing on one level because now I had something that I
2 could research, that I could look into and try to
3 understand what - how I could get better and how I could
4 recover.

5
6 And, I was very proactive about it. I flew up - I
7 recruited my friend and we flew up and went to maybe - I
8 think it might have been the first Australian conference on
9 borderline personality disorder. I, you know, purchased
10 textbooks, I did all of the research that I could do to try
11 and find something that would be a suitable program.

12
13 At that time, in the early 2000s, there wasn't many
14 programs available. I think even in the private health
15 system there wasn't that many programs available, and when
16 I'd ring up or when someone would ring up on my behalf,
17 because it's really hard to - when you're feeling really
18 vulnerable it's really hard to ring up and talk to people
19 about what you're experiencing, I would just get told, oh,
20 I didn't fit the categories, yeah.

21
22 Q. What were some of the categories, what were some of
23 the reasons why you didn't fit?

24 A. Some of it was about location, some of it was about
25 earning capacity, and some of it was about the severity of
26 the symptoms. Yeah, I've always been fortunate that I've
27 been able to keep myself going and stay well enough so that
28 I can be educated. I have a masters degree and I have a
29 relatively successful career - not as a doctor - but still,
30 a relatively successful career. So, I've just - I've never
31 been - it's that thing of, I've never been bad enough to
32 meet the criteria. Another time I was too old, just missed
33 the cut-off for Headspace at that particular time.

34
35 Q. Can we move to 2015. You became pregnant at that
36 time.

37 A. Yep.

38
39 Q. And you said, you knew becoming a parent would be
40 challenging for you to maintain your mental health, and at
41 that point you reached out for support. Can you tell the
42 Commission a little bit about what you did to try and get
43 support at that point?

44 A. Yeah. So, I'd fallen pregnant and, as you said, I
45 realised that that was likely to be quite a stressful
46 environment. So, I was receiving some amazing care through
47 my pregnancy at one of our public hospitals. I also have

1 type 1 diabetes, so I was considered a high risk pregnancy
2 for that reason, and I was able to access just phenomenal
3 care to support me with my diabetes through my pregnancy.
4

5 And, it occurred to me as I was going through that
6 process, that possibly it would be worthwhile linking in to
7 the services available at that hospital, so I spoke to
8 someone and reached out, but by the time I got the call to
9 organise an appointment, it just felt like the risk of
10 going back into the system was too high and I had created
11 all of this - I had created this fear that, because of the
12 condition that I had and the diagnosis that I had, that I
13 might be considered by the medical community as someone who
14 wouldn't be fit to be a mother and I hadn't had an
15 experience of being able to get help; the thing that had
16 helped me the most was whatever strategies I could put in
17 place to manage it. So, when that support was offered, I
18 declined it.
19

20 Q. What about once your baby was born with the maternal
21 child health nurse; did you feel you could talk about how
22 you were feeling in your condition with that nurse?

23 A. No. I think, again, I think because of the
24 associations around something like a diagnosis of
25 borderline personality disorder, I was so fearful that my
26 child could be taken away, or that they would say that I
27 was a bad mother, that I didn't feel like I could share it
28 with the nurses.
29

30 The nurses have a very kind of standard approach. I
31 think my perception - and some of the nurses that - I've
32 had experience with a range of different nurses, and some
33 of them have been quite supportive, but some of the nurses
34 are very, this is how you do it; if you don't do this then
35 you're not doing what's right for your child.
36

37 Some of the conversations that I had with nurses
38 really cemented for me this idea I had in my head that
39 maybe I wasn't going to be a good mother for my son,
40 because I wasn't making - they made me feel like I wasn't
41 capable of making good decisions for my son, so I would
42 just - yeah, I'd - despite the fact that being a mother was
43 incredibly stressful and my brain was flying out with all
44 sorts of terrifying and scary thoughts, I didn't talk to
45 anyone about it.
46

47 Q. Last year, Teresa, things became really challenging

1 for you; can you describe what happened when things became
2 challenging?

3 A. Yeah, so I think - I mean, I'd had this incredibly -
4 becoming a mother is one of the most challenging
5 experiences, and I think it is for everyone, but I think
6 for me it brought up all sorts of thoughts about whether or
7 not what I could do to protect my son from ending up like
8 me, and whether or not I was doing enough, and it was just
9 an incredibly stressful time.

10

11 And, for whatever reason, I became just incredibly
12 distressed by it and consumed by thoughts of harming myself
13 and harming my child. It was one of the most scary things
14 for me, and I knew at that point that I had to act to
15 ensure the safety of my son.

16

17 So I again reached out to a GP and he took me
18 seriously enough that he - I didn't share a whole lot with
19 him, but he took me seriously enough that he gave me - told
20 me to come back in a day or so and gave me the number of
21 the local CAT Team and just said, look, if things get
22 worse, this is what you do, you call this number.

23

24 So, things did get pretty bad later that night, so I
25 called the Cat Team, and again, the person I spoke to on
26 the Cat Team took me seriously and said, "Look, I think you
27 should come in so we can talk to each other face-to-face",
28 so he organised for an ambulance to come and pick me up and
29 he met me at the emergency department, or at least that's
30 how I recall it.

31

32 And, this emergency department was different. It's
33 like, if you were suffering from mental health, you got
34 separated into a different space. I'm not sure if it was
35 actually the case, but I recall it being like I had my own
36 room, so when people would come and talk to me and ask me
37 what was going on, I had that sense of privacy.

38

39 So, it was a different experience to what had happened
40 in the past, and it was quiet. There was another patient
41 in, but it was quiet and there was somewhere where I
42 could - there was a couch where you could play a game, or
43 there was something to do, you weren't just confined to a
44 bed.

45

46 After they assessed me, they suggested that I get
47 admitted, and knowing - like, at that stage my ability to

1 make any decision was completely gone, so I said, yes, and
2 agreed, so I was admitted as a voluntary patient.

3
4 Entering a psych ward as an adult is an incredibly
5 confronting experience. When a bed was made available for
6 me, I was put in a wheelchair - and I'm used to being put
7 in a wheelchair in hospitals, I've been there, done that,
8 that's fine - but when you're getting admitted to a psych
9 ward you're followed by two security guards who walk behind
10 you, I assume to make sure you're not going to do anything
11 dangerous - I don't know. I've never been in an
12 environment where I've been followed by security guards
13 before; it was incredibly confronting.

14
15 And then, when you enter the psych ward, they take
16 everything, they search everything. You're warned about
17 other patients and having any kind of belongings with you
18 that you wouldn't want to lose. You're encouraged to lock
19 everything up for safety, which means that you don't have
20 access to anything without getting permission.

21
22 And, yeah, it couldn't be a different environment to
23 the world that I had been the week before, where I was a
24 senior leader and manager in a large government
25 organisation, to now being - having to go and ask
26 permission to access things that I needed to keep me
27 healthy, so things like things for my diabetes. They took
28 away my insulin pump, which is what I use, because they
29 were concerned about my safety, of having that much insulin
30 available, which meant that I had to compromise the care
31 that I have for my diabetes.

32
33 I don't - I've always used an insulin pump, to go back
34 on needles is incredibly different and, you know, in
35 order to test my blood sugar and to get insulin I'd have to
36 talk to the nurses. So, I remember the first night having
37 an incredibly high sugar level and just not being able to
38 do anything about it because, in order to get access to
39 insulin I'd have to get a doctor to come and sign off that
40 it was okay for me to take my insulin, so it was incredibly
41 scary.

42
43 Q. Ultimately, you've said that the hospital experience
44 overall was very positive?

45 A. Yes.

46
47 Q. What was positive about it, what was the outcome of

1 being in hospital at that time that was positive?
2 A. So, after I got over the first shock and, I guess,
3 proved myself to be somewhat able to maintain my own
4 safety, I was able to access doctors, and in particular a
5 psychologist who seemed to really understand where I was
6 coming from.

7
8 I felt really heard and understood, and it was a
9 process of being able to - yeah, for the first time I felt
10 like they were interested in me and they could see my value
11 as a human being and were interested in supporting me.
12

13 And so when, like at one point they talked to me about
14 discharging me, and I didn't feel like I was ready for that
15 because I was really worried about what I was going back
16 to, and they listened to me and they let me stay for longer
17 and connected me in with a service that would help me
18 transition out of hospital.
19

20 And that service that I was able to access post the -
21 well, during my hospital stay and post hospital stay was
22 absolutely incredible and has - I credit it with being able
23 to get me to the point where I am able to sit here, I'm
24 back at work full-time, and able to share my story.
25

26 Q. What did the service offer that enabled you to get to
27 this point?

28 A. So, the first thing the service did was that they
29 would - when I was in hospital they said that, we're going
30 to turn up at this time, and they turned up at that time.
31 And that just - it sounds like such a little thing, but
32 that was the first thing that they - I guess, the first
33 time I was able to have some control over my time and where
34 I was at any other point.
35

36 And the service that I was offered was a - I don't
37 know how they describe it themselves and how they describe
38 it to get funding, but for me the service was having people
39 who would check that I was okay and help me navigate
40 through the process of getting access to support that would
41 help me in the long term.
42

43 One of the things that I learnt through my hospital
44 stay, is that, this condition that I've got is not gonna go
45 away, and I will get better and I've got lots of strengths
46 that have helped me be here today, but that I do need to
47 invest in quality therapy with someone who I can connect in

1 with. So this service in the hospital helped me find a
2 private psychologist where I'm able to do that therapeutic
3 work that I need to do.
4

5 The service did these incredibly basic things: like,
6 they drove me to the appointments and helped me introduce
7 myself when I didn't know how to do that for myself. When
8 I got out of hospital, I felt so much shame for where I had
9 been and felt like I had lost so much because I had gone
10 from, you know, doing this great job of pretending I was
11 this successful working mother, to having to face up to all
12 of the struggles that I've had over my life, and I was
13 terrified of seeing people that I knew, that I worked with,
14 because I just didn't know how - and I was, my brain was so
15 confused at that time, I had no idea how to explain it.
16

17 Q. And so, what's brought you to this point? Why have
18 you decided to be open about your mental health after that
19 hospital admission?

20 A. So I think it's been an overall kind of - like, it's
21 been an iterative process from me and I'm slowly testing it
22 out. This is one of the biggest things, this is the most
23 open that I have been.
24

25 I think when I recognised that - when I was in
26 hospital I recognised that it was my fear and shame about
27 what I had been going through that had really prevented me
28 from being able to access support, and I didn't - it just
29 didn't make sense and I didn't want someone else to feel
30 that way.
31

32 I also felt like, I think we need to hear stories of
33 people who have had a positive interaction with the mental
34 health service, I think it's really important, because I
35 think you need to know that things can be - that you can
36 help and I'm so grateful for all of the people who have
37 been part of my life and who have helped me.
38

39 And I think, because in my work I'm in a leadership
40 position, and I think that puts a responsibility on me to
41 stand up and say, this is what my experience has been and
42 I'm still a worthwhile person, I've still been able to
43 achieve so much despite struggling with something that
44 no-one wants to talk about.
45

46 Q. So, what did you say when you went back to work? What
47 did you tell your colleagues?

1 A. So, when I went back to work - I think the other thing
2 that, just a little kind of contextual thing I think,
3 because I was able to connect my hospital stay with having
4 a child, I was able to kind of grab on to one of the least,
5 stigma-free mental health illnesses, so I was able to tell
6 people I had postnatal depression which is one of the ones
7 that kind of is a bit more acceptable.

8
9 I didn't necessarily use those words with my
10 colleagues, because I still feel a bit like a fraud saying
11 I had postnatal depression. But when I went back I
12 deliberately explained that, yep, I've been in a psych ward
13 and it was really hard, and that I had, you know, through
14 that process been able to see all of the things that had
15 contributed to me getting to that level of distress and
16 that I knew that I needed to take responsibility for my own
17 health and that's what I was doing, and I continue to have
18 those conversations at work where I feel safe to do so.

19
20 Q. What are some of the problems that you see with the
21 mental health system?

22 A. I think it's got a bad reputation, hasn't it? I think
23 that there's a bit of a thing of not - it comes from a
24 place of treating people as, like they're lacking, and it
25 forgets that we're talking about humans, and humans are
26 complicated, and there's so many things that can
27 contribute.

28
29 I think it's hard, it's based on a medical model that
30 says that you can be fixed within a certain time period. I
31 mean, I've accessed the Medicare ten sessions numerous
32 times and then stopped after ten sessions because I've
33 gone, well, I must have failed, I didn't get myself fixed
34 in those ten sessions and no-one's gonna offer me more ten
35 sessions, so I must be fixed if I've done what those ten
36 sessions, that they're allocated to.

37
38 I'm lucky that I can have the financial resources now
39 that I can fund and that I understand that the brain that
40 I've got needs lots of care and attention, and so, I'm able
41 to put my resources into weekly therapy sessions. But it's
42 been hard for me to kind of think that through and go, ah,
43 is that where my money should be going? Should I be - am I
44 doing enough? Am I getting enough out of those sessions?
45 And that's been something that I've had to kind of work
46 through and go, okay, that's just where your money's going
47 to go at this point and that's the best thing that you can

1 do for you and your family.

2

3 Yeah, I think there are good things in the system,
4 there's some people who really deeply care, but you've
5 always got to remember that you've got, the people who you
6 are treating are incredibly vulnerable and the problem is
7 generally with their thinking and their brain, so you've
8 just got to be so sensitive to what might be going on for
9 them, and I think it's really hard to advocate for yourself
10 when your brain - when you can't even trust what's going on
11 in your brain.

12

13 Q. Just finally, Teresa, you said at the end of your
14 written statement why you've made a public statement.
15 Would you like to either read that or paraphrase why you've
16 made the decision to make a public statement?

17 A. Yeah. I mean, the thing for me is, I reflect back on
18 my life as a teenager and I think about my son and the
19 world that he's growing up in, and I think about all the
20 stories that we hear of people who are struggling, and I
21 wanted to make this statement to say that, you are actually
22 worthwhile and you are okay, and you deserve to get help,
23 and you deserve a system that actually works for you.

24

25 And, every time it's hard, you've just got to keep on
26 going and reach out because you matter and your voice
27 matters and, for us to hear your voice, it needs to be
28 here.

29

30 MS BATTEN: Thank you very much, Teresa. Chair, are there
31 any questions from the Commissioners?

32

33 CHAIR: Q. I've got one I'd like to ask. I think you
34 talked, Teresa, about the impact of you when you sought
35 help and were told you were either too old to access that
36 service, not sick enough to access that service, I can't
37 remember exactly the other words you used. But can you
38 just help us to appreciate what that meant for you at that
39 time?

40 A. It meant that I was alone, that there wasn't anything
41 there, and I had to work out my way by myself. And it also
42 meant that, I guess, it made me feel like I was so
43 difficult, that there was something wrong with me; or on
44 other the side it was, well, maybe I'm not difficult enough
45 because I'm not worth helping, and it made me feel like my
46 life didn't really matter and my experience didn't really
47 matter.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47

CHAIR: I think you've shown us very much about how it does matter, so thank you.

MS BATTEN: Thank you, Chair. May this witness please be excused?

CHAIR: Yes.

<THE WITNESS WITHDREW

MS BATTEN: If this is a convenient time, I think we might break for lunch.

CHAIR: Thank you.

LUNCHEON ADJOURNMENT

UPON RESUMING:

MS BATTEN: Thank you, Chair. The next witness is Dr Chris Groot. I call Dr Groot.

<CHRISTOPHER JOHN GROOT, affirmed and examined: [2.01pm]

MS BATTEN: Q. Thank you, Dr Groot, would you please make yourself comfortable and make sure the microphone is in the right place.

A. Yes, can you hear me okay there?

Q. I can, thank you. Can you please tell the Commissioners what your current roles are?

A. Certainly. I am a lecturer in the Melbourne School of Psychological Sciences at the University of Melbourne, where I co-ordinate the undergraduate clinical psychology teaching, direct the Mental Illness Stigma Research Lab, and I'm also the research lead on the National Stigma Report Card Project, which is a project led by SANE Australia in collaboration with the School of Psychological Sciences and with the support of the Paul Ramsay Foundation.

Q. I will ask you some questions about the National Stigma Report Card Project, but I wanted to ask you some questions first about some of the other research projects you're working on. Could you tell the Commissioners briefly about the work you're doing in the Hearing Voices

1 Project?

2 A. The Hearing Voices Project is a very exciting
3 teaching, curriculum development and research initiative
4 that is, again, being delivered in partnership with SANE
5 Australia, Dr Michelle Blanchard, and the Dax Centre, which
6 is a centre comprising a gallery that has a repository of
7 art produced by people with lived experience of mental
8 illness.

9

10 In a recent review of the undergraduate clinical
11 psychology curriculum at the University of Melbourne, I
12 observed that there was nowhere in the curriculum where the
13 voice of people with lived experience was valued or present
14 in that curriculum.

15

16 So, the Hearing Voices Project aims to address this.
17 Last year, we trialled taking our first year students, of
18 whom we have roughly 2,000 each semester, to the Dax Centre
19 where they received a guided tour of the art produced by
20 people of lived experience and where they got to hear from
21 a SANE Australia lived experience ambassador directly about
22 that experience and have a question and answer session.

23

24 This all came together very quickly and we did a quick
25 evaluation which was very positive in terms of the outcomes
26 both pedagogically, in terms of students enriched
27 understanding of mental illnesses and mental health issues,
28 but also in terms of stigma and stigma reduction; we had
29 students reporting across the board that they were less
30 fearful of people with psychotic illness, for example, now
31 that they had actually met somebody with that experience
32 and heard from them directly.

33

34 We heard that students were more willing to seek help
35 in theory in the future should they experience mental
36 health issues themselves. So, building on this pilot and
37 our evaluation, we were lucky to secure grant funding from
38 the Melbourne Engagement Grant Scheme and we are now,
39 this year, semester 2, coming up very shortly, rolling out
40 the program for the entire 2,000 first year students.

41

42 So, the aim here, again, is to enrich and
43 contextualise the information that I provide in lectures
44 and to give people of lived experience an opportunity to
45 tell their stories, and to let students know what they
46 think they should know about what their experience is like,
47 and indeed, that has been our process throughout.

1
2 As we have filmed videos - so we're doing this via
3 videos and live streams rather than having someone do many,
4 many talks. I have worked with SANE lived experience
5 ambassadors at their direction essentially and posed them
6 the question, what would you like students to know? So
7 it's really about valuing lived experience, destigmatising
8 experiences of mental health issues and mental illness
9 through an education program which, we hope in turn,
10 translates into an emerging workforce that is more
11 compassionate, has better insight into the reality of lived
12 experience, and a more socially responsible and
13 compassionate graduate cohort, essentially.
14

15 Q. I'll come back to some of your other research projects
16 in a minute, but can you tell the Commissioners about your
17 background in large-scale mental health service delivery,
18 specifically what telephone and online services have you
19 been involved with?

20 A. Sure. So, I've been involved in the telephone and
21 online mental health service sector at numerous levels.
22 Originally at the very start as the person on the phones
23 working on services like the Suicide Call Back Service and
24 the Beyond Blue Info Line back in the day.
25

26 Subsequently, I directed the Clinical Services and
27 Research Department for a range of these services,
28 including the Suicide Call Back Service, Suicide
29 Line Victoria, the Defence Force Mental Health Services,
30 the Vietnam Veterans Counselling Service after hours line,
31 Beyond Blue. There was quite a few of them, yes.
32 Generally all very high risk services and very relevant to
33 what we're talking about today. Certainly in our
34 evaluation and research data a very consistent theme was
35 that people who were affected by stigma and reluctant to
36 seek help face-to-face would commonly go to a telephone or
37 an online counselling service as a first step because of
38 this.
39

40 Q. Just briefly, and at a higher level, what did the
41 research involve for those telephone and online services?

42 A. These services were either state-based or national in
43 terms of their scope and their reach, and the research and
44 evaluation fulfilled a number of roles including regular
45 analysis of service data, detection of emerging themes,
46 particularly around risk and at risk groups. The majority
47 of the services were high risk services.

1
2 In addition, we developed a range of new service
3 paradigms, trialed new service paradigms and disseminated
4 those findings to government, to the scientific and
5 clinical sector both in Australia and internationally.
6

7 Q. Can I turn to the issue of mental illness stigma.
8 Associate Professor Reavley gave some definitions of how
9 she defines the term for her research, but for the purposes
10 of your evidence it would be helpful to understand your
11 definition. So, could you tell us how you would define
12 mental illness stigma for the purposes of your research?

13 A. So, that's a really interesting question. There are a
14 range of descriptions and taxonomies of stigma that have
15 been provided over the last 70 years essentially. They are
16 generally variations on a theme, and certainly my take is
17 very similar to Professor Reavley's take, in that I
18 consider mental illness stigma to be a multi-dimensional,
19 very complex construct, but for the purposes of today's
20 evidence, I think it's useful to draw on a taxonomy
21 provided by Pryor and Reeder, which breaks the construct
22 into four elements, which are: structural stigma; public
23 stigma; self stigma; and stigma by association.
24

25 Q. Can we just take each of those in turn and can we
26 start with public stigma. Can you explain to us what you
27 mean when you say public stigma?

28 A. So, public stigma, according to Pryor and Reeder,
29 involves the - and we heard this this morning as well -
30 public attitudes and behaviours, but also, I do a lot of
31 work including emotions as well. So, public stereotyped
32 attitudes, prejudicial emotions and discriminatory
33 behaviours towards people with lived experience of mental
34 illness; that's what we talk about when we talk about
35 public stigma.
36

37 Q. Can you give an example of public stigma?

38 A. Yeah, so in this morning's discussion the stereotype
39 of violence and dangerousness about schizophrenia came up,
40 and that is because this is one of the core and enduring
41 and arguably worsening attributions about schizophrenia and
42 severe mental illness.
43

44 So, if I was a member of the public and I held the
45 stereotyped attitude that people with schizophrenia are
46 dangerous and unpredictable and potentially violent, then
47 my emotional response will be one of fear, and my

1 behavioural response would be one of avoidance. And again,
2 this might be in terms of social distancing, limiting the
3 amount to which somebody with schizophrenia could be in my
4 life as a colleague or a friend or an intimate partner and
5 so forth.

6
7 Q. I think it's important to clarify: you said that
8 that's a stereotype. Is that stereotype accurate, of the
9 dangerousness?

10 A. The dangerousness, no. Well, let me say no with a
11 caveat. So, no, the majority of the research that we have
12 highlights that people with schizophrenia are far more
13 likely to be victims of violence than perpetrators of
14 violence, and indeed there's literature indexing that
15 people with schizophrenia report being victims 14 times
16 more often than there is an instance of perpetration.

17
18 And I think anybody is capable of violence given the
19 correct circumstances, and I think today we heard a lot
20 about how lacking system resources could maybe set the
21 scene for isolated instances of violence.

22
23 But the link between schizophrenia and violence is
24 really yet to be fleshed out well in the literature. There
25 is a lot of literature addressing this, and in fact in the
26 empirical literature itself there is a systematic bias in
27 terms of the proportion of the literature that's looked at
28 schizophrenia and violence; the majority of it looks at
29 people with lived experience of schizophrenia as
30 perpetrators rather than examining the issue of being a
31 victim.

32
33 Q. So, we were going through the four elements of stigma,
34 and you discussed public stigma for us. Can you explain
35 what you mean when you say structural stigma?

36 A. So, structural stigma is stigma that's manifested at
37 an institutional or a societal level and powerful bodies
38 within society, and it's often manifested via
39 discriminatory laws and practices and ideologies that
40 restrict opportunities for people with lived experience of
41 mental illness.

42
43 Q. Are there two aspects to that: is there unintentional
44 and intentional structural stigma?

45 A. Yeah, that's right. So, Pat Corrigan, one of the
46 world's leading stigma researchers, would say that there's
47 unintentional stigma - sorry, unintentional structural

1 stigma which comes about, as the name would suggest,
2 without the intention to discriminate.

3
4 We've heard today a lot of discourse around mental
5 health system resourcing; arguably, this could be said to
6 be an example of unintentional structural discrimination,
7 where there is a pot of funds, if we even zoom out to the
8 health system generally, there is a pot of funds to be
9 distributed across medical and mental health, and maybe
10 mental health does not get the resources that it actually
11 requires as a system to adequately serve the need.

12
13 And within that system itself, Pat McGorry talks, for
14 example, about the missing middle and this idea that - so
15 many of the system resources are targeting high prevalence
16 disorders such as mild to moderate anxiety and depression,
17 however there is a vast proportion of people who experience
18 other disorders more complex and severe, and persistent and
19 severe and episodic conditions that require more resources
20 that are not currently on the radar really in terms of the
21 amount of funds they receive.

22
23 Q. Just to clarify there, why is that unintentional
24 structural stigma, why is that?

25 A. That's a really good question. So, it's
26 unintentional, Patrick Corrigan would say, because those
27 who would be, in plain terms, sitting around the table and
28 carving up that pot of money, did not have the intention to
29 explicitly discriminate against people with schizophrenia;
30 it's an inadvertent outcome of limited system resources.

31
32 Q. I have some more questions about that, but we'll move
33 on. Does structural stigma exist in relation to agents of
34 the mental health system?

35 A. Agents of the mental health system, yeah, that's
36 absolutely right. So, this can manifest in various ways.
37 The classic example is for people who live with borderline
38 personality disorder. This is historically a very
39 stigmatised disorder within the mental health system and
40 people who work in the mental health system, and I'm
41 obviously speaking in very broad brush strokes right now,
42 and this is well-established in the face-to-face
43 literature, so face-to-face mental health service delivery
44 in an emergency department, mental health service delivery
45 and so forth for example. We know that the label of
46 borderline personality disorder elicits stigmatised, again
47 cognitive, emotional and behavioural responses from a range

1 of mental health workers, from nurses through to
2 psychiatrists, and there's a range of moderating and
3 mediating factors here.

4
5 And this is actually a perfect example of how
6 structural discrimination at the level of an agent, who is
7 really responsible for delivering clinical support and
8 care, can disintegrate that care, in that, one of the
9 common hallmarks of borderline personality disorder can be
10 a fear of abandonment.

11
12 Now, if I am a clinician who holds stigmatised
13 attitudes towards people with borderline personality
14 disorder and my attitude when I meet a new client is that
15 this person is going to be difficult to work with, I'm
16 going to distance myself in that therapeutic alliance, and
17 my client will have insight into this, and no doubt that
18 will trigger that fear of abandonment and from that
19 point the process disintegrates.

20
21 Q. Still moving through the elements of stigma, you've
22 said that self-stigma has multiple components. Can you
23 briefly explain what the elements of self-stigma are?

24 A. Yes, so within Pryor and Reeder's taxonomy,
25 self-stigma would refer to the direct negative outcomes and
26 experiences of discrimination, whether it's as a result of
27 public or structural discrimination, so the direct negative
28 experience of being denied employment, for example, as a
29 result of one's experience of mental health issues.

30
31 They would go on to say that self-stigma also involves
32 anxious anticipation of future instances of such
33 discrimination, and also, you could extend that to the
34 phenomenon of withdrawal from opportunity. If I've had
35 this negative experience and tried to access employment,
36 for example, before then I'm going to anticipate that this
37 will happen again and I would be less likely to try if my
38 expectation was negative.

39
40 The last, but very important aspect, is
41 internalisation of, for example, public stigma. So we've
42 all grown up in a society and a culture that does
43 stigmatise mental illness, and if one starts to develop
44 signs of mental illness or mental health issues, then
45 that's very difficult to grapple with.

46
47 If one is aware of public attitudes, agrees with those

1 attitudes, and applies those attitudes to the self, then we
2 see damage to self-esteem, exacerbation of depressive
3 symptomatology and so forth.

4
5 Q. Finally, just very briefly, what is stigma by
6 association?

7 A. Stigma by association is very similar in Pryor and
8 Reeder's taxonomy of self-stigma, but it's experienced by
9 family, carers, people who are supporting people with lived
10 experience, experiencing stigma vicariously because of that
11 association.

12
13 Q. I think you started to elaborate on this, but why is
14 public stigma considered the driver of the three other
15 forms of stigma?

16 A. Yeah, so public stigma is certainly considered to be
17 the driving force, it's the touchstone, I suppose the
18 reference point, for self-stigma. It is the attitudes and
19 emotions that policymakers inevitably bring to the table in
20 some way, even implicitly, when they draft or contribute to
21 the drafting of policy, for example, that might
22 discriminate against people with a lived experience.

23
24 And actually, that's a really interesting point that I
25 sort of skipped over before: there's another layer of
26 stigma that we do think about beyond attitude and that's
27 actually the subconscious, we think about implicit biases
28 as well, although the link between that in particular and
29 behaviour is particularly tenuous and complicated.

30
31 Q. Can we move on to the current knowledge on stigma and
32 discrimination. You've stated:

33
34 "A fundamental tenet of modern
35 psychological practice is the notion that
36 thoughts often drives emotion and
37 behaviour."

38
39 Can you explain how this concept applies to public
40 stigma?

41 A. Yeah. So, I think with public stigma again, when we
42 think about behaviour as the observable component of public
43 stigma, we think about discrimination, and that
44 discrimination around public stigma is very often something
45 like avoidance or social distancing, but it can be much
46 more subtle than that.

1 There's literature that's examined, for example,
2 public stigma and discrimination manifested in terms of
3 reduced eye contact during interaction with somebody with
4 lived experience. And it is very important to examine
5 behaviour and discrimination, but always I think it's
6 equally important to examine the problem as holistically as
7 you can and consider how cognition and emotion also feed
8 that behaviour.

9
10 And so, all of the research that we've done to date in
11 the Mental Illness Stigma Lab at the School of
12 Psychological Sciences includes, in any given study,
13 measures of cognition, emotion and behaviour so that we can
14 really understand these causal pathways that ultimately
15 result in what we're interested in, the discrimination, the
16 manifestation of stigma.

17
18 Q. Can I ask you about your research into diagnostic
19 labels. The lab has undertaken work examining the role of
20 psychiatric labels and how they elicit stigma. Can you
21 explain to the Commission what that work's involved?

22 A. Absolutely. This is actually what first caught my eye
23 in the world of stigma. Stigma was not my background, my
24 background was in the cognitive neuropsychiatry of
25 hallucinations with Henry Jackson and Susan Russell.

26
27 There was a wonderful review of the literature on
28 re-labelling schizophrenia by Antonio Lasalvia a few years
29 ago and this weighed in on all the literature surrounding
30 this idea that re-labelling schizophrenia would reduce
31 stigma about the disorder, and there are a range of labels
32 that have been produced, essentially either eponymous
33 labels, which are labels named after somebody that are
34 thought to be effectively neutral and carry no stigmatising
35 connotations, and there's also informative labels that are
36 thought to be destigmatising through the provision of some
37 psychoeducation such as attention deficit hyperactivity
38 disorder that tells you about what's going on with that
39 experience and is a little bit demystifying, which is
40 thought to help with stigma reduction.

41
42 So, we embarked on a program of experimental research
43 looking to see if alternative labels would reduce stigma in
44 terms of cognition, emotion and behaviour about
45 schizophrenia, and the answer was, no, we did not observe
46 any meaningful reductions in stereotyped attitudes,
47 prejudicial emotions or discriminatory behaviours.

1
2 But we did also attempt to operationalise the
3 heterogeneity of schizophrenia which of course presents in
4 many different ways for many different people. Some people
5 might experience hallucinations for example, and others may
6 not, and so, we have looked at replacing the label of
7 schizophrenia with another label as a function of illness
8 phase, looking at active and remitted illness phases; we've
9 looked at positive and negative symptoms, and we've since
10 embarked on a program of research that's drilled down to
11 responses - again across attitudes, emotion and behaviour -
12 to individual symptoms and symptom subtypes, and we've
13 found wildly different responses to different elements of
14 schizophrenia and of psychosis more broadly, but the label
15 itself, changing the label had no meaningful effect.
16

17 Q. Can you give us an example of your findings in terms
18 of the positive findings and the stigma, and then the
19 negative symptoms on the stigma?

20 A. Yeah, and I think this is so important to understand
21 because we've been talking - we do, for the sake of time -
22 talk about stigma and mental illness in quite parsimonious
23 and simple ways, but these are actually really complicated
24 processes, complicated on the part of the experience of
25 mental health issues and what comprises it and its many
26 facets and how they each elicit stigma differentially.
27

28 For example, we've found that positive symptoms such
29 as hallucinations and delusions elicit perceptions of
30 fearfulness - perceptions of dangerousness and those
31 prejudicial emotions of fear and again leading to social
32 distance.
33

34 In contrast, we've found that negative symptoms such
35 as anhedonia and alogia and so forth --
36

37 Q. Sorry, what are those things?

38 A. We're talking about impairments in speech for example,
39 or the ability to experience pleasure, or maybe being
40 avolitional, having difficulties with motivation and
41 volition for example. These elicit different types of
42 attitudes that are stigmatised, such as the perception that
43 one is lazy, they're seen through the lens of not mental
44 illness but of behaviour that's more relatable to many
45 people. So, if somebody's having problems with motivation,
46 they're just lazy, they just need to - as Nicky said this
47 morning - snap out of it. And, in turn, we see emotional

1 responses of anger and frustration, and again, social
2 distancing.

3
4 Q. Can I turn to the National Stigma Report Card. This
5 project hasn't started as yet, it's going to start in,
6 well --

7 A. The data collection phase hasn't started yet, but
8 we're certainly well into the development phase.

9
10 Q. First of all, can you tell us what the National Stigma
11 Report Card Project is?

12 A. So, the National Stigma Report Card Project, again, is
13 delivered by SANE Australia in partnership with the
14 Melbourne School of Psychological Sciences, and of course,
15 the SANE Australia and Deveson Research Centre of which
16 Dr Michelle Blanchard is the director and also has the
17 support of the Paul Ramsay Foundation. It is both a
18 research and an advocacy project.

19
20 Our ultimate aim is to effect positive systems change
21 for people living with severe and complex mental illnesses,
22 and specifically I'm talking about severe and persistent,
23 severe and episodic, and severe mental illnesses that have
24 complex multi-agency need such as schizophrenia spectrum
25 disorders, bipolar and related disorders, personality
26 disorders, hoarding disorders, eating disorders and so
27 forth.

28
29 So, we have I suppose a few key elements to the
30 project. First, we are gathering the evidence - well,
31 preparing to gather the evidence. We're developing a
32 survey of the experience of discrimination and stigma in 14
33 life domains, and we are building on previous work such as
34 the Time to Change program that we heard about this
35 morning.

36
37 We are looking to really drill down a little bit more
38 than has been done before in this area and gather some
39 really rich data. Our, I should say, point of difference
40 to Time to Change for example would be our focus in terms
41 of severe and persistent mental illness, and also in terms
42 of our aim to not evaluate an awareness raising campaign,
43 but to gather evidence to support an advocacy campaign and
44 a policy development campaign.

45
46 Q. How many people are you hoping to survey?

47 A. That's a really good question. So, we have an

1 ambitious but, I believe pragmatically, feasible target
2 sample of 7,000 people. We're looking to recruit 7,000
3 Australians with experience of severe mental illness across
4 Victoria, across every state in Australia because we are
5 acknowledging, as a central assumption, that people - some
6 people do not access treatment and support because of
7 stigma, we are needing to be creative with our sampling
8 strategy to reach people who do not access treatment or
9 support.

10
11 So, this means that some types of standard
12 epidemiological sampling strategies aren't necessarily
13 useful in this instance and we're having to be a little bit
14 creative but nonetheless build in a range of quotas to
15 ensure that our sample is representative of our accessible
16 population, in that, we've got good, valid, reliable data
17 that will support a very targeted and meaningful advocacy
18 piece to agitate system change.

19
20 Q. Just one final question on the report card. You
21 mentioned that, I think, it was across 14 domains?

22 A. Yes.

23
24 Q. Could you tell us about at least some of the domains?

25 A. Yes, sure. So, these domains are areas like
26 education, employment, housing, justice, finances, public
27 spaces, relationships, the mental health system, health
28 systems and so forth.

29
30 Q. I did say one final question, sorry, but one more
31 question on that. When are you hoping to have the results
32 from that investigation?

33 A. The results from the first round of the National
34 Stigma Report Card will be released in - where are we?
35 2019 - 2020, and we will actually have a second round of
36 the survey which will drill down into intersectional stigma
37 for particular groups, including LGBTI, Aboriginal and
38 Torres Strait Islanders and so forth to understand
39 intersectional stigma between, for example, the experience
40 of mental illness and living as a gay person in Melbourne,
41 for example.

42
43 Q. You touched on this briefly before, but can you tell
44 the Commissioners about the trends in mental health stigma?

45 A. The trends on mental health stigma, we did touch on
46 this a little bit before, didn't we? So, I suppose, some
47 of the - if we really zoomed out and went all the way back

1 to the 1950s, there was a very famous study done back then
2 with what were called the Starving Yets(?), which
3 essentially indexed the public's responses in the
4 United States to descriptions of people living with
5 schizophrenia, or depression, or alcohol dependency and so
6 forth, and again, was indexing those responses to that in
7 the general public.

8
9 Another noteworthy stigma researcher, Bruce Link,
10 followed up in 1996 and then again in 2006 on this, and
11 some of the most important trends I would say were that, in
12 the period from the 1950s through to 1996 there was
13 evidence that suggested the stereotype of schizophrenia as
14 being a violent condition actually got worse over this time
15 - far worse, which is a really interesting phenomenon, and
16 so, there's a range of theory around this tapping into pop
17 culture and into mass media, and news reporting of violent
18 crime and schizophrenia and pairing of that in news
19 reporting. And we do know there is, through content
20 analyses and so forth, certainly a systematic bias towards
21 pairing schizophrenia and violent crime in a very
22 decontextualised and sensationalist way in news reports.

23
24 But in terms of actually demonstrating that causal
25 link, there's not a lot of literature out there; in fact,
26 there's a smattering of recent studies, and in fact one of
27 my PhD students, Kelton Hardingham, is currently doing a
28 randomised experimental design, which is the type of design
29 you really need to draw out those legitimate inferences of
30 cause and effect to demonstrate if, and how, TV news and
31 internet news reporting elicits those attitudes of
32 dangerousness; this idea of violence and fear responses and
33 social distance and so forth.

34
35 Q. And so, does that feed into the issue of why
36 stigmatising attitudes remain?

37 A. Yes, arguably so. So, arguably yes, we would look at
38 media and, not only news reporting, but also creative works
39 as well. Back in the 1950s, we hadn't then had Alfred
40 Hitchcock's Psycho. We had an associated psycho,
41 psychotic, that stem, with a butcher knife behind the
42 shower curtain, and there has been a plethora of creative
43 works that have demonised and dehumanised and stigmatised
44 schizophrenia since.

45
46 A perfect example is, Me, Myself and Irene, which was
47 a movie that portrayed a person living with psychosis in a

1 very demonising way and actually highlights the importance
2 of initiatives like SANE Australia's StigmaWatch initiative
3 which was able to respond to that and modify the way in
4 which that film was promoted in Australia.

5
6 Q. In terms of the news reporting linking violence and
7 mental illnesses, what's the impact of that kind of
8 reporting?

9 A. The impact is that it precipitates and it perpetuates
10 stigma about schizophrenia, and you can counteract that to
11 a point with positive messages and with stigma reduction
12 intervention. However, once that link is conditioned
13 initially, and then you address it with some sort of
14 intervention, because of just fundamental conditioning
15 paradigms like reacquisition, it's much easier - it's much
16 easier to reacquire that link the second time; you maintain
17 that link very easily with every problematic news report or
18 media piece of pop culture work that you would encounter.

19
20 Q. You've also referred to the fact that another
21 challenge for combatting stigma is getting support for the
22 cause when the cause itself is stigmatised.

23 A. Yes, okay.

24
25 Q. Can you explain what you mean by that?

26 A. So, that's a bit circular, isn't it, this idea of
27 getting support to destigmatise mental illness is
28 problematic when that cause, in terms of servicing
29 clinically and therapeutically the need for - people's need
30 for help around mental illness is lacking.

31
32 We know, we just know fundamentally that the
33 proportion of the health budget that's dedicated to mental
34 illness has not shifted nationally significantly in a very,
35 very long time, and therefore is it feasible to be able to
36 leverage additional funds to reduce stigma about that
37 mental illness when you can't even get the services, the
38 resources to fuel services to service that? I'm not
39 sure that that's - it's a very difficult thing to do.

40
41 I think there's a connection here, I think that - and
42 I think all too often we sort of think about stigma
43 reduction and mental health service delivery in a
44 duplicitous way, but actually it goes hand-in-hand: you
45 need to reduce that stigma to open up the doors and promote
46 help seeking and then, if people are going to seek help,
47 then you really need to have those resources there to

1 provide that help when it's needed

2

3 MS BATTEN: Thank you very much, Dr Groot. Chair, are
4 there any questions from the Commissioners?

5

6 COMMISSIONER McSHERRY: Q. Yes, I just have one question
7 and I think you touched on it when you talked about looking
8 at perhaps intersectional stigma. I think we are
9 understanding that this is very complex, that there are
10 lots of layers to how stigma is defined in the literature.
11 But I was just wondering whether you've done any work on, I
12 think it's a concept of double-stigma, in that, I believe
13 there's some literature about ageist attitudes as well as
14 what some people have called saneist attitudes and
15 combining the two.

16

17 I'm thinking in particular about aged care mental
18 health services. Is there a double-stigma for those who
19 use those services and for staff working in those services
20 as well?

21 A. I'm not up on this literature, to be honest. My
22 supposition is that there certainly would be. Generally,
23 we stigmatise anything that lends itself to a dichotomous
24 conceptualisation; anywhere where we can draw a perceivable
25 distinction between myself and them - this is the problem,
26 and I think this is the problem with - and you can relate
27 this to aged care and could be a discrimination based on
28 some type of categorical perception of age. And we know
29 that people tend to vary in their propensity to think
30 either dichotomously or dimensionally about things.

31

32 And I think this is a problem for mental illness
33 stigma, that we historically have conceptualised mental
34 illness in a very categorical way, and it ties into the
35 utility of the diagnostic system itself, in that a
36 diagnosis really embodies a decision to treat it and you
37 know what's going to help, but it does carry a double-edged
38 sword in that it creates this categorical perception of,
39 you are ill or you are not, which we know is not the case.

40

41 Of course, people are generally not mentally ill or
42 not. We know, and even the DSM 5 has moved in a
43 dimensional way in terms of chapter organisation and
44 severity rating of symptoms and so forth, but we know that
45 we are all more or less mentally healthy or unwell over
46 time and that vacillates, just like our physical health
47 vacillates more or less, not all or none.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47

COMMISSIONER McSHERRY: Thank you.

CHAIR: I'd just like to ask one other point. We've heard a lot today about the importance of a contributing life and the importance of pathways to employment and people being able to access employment opportunities without discrimination.

I note in your survey that you're planning to undertake, you are going to ask people with lived experience of their experiences of stigma and discrimination.

A. Yes.

Q. It was put earlier I think about perception, that it might be a perception that they were discriminated against, for example in securing a job. Is there evidence that supports also the evidence from the, let's say, an employer's perspective, where we can look to see that there is discrimination occurring, for example?

A. From the employer's perspective? That's a really interesting question. So, in terms of evidence around this problem of employment discrimination for people with mental illness, certainly the Time to Change program, and Graham Thornicroft and colleagues who work there have identified this problem. I believe, however, that this is going to be the central topic of what Michelle is testifying on next, and Dr Blanchard might have some specialist insights into this. I probably don't want to step on your toes too much, Michelle, at this point.

CHAIR: Thank you.

MS BATTEN: Thank you, Chair. May this witness please be excused.

CHAIR: Yes, thank you.

<THE WITNESS WITHDREW

MS BATTEN: May we have a short break before the next witness, please?

CHAIR: Thank you.

SHORT ADJOURNMENT

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47

MS BATTEN: Thank you, Chair, thank you for the indulgence, I think the microphone's back on. The final witness for today is Dr Michelle Blanchard. I call Dr Blanchard.

<MICHELLE ELIZABETH BLANCHARD, affirmed and examined:
[2.59pm]

MS BATTEN: Q. Thank you, Dr Blanchard. Have you made a statement to this Royal Commission?

A. I have.

Q. Are the contents of that statement true and correct?

A. They are.

Q. I tender that statement, Chair. [WIT.0001.0007.0001] Dr Blanchard, could you please briefly describe your background and experience for the Commission?

A. So, I've been involved in the Australian mental health sector for about the last 19 years. I am currently the Deputy CEO at SANE Australia, which is a national charity that aims to make a real difference in the lives of people affected by severe and complex mental illness.

Previously, I've worked at a number of other national mental health organisations, including ReachOUT Australia, the Young and Well CRC, and also the Butterfly Foundation for eating disorders. Also the Non-Executive Director of a youth mental health charity called batyr.

Q. You've told the Commission what SANE Australia is. Can you explain the work that SANE does in the area of stigma reduction?

A. So, stigma reduction has been part of the DNA of SANE Australia for over 30 years. So, our organisation really came from the lived experience of families and friends of people affected by schizophrenia. It started as the Schizophrenia Australia Foundation back in 1986, and our co-founder, and Anne Deveson, was a broadcaster and journalist, and was one of the first Australians of a high profile nature to tell her family's story of caring for a loved one affected by schizophrenia.

So SANE was responsible, or the Schizophrenia Australia Foundation was responsible for some of the first stigma reduction campaigns around schizophrenia towards the

1 end of the 1980s, and in 1998 we commenced the StigmaWatch
2 initiative, which is about working really closely with the
3 media to respond to community concerns about the way in
4 which mental illness and suicide are represented in the
5 media.

6
7 We also do a lot of work to take the stories of those
8 of us who have lived experience of mental health
9 difficulties out into the community to educate, to inform,
10 and really to break down some of the stigma and
11 discrimination that people affected by severe and complex
12 mental illness might face.

13 Q. In relation to the work you do with StigmaWatch, is it
14 possible to give an example without rebroadcasting the
15 material that you're concerned about? If it's not
16 possible, we'll leave it?

17 A. Of course. So, we heard earlier today about some of
18 the stereotypes of people affected by mental illness and
19 schizophrenia in particular. So, some of the types of
20 media reporting that we're concerned about are articles
21 that incorrectly attribute a person's behaviour to their
22 experience of mental illness. So, stereotypes of people
23 who - drawing on kind of senses of violence, for example,
24 would be one of the pieces that we would respond to.

25
26 Q. When you say "respond to", what do you do exactly?

27 A. So, we receive complaints from the community about
28 articles or pieces of media that might breach what are
29 called the Mindframe guidelines. We then investigate
30 whether or not that piece of journalism constitutes a
31 breach, and then our team will actually write to the media
32 outlet to educate them about the way in which that piece
33 might be perceived and the impact that it might have on
34 people with a lived experience of mental illness or
35 suicide.

36
37 Sometimes that results in that article or that piece
38 of content being altered to discuss the issues in a more
39 respectful and inclusive way, or sometimes it may be
40 withdrawn from publication altogether.

41
42 Q. Okay, thank you. You've made a statement to the
43 Commission as you've said. Can you briefly outline the
44 evidence base for the views contained in your statement?

45 A. So, the evidence that I'm presenting today is based on
46 my own professional experience in the mental health sector,
47 but particularly SANE Australia's experience of working

1 with our Peer Ambassadors. We have 91 people with
2 experience of complex mental illness or of caring for
3 someone who form part of our Peer Ambassador cohort and
4 work with us to tell their stories of living with mental
5 illness.

6
7 It's also based on our experience of taking calls,
8 emails and web chats through our help centre. We receive
9 about 12 to 15,000 contacts each year, and also from
10 conversations that come from the SANE online community
11 forum, which is an online peer to peer support community
12 for both people with a lived experience of mental illness
13 and their families, friends and supporters.

14
15 Q. We've heard a lot today about stigma and the different
16 elements of stigma. Can I ask you about structural
17 discrimination. So, what's structural discrimination?

18 A. So, the definition that I use around structural stigma
19 or structural discrimination is very similar to the ones
20 that you've heard today, but in particular, it's about the
21 societal level conditions, cultural norms and institutional
22 practices that constrain the opportunities, the resources
23 and the wellbeing for the community that may be
24 stigmatised. So, in this situation, it's particularly for
25 people who have a lived experience of mental illness.

26
27 Q. There are different elements of structural
28 discrimination as I understand it. Can you explain to us
29 what environmental barriers are?

30 A. So, for me that's really around the kind of cultural
31 norms that might exist in relation to a person's experience
32 of mental illness. So, it might be the way that a
33 workforce views mental illness and the kinds of practices
34 that are in place. So, if you work in a profession where
35 it's considered important to have a stiff upper lip and to
36 just get things done, those environmental factors certainly
37 shape how people view mental illness.

38
39 Q. Are there institutional barriers as well, are they
40 separate from environmental barriers?

41 A. So, institutional barriers might be more around the
42 systems and processes that may make it difficult for
43 someone with a lived experience of mental illness to really
44 flourish or thrive in those kinds of environments.

45
46 We see these kinds of practices in a whole range of
47 domains, whether it's in employment or education, in

1 housing, access to financial services, things like
2 insurance.

3
4 Q. Can you give us a brief example of attitudinal
5 barriers?

6 A. So, attitudinal barriers might be the kinds of
7 attitudes that people hold towards people with mental
8 illness, so assumptions, but it may also be the attitudes
9 that the person themselves experiences. So, we've heard a
10 little bit today about self-stigma, and certainly
11 self-stigma has a role to play in these kinds of issues as
12 well.

13
14 Q. I want to ask you some questions about the workplace
15 in particular. For people affected by severe and complex
16 mental illness, how does structural discrimination manifest
17 in the workplace?

18 A. So, it manifests in a couple of different ways. We
19 know that people who are affected by severe and complex
20 mental illness can be less likely to have completed post
21 secondary education. It may be that their education has
22 been interrupted and they've been unable to continue, so
23 that certainly has an impact on whether or not people may
24 hold the qualifications required to be able to take up
25 employment positions in the community.

26
27 It may also manifest in the attitudes that employers
28 hold towards employing someone who discloses that they have
29 a lived experience of a mental illness, and it also
30 manifests in the kinds of adjustments that employers might
31 be willing or unwilling to make so that someone with a
32 lived experience of mental illness can really thrive in any
33 workplace.

34
35 Sometimes those barriers can prevent someone from
36 disclosing their experience of mental ill-health
37 altogether, but other times when someone has made that
38 disclosure they can find that some of those barriers play
39 out in a very overt way.

40
41 Q. You referred to assumptions that employers hold. In
42 your experience, do employers hold assumptions and what's
43 your kind of evidence base for making that assertion?

44 A. They do. It's certainly something that a number of
45 our Peer Ambassadors have spoken directly to us about, but
46 is also seen in the research evidence, and there's a report
47 by the Collaborative For Work Participation that I

1 referenced in my statement, where they surveyed Australian
2 employers about their attitudes towards people with mental
3 illness.
4

5 There was a sense that employers were more likely to
6 employ someone with a physical disability rather than a
7 mental illness, and some of the attitudes that they held
8 were around people being unreliable, unpredictable, perhaps
9 difficult to work with; so really, quite stigmatising and
10 negative attitudes towards people with mental illness.
11

12 Q. What are some of the consequences of structural
13 discrimination in the workplace for individuals?

14 A. So, I think there's lots of implications of this
15 structural stigma and discrimination for people in the
16 workplace. I think there are challenges for people in
17 actually entering the workforce and finding suitable
18 employment, but I think once people are there, if the
19 structural stigma and discrimination is playing out in a
20 way where people feel that they can't disclose their
21 experience of mental ill-health, it can make people feel
22 very isolated and alone in the workplace.
23

24 It can mean that sometimes some of the additional
25 supports that they might require to really be able to make
26 a contribution and feel valued aren't available. So,
27 perhaps, if someone requires a little bit of flexibility to
28 be able to attend medical appointments, or requires the
29 ability to take additional unpaid leave to take care of
30 their wellbeing: if they feel that they're not able to be
31 open about those experiences, sometimes those supports
32 simply aren't available for them.
33

34 Sometimes it plays out in much more overt ways, and
35 certainly, in doing this work, I've spoken to a number of
36 individuals with lived experience who have said that they
37 feel like they haven't had opportunities for promotion or
38 opportunities to take on additional responsibility because
39 they've been quite open about their mental illness, and
40 they've felt like their employer has doubted whether they
41 would have the capacity to be able to take on something
42 more ambitious.
43

44 Q. So, that's obviously their perception of the
45 situation. Is it a bit of a difficult area to establish
46 what exactly the causes were and whether it was the mental
47 illness and the perception and whether that is in fact the

1 reason? Is there research to support that, basically, is
2 my question?

3 A. Yeah. So, the report of the Collaboration For Work
4 Participation certainly asked employers about the views
5 that they hold, and that research reinforced that some of
6 those attitudes around, you know, unpredictability or
7 unreliability were certainly attitudes that were held by
8 employers.

9

10 You're right that we don't necessarily have the data
11 to correlate the two, and one of the challenges of doing
12 research in this space is that, you know, if we go and we
13 ask people openly in the community, "Would you discriminate
14 against someone on the basis of them having a mental
15 illness?" More often than not people are gonna say, "No,
16 of course not, I wouldn't do that."

17

18 But stigma and discrimination in this space play out
19 in a much more insidious way, and there are lots of
20 different factors that contribute, but it certainly seems
21 to be something that comes through, not only in the
22 literature, but in people's lived experience of engaging in
23 the workplace.

24

25 Q. Just taking you back to the Collaborative Partnership
26 report, was that across all mental illnesses, or which
27 mental illnesses was that focused on?

28 A. So, my understanding is, it looked at mental illness
29 in general, and one of the real challenges of work in this
30 space is that we often do use mental illness as an umbrella
31 term to describe a range of experiences people might have
32 around mental ill-health.

33

34 My sense is that, there is a very real difference
35 between the way in which people respond to experiences like
36 depression and anxiety, particularly if it's mild to
37 moderate, compared to some of the more severe and complex
38 experiences people might have, whether it's around
39 schizophrenia or other psychotic disorders, personality
40 disorder, eating disorders and bipolar disorder, and so, we
41 certainly hear very strongly from the community that we
42 serve that they feel that those with severe and complex
43 experiences are often marginalised.

44

45 And certainly, when we sort of see large-scale public
46 surveys that look at these issues, some of those types of
47 illnesses are often not included in the data at all.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47

Q. You've talked about what some of the consequences of structural discrimination in the workplace are for the individual who's experiencing the mental illness. What about for the family and friends of that person? Can you talk about some of the implications for them?

A. I think family and friends experience these issues really acutely as well. So, there is a phenomenon around stigma by association, and that can mean that people who are family, friends or supporters of people with mental illness can find that they experience some of the same forms of stigma and discrimination that other people with a lived experience might face and that can make it difficult for them to engage in the workforce as well.

You know, certainly people describe experiences of coming back to work after caring for someone who's had an episode of mental ill-health, and describing that as being very different from the experience of caring for someone who's had an accident or a physical health problem. That, you know, often the sort of workforce will band together to support that individual and their family, and people often report it being very difficult to have that same level of support in the workforce.

The episodic nature of severe and complex mental illness can also mean it's quite difficult for people who are carers to access the reasonable adjustments that they might need to be able to continue to flourish and thrive in the workplace. So, access to things like unpaid leave or more flexible working conditions can be difficult.

There's also been research that has looked at economic security for family, friends and supporters of people with mental illness, and that, people who have taken on caring responsibilities might find themselves in precarious financial situations and tend to even have a lower superannuation balance, for example, compared to other people in the community. They're issues that are very acutely felt by the person with a lived experience of mental illness, but they're equally felt by family, friends and other supporters.

Q. Do we know to what extent structural discrimination exists in the workplace in Victoria?

A. So, we don't have any good data that quantifies the scale of the problem. Certainly, we would think that some

1 of the things that have been found in reports, like the one
2 that I spoke to before, would certainly be representative
3 of the experience of people here in Victoria, that those
4 attitudes certainly seem to be quite persistent, and
5 people's lived experience here in Victoria would suggest
6 that they certainly do experience a variety of different
7 forms of stigma and discrimination in the workplace.

8
9 Q. If we don't have that data, I assume we don't have
10 data across different workplaces in terms of how stigma
11 manifests in different environments?

12 A. Not necessarily, but we do have a bit of a sense that
13 there are particular types of workplaces where stigma might
14 be more prevalent, and they tend to be in industries where
15 they're very high-pressured environments, they tend to be
16 in environments where people are expected to just tough it
17 up and sort of deal with various issues.

18
19 Q. Can you give us an example, which type of environments
20 are you talking about?

21 A. Yeah. So, the experience of people who are first
22 responders, for example. So, in environments where people
23 are often exposed to quite challenging information but sort
24 of expected to just kind of get on with it and face the
25 next job. Certainly, those attitudes are changing and
26 there are some really good initiatives to really highlight
27 the need for better support for people in industries like
28 first responders.

29
30 But I think one interesting observation that I've made
31 in engaging with the workplace in promoting mental health
32 and wellbeing has been that there can be an assumption that
33 people with severe and complex mental illness don't exist
34 in particular types of workplaces. So, people are much
35 more open about acknowledging issues like depression and
36 anxiety, and even to a certain extent post-traumatic stress
37 disorder if there's sort of a clear sense that perhaps that
38 was a direct response to the workplace.

39
40 So, you know, we hear public narratives of people who
41 have taken time out from the police force, for example,
42 having been exposed to quite traumatic content. When we're
43 in environments like professional services or financial
44 services and talking to people about schizophrenia or
45 personality disorder, we do still hear from employers an
46 assumption that people with those experiences aren't in
47 those environments.

1
2 But we certainly know that there are people with
3 experiences of severe and complex mental illness in all
4 walks of life, at all levels of organisations, in public
5 life, people who hold roles in a whole range of different
6 areas, but we don't have this open narrative about what it
7 looks like to live a contributing life with a severe and
8 complex mental illness.

9
10 Q. And, why do you think that is?

11 A. So, I think a really key barrier has been the stigma
12 that is associated with a severe and complex mental
13 illness, and the lack of public role models of people that
14 have taken on various roles in the community who have the
15 more severe and complex experiences around mental illness.

16
17 And we see this across a whole range of sectors:
18 whether it's in the health sector, people who might be
19 working as medical professionals or working as helping
20 professionals, and people in financial services. It seems
21 to be much more acceptable to be able to share those
22 stories around mild to moderate experiences and it just
23 perpetuates the same cycle of, we hear those same stories
24 and it doesn't necessarily open up the space for people
25 with experiences that are more severe and complex to be
26 able to be part of that conversation as well.

27
28 Q. It's also a lot to ask, though, of someone with a
29 severe and complex mental illness, isn't it, in this
30 current environment?

31 A. It is, yeah.

32
33 Q. To put their hand up to basically say that they have
34 those conditions --

35 A. It is.

36
37 Q. -- in the current stigmatised framework. How do you
38 see that changing, or do you see it changing?

39 A. So, I see it changing incrementally at the moment, and
40 I see it changing through leaders in organisations and
41 people in the community who are starting to become more
42 open about their own experience of mental ill-health.

43
44 It's certainly something that I've experienced as a
45 leader in an organisation needing to get more comfortable
46 talking about my own lived experiences and the experiences
47 that I bring alongside my professional training.

1
2 And, you know, I think for me it was always the sense
3 that you couldn't have an identity both as someone who had
4 their own lived experience as well as be someone who was an
5 expert or a professional. But, the more I see people
6 around me who are role models for both: people who are
7 leaders in their organisation, or are doing really, really
8 amazing things, but also are quite open and honest and
9 authentic, I think that certainly has helped a lot.

10
11 And I think it's important that, when we do encourage
12 people to speak and to share their experiences, we do that
13 in a way where they feel absolutely supported. I guess I'm
14 incredibly lucky to work in an environment where that's
15 okay, but I acknowledge that for a large number of people
16 that's not necessarily the case.

17
18 Q. Returning to the issue of structural discrimination in
19 the workplace, if no action is taken, what are the likely
20 future impacts of structural discrimination and stigma in
21 the workplace in relation to mental illness? So, if we
22 don't do anything, how do you see the future?

23 A. Yeah, so I think there are impacts in a whole variety
24 of different ways. I think a really important one is
25 around the economic security of people who live with a
26 mental illness.

27
28 So, you know, people then find it difficult to be able
29 to support themselves and their families and to access the
30 kind of care and support that they need if they're unable
31 to generate income to be able to do that. So, there are
32 certainly those economic impacts.

33
34 We know also that there are impacts - economic impacts
35 on businesses themselves if they don't seek to support the
36 mental health and wellbeing of their workforces.

37
38 But I actually think, on a more human level, we lose
39 the opportunity to learn from people with experiences of
40 mental illness; that people with mental illness have so
41 much to bring to the table and to bring to our workforces.

42
43 I have been incredibly lucky to work alongside a
44 number of people who have their own lived experience of
45 mental ill-health or of trauma, and what they bring to the
46 workplace in terms of their sense of empathy, their
47 commitment to supporting others, is incredibly beneficial

1 for us as an organisation, and I think, if we don't act to
2 create workplaces and environments where people feel valued
3 and respected and that they can bring their whole selves to
4 work, we as a workforce and as a community really lose out.

5
6 Q. Finally, Dr Blanchard, can you tell the Commission
7 some positive steps that you think can be taken to counter
8 structural discrimination and stigma in the workplace,
9 specifically in relation to mental illness?

10 A. So, I think one of the really important things we can
11 do is create work environments where people feel like they
12 can be open about their mental ill-health so that they can
13 access appropriate help and support to be able to thrive in
14 the workplace.

15
16 A really great way to do that is through encouraging
17 people to share their stories of living with mental illness
18 and to do that in a really safe and a really supported way.

19
20 I think though, it's also really important for there
21 to be training in workplaces for managers, for HR leads and
22 others, to be able to create these environments where
23 people do feel supported and where there are also supports
24 available if someone's mental health and wellbeing is not
25 tracking well.

26
27 There's work that we can do in terms of designing
28 people's roles so that they are able to contribute in a
29 meaningful way, but also to reduce stressors or other
30 factors that might negatively impact their mental health
31 and wellbeing.

32
33 So, SANE is part of a group called the Mentally
34 Healthy Workplace Alliance, with a number of other mental
35 health organisations including the National Mental Health
36 Commission who are leading around that, and there is I
37 think a really important opportunity to create a framework
38 that can then be taken up and adopted by workplaces to
39 really create these environments where everyone's mental
40 health and wellbeing is important, so we're preventing the
41 onset of mental health problems for people who might
42 develop those while in the workforce, but really critically
43 that we're also supporting those who do have a mental
44 illness to enter, to remain in and feel supported as valued
45 members of our workforce.

46
47 MS BATTEN: Thank you, Dr Blanchard. Chair, are there any

1 questions for Dr Blanchard?

2

3 CHAIR: Q. Yes, I just have one. I noted in your written
4 submission you said that people living with mental health
5 conditions are three times as likely to be unemployed as
6 the general population and that this was amongst the
7 highest ratio in the OECD. Are there any other countries
8 you would point us to where you think they are doing better
9 and have a lower ratio than we experience here in
10 Australia?

11 A. Yeah, that's a really good question, and I'm part of a
12 group called the Global Anti-Stigma Alliance, where we get
13 together once a year with our colleagues from organisations
14 and campaigns, like Time to Change in the UK that you heard
15 about earlier today.

16

17 In some of the Scandinavian countries there are good
18 initiatives to support people to engage in the workforce,
19 but it really does seem to be a challenge that people
20 across jurisdictions are grappling with.

21

22 MS BATTEN: Thank you, Chair, no further questions?

23

24 CHAIR: Yes.

25

26 MS BATTEN: May this witness please be excused?

27

28 CHAIR: Yes.

29

30 <THE WITNESS WITHDREW

31

32 MS BATTEN: Thank you, Chair, that concludes our evidence
33 for today.

34

35 **AT 3.30PM THE COMMISSION WAS ADJOURNED TO**
36 **THURSDAY, 4 JULY 2019 AT 10.00AM**

37

38

39

40

41

42

43

44

45

46

47

1	100:35, 100:39, 101:6 2014 [3] - 103:28, 103:43, 115:25 2015 [1] - 122:35 2017 [1] - 110:45 2019 [3] - 76:18, 141:35, 157:36 2020 [1] - 141:35 22 [1] - 101:31 24-44 [1] - 111:1 25 [1] - 113:30	91 [1] - 148:1	accommodation [1] - 81:45 according [4] - 86:4, 101:16, 107:33, 133:28 accurate [2] - 109:24, 134:8 achieve [2] - 120:22, 127:43 achievement [1] - 81:11 acknowledge [1] - 155:15 acknowledging [2] - 141:5, 153:35 Act [4] - 83:6, 83:12, 115:25, 115:34 act [3] - 94:2, 124:14, 156:1 action [1] - 155:19 active [4] - 90:33, 114:16, 114:20, 139:8 activists [1] - 90:33 activities [3] - 95:19, 96:30, 97:39 actual [3] - 96:37, 107:23 acute [1] - 87:24 acutely [2] - 152:8, 152:40 ad [1] - 114:1 add [2] - 91:9, 93:30 adding [1] - 95:18 addition [1] - 133:2 additional [4] - 143:36, 150:24, 150:29, 150:38 address [4] - 81:3, 104:12, 131:16, 143:13 addressing [1] - 134:25 adequately [1] - 135:11 adjourn [1] - 115:17 ADJOURNED [1] - 157:35 ADJOURNMENT [3] - 115:19, 130:17, 145:47 adjust [1] - 115:45 adjustments [2] - 149:30, 152:28 admission [1] - 127:19 admitted [3] - 124:47, 125:2, 125:8 adopted [1] - 156:38 ads [1] - 114:1	adult [2] - 120:29, 125:4 adults [1] - 98:21 advantage [1] - 92:36 advertising [1] - 94:27 advise [1] - 91:31 Advisory [1] - 78:21 advisory [2] - 78:30, 89:27 advocacy [10] - 77:14, 78:36, 83:27, 83:36, 83:44, 89:27, 95:36, 140:18, 140:43, 141:17 advocate [8] - 77:12, 78:16, 80:21, 80:26, 82:29, 83:37, 89:32, 129:9 advocating [1] - 83:15 affected [9] - 78:1, 132:35, 146:24, 146:38, 146:43, 147:11, 147:18, 149:15, 149:19 affirmed [4] - 96:2, 115:42, 130:24, 146:7 afraid [2] - 81:25, 106:21 age [3] - 116:29, 119:36, 144:28 Aged [1] - 98:40 aged [4] - 101:2, 111:1, 144:17, 144:27 ageist [1] - 144:13 agency [3] - 110:26, 110:29, 140:24 Agency [1] - 78:22 agent [1] - 136:6 agents [2] - 135:33, 135:35 ages [1] - 92:29 agitate [1] - 141:18 ago [3] - 80:25, 94:8, 138:29 agreed [2] - 85:13, 125:2 agrees [1] - 136:47 aid [5] - 100:20, 113:8, 113:9, 113:16, 113:18 Aid [1] - 113:27 aim [3] - 131:42, 140:20, 140:42 aimed [1] - 107:37 aims [2] - 131:16, 146:23 albeit [1] - 87:36 alcohol [1] - 142:5
	3	A		
	3 [2] - 76:18, 113:29 3.30PM [1] - 157:35 30 [2] - 100:8, 146:36 37 [1] - 101:30 39 [1] - 100:38	abandonment [2] - 136:10, 136:18 ability [3] - 124:47, 139:39, 150:29 able [50] - 89:44, 90:24, 91:14, 91:25, 97:12, 98:30, 101:36, 106:3, 111:24, 117:23, 118:9, 119:14, 119:20, 120:12, 122:27, 123:2, 123:15, 125:37, 126:3, 126:4, 126:9, 126:20, 126:22, 126:23, 126:24, 126:33, 127:2, 127:28, 127:42, 128:3, 128:4, 128:5, 128:14, 128:40, 143:3, 143:35, 145:7, 149:24, 150:25, 150:28, 150:30, 150:41, 152:29, 154:21, 154:26, 155:28, 155:31, 156:13, 156:22, 156:28 Aboriginal [2] - 101:43, 141:37 absconding [1] - 95:20 absolutely [5] - 102:22, 126:22, 135:36, 138:22, 155:13 abuse [2] - 80:8, 80:9 abused [1] - 79:45 academic [2] - 77:22, 96:40 acceptable [2] - 128:7, 154:21 access [19] - 123:2, 125:20, 125:26, 125:38, 126:4, 126:20, 126:40, 127:28, 129:35, 129:36, 136:35, 141:6, 141:8, 145:7, 149:1, 152:28, 152:30, 155:29, 156:13 accessed [1] - 128:31 accessible [1] - 141:15 accident [1] - 152:20		
	4			
	4 [1] - 157:36 40 [3] - 83:24, 88:31, 90:4 45 [1] - 100:10			
	5			
	5 [1] - 144:42 50 [1] - 104:29			
	6			
	60 [1] - 101:2			
	7			
2	7,000 [2] - 141:2 70 [1] - 133:15 700 [1] - 87:9 70s [1] - 89:33 71 [1] - 100:10 74 [1] - 100:38			
	8			
	8 [1] - 85:37 80s [1] - 89:33			
	9			
	90-130 [1] - 76:12 90s [1] - 86:45			

<p>Alex [1] - 76:28 Alfred [1] - 142:39 Allan [1] - 76:27 alliance [1] - 136:16 Alliance [2] - 156:34, 157:12 allied [1] - 91:14 allocated [1] - 128:36 allow [4] - 84:47, 86:39, 91:29, 93:41 allowed [2] - 82:17, 111:32 allows [1] - 93:40 alogia [1] - 139:35 alone [3] - 117:33, 129:40, 150:22 alongside [5] - 91:14, 91:27, 91:30, 154:47, 155:43 alright [6] - 85:42, 90:27, 95:46, 99:47, 109:5, 109:27 altered [1] - 147:38 alternative [1] - 138:43 altogether [2] - 147:40, 149:37 amazing [6] - 81:17, 89:22, 122:1, 122:46, 155:8 Ambassador [1] - 148:3 ambassador [1] - 131:21 ambassadors [1] - 132:5 Ambassadors [2] - 148:1, 149:45 ambitious [2] - 141:1, 150:42 ambulance [1] - 124:28 ameliorate [1] - 107:3 amount [5] - 80:8, 80:9, 92:3, 134:3, 135:21 amply [1] - 114:18 analogous [1] - 113:9 analyses [1] - 142:20 analysis [3] - 108:27, 108:30, 132:45 ancillary [1] - 91:18 anger [5] - 80:13, 80:25, 82:37, 83:21, 140:1 angry [3] - 80:27, 82:27, 92:3 anhedonia [1] - 139:35 animosity [1] - 92:46</p>	<p>Anne [1] - 146:40 announcement [1] - 83:43 annual [2] - 110:23, 110:34 answer [4] - 92:14, 121:28, 131:22, 138:45 answers [1] - 104:25 anti [3] - 109:12, 113:13, 113:33 Anti [1] - 157:12 anti-stigma [2] - 113:13, 113:33 Anti-Stigma [1] - 157:12 anticipate [1] - 136:36 anticipated [1] - 105:14 anticipation [1] - 136:32 anticipatory [1] - 95:13 antidepressants [3] - 100:41, 117:21, 117:22 Antonio [1] - 138:28 anxiety [4] - 101:21, 135:16, 151:36, 153:36 anxious [1] - 136:32 anyway [4] - 80:46, 93:35, 98:27, 111:18 AO [1] - 76:27 apart [1] - 80:2 appeal [1] - 84:31 applied [2] - 81:1, 81:46 applies [2] - 137:1, 137:39 appointment [4] - 92:32, 92:44, 92:45, 123:9 appointments [2] - 127:6, 150:28 appreciate [1] - 129:38 approach [1] - 123:30 appropriate [1] - 156:13 area [8] - 95:36, 96:5, 96:21, 96:44, 112:35, 140:38, 146:33, 150:45 areas [2] - 141:25, 154:6 arguably [4] - 133:41, 135:5, 142:37 argument [1] - 112:42 arise [2] - 95:27, 106:8</p>	<p>arms [1] - 83:35 Armytage [1] - 76:26 arranged [1] - 117:20 arrive [1] - 90:12 art [2] - 131:7, 131:19 article [1] - 147:37 articles [2] - 147:20, 147:28 articulate [2] - 82:38, 84:5 articulated [1] - 84:6 aspect [4] - 80:6, 80:8, 95:2, 136:40 aspects [6] - 94:23, 94:43, 104:7, 105:43, 110:16, 134:43 assertion [1] - 149:43 assertive [1] - 92:25 assessed [1] - 124:46 assistance [2] - 78:15, 116:2 assisted [2] - 98:26, 103:44 Assisting [1] - 76:33 Associate [4] - 77:35, 95:44, 95:46, 133:8 associated [4] - 101:4, 120:14, 142:40, 154:12 association [5] - 133:23, 137:6, 137:7, 137:11, 152:9 Association's [1] - 112:6 associations [1] - 123:24 assume [3] - 102:7, 125:10, 153:9 assumed [1] - 118:29 assumption [3] - 141:5, 153:32, 153:46 assumptions [4] - 112:2, 149:8, 149:41, 149:42 AT [2] - 157:35, 157:36 attempt [1] - 139:2 attend [1] - 150:28 attention [2] - 128:40, 138:37 attitude [4] - 101:16, 133:45, 136:14, 137:26 attitudes [6] - 77:29, 78:4, 91:35, 95:37, 96:33, 96:36, 96:42, 96:45, 97:5, 97:26, 97:30, 97:36, 97:37,</p>	<p>100:19, 101:7, 101:9, 101:25, 102:9, 102:31, 102:38, 103:4, 103:13, 103:38, 106:26, 106:38, 107:9, 108:36, 110:44, 111:3, 111:8, 111:16, 111:23, 111:26, 111:33, 111:42, 112:23, 112:24, 112:32, 113:39, 114:22, 114:46, 133:30, 133:32, 136:13, 136:47, 137:1, 137:18, 138:46, 139:11, 139:42, 142:31, 142:36, 144:13, 144:14, 149:7, 149:8, 149:27, 150:2, 150:7, 150:10, 151:6, 151:7, 153:4, 153:25 Attitudes [1] - 86:47 attitudinal [4] - 100:43, 108:41, 149:4, 149:6 attribute [1] - 147:21 attributions [1] - 133:41 audience [2] - 86:23, 88:23 audits [1] - 95:20 auspicious [1] - 78:39 Australia [27] - 77:23, 77:46, 84:10, 85:12, 86:21, 87:10, 92:9, 98:21, 101:40, 102:1, 113:28, 113:35, 130:39, 131:5, 131:21, 133:5, 140:13, 140:15, 141:4, 143:4, 146:22, 146:27, 146:32, 146:36, 146:39, 146:46, 157:10 Australia's [2] - 143:2, 147:47 Australia-wide [2] - 98:21, 102:1 Australian [6] - 77:27, 84:25, 101:37, 122:8, 146:20, 150:1 Australians [2] - 141:3, 146:41 Austria [2] - 112:7, 112:23</p>	<p>authentic [1] - 155:9 authored [2] - 96:20 available [10] - 117:25, 120:44, 122:14, 122:15, 123:7, 125:5, 125:30, 150:26, 150:32, 156:24 Avenue [1] - 81:4 average [1] - 89:13 avoid [3] - 98:13, 99:21, 112:44 avoidance [3] - 104:23, 134:1, 137:45 avoided [2] - 104:26, 104:32 avolitional [1] - 139:40 aware [1] - 136:47 awareness [1] - 140:42 awful [1] - 94:27</p>
B				
<p>baby [1] - 123:20 background [6] - 96:10, 97:42, 132:17, 138:23, 138:24, 146:19 backgrounds [1] - 101:43 backwards [2] - 88:36, 88:38 bad [5] - 120:30, 122:31, 123:27, 124:24, 128:22 badly [1] - 100:17 balance [2] - 83:36, 152:38 balanced [1] - 89:3 band [1] - 152:21 bank [1] - 82:10 barrier [1] - 154:11 barriers [8] - 148:29, 148:39, 148:40, 148:41, 149:5, 149:6, 149:35, 149:38 base [2] - 147:44, 149:43 based [7] - 86:25, 88:47, 128:29, 132:42, 144:27, 147:45, 148:7 baseline [1] - 114:37 basic [2] - 117:47, 127:5</p>				

<p>basis [8] - 79:46, 87:31, 103:13, 105:20, 106:3, 111:29, 111:30, 151:14</p> <p>bathroom [1] - 117:12</p> <p>BATTEN [17] - 115:21, 115:39, 115:44, 129:30, 130:5, 130:12, 130:21, 130:26, 144:3, 145:35, 145:42, 146:2, 146:10, 156:47, 157:22, 157:26, 157:32</p> <p>Batten [1] - 76:35</p> <p>batyr [1] - 146:30</p> <p>bear [1] - 92:11</p> <p>became [10] - 77:11, 79:34, 80:9, 83:21, 120:29, 122:35, 123:47, 124:1, 124:11</p> <p>become [8] - 79:1, 79:18, 80:26, 82:28, 83:9, 84:19, 120:43, 154:41</p> <p>becomes [3] - 85:39, 85:46, 93:18</p> <p>becoming [2] - 122:39, 124:4</p> <p>bed [4] - 121:18, 124:44, 125:5</p> <p>beds [2] - 82:13, 87:24</p> <p>beg [1] - 87:14</p> <p>began [1] - 87:11</p> <p>begging [2] - 86:7, 87:12</p> <p>behalf [1] - 122:16</p> <p>behave [2] - 82:33, 89:1</p> <p>behaviour [16] - 81:8, 87:15, 95:17, 96:33, 106:4, 118:21, 137:29, 137:37, 137:42, 138:5, 138:8, 138:13, 138:44, 139:11, 139:44, 147:21</p> <p>behavioural [3] - 100:42, 134:1, 135:47</p> <p>behaviours [9] - 96:37, 96:38, 96:42, 96:43, 97:4, 97:19, 133:30, 133:33, 138:47</p> <p>behind [3] - 88:47, 125:9, 142:41</p> <p>beings [1] - 86:12</p>	<p>belief [1] - 101:37</p> <p>beliefs [15] - 97:44, 98:1, 99:12, 99:17, 99:36, 99:41, 100:39, 101:20, 101:28, 101:39, 101:46, 102:12, 111:4, 113:40</p> <p>belongings [1] - 125:17</p> <p>beneficial [1] - 155:47</p> <p>Bernadette [1] - 76:29</p> <p>best [12] - 88:39, 91:31, 101:45, 106:9, 106:11, 109:11, 110:33, 116:34, 121:11, 121:36, 128:47</p> <p>bet [2] - 90:21, 93:13</p> <p>better [13] - 81:19, 86:42, 89:28, 98:18, 100:37, 101:1, 101:2, 119:24, 122:3, 126:45, 132:11, 153:27, 157:8</p> <p>between [18] - 77:29, 85:18, 96:36, 96:41, 97:23, 99:30, 99:32, 99:40, 100:35, 107:36, 109:16, 109:40, 121:25, 134:23, 137:28, 141:39, 144:25, 151:35</p> <p>beyond [3] - 83:36, 87:24, 137:26</p> <p>Beyond [2] - 132:24, 132:31</p> <p>bias [2] - 134:26, 142:20</p> <p>biases [1] - 137:27</p> <p>big [1] - 119:35</p> <p>biggest [1] - 127:22</p> <p>bipolar [3] - 85:38, 140:25, 151:40</p> <p>bit [34] - 80:35, 90:37, 96:10, 96:34, 98:17, 100:3, 102:34, 104:40, 110:21, 111:26, 111:39, 113:5, 113:15, 114:16, 114:20, 114:27, 114:32, 116:20, 120:31, 121:17, 122:42, 128:7, 128:10, 128:23, 138:39, 140:37, 141:13, 141:46, 143:26,</p>	<p>149:10, 150:27, 150:45, 153:12</p> <p>blame [1] - 102:18</p> <p>BLANCHARD [1] - 146:7</p> <p>Blanchard [13] - 77:45, 77:46, 78:2, 131:5, 140:16, 145:29, 146:4, 146:5, 146:10, 146:18, 156:6, 156:47, 157:1</p> <p>blood [2] - 85:43, 125:35</p> <p>blooming [1] - 91:4</p> <p>Blue [2] - 132:24, 132:31</p> <p>board [3] - 83:37, 92:31, 131:29</p> <p>bodies [5] - 78:30, 78:35, 85:21, 93:20, 134:37</p> <p>body [1] - 93:5</p> <p>borderline [7] - 121:47, 122:9, 123:25, 135:37, 135:46, 136:9, 136:13</p> <p>born [1] - 123:20</p> <p>borne [1] - 89:37</p> <p>bottom [1] - 120:33</p> <p>brain [11] - 82:43, 117:5, 118:9, 119:32, 120:7, 123:43, 127:14, 128:39, 129:7, 129:10, 129:11</p> <p>brazziness [1] - 80:13</p> <p>breach [3] - 115:35, 147:28, 147:31</p> <p>break [5] - 95:46, 115:15, 130:13, 145:42, 147:10</p> <p>breakdown [2] - 79:10, 79:23</p> <p>breakdowns [1] - 79:12</p> <p>breaks [1] - 133:21</p> <p>Brian [1] - 84:1</p> <p>brief [1] - 149:4</p> <p>briefly [7] - 130:47, 132:40, 136:23, 137:5, 141:43, 146:18, 147:43</p> <p>bring [8] - 91:21, 92:11, 137:19, 154:47, 155:41, 155:45, 156:3</p> <p>bringing [1] - 114:8</p>	<p>broad [4] - 91:22, 104:6, 108:11, 135:41</p> <p>broadcaster [1] - 146:40</p> <p>broaden [1] - 111:14</p> <p>broadening [2] - 103:1, 111:17</p> <p>broadly [3] - 105:43, 112:9, 139:14</p> <p>brother [1] - 116:10</p> <p>brought [5] - 92:42, 92:45, 121:22, 124:6, 127:17</p> <p>Bruce [1] - 142:9</p> <p>brush [1] - 135:41</p> <p>budget [1] - 143:33</p> <p>build [1] - 141:14</p> <p>building [3] - 86:40, 131:36, 140:33</p> <p>bullied [1] - 80:22</p> <p>Burdekin [1] - 84:1</p> <p>bureaucrats [1] - 89:25</p> <p>burns [1] - 91:35</p> <p>bus [1] - 81:11</p> <p>businesses [2] - 110:14, 155:35</p> <p>butcher [1] - 142:41</p> <p>Butterfly [1] - 146:28</p>	<p>capable [2] - 123:41, 134:18</p> <p>capacity [4] - 82:45, 102:35, 122:25, 150:41</p> <p>capture [1] - 103:38</p> <p>capturing [1] - 111:15</p> <p>car [3] - 92:41, 92:42, 119:10</p> <p>card [1] - 141:20</p> <p>Card [7] - 98:43, 130:38, 130:44, 140:4, 140:11, 140:12, 141:34</p> <p>cards [2] - 82:10, 84:23</p> <p>care [20] - 79:42, 79:47, 80:15, 83:3, 84:20, 87:25, 91:32, 93:44, 95:28, 122:46, 123:3, 125:30, 128:40, 129:4, 136:8, 144:17, 144:27, 150:29, 155:30</p> <p>careful [1] - 79:33</p> <p>career [3] - 78:40, 122:29, 122:30</p> <p>careful [2] - 102:29, 103:9</p> <p>carers [6] - 89:46, 91:26, 91:28, 91:35, 137:9, 152:28</p> <p>caring [6] - 95:13, 146:42, 148:2, 152:17, 152:19, 152:35</p> <p>carry [2] - 138:34, 144:37</p> <p>carving [1] - 135:28</p> <p>case [6] - 103:6, 112:29, 113:32, 124:35, 144:39, 155:16</p> <p>CAT [1] - 124:21</p> <p>Cat [2] - 124:25, 124:26</p> <p>categorical [3] - 144:28, 144:34, 144:38</p> <p>categories [2] - 122:20, 122:22</p> <p>caught [1] - 138:22</p> <p>causal [2] - 138:14, 142:24</p> <p>causes [3] - 82:37, 86:42, 150:46</p> <p>causing [2] - 81:18, 93:6</p> <p>caveat [1] - 134:11</p>
C				
			<p>calmer [1] - 119:40</p> <p>campaign [21] - 107:36, 107:37, 109:7, 109:10, 109:12, 109:13, 109:20, 109:38, 110:8, 110:16, 110:27, 110:31, 111:12, 111:43, 112:6, 112:10, 112:17, 113:47, 140:42, 140:43, 140:44</p> <p>campaigns [16] - 102:30, 102:45, 103:1, 107:28, 108:3, 108:6, 109:28, 110:35, 111:13, 112:8, 112:20, 112:36, 113:4, 114:15, 146:47, 157:14</p> <p>campaigns' [1] - 102:35</p> <p>cannot [2] - 88:35, 115:32</p>	

<p>caveats [2] - 111:11, 111:27</p> <p>cemented [1] - 123:38</p> <p>cent [15] - 100:8, 100:10, 100:38, 101:30, 101:31, 104:29, 104:31, 105:3, 105:4, 105:18, 112:19, 113:29</p> <p>central [2] - 141:5, 145:28</p> <p>Centre [5] - 77:37, 96:13, 131:5, 131:18, 140:15</p> <p>centre [2] - 131:6, 148:8</p> <p>centred [2] - 86:22, 86:25</p> <p>Centrelink [1] - 104:17</p> <p>CEO [2] - 77:46, 146:22</p> <p>cerebral [1] - 94:13</p> <p>certain [4] - 101:37, 103:47, 128:30, 153:36</p> <p>certainly [35] - 101:17, 105:36, 106:1, 107:8, 113:7, 113:46, 114:43, 130:33, 132:33, 133:16, 137:16, 140:8, 142:20, 144:22, 145:25, 148:36, 149:10, 149:23, 149:44, 150:35, 151:4, 151:7, 151:20, 151:41, 151:45, 152:16, 152:47, 153:2, 153:4, 153:6, 153:25, 154:2, 154:44, 155:9, 155:32</p> <p>cetera [3] - 83:20, 95:21</p> <p>Chair [9] - 76:26, 115:39, 130:5, 130:21, 145:35, 146:2, 146:17, 157:22, 157:32</p> <p>chair [6] - 89:40, 115:3, 115:21, 129:30, 144:3, 156:47</p> <p>CHAIR [18] - 92:7, 93:24, 93:28, 115:6, 115:10, 115:17, 115:24, 129:33,</p>	<p>130:2, 130:8, 130:15, 145:4, 145:33, 145:38, 145:45, 157:3, 157:24, 157:28</p> <p>challenge [3] - 83:10, 143:21, 157:19</p> <p>challenged [1] - 118:28</p> <p>challenges [5] - 77:17, 83:11, 150:16, 151:11, 151:29</p> <p>challenging [6] - 119:21, 122:40, 123:47, 124:2, 124:4, 153:23</p> <p>chances [1] - 86:31</p> <p>Change [5] - 109:7, 140:34, 140:40, 145:25, 157:14</p> <p>change [15] - 82:29, 82:42, 82:47, 83:16, 83:23, 86:32, 87:14, 87:19, 90:11, 90:12, 95:25, 100:43, 114:9, 140:20, 141:18</p> <p>changed [2] - 102:38, 111:3</p> <p>changes [9] - 108:36, 108:39, 108:41, 108:44, 110:44, 110:47, 111:15, 112:23, 114:38</p> <p>changing [7] - 82:13, 139:15, 153:25, 154:38, 154:39, 154:40</p> <p>chapter [1] - 144:43</p> <p>charge [1] - 80:37</p> <p>charity [2] - 146:22, 146:30</p> <p>chats [1] - 148:8</p> <p>chatting [1] - 86:44</p> <p>check [3] - 85:41, 85:44, 126:39</p> <p>checks [1] - 93:8</p> <p>chemical [1] - 102:17</p> <p>chest [1] - 90:19</p> <p>child [6] - 116:26, 123:21, 123:26, 123:35, 124:13, 128:4</p> <p>childhood [1] - 116:21</p> <p>choice [3] - 87:37, 87:38, 116:34</p> <p>chosen [1] - 82:5</p> <p>Chris [3] - 77:40, 99:1, 130:22</p>	<p>CHRISTOPHER [1] - 130:24</p> <p>chronic [3] - 99:14, 101:10, 101:31</p> <p>churned [1] - 93:37</p> <p>circles [2] - 89:27, 89:28</p> <p>circular [1] - 143:26</p> <p>circumstance [1] - 105:6</p> <p>circumstances [4] - 80:4, 91:20, 93:22, 134:19</p> <p>city [1] - 94:23</p> <p>claim [1] - 80:13</p> <p>clarify [2] - 134:7, 135:23</p> <p>classic [1] - 135:37</p> <p>classroom [1] - 107:38</p> <p>clear [1] - 153:37</p> <p>clearly [1] - 92:43</p> <p>clever [1] - 94:26</p> <p>client [2] - 136:14, 136:17</p> <p>clinical [9] - 87:25, 87:32, 87:35, 87:41, 130:35, 131:10, 133:5, 136:7</p> <p>Clinical [1] - 132:26</p> <p>clinically [1] - 143:29</p> <p>clinician [1] - 136:12</p> <p>clip [1] - 114:1</p> <p>clock [1] - 80:40</p> <p>close [2] - 84:45, 107:43</p> <p>closely [1] - 147:2</p> <p>closer [2] - 98:17, 100:39</p> <p>clothes [1] - 82:12</p> <p>clozapine [4] - 85:40, 85:41, 85:44</p> <p>co [3] - 96:20, 130:35, 146:40</p> <p>co-authored [1] - 96:20</p> <p>co-founder [1] - 146:40</p> <p>co-ordinate [1] - 130:35</p> <p>Cockram [1] - 76:28</p> <p>Codes [1] - 83:19</p> <p>Coghlan [1] - 76:36</p> <p>cognition [3] - 138:7, 138:13, 138:44</p> <p>cognitive [3] - 100:42, 135:47, 138:24</p> <p>cohort [2] - 132:13, 148:3</p> <p>collaboration [1] -</p>	<p>130:39</p> <p>Collaboration [1] - 151:3</p> <p>Collaborative [2] - 149:47, 151:25</p> <p>colleague [2] - 99:1, 134:4</p> <p>colleagues [6] - 90:36, 103:28, 127:47, 128:10, 145:26, 157:13</p> <p>collection [1] - 140:7</p> <p>College [1] - 78:42</p> <p>colonisation [1] - 87:10</p> <p>combat [1] - 108:5</p> <p>combatting [1] - 143:21</p> <p>combine [1] - 108:21</p> <p>combining [1] - 144:15</p> <p>comfortable [3] - 115:46, 130:27, 154:45</p> <p>coming [5] - 82:8, 89:30, 126:6, 131:39, 152:17</p> <p>commenced [2] - 84:11, 147:1</p> <p>Commission [23] - 78:15, 78:26, 83:41, 83:47, 84:1, 84:18, 84:22, 84:35, 85:33, 88:19, 114:6, 115:24, 115:27, 116:3, 122:42, 138:21, 146:11, 146:19, 146:32, 147:43, 156:6, 156:36</p> <p>COMMISSION [2] - 76:5, 157:35</p> <p>COMMISSIONER [3] - 89:43, 144:6, 145:2</p> <p>Commissioner [1] - 78:25</p> <p>Commissioners [18] - 77:1, 77:20, 89:41, 95:44, 103:34, 109:10, 115:4, 115:14, 116:20, 117:43, 120:39, 121:16, 129:31, 130:32, 130:46, 132:16, 141:44, 144:4</p> <p>commitment [1] - 155:47</p> <p>committed [2] - 79:40, 84:24</p>	<p>committee [1] - 92:31</p> <p>common [12] - 86:3, 92:12, 94:13, 102:15, 105:7, 106:31, 107:23, 107:25, 107:27, 108:14, 108:17, 136:9</p> <p>commonly [1] - 132:36</p> <p>communities [2] - 109:34, 109:41</p> <p>community [25] - 80:41, 82:25, 86:25, 87:18, 87:26, 87:37, 87:40, 94:15, 101:37, 109:17, 110:38, 123:13, 147:3, 147:9, 147:27, 148:10, 148:11, 148:23, 149:25, 151:13, 151:41, 152:39, 154:14, 154:41, 156:4</p> <p>compare [2] - 95:12, 104:34</p> <p>compared [2] - 151:37, 152:38</p> <p>comparison [1] - 110:38</p> <p>compassionate [2] - 132:11, 132:13</p> <p>competent [1] - 80:17</p> <p>complaints [1] - 147:27</p> <p>complete [1] - 119:41</p> <p>completed [1] - 149:20</p> <p>completely [3] - 94:43, 105:44, 125:1</p> <p>complex [22] - 78:1, 106:33, 133:19, 135:18, 140:21, 140:24, 144:9, 146:24, 147:11, 148:2, 149:15, 149:19, 151:37, 151:42, 152:26, 153:33, 154:3, 154:8, 154:12, 154:15, 154:25, 154:29</p> <p>compliance [3] - 95:11, 95:18, 95:20</p> <p>compliant [1] - 118:30</p> <p>complicated [4] - 128:26, 137:29, 139:23, 139:24</p> <p>component [2] -</p>
---	--	---	---	---

<p>107:10, 137:42 components [2] - 108:21, 136:22 comprises [1] - 139:25 comprising [1] - 131:6 compromise [1] - 125:30 computer [2] - 98:26, 103:44 computer-assisted [2] - 98:26, 103:44 concept [6] - 84:31, 84:38, 113:15, 113:18, 137:39, 144:12 concepts [1] - 87:30 conceptualisation [1] - 144:24 conceptualised [1] - 144:33 concern [1] - 111:8 concerned [5] - 99:5, 105:13, 125:29, 147:15, 147:20 concerning [1] - 96:6 concerns [1] - 147:3 conclude [1] - 111:33 concludes [1] - 157:32 conclusion [3] - 103:22, 105:20, 116:30 conclusions [3] - 103:24, 106:4, 106:9 condemnation [1] - 94:35 condition [6] - 107:7, 118:41, 123:12, 123:22, 126:44, 142:14 conditioned [1] - 143:12 conditioning [1] - 143:14 conditions [5] - 135:19, 148:21, 152:31, 154:34, 157:5 conducted [3] - 98:21, 99:10, 103:28 conference [1] - 122:8 confidence [1] - 113:6 confined [2] - 100:12, 124:43 confirm [1] - 106:24 confirmed [1] - 106:37 confirms [1] - 79:45 conform [3] - 85:29, 85:46</p>	<p>confronting [3] - 95:7, 125:5, 125:13 confused [1] - 127:15 connect [4] - 92:35, 116:28, 126:47, 128:3 connected [2] - 118:11, 126:17 connection [1] - 143:41 connections [2] - 84:45, 85:1 connotations [1] - 138:35 conscious [2] - 117:29, 120:6 consequence [1] - 103:7 consequences [3] - 78:5, 150:12, 152:2 consider [2] - 133:18, 138:7 considerable [1] - 96:16 considered [5] - 123:1, 123:13, 137:14, 137:16, 148:35 consistent [1] - 132:34 consistently [1] - 121:8 constant [1] - 91:36 constantly [2] - 95:27, 95:36 constitutes [1] - 147:30 constrain [1] - 148:22 constraints [1] - 110:40 construct [3] - 107:42, 133:19, 133:21 consulted [1] - 91:39 consumed [1] - 124:12 consumer [5] - 77:16, 84:9, 84:10, 91:11, 95:5 consumers [2] - 77:9, 77:12 contact [17] - 107:11, 107:14, 107:18, 107:20, 107:32, 107:33, 108:1, 108:17, 108:23, 109:14, 109:16, 109:39, 112:11, 113:44, 114:23, 117:19, 138:3 contacts [1] - 148:9</p>	<p>contained [2] - 90:24, 147:44 containment [1] - 95:10 content [3] - 142:19, 147:38, 153:42 contents [1] - 146:14 context [6] - 95:22, 97:23, 105:8, 105:42, 107:28, 108:33 contexts [1] - 104:11 contextual [1] - 128:2 contextualise [1] - 131:43 continue [4] - 119:16, 128:17, 149:22, 152:29 continued [1] - 82:2 contrast [3] - 94:23, 95:6, 139:34 contrasts [1] - 94:43 contribute [6] - 86:10, 89:16, 128:27, 137:20, 151:20, 156:28 contributed [1] - 128:15 contributing [17] - 84:30, 84:33, 84:44, 85:16, 86:16, 87:16, 87:36, 87:43, 87:45, 88:4, 88:6, 91:21, 91:23, 93:7, 95:32, 145:5, 154:7 contribution [1] - 150:26 control [10] - 81:8, 86:1, 88:12, 94:38, 94:39, 102:24, 102:26, 113:34, 119:40, 126:33 controlled [1] - 118:22 convenient [2] - 115:14, 130:12 conversation [2] - 118:30, 154:26 conversations [3] - 123:37, 128:18, 148:10 coordinated [1] - 110:17 coordinating [2] - 110:25, 110:29 cope [1] - 119:35 copy [4] - 83:6, 83:12, 84:34, 115:35 core [3] - 86:27, 86:29, 133:40 corollary [1] - 102:25</p>	<p>coronary [1] - 95:5 correct [6] - 102:1, 104:20, 108:20, 116:17, 134:19, 146:14 correlate [1] - 151:11 Corrigan [2] - 134:45, 135:26 couch [1] - 124:42 Council [1] - 78:21 counsel [1] - 115:36 Counsel [1] - 76:33 Counselling [1] - 132:30 counselling [1] - 132:37 counsellor [2] - 117:14, 117:19 countenance [1] - 94:3 counter [1] - 156:7 counteract [1] - 143:10 countries [5] - 103:20, 113:30, 113:36, 157:7, 157:17 country [2] - 84:25, 116:8 couple [3] - 89:44, 120:42, 149:18 course [18] - 81:3, 81:10, 93:10, 105:21, 105:22, 106:6, 106:30, 110:37, 113:20, 113:46, 114:3, 114:14, 114:17, 139:3, 140:14, 144:41, 147:17, 151:16 coverage [1] - 106:5 covered [1] - 99:9 crazy [4] - 94:19, 94:20, 94:29, 94:36 CRC [1] - 146:28 create [9] - 80:15, 92:36, 95:19, 107:21, 156:2, 156:11, 156:22, 156:37, 156:39 created [2] - 123:10, 123:11 creates [1] - 144:38 creating [1] - 83:22 creative [4] - 141:7, 141:14, 142:38, 142:42 credibility [1] - 94:37 credit [1] - 126:22 crime [2] - 142:18,</p>	<p>142:21 criminal [1] - 115:34 crisis [1] - 113:10 crisp [2] - 81:22, 81:23 crisp's [1] - 81:22 criteria [3] - 100:29, 100:30, 122:32 critical [2] - 89:3, 89:6 critically [1] - 156:42 cultural [4] - 94:14, 114:9, 148:21, 148:30 culturally [1] - 101:42 culture [3] - 136:42, 142:17, 143:18 cup [1] - 90:27 cures [1] - 79:15 curl [1] - 81:13 current [4] - 130:32, 137:31, 154:30, 154:37 curriculum [4] - 131:3, 131:11, 131:12, 131:14 curtain [5] - 121:19, 121:25, 121:33, 142:42 cut [2] - 104:1, 122:33 cut-off [1] - 122:33 cutting [2] - 91:17, 97:1 cutting-edge [1] - 97:1 cycle [3] - 120:27, 120:29, 154:23</p>
D				
<p>dad [2] - 91:47, 116:10 damage [2] - 91:29, 137:2 damning [1] - 87:1 dangerous [6] - 97:45, 99:20, 101:31, 102:26, 125:11, 133:46 dangerousness [14] - 99:42, 101:17, 101:28, 102:13, 103:4, 103:13, 106:18, 112:25, 113:40, 133:39, 134:9, 134:10, 139:30, 142:32 dare [2] - 81:28, 90:17 dark [1] - 92:29 data [11] - 103:20, 132:34, 132:45,</p>				

<p>140:7, 140:39, 141:16, 151:10, 151:47, 152:46, 153:9, 153:10</p> <p>date [1] - 138:10</p> <p>dated [1] - 99:6</p> <p>Dax [2] - 131:5, 131:18</p> <p>Days [1] - 86:15</p> <p>days [3] - 79:9, 113:21, 117:22</p> <p>deal [3] - 86:13, 87:17, 153:17</p> <p>deals [1] - 95:3</p> <p>decade [1] - 79:25</p> <p>decided [3] - 80:46, 82:31, 127:18</p> <p>decision [6] - 89:4, 116:40, 119:33, 125:1, 129:16, 144:36</p> <p>decisions [2] - 88:47, 123:41</p> <p>declined [1] - 123:18</p> <p>decontextualised [1] - 142:22</p> <p>decrease [2] - 99:33, 99:36</p> <p>dedicated [1] - 143:33</p> <p>deep [1] - 117:31</p> <p>deeply [2] - 88:24, 129:4</p> <p>Defence [1] - 132:29</p> <p>deficit [1] - 138:37</p> <p>define [2] - 96:25, 133:11</p> <p>defined [2] - 100:21, 144:10</p> <p>defines [2] - 96:28, 133:9</p> <p>definitely [8] - 83:43, 97:20, 102:41, 103:23, 106:47, 109:1, 114:29, 114:47</p> <p>definition [4] - 111:14, 111:17, 133:11, 148:18</p> <p>definitions [2] - 96:26, 133:8</p> <p>definitive [3] - 103:23, 103:24, 112:3</p> <p>deflective [1] - 93:40</p> <p>degree [3] - 96:43, 110:18, 122:28</p> <p>dehumanised [1] - 142:43</p> <p>dehumanising [1] - 86:16</p> <p>deinstitutionalise [1] - 82:16</p>	<p>deliberately [1] - 128:12</p> <p>delivered [4] - 109:29, 109:30, 131:4, 140:13</p> <p>delivering [1] - 136:7</p> <p>delivery [9] - 85:14, 85:15, 89:47, 91:22, 91:38, 132:17, 135:43, 135:44, 143:43</p> <p>delusions [1] - 139:29</p> <p>demand [1] - 84:15</p> <p>demography [1] - 94:24</p> <p>demonised [1] - 142:43</p> <p>demonising [1] - 143:1</p> <p>demonstrate [1] - 142:30</p> <p>demonstrating [1] - 142:24</p> <p>demystifying [1] - 138:39</p> <p>denied [2] - 105:11, 136:28</p> <p>denigrated [1] - 85:23</p> <p>denigrating [1] - 94:16</p> <p>deodorant [2] - 118:4, 118:5</p> <p>department [8] - 90:23, 120:35, 120:40, 120:45, 121:45, 124:29, 124:32, 135:44</p> <p>Department [1] - 132:27</p> <p>departments [1] - 120:47</p> <p>dependency [1] - 142:5</p> <p>depersonalisation [3] - 85:47, 86:3, 106:29</p> <p>depersonalised [1] - 85:22</p> <p>depressed [1] - 85:39</p> <p>depression [29] - 77:29, 99:14, 99:30, 99:36, 99:37, 99:42, 99:44, 100:2, 100:12, 100:37, 101:8, 101:11, 101:18, 101:33, 102:16, 103:2, 103:5, 106:30, 106:41, 111:15, 111:18, 111:38, 112:9, 128:6,</p>	<p>128:11, 135:16, 142:5, 151:36, 153:35</p> <p>depressive [1] - 137:2</p> <p>depths [1] - 94:32</p> <p>deputy [3] - 77:36, 77:46, 96:12</p> <p>Deputy [1] - 146:22</p> <p>descend [1] - 111:42</p> <p>describe [14] - 79:8, 79:37, 94:12, 95:12, 116:47, 117:1, 117:29, 118:17, 124:1, 126:37, 146:18, 151:31, 152:16</p> <p>described [7] - 94:8, 94:22, 97:27, 97:31, 99:11, 108:9, 114:19</p> <p>describing [2] - 77:18, 152:18</p> <p>descriptions [2] - 133:14, 142:4</p> <p>deserve [2] - 129:22, 129:23</p> <p>design [2] - 142:28</p> <p>designed [3] - 113:21, 117:38, 120:47</p> <p>designing [1] - 156:27</p> <p>desire [5] - 98:14, 99:25, 99:33, 111:5, 113:41</p> <p>despair [1] - 94:32</p> <p>despite [3] - 116:23, 123:42, 127:43</p> <p>destigmatise [2] - 102:15, 143:27</p> <p>destigmatising [2] - 132:7, 138:36</p> <p>detail [1] - 104:40</p> <p>detect [1] - 101:36</p> <p>detection [1] - 132:45</p> <p>deter [1] - 97:32</p> <p>determination [1] - 88:20</p> <p>develop [2] - 136:43, 156:42</p> <p>developed [3] - 91:1, 119:29, 133:2</p> <p>developing [4] - 78:34, 84:19, 113:10, 140:31</p> <p>development [4] - 77:13, 131:3, 140:8, 140:44</p> <p>Deveson [2] - 140:15, 146:40</p> <p>diabetes [4] - 123:1, 123:3, 125:27, 125:31</p>	<p>diagnoses [1] - 121:43</p> <p>diagnosis [9] - 79:27, 103:47, 104:1, 121:41, 121:42, 121:46, 123:12, 123:24, 144:36</p> <p>diagnostic [2] - 138:18, 144:35</p> <p>Diagnostic [1] - 100:29</p> <p>dialling [1] - 98:27</p> <p>dichotomous [1] - 144:23</p> <p>dichotomously [1] - 144:30</p> <p>dictate [1] - 96:42</p> <p>dictionary [1] - 92:26</p> <p>difference [4] - 85:18, 140:39, 146:23, 151:34</p> <p>differences [2] - 77:28, 101:7</p> <p>different [35] - 77:5, 83:26, 96:26, 98:45, 101:25, 102:7, 109:29, 109:30, 109:37, 110:16, 114:2, 114:17, 119:23, 119:29, 123:32, 124:32, 124:34, 124:39, 125:22, 125:34, 139:4, 139:13, 139:41, 148:15, 148:27, 149:18, 151:20, 152:19, 153:6, 153:10, 153:11, 154:5, 155:24</p> <p>differentially [1] - 139:26</p> <p>differently [2] - 96:34, 105:23</p> <p>difficult [24] - 103:38, 105:21, 105:24, 110:39, 111:44, 112:2, 112:34, 112:37, 117:1, 118:31, 119:9, 129:43, 129:44, 136:15, 136:45, 143:39, 148:42, 150:9, 150:45, 152:13, 152:23, 152:27, 152:31, 155:28</p> <p>difficulties [3] - 110:46, 139:40, 147:9</p>	<p>difficulty [1] - 85:10</p> <p>digit [1] - 98:27</p> <p>dimensional [3] - 101:24, 133:18, 144:43</p> <p>dimensionally [1] - 144:30</p> <p>direct [4] - 130:36, 136:25, 136:27, 153:38</p> <p>directed [1] - 132:26</p> <p>direction [2] - 103:39, 132:5</p> <p>directly [6] - 79:7, 98:44, 103:18, 131:21, 131:32, 149:45</p> <p>director [3] - 77:37, 96:12, 140:16</p> <p>Director [1] - 146:29</p> <p>directs [1] - 77:42</p> <p>disability [2] - 84:29, 150:6</p> <p>Disability [1] - 78:21</p> <p>discharged [1] - 79:24</p> <p>discharging [1] - 126:14</p> <p>disclose [5] - 100:1, 100:6, 100:7, 102:40, 150:20</p> <p>discloses [1] - 149:28</p> <p>disclosing [2] - 105:12, 149:36</p> <p>disclosure [1] - 149:38</p> <p>discourse [1] - 135:4</p> <p>discriminate [5] - 95:2, 135:2, 135:29, 137:22, 151:13</p> <p>discriminated [4] - 96:29, 104:27, 105:10, 145:17</p> <p>discriminating [1] - 94:1</p> <p>Discrimination [1] - 103:27</p> <p>discrimination [50] - 77:21, 78:1, 78:3, 78:5, 78:7, 85:9, 93:42, 96:6, 96:37, 104:5, 104:23, 104:31, 105:8, 105:14, 105:41, 112:43, 135:6, 136:6, 136:26, 136:27, 136:33, 137:32, 137:43, 137:44, 138:2, 138:5, 138:15, 140:32, 144:27,</p>
---	---	---	--	--

<p>145:8, 145:13, 145:21, 145:24, 147:11, 148:17, 148:19, 148:28, 149:16, 150:13, 150:15, 150:19, 151:18, 152:3, 152:12, 152:44, 153:7, 155:18, 155:20, 156:8</p> <p>discriminatory [3] - 133:32, 134:39, 138:47</p> <p>discuss [1] - 147:38</p> <p>discussed [1] - 134:34</p> <p>discussing [1] - 84:27</p> <p>discussion [1] - 133:38</p> <p>disease [1] - 102:17</p> <p>disempowering [1] - 117:46</p> <p>disgrace [1] - 96:28</p> <p>dish [2] - 88:6, 88:8</p> <p>disintegrate [1] - 136:8</p> <p>disintegrates [1] - 136:19</p> <p>dismayed [1] - 81:26</p> <p>dismissively [1] - 105:37</p> <p>disorder [16] - 100:29, 101:21, 121:47, 122:9, 123:25, 135:38, 135:39, 135:46, 136:9, 136:14, 138:31, 138:38, 151:40, 153:37, 153:45</p> <p>disordered [1] - 85:37</p> <p>disorders [11] - 102:16, 135:16, 135:18, 140:25, 140:26, 146:29, 151:39, 151:40</p> <p>dispelling [2] - 108:20, 109:24</p> <p>disrespect [3] - 91:36, 92:1, 92:4</p> <p>disrespectful [2] - 94:28, 94:31</p> <p>disseminated [1] - 133:3</p> <p>distance [8] - 98:15, 99:25, 99:33, 111:5, 113:41, 136:16, 139:32, 142:33</p> <p>distancing [3] - 134:2, 137:45, 140:2</p> <p>distinction [5] - 96:36,</p>	<p>97:23, 107:35, 107:40, 144:25</p> <p>distinguish [1] - 96:41</p> <p>distress [1] - 128:15</p> <p>distressed [2] - 121:2, 124:12</p> <p>distressing [1] - 120:43</p> <p>distributed [1] - 135:9</p> <p>distrust [1] - 116:27</p> <p>diverse [1] - 101:42</p> <p>DNA [1] - 146:35</p> <p>docile [1] - 90:8</p> <p>doctor [6] - 82:41, 93:11, 120:12, 121:33, 122:29, 125:39</p> <p>doctors [1] - 126:4</p> <p>documented [1] - 92:33</p> <p>dog [1] - 88:1</p> <p>dollars [1] - 93:13</p> <p>domains [7] - 104:6, 104:21, 140:33, 141:21, 141:24, 141:25, 148:47</p> <p>domestic [2] - 82:14, 82:17</p> <p>done [26] - 77:12, 78:6, 84:33, 86:4, 93:44, 97:1, 98:23, 98:36, 102:22, 102:38, 108:27, 110:36, 112:46, 114:43, 117:29, 117:31, 117:33, 119:33, 121:40, 125:7, 128:35, 138:10, 140:38, 142:1, 144:11, 148:36</p> <p>door [7] - 88:2, 92:15, 115:36, 121:20, 121:21, 121:26, 121:34</p> <p>doors [1] - 143:45</p> <p>Doors [2] - 112:6, 112:10</p> <p>double [3] - 144:12, 144:18, 144:37</p> <p>double-edged [1] - 144:37</p> <p>double-stigma [2] - 144:12, 144:18</p> <p>doubt [1] - 136:17</p> <p>doubted [1] - 150:40</p> <p>down [11] - 81:24, 81:25, 82:43, 109:19, 117:37, 117:40, 117:41,</p>	<p>139:10, 140:37, 141:36, 147:10</p> <p>Dr [19] - 76:28, 77:40, 77:45, 77:46, 78:2, 130:22, 130:26, 131:5, 140:16, 144:3, 145:29, 146:4, 146:5, 146:10, 146:18, 156:6, 156:47, 157:1</p> <p>draft [1] - 137:20</p> <p>drafting [1] - 137:21</p> <p>draw [7] - 103:22, 106:4, 106:9, 121:19, 133:20, 142:29, 144:24</p> <p>drawing [1] - 147:23</p> <p>draws [1] - 121:33</p> <p>drill [2] - 140:37, 141:36</p> <p>drilled [1] - 139:10</p> <p>drive [5] - 80:25, 88:28, 119:6, 119:7, 119:8</p> <p>driver [1] - 137:14</p> <p>drives [2] - 106:15, 137:36</p> <p>driving [1] - 137:17</p> <p>drop [2] - 108:40, 108:44</p> <p>drove [1] - 127:6</p> <p>DSM [2] - 100:29, 144:42</p> <p>due [3] - 85:9, 87:1, 91:39</p> <p>duplicitous [1] - 143:44</p> <p>during [2] - 126:21, 138:3</p> <p>duty [1] - 80:5</p>	<p>economic [6] - 96:30, 114:33, 152:33, 155:25, 155:32, 155:34</p> <p>edge [1] - 97:1</p> <p>edged [1] - 144:37</p> <p>educate [2] - 147:9, 147:32</p> <p>educated [1] - 122:28</p> <p>education [12] - 85:7, 101:3, 104:7, 104:14, 108:4, 108:19, 108:23, 132:9, 141:26, 148:47, 149:21</p> <p>educational [1] - 113:44</p> <p>effect [5] - 98:42, 108:34, 139:15, 140:20, 142:30</p> <p>effective [5] - 77:32, 95:22, 95:31, 108:23, 119:39</p> <p>effectively [3] - 97:14, 97:36, 138:34</p> <p>effects [6] - 108:26, 108:28, 108:32, 113:13, 113:33, 114:32</p> <p>efficacy [1] - 107:33</p> <p>effort [2] - 88:12, 102:36</p> <p>efforts [1] - 92:35</p> <p>either [7] - 86:40, 112:8, 129:15, 129:35, 132:42, 138:32, 144:30</p> <p>elaborate [1] - 137:13</p> <p>element [1] - 110:7</p> <p>elements [13] - 109:20, 109:28, 109:30, 110:9, 111:42, 133:22, 134:33, 136:21, 136:23, 139:13, 140:29, 148:16, 148:27</p> <p>elicit [4] - 138:20, 139:26, 139:29, 139:41</p> <p>elicits [2] - 135:46, 142:31</p> <p>eliminated [2] - 92:37, 94:16</p> <p>ELIZABETH [1] - 146:7</p> <p>eloquent [1] - 77:2</p> <p>eloquently [2] - 97:31, 105:39</p> <p>emails [1] - 148:8</p>	<p>embarked [2] - 138:42, 139:10</p> <p>embodies [1] - 144:36</p> <p>emergency [11] - 90:23, 120:35, 120:40, 120:45, 120:47, 121:7, 121:14, 121:45, 124:29, 124:32, 135:44</p> <p>emerging [2] - 132:10, 132:45</p> <p>emotion [5] - 137:36, 138:7, 138:13, 138:44, 139:11</p> <p>emotional [4] - 80:8, 133:47, 135:47, 139:47</p> <p>emotions [5] - 133:31, 133:32, 137:19, 138:47, 139:31</p> <p>empathetic [1] - 107:21</p> <p>empathy [1] - 155:46</p> <p>empirical [1] - 134:26</p> <p>employ [1] - 150:6</p> <p>employed [1] - 92:30</p> <p>employer [2] - 110:13, 150:40</p> <p>employer's [2] - 145:20, 145:22</p> <p>employers [12] - 78:4, 108:10, 110:13, 149:27, 149:30, 149:41, 149:42, 150:2, 150:5, 151:4, 151:8, 153:45</p> <p>employing [1] - 149:28</p> <p>employment [9] - 136:28, 136:35, 141:26, 145:6, 145:7, 145:24, 148:47, 149:25, 150:18</p> <p>empower [1] - 84:9</p> <p>enable [2] - 85:29, 115:31</p> <p>enabled [1] - 126:26</p> <p>enact [1] - 116:41</p> <p>encompasses [1] - 101:24</p> <p>encounter [1] - 143:18</p> <p>encourage [3] - 85:28, 102:15, 155:11</p> <p>encouraged [1] - 125:18</p> <p>encouraging [2] - 109:16, 156:16</p> <p>end [8] - 80:29, 87:11,</p>
E				
<p>earliest [1] - 116:22</p> <p>early [10] - 87:2, 88:40, 89:33, 90:40, 90:41, 90:42, 90:45, 113:22, 121:41, 122:13</p> <p>earning [1] - 122:25</p> <p>easier [1] - 143:16</p> <p>easily [2] - 143:15, 143:17</p> <p>easy [6] - 92:14, 96:46, 103:37, 107:25, 116:45, 116:46</p> <p>eating [3] - 140:26, 146:29, 151:40</p>				

<p>116:35, 119:38, 120:44, 121:37, 129:13, 147:1 ended [3] - 117:28, 120:44, 121:28 ending [1] - 124:7 enduring [1] - 133:40 energy [2] - 88:28, 88:47 engage [2] - 152:14, 157:18 Engagement [1] - 131:38 engaging [2] - 151:22, 153:31 enjoyed [1] - 85:1 enquire [1] - 97:18 enrich [1] - 131:42 enriched [2] - 84:45, 131:26 ensure [2] - 124:15, 141:15 enter [3] - 121:9, 125:15, 156:44 entered [1] - 120:27 entering [2] - 125:4, 150:17 entire [3] - 87:35, 91:20, 131:40 entirely [1] - 119:18 environment [8] - 92:39, 93:5, 116:14, 122:46, 125:12, 125:22, 154:30, 155:14 environmental [3] - 148:29, 148:36, 148:40 environments [13] - 121:3, 148:44, 153:11, 153:15, 153:16, 153:19, 153:22, 153:43, 153:47, 156:2, 156:11, 156:22, 156:39 epidemiological [1] - 141:12 episode [3] - 90:26, 90:29, 152:18 episodes [1] - 88:38 episodic [3] - 135:19, 140:23, 152:26 eponymous [1] - 138:32 Equal [1] - 83:40 equally [2] - 138:6, 152:41 equipment [1] - 80:43 escalation [1] - 90:38</p>	<p>especially [1] - 83:30 essentially [6] - 97:18, 132:5, 132:13, 133:15, 138:32, 142:3 establish [1] - 150:45 established [2] - 113:13, 135:42 esteem [1] - 137:2 et [3] - 83:20, 95:21 ethical [2] - 88:47, 89:6 evaluate [5] - 110:34, 113:7, 114:34, 140:42 evaluated [6] - 109:12, 110:22, 110:33, 110:40, 113:11, 113:32 evaluation [10] - 110:32, 110:42, 110:43, 111:21, 112:7, 112:27, 131:25, 131:37, 132:34, 132:44 event [2] - 112:36, 113:45 events [6] - 109:15, 109:32, 109:33, 109:36, 109:44, 112:13 eventually [2] - 82:18, 121:7 evidence [24] - 77:2, 77:47, 78:10, 89:44, 102:45, 102:46, 103:5, 107:34, 114:22, 115:27, 133:10, 133:20, 140:30, 140:31, 140:43, 142:13, 145:18, 145:19, 145:23, 147:44, 147:45, 149:43, 149:46, 157:32 exacerbation [1] - 137:2 exactly [4] - 81:23, 129:37, 147:26, 150:46 examine [2] - 138:4, 138:6 examined [5] - 96:2, 115:42, 130:24, 138:1, 146:7 examining [2] - 134:30, 138:19 example [42] - 90:1, 97:32, 100:41, 101:19, 101:21,</p>	<p>101:39, 103:21, 104:17, 104:32, 107:38, 110:10, 111:23, 131:30, 133:37, 135:6, 135:14, 135:37, 135:45, 136:5, 136:28, 136:36, 136:41, 137:21, 138:1, 139:5, 139:17, 139:28, 139:38, 139:41, 140:40, 141:39, 141:41, 142:46, 145:18, 145:21, 147:14, 147:23, 149:4, 152:38, 153:19, 153:22, 153:41 excellent [2] - 80:10, 89:43 exception [2] - 104:43, 104:44 exceptions [1] - 95:10 excitement [1] - 94:14 exciting [1] - 131:2 excluded [1] - 96:29 exclusion [1] - 94:6 excuse [1] - 94:5 excused [4] - 115:8, 130:6, 145:36, 157:26 exec [1] - 94:27 Executive [1] - 146:29 exercise [1] - 83:22 exhausted [1] - 81:13 exist [3] - 135:33, 148:31, 153:33 exists [1] - 152:45 expand [1] - 102:34 expect [4] - 90:7, 90:8, 90:9, 91:38 expectation [1] - 136:38 expectations [1] - 83:20 expected [3] - 121:34, 153:16, 153:24 expensive [1] - 97:20 experience [103] - 77:10, 78:16, 79:7, 79:38, 80:2, 84:3, 84:4, 84:14, 87:31, 89:37, 89:46, 90:33, 91:2, 91:13, 91:28, 92:10, 92:31, 94:7, 107:12, 107:13, 107:39, 108:15, 108:16, 109:22, 112:12, 112:13,</p>	<p>113:44, 116:4, 117:15, 119:9, 119:12, 121:31, 121:33, 123:15, 123:32, 124:39, 125:5, 125:43, 127:41, 129:46, 131:7, 131:13, 131:20, 131:21, 131:22, 131:31, 131:35, 131:44, 131:46, 132:4, 132:7, 132:12, 133:33, 134:29, 134:40, 135:17, 136:28, 136:29, 136:35, 137:10, 137:22, 138:4, 138:39, 139:5, 139:24, 139:39, 140:32, 141:3, 141:39, 145:12, 146:19, 146:37, 147:8, 147:22, 147:34, 147:46, 147:47, 148:2, 148:7, 148:12, 148:25, 148:31, 148:43, 149:29, 149:32, 149:36, 149:42, 150:21, 150:36, 151:22, 152:7, 152:11, 152:13, 152:19, 152:40, 153:3, 153:5, 153:6, 153:21, 154:42, 155:4, 155:44, 157:9 experienced [3] - 91:10, 137:8, 154:44 experiences [34] - 77:18, 93:11, 96:47, 97:10, 97:13, 103:39, 104:2, 104:4, 104:23, 104:46, 105:36, 105:47, 106:21, 108:4, 124:5, 132:8, 136:26, 145:12, 149:9, 150:31, 151:31, 151:35, 151:38, 151:43, 152:16, 153:46, 154:3, 154:15, 154:22, 154:25, 154:46, 155:12, 155:39 experiencing [7] - 84:46, 85:8, 94:45, 116:46, 122:19, 137:10, 152:4</p>	<p>experimental [3] - 81:41, 138:42, 142:28 expert [1] - 155:5 expertise [1] - 89:37 experts [1] - 77:25 explain [16] - 78:2, 84:38, 95:26, 95:30, 118:28, 120:19, 121:23, 127:15, 133:26, 134:34, 136:23, 137:39, 138:21, 143:25, 146:33, 148:28 explained [2] - 117:13, 128:12 explicitly [1] - 135:29 exploratory [1] - 90:21 explore [3] - 101:45, 116:15, 121:4 explored [1] - 116:29 exploring [1] - 120:21 exposed [2] - 153:23, 153:42 exposure [2] - 106:19, 113:47 expression [2] - 85:32, 94:13 extend [1] - 136:33 extent [6] - 104:35, 108:37, 114:45, 152:44, 153:36 extraordinary [2] - 81:6, 88:15 extreme [2] - 92:38, 93:1 extremely [1] - 80:11 eye [2] - 138:3, 138:22</p>
F				
<p>face [17] - 86:7, 87:5, 117:39, 117:40, 124:27, 127:11, 132:36, 135:42, 135:43, 147:12, 152:13, 153:24 face-to-face [5] - 87:5, 124:27, 132:36, 135:42, 135:43 faced [1] - 77:17 facets [1] - 139:26 facility [6] - 117:37, 117:38, 117:41, 117:44, 118:35, 118:46 fact [12] - 79:10, 85:23, 88:32, 92:7, 92:41, 101:29,</p>				

<p>123:42, 134:25, 142:25, 142:26, 143:20, 150:47 factor [1] - 107:5 factors [5] - 107:3, 136:3, 148:36, 151:20, 156:30 fail [2] - 82:19, 88:36 failed [2] - 88:33, 128:33 failure [1] - 88:36 fairly [2] - 88:41, 92:14 fallacy [1] - 94:43 fallen [1] - 122:44 familiar [2] - 83:9, 113:17 families [10] - 88:26, 89:46, 91:26, 91:28, 91:35, 91:39, 92:5, 146:37, 148:13, 155:29 family [23] - 84:46, 87:28, 87:40, 89:24, 99:24, 99:27, 104:6, 104:13, 112:44, 116:8, 116:9, 116:40, 117:4, 117:39, 118:12, 129:1, 137:9, 152:5, 152:7, 152:10, 152:22, 152:34, 152:41 family's [2] - 116:24, 146:42 famous [1] - 142:1 fangled [1] - 82:7 far [7] - 78:6, 99:5, 108:26, 119:5, 119:39, 134:12, 142:15 farce [1] - 90:46 fault [1] - 102:24 faulty [1] - 80:40 fear [8] - 86:41, 123:11, 127:26, 133:47, 136:10, 136:18, 139:31, 142:32 fearful [3] - 120:20, 123:25, 131:30 fearfulness [1] - 139:30 feasible [2] - 141:1, 143:35 feed [2] - 138:7, 142:35 feelings [1] - 120:7 FELS [1] - 89:43 Fels [1] - 76:27 felt [14] - 116:33,</p>	<p>117:3, 117:33, 118:11, 119:10, 123:9, 126:8, 126:9, 127:8, 127:9, 127:32, 150:40, 152:40, 152:41 female [1] - 100:47 few [9] - 83:5, 85:43, 93:36, 95:9, 120:17, 120:35, 132:31, 138:28, 140:29 field [3] - 77:25, 94:17, 96:32 figure [1] - 84:22 figures [1] - 100:12 film [1] - 143:4 filmed [1] - 132:2 final [4] - 83:46, 141:20, 141:30, 146:3 finally [5] - 77:45, 114:5, 129:13, 137:5, 156:6 finances [1] - 141:26 financial [6] - 85:6, 128:38, 149:1, 152:37, 153:43, 154:20 findings [4] - 104:20, 133:4, 139:17, 139:18 fine [1] - 125:8 Fiona [1] - 76:35 fire [1] - 82:40 First [1] - 113:27 first [36] - 78:9, 79:7, 83:22, 84:3, 86:25, 90:12, 96:11, 98:23, 103:31, 104:3, 104:25, 113:8, 113:9, 113:16, 113:18, 117:45, 119:37, 122:8, 125:36, 126:2, 126:9, 126:28, 126:32, 130:45, 131:17, 131:40, 132:37, 138:22, 140:10, 140:30, 141:33, 146:41, 146:46, 153:21, 153:28 firstly [2] - 96:24, 100:17 fit [3] - 122:20, 122:23, 123:14 five [1] - 120:45 fix [1] - 80:42 fixed [3] - 128:30, 128:33, 128:35</p>	<p>fledged [1] - 90:29 flesh [1] - 104:39 fleshed [1] - 134:24 flew [2] - 122:6, 122:7 flexibility [1] - 150:27 flexible [1] - 152:31 flimsy [2] - 121:19, 121:25 floor [1] - 81:14 flourish [2] - 148:44, 152:29 flu [1] - 93:17 flying [1] - 123:43 focus [3] - 105:6, 119:30, 140:40 focused [1] - 151:27 focusing [1] - 84:41 focusing [2] - 87:24, 108:30 follow [2] - 112:29, 118:45 follow-up [2] - 112:29, 118:45 followed [4] - 92:33, 125:9, 125:12, 142:10 following [2] - 97:43, 101:27 force [2] - 137:17, 153:41 Force [1] - 132:29 forced [1] - 121:36 forgets [1] - 128:25 forgiveness [2] - 93:41, 93:42 form [2] - 81:40, 148:3 forms [3] - 137:15, 152:12, 153:7 forth [11] - 134:5, 135:45, 137:3, 139:35, 140:27, 141:28, 141:38, 142:6, 142:20, 142:33, 144:44 fortunate [1] - 122:26 forum [1] - 148:11 forward [3] - 81:21, 89:3, 93:7 Foundation [5] - 130:41, 140:17, 146:28, 146:39, 146:46 founder [1] - 146:40 four [4] - 77:2, 120:45, 133:22, 134:33 frame [2] - 84:23, 84:39 framework [7] - 84:19, 85:18, 87:6, 87:7, 87:23, 154:37,</p>	<p>156:37 fraud [1] - 128:10 free [2] - 85:5, 128:5 frequent [1] - 94:9 frequently [2] - 90:15, 94:8 friend [4] - 117:10, 117:13, 122:7, 134:4 friendly [1] - 92:39 friends [17] - 84:46, 87:40, 88:27, 89:29, 104:6, 104:12, 104:13, 104:29, 112:44, 117:40, 146:37, 148:13, 152:5, 152:7, 152:10, 152:34, 152:41 front [2] - 92:42, 121:16 frustration [1] - 140:1 fuel [1] - 143:38 fulfilled [1] - 132:44 fulfilling [1] - 84:44 full [2] - 90:25, 126:24 full-time [1] - 126:24 fully [3] - 88:14, 90:29, 101:45 fully-fledged [1] - 90:29 function [1] - 139:7 fund [1] - 128:39 fundamental [2] - 137:34, 143:14 fundamentally [1] - 143:32 funded [2] - 109:11, 110:28 funding [2] - 126:38, 131:37 funds [4] - 135:7, 135:8, 135:21, 143:36 funny [1] - 94:26 future [7] - 83:23, 90:6, 114:38, 131:35, 136:32, 155:20, 155:22</p>	<p>gay [1] - 141:40 general [8] - 98:32, 100:47, 101:38, 107:37, 114:18, 142:7, 151:29, 157:6 generalisable [1] - 102:5 generalised [1] - 102:2 Generally [1] - 132:32 generally [8] - 95:9, 120:28, 121:6, 129:7, 133:16, 135:8, 144:22, 144:41 generate [1] - 155:31 gentle [1] - 95:13 Georgina [1] - 76:36 Germany [4] - 103:21, 112:7, 112:17, 112:22 given [14] - 81:9, 89:20, 89:26, 90:2, 91:36, 91:39, 92:22, 100:28, 102:23, 104:37, 110:45, 121:47, 134:18, 138:12 givers [1] - 86:12 Gladesville [2] - 81:3, 81:4 Global [1] - 157:12 gloss [1] - 91:44 goals [1] - 119:30 God [1] - 88:8 gonna [3] - 126:44, 128:34, 151:15 gotta [1] - 117:25 governance [1] - 87:35 government [4] - 87:18, 87:26, 125:24, 133:4 GP [7] - 93:12, 117:20, 117:21, 120:14, 120:28, 121:10, 124:17 grab [1] - 128:4 gradations [1] - 101:36 graduate [1] - 132:13 Graham [1] - 145:25 grant [1] - 131:37 Grant [1] - 131:38 grapple [1] - 136:45 grappling [1] - 157:20 grateful [1] - 127:36 great [6] - 84:39, 86:13, 92:18, 118:42, 127:10,</p>
G				
<p>gallery [1] - 131:6 game [1] - 124:42 games [1] - 109:45 garagey [1] - 80:43 gather [4] - 81:33, 140:31, 140:38, 140:43 gathering [1] - 140:30</p>				

<p>156:16 greater [1] - 106:46 grew [1] - 116:8 Groot [6] - 77:40, 99:1, 130:22, 130:26, 144:3 GROOT [1] - 130:24 grounds [1] - 80:44 group [6] - 81:44, 105:28, 110:47, 118:27, 156:33, 157:12 groups [5] - 83:26, 101:46, 114:17, 132:46, 141:37 grow [1] - 78:41 growing [1] - 129:19 grown [1] - 136:42 guarantee [1] - 92:24 guaranteed [1] - 93:15 guard [1] - 88:2 guards [2] - 125:9, 125:12 guess [7] - 90:27, 109:29, 109:38, 126:2, 126:32, 129:42, 155:13 guest [2] - 79:18, 79:21 guidance [2] - 95:18, 113:12 guided [1] - 131:19 guidelines [1] - 147:29 guilty [1] - 119:10 guise [1] - 79:42 guts [2] - 88:12, 88:20</p> <p style="text-align: center;">H</p> <p>half [2] - 105:9, 105:11 Hall [2] - 76:11, 88:2 hallmarks [2] - 79:38, 136:9 hallucinations [3] - 138:25, 139:5, 139:29 hand [5] - 77:30, 101:8, 143:44, 154:33 hand-in-hand [1] - 143:44 handful [3] - 86:20, 92:8 hanging [1] - 88:42 hard [15] - 86:35, 88:22, 93:18, 107:44, 110:34, 111:47, 120:19,</p>	<p>120:22, 122:17, 122:18, 128:13, 128:29, 128:42, 129:9, 129:25 harder [3] - 94:38, 96:46, 97:4 hardest [1] - 102:9 Hardingham [1] - 142:27 harm [5] - 83:3, 102:31, 102:35, 114:21, 114:25 harmed [1] - 106:22 harmful [2] - 118:2, 118:4 harming [5] - 119:35, 119:36, 119:38, 124:12, 124:13 hate [4] - 83:11, 93:39, 93:40 head [8] - 77:36, 80:37, 81:23, 88:42, 89:11, 96:11, 120:20, 123:38 headache [1] - 93:13 Headspace [1] - 122:33 HEALTH [1] - 76:5 health [155] - 77:13, 77:21, 78:31, 78:36, 80:14, 82:7, 83:20, 83:23, 84:11, 84:25, 84:41, 84:47, 85:10, 85:14, 85:28, 85:36, 86:7, 86:23, 86:46, 87:18, 88:4, 88:14, 89:15, 89:18, 89:24, 89:25, 90:7, 90:35, 91:6, 91:14, 91:17, 91:18, 91:45, 93:3, 93:8, 93:12, 93:14, 93:46, 94:7, 94:46, 95:3, 95:4, 95:5, 95:9, 95:14, 95:17, 95:26, 95:28, 96:6, 96:17, 97:7, 97:15, 99:13, 100:1, 100:16, 100:18, 100:19, 100:20, 100:27, 100:40, 100:45, 101:1, 101:2, 101:4, 102:37, 104:7, 104:14, 105:17, 105:31, 105:34, 105:41, 105:43, 105:44, 105:47, 106:5, 106:18, 106:20, 106:22, 106:26, 107:6,</p>	<p>107:28, 108:9, 109:40, 109:45, 113:8, 113:10, 113:16, 114:3, 114:19, 114:33, 116:4, 118:38, 119:26, 120:1, 121:9, 122:14, 122:40, 123:21, 124:33, 127:18, 127:34, 128:5, 128:17, 128:21, 131:27, 131:36, 132:8, 132:17, 132:21, 135:5, 135:8, 135:9, 135:10, 135:34, 135:35, 135:39, 135:40, 135:43, 135:44, 136:1, 136:29, 136:44, 139:25, 141:27, 141:44, 141:45, 143:33, 143:43, 144:18, 144:46, 146:20, 146:27, 146:30, 147:8, 147:46, 149:36, 150:21, 151:32, 152:18, 152:20, 153:31, 154:18, 154:42, 155:36, 155:45, 156:12, 156:24, 156:30, 156:35, 156:40, 156:41, 157:4 Health [19] - 77:36, 77:37, 78:25, 78:26, 83:6, 83:12, 84:12, 84:18, 84:21, 86:47, 92:21, 96:12, 96:13, 96:24, 96:27, 98:19, 113:27, 132:29, 156:35 healthcare [1] - 85:8 Healthy [1] - 156:34 healthy [5] - 93:20, 125:27, 144:45 heap [1] - 92:36 heaps [1] - 81:9 hear [22] - 77:9, 77:16, 77:35, 77:40, 77:45, 86:22, 90:41, 98:18, 102:46, 107:23, 111:36, 121:21, 121:25, 127:32, 129:20, 129:27, 130:29, 131:20, 151:41, 153:40, 153:45, 154:23</p>	<p>heard [23] - 77:2, 84:5, 84:6, 84:15, 84:28, 94:8, 112:1, 112:20, 118:25, 121:8, 126:8, 131:32, 131:34, 133:29, 134:19, 135:4, 140:34, 145:4, 147:17, 148:15, 148:20, 149:9, 157:14 hearing [5] - 89:5, 89:28, 90:42, 93:35, 115:36 Hearing [3] - 130:47, 131:2, 131:16 hearings [1] - 90:42 heart [3] - 86:30, 86:31, 86:32 held [4] - 101:32, 133:44, 150:7, 151:7 help [53] - 77:17, 80:19, 86:8, 86:9, 88:40, 90:30, 90:45, 92:47, 93:1, 93:4, 95:18, 95:19, 95:31, 97:32, 97:39, 102:15, 102:40, 112:47, 113:9, 113:12, 113:19, 113:22, 113:23, 117:24, 118:9, 118:35, 119:12, 119:14, 120:12, 120:23, 120:27, 120:32, 120:40, 121:12, 123:15, 126:17, 126:39, 126:41, 127:36, 129:22, 129:35, 129:38, 131:34, 132:36, 138:40, 143:30, 143:46, 144:1, 144:37, 148:8, 156:13 helped [8] - 84:9, 120:33, 123:16, 126:46, 127:1, 127:6, 127:37, 155:9 helpful [3] - 100:41, 100:42, 133:10 helping [8] - 85:15, 85:16, 89:46, 91:30, 113:5, 119:40, 129:45, 154:19 helpless [2] - 80:19, 92:5 Henry [1] - 138:25 Herald [1] - 81:1 heterogeneity [1] -</p>	<p>139:3 Hi [1] - 85:41 hierarchy [1] - 107:42 high [13] - 112:30, 112:36, 113:30, 113:34, 113:44, 123:1, 123:10, 125:37, 132:32, 132:47, 135:15, 146:41, 153:15 high-pressured [1] - 153:15 higher [10] - 89:30, 101:3, 101:4, 101:10, 101:13, 101:15, 101:17, 101:21, 101:29, 132:40 highest [1] - 157:7 highlight [1] - 153:26 highlights [5] - 102:28, 105:39, 112:34, 134:12, 143:1 hilarious [1] - 80:35 hired [1] - 105:16 historically [2] - 135:38, 144:33 Hitchcock's [1] - 142:40 hoarding [1] - 140:26 hold [8] - 97:26, 149:7, 149:24, 149:28, 149:41, 149:42, 151:5, 154:5 holding [1] - 97:37 holds [1] - 136:12 holistically [1] - 138:6 home [10] - 83:29, 85:5, 89:9, 90:26, 92:17, 92:19, 95:13, 117:39, 118:13 hometown [1] - 119:1 honest [2] - 144:21, 155:8 honestly [1] - 117:34 hope [3] - 90:19, 95:34, 132:9 hopeless [1] - 92:5 hopelessness [1] - 94:32 hoping [2] - 140:46, 141:31 horrendously [1] - 80:3 hospital [22] - 79:17, 80:44, 81:18, 82:34, 87:39, 90:20, 117:28, 117:30, 117:32, 123:7,</p>
--	--	--	--	---

<p>125:43, 126:1, 126:18, 126:21, 126:29, 126:43, 127:1, 127:8, 127:19, 127:26, 128:3</p> <p>Hospital [1] - 81:4 hospitalisations [1] - 79:14 hospitals [2] - 122:47, 125:7 hour [1] - 89:10 hour's [2] - 119:6, 119:7 hours [2] - 92:33, 132:30 household [1] - 98:24 housing [2] - 141:26, 149:1 HR [1] - 156:21 Human [3] - 83:40, 83:41, 84:1 human [5] - 83:44, 86:12, 118:20, 126:11, 155:38 humane [4] - 79:40, 94:15, 95:22, 95:31 humanising [1] - 86:21 humanity [3] - 85:22, 86:7, 91:38 humans [2] - 128:25 humiliated [1] - 85:23 humiliating [1] - 94:28 hyperactivity [1] - 138:37 hypothesis [1] - 103:22</p>	<p>ignored [1] - 105:44 ill [9] - 144:39, 144:41, 149:36, 150:21, 151:32, 152:18, 154:42, 155:45, 156:12 ill-health [7] - 149:36, 150:21, 151:32, 152:18, 154:42, 155:45, 156:12 illegal [1] - 93:43 Illness [5] - 77:42, 83:42, 110:29, 130:36, 138:11 illness [106] - 77:22, 78:4, 79:8, 85:24, 85:33, 86:13, 88:6, 96:45, 97:44, 98:1, 98:5, 98:8, 98:12, 98:13, 99:19, 101:20, 102:46, 102:47, 103:2, 103:14, 105:42, 107:20, 108:28, 108:31, 109:16, 109:25, 109:37, 111:12, 111:14, 111:16, 111:17, 111:35, 111:37, 112:9, 113:41, 131:8, 131:30, 132:8, 133:7, 133:12, 133:18, 133:34, 133:42, 134:41, 136:43, 136:44, 139:7, 139:8, 139:22, 139:44, 140:41, 141:3, 141:40, 143:27, 143:30, 143:34, 143:37, 144:32, 144:34, 145:25, 146:24, 147:4, 147:12, 147:18, 147:22, 147:34, 148:2, 148:5, 148:12, 148:25, 148:32, 148:33, 148:37, 148:43, 149:8, 149:16, 149:20, 149:29, 149:32, 150:3, 150:7, 150:10, 150:39, 150:47, 151:15, 151:28, 151:30, 152:4, 152:11, 152:27, 152:35, 152:41, 153:33, 154:3, 154:8,</p>	<p>154:13, 154:15, 154:29, 155:21, 155:26, 155:40, 156:9, 156:17, 156:44 illnesses [11] - 78:2, 101:29, 111:9, 128:5, 131:27, 140:21, 140:23, 143:7, 151:26, 151:27, 151:47 imagine [2] - 80:16, 107:20 imagined [2] - 107:14, 107:18 imbalance [1] - 102:17 immigration [1] - 86:5 impact [10] - 77:3, 77:7, 89:2, 116:39, 129:34, 143:7, 143:9, 147:33, 149:23, 156:30 impacted [1] - 112:31 impacts [6] - 114:47, 155:20, 155:23, 155:32, 155:34 impairments [1] - 139:38 imperfect [1] - 91:29 implications [2] - 150:14, 152:6 implicit [1] - 137:27 implicitly [1] - 137:20 importance [4] - 87:32, 143:1, 145:5, 145:6 importancy [1] - 87:34 important [25] - 77:13, 84:39, 91:3, 92:13, 98:28, 101:22, 103:39, 111:43, 114:15, 114:28, 116:39, 127:34, 134:7, 136:40, 138:4, 138:6, 139:20, 142:11, 148:35, 155:11, 155:24, 156:10, 156:20, 156:37, 156:40 impossible [1] - 121:29 improve [2] - 77:33, 118:38 improved [1] - 77:31 improving [1] - 102:37 in-home [1] - 95:13 inadvertent [1] - 135:30</p>	<p>incentive [1] - 119:20 include [3] - 87:26, 103:2, 111:14 included [3] - 100:24, 100:25, 151:47 includes [2] - 91:2, 138:12 including [9] - 87:27, 112:25, 115:30, 132:28, 132:44, 133:31, 141:37, 146:27, 156:35 inclusive [1] - 147:39 income [2] - 113:30, 155:31 incompetence [1] - 94:14 incorrectly [1] - 147:21 increase [3] - 81:20, 102:12, 114:22 increased [3] - 100:3, 103:14, 112:25 increases [1] - 99:41 increasing [2] - 102:31, 114:25 incredible [1] - 126:22 incredibly [21] - 117:1, 117:45, 118:31, 119:9, 120:9, 121:1, 121:2, 123:43, 124:3, 124:9, 124:11, 125:4, 125:13, 125:34, 125:37, 125:40, 127:5, 129:6, 155:14, 155:43, 155:47 increment [1] - 81:26 incrementally [1] - 154:39 indeed [2] - 131:47, 134:14 independence [1] - 81:37 Independent [1] - 78:20 indexed [1] - 142:3 indexing [2] - 134:14, 142:6 indicated [1] - 107:4 indistinct [1] - 108:45 individual [4] - 84:41, 139:12, 152:4, 152:22 individuals [2] - 150:13, 150:36 indulgence [1] - 146:3 industrial [1] - 87:1 industries [2] -</p>	<p>153:14, 153:27 inevitably [1] - 137:19 inferences [1] - 142:29 influence [1] - 106:40 influences [1] - 107:1 Info [1] - 132:24 inform [2] - 103:40, 147:9 information [4] - 108:20, 109:25, 131:43, 153:23 informative [1] - 138:35 ingredients [2] - 114:16, 114:21 inhibiting [1] - 97:38 inhumane [1] - 80:15 initial [1] - 79:23 initiative [3] - 131:3, 143:2, 147:2 initiatives [3] - 143:2, 153:26, 157:18 inpatient [7] - 117:37, 117:38, 117:41, 117:43, 118:18, 118:19, 118:34 Inquiries [2] - 115:25, 115:34 insidious [1] - 151:19 insight [4] - 118:36, 118:38, 132:11, 136:17 insights [1] - 145:29 insofar [1] - 111:41 instance [6] - 82:38, 84:13, 89:2, 90:12, 134:16, 141:13 instances [2] - 134:21, 136:32 institution [4] - 79:22, 79:32, 79:34, 80:29 institutional [4] - 134:37, 148:21, 148:39, 148:41 institutionalised [2] - 79:35, 79:37 institutions [2] - 79:19, 80:38 instrumental [1] - 78:34 insulin [6] - 125:28, 125:29, 125:33, 125:35, 125:39, 125:40 Insurance [1] - 78:21 insurance [3] - 104:8, 104:16, 149:2 insurers [1] - 106:4 integral [1] - 91:3</p>
I				
<p>idea [17] - 80:37, 88:22, 98:7, 98:8, 102:16, 102:19, 103:2, 109:24, 113:20, 116:42, 117:34, 123:38, 127:15, 135:14, 138:30, 142:32, 143:26 ideal [1] - 93:1 ideas [1] - 82:7 identification [1] - 115:31 identified [1] - 145:26 identify [1] - 107:47 identity [1] - 155:3 ideologies [1] - 134:39</p>				

<p>integrating [1] - 84:19 intellectual [1] - 83:22 intelligence [1] - 82:44 intelligent [1] - 90:10 intends [1] - 105:24 intensive [1] - 110:22 intention [2] - 135:2, 135:28 intentional [1] - 134:44 interact [1] - 98:11 interaction [3] - 111:6, 127:33, 138:3 interested [5] - 84:2, 97:8, 126:10, 126:11, 138:15 interesting [7] - 102:11, 102:12, 133:13, 137:24, 142:15, 145:23, 153:30 interests [2] - 96:11, 116:15 internalisation [1] - 136:41 internalising [1] - 97:37 international [1] - 77:12 internationally [3] - 78:35, 92:10, 133:5 internet [1] - 142:31 interrupted [1] - 149:22 intersectional [3] - 141:36, 141:39, 144:8 intervention [11] - 90:40, 90:41, 90:43, 90:44, 107:37, 108:24, 110:38, 113:8, 114:30, 143:12, 143:14 interventional [1] - 108:45 interventions [20] - 87:41, 95:14, 102:30, 103:40, 107:9, 107:11, 107:28, 107:32, 107:33, 108:1, 108:8, 108:18, 108:21, 108:28, 109:3, 109:15, 110:10, 112:12, 114:13, 114:23 interview [2] - 81:19, 103:44 interviews [3] - 81:2,</p>	<p>83:47, 98:26 intimate [1] - 134:4 intimidated [1] - 80:23 INTO [1] - 76:5 intolerable [1] - 94:5 introduce [1] - 127:6 introduced [1] - 82:11 introduction [1] - 78:39 invest [1] - 126:47 investigate [1] - 147:29 investigated [1] - 97:43 investigation [1] - 141:32 investigations [1] - 90:21 involuntarily [1] - 79:33 involve [5] - 107:11, 108:4, 109:22, 109:44, 132:41 involved [6] - 84:19, 110:32, 132:19, 132:20, 138:21, 146:20 involves [2] - 133:29, 136:31 involving [2] - 109:13, 112:36 Irene [1] - 142:46 Islander [1] - 101:43 Islanders [1] - 141:38 isolated [2] - 134:21, 150:22 isolation [1] - 94:32 issue [9] - 89:15, 93:12, 93:14, 93:47, 94:46, 133:7, 134:30, 142:35, 155:18 issues [20] - 87:2, 88:14, 89:24, 89:28, 93:6, 94:7, 109:45, 131:27, 131:36, 132:8, 136:29, 136:44, 139:25, 147:38, 149:11, 151:46, 152:7, 152:39, 153:17, 153:35 iterative [1] - 127:21 itself [6] - 134:26, 135:13, 139:15, 143:22, 144:23, 144:35</p>	<p style="text-align: center;">J</p> <p>Jackson [1] - 138:25 Janet [7] - 77:10, 78:9, 81:25, 85:41, 105:39, 106:28 JANET [1] - 78:12 Janet's [1] - 91:46 job [15] - 80:47, 81:2, 81:5, 81:20, 81:37, 81:46, 85:3, 86:14, 88:26, 91:12, 92:34, 105:11, 127:10, 145:18, 153:25 Joe [5] - 92:43, 92:44, 92:47 JOHN [1] - 130:24 journalism [1] - 147:30 journalist [1] - 146:41 journey [2] - 88:21, 89:18 July [1] - 76:18 JULY [1] - 157:36 jurisdictions [2] - 109:6, 157:20 justice [1] - 141:26</p>	<p>153:24, 155:30 kindness [1] - 89:19 kinds [8] - 97:43, 107:47, 148:33, 148:44, 148:46, 149:6, 149:11, 149:30 knife [1] - 142:41 knocking [1] - 81:29 knowing [1] - 124:47 knowledge [3] - 89:36, 107:5, 137:31 known [4] - 78:6, 103:12, 103:15, 107:11 knows [4] - 83:11, 84:28, 88:8</p>	<p>layers [1] - 144:10 lazy [2] - 139:43, 139:46 lead [3] - 96:42, 100:23, 130:37 leader [2] - 125:24, 154:45 leaders [2] - 154:40, 155:7 leadership [1] - 127:39 leading [4] - 83:45, 134:46, 139:31, 156:36 leads [1] - 156:21 learn [2] - 82:14, 155:39 learned [1] - 111:21 learning [1] - 96:32 learnt [2] - 118:1, 126:43 least [6] - 90:20, 97:43, 98:18, 124:29, 128:4, 141:24 leave [4] - 90:24, 147:16, 150:29, 152:30 leaving [1] - 107:43 lecturer [1] - 130:33 lectures [2] - 77:41, 131:43 led [1] - 130:38 left [2] - 79:43, 88:31 leg [1] - 89:26 legal [4] - 93:43, 95:22, 104:8, 104:17 legitimate [1] - 142:29 lends [1] - 144:23 length [1] - 110:20 lengthy [1] - 100:36 lens [1] - 139:43 less [11] - 82:33, 106:25, 106:37, 111:18, 111:37, 112:19, 131:29, 136:37, 144:45, 144:47, 149:20 level [12] - 85:44, 88:33, 101:3, 122:1, 125:37, 128:15, 132:40, 134:37, 136:6, 148:21, 152:23, 155:38 levels [2] - 132:21, 154:4 leverage [1] - 143:36 LGBTI [1] - 141:37 librarian [1] - 81:23 library [1] - 80:30</p>
		<p style="text-align: center;">K</p> <p>keen [1] - 105:13 keep [7] - 82:45, 82:46, 88:32, 118:14, 122:27, 125:26, 129:25 Kelton [1] - 142:27 kept [2] - 116:31, 116:41 key [3] - 104:20, 140:29, 154:11 kind [41] - 97:14, 97:37, 99:36, 101:45, 103:31, 103:40, 105:14, 105:24, 107:21, 108:6, 108:11, 108:35, 109:14, 110:34, 111:26, 112:21, 112:38, 114:36, 116:41, 118:8, 118:21, 118:24, 118:36, 120:15, 120:23, 120:26, 123:30, 125:17, 127:20, 128:2, 128:4, 128:7, 128:42, 128:45, 143:7, 147:23, 148:30, 149:43,</p>	<p style="text-align: center;">L</p> <p>lab [1] - 138:19 Lab [3] - 77:43, 130:36, 138:11 label [6] - 100:27, 135:45, 139:6, 139:7, 139:14, 139:15 labelling [2] - 138:28, 138:30 labels [7] - 138:19, 138:20, 138:31, 138:33, 138:35, 138:43 lack [1] - 154:13 lacking [3] - 128:24, 134:20, 143:30 landlines [2] - 98:27, 98:29 landlords [1] - 104:15 language [4] - 86:22, 92:26, 114:44, 117:2 large [5] - 79:19, 125:24, 132:17, 151:45, 155:15 large-scale [2] - 132:17, 151:45 largely [1] - 100:13 Lasalvia [1] - 138:28 last [6] - 79:17, 123:47, 131:17, 133:15, 136:40, 146:21 lasting [1] - 77:7 late [2] - 86:45, 89:33 laugh [1] - 80:35 laughed [1] - 94:40 law [1] - 80:17 laws [1] - 134:39 layer [1] - 137:25</p>	

<p>lies [1] - 90:7</p> <p>life [52] - 77:5, 78:40, 79:6, 79:25, 82:15, 83:34, 84:20, 84:30, 84:34, 84:44, 84:45, 85:16, 87:2, 87:16, 87:35, 87:36, 87:37, 87:38, 87:39, 87:42, 87:43, 87:45, 88:3, 88:7, 88:26, 91:21, 91:23, 93:7, 93:20, 94:37, 94:46, 95:32, 105:43, 116:30, 116:35, 118:42, 119:22, 119:38, 120:29, 120:44, 121:37, 127:12, 127:37, 129:18, 129:46, 134:4, 140:33, 145:5, 154:4, 154:5, 154:7</p> <p>Life [1] - 86:15</p> <p>likely [24] - 77:32, 89:12, 95:11, 100:9, 100:40, 104:24, 104:25, 105:35, 106:25, 106:30, 106:31, 106:34, 106:37, 111:37, 112:41, 112:44, 122:45, 134:13, 136:37, 149:20, 150:5, 155:19, 157:5</p> <p>limitation [1] - 112:22</p> <p>limitations [1] - 111:19</p> <p>limited [2] - 87:42, 135:30</p> <p>limiting [1] - 134:2</p> <p>Line [2] - 132:24, 132:29</p> <p>line [1] - 132:30</p> <p>linguistically [1] - 101:42</p> <p>link [6] - 134:23, 137:28, 142:25, 143:12, 143:16, 143:17</p> <p>Link [1] - 142:9</p> <p>linking [3] - 87:32, 123:6, 143:6</p> <p>lip [1] - 148:35</p> <p>Lisa [1] - 76:34</p> <p>listed [1] - 87:8</p> <p>listen [5] - 80:17, 89:32, 89:34, 89:35, 93:36</p> <p>listened [2] - 105:38, 126:16</p> <p>literacy [10] - 77:13,</p>	<p>96:17, 100:16, 100:18, 100:19, 100:46, 101:1, 101:3, 101:4, 102:37</p> <p>Literacy [1] - 98:20</p> <p>literature [17] - 84:28, 84:29, 106:24, 134:14, 134:24, 134:25, 134:26, 134:27, 135:43, 138:1, 138:27, 138:29, 142:25, 144:10, 144:13, 144:21, 151:22</p> <p>lithium [1] - 85:45</p> <p>live [8] - 88:26, 95:32, 95:35, 115:30, 132:3, 135:37, 154:7, 155:25</p> <p>lived [44] - 78:16, 84:2, 84:14, 89:46, 90:33, 91:2, 91:27, 92:30, 107:12, 108:15, 108:16, 109:22, 112:12, 131:7, 131:13, 131:20, 131:21, 131:44, 132:4, 132:7, 132:11, 133:33, 134:29, 134:40, 137:9, 137:22, 138:4, 145:11, 146:37, 147:8, 147:34, 148:12, 148:25, 148:43, 149:29, 149:32, 150:36, 151:22, 152:13, 152:40, 153:5, 154:46, 155:4, 155:44</p> <p>lives [5] - 77:4, 83:33, 91:12, 94:45, 146:23</p> <p>living [19] - 77:10, 87:36, 87:37, 88:5, 92:43, 97:44, 99:26, 111:8, 116:26, 116:31, 116:41, 119:3, 140:21, 141:40, 142:4, 142:47, 148:4, 156:17, 157:4</p> <p>local [6] - 109:33, 109:40, 116:9, 117:20, 117:30, 124:21</p> <p>location [1] - 122:24</p> <p>lock [1] - 125:18</p> <p>locker [1] - 81:14</p> <p>long-term [3] - 80:36,</p>	<p>108:46, 114:9</p> <p>look [16] - 86:19, 88:44, 91:46, 91:47, 93:4, 93:6, 95:30, 96:32, 101:39, 111:5, 122:2, 124:21, 124:26, 142:37, 145:20, 151:46</p> <p>looked [11] - 83:19, 99:13, 103:21, 106:16, 112:24, 114:44, 134:27, 139:6, 139:9, 151:28, 152:33</p> <p>looking [14] - 81:21, 82:12, 103:19, 104:14, 104:45, 104:46, 105:7, 105:10, 108:27, 138:43, 139:8, 140:37, 141:2, 144:7</p> <p>looks [2] - 134:28, 154:7</p> <p>lose [5] - 88:43, 120:21, 125:18, 155:38, 156:4</p> <p>losing [1] - 92:34</p> <p>loss [4] - 94:36, 94:38</p> <p>lost [1] - 127:9</p> <p>Lottery [1] - 110:28</p> <p>love [2] - 91:30, 91:32</p> <p>loved [1] - 146:43</p> <p>lower [4] - 92:35, 107:8, 152:37, 157:9</p> <p>lucky [4] - 128:38, 131:37, 155:14, 155:43</p> <p>lunch [1] - 130:13</p> <p>LUNCHEON [1] - 130:17</p>	<p>manage [2] - 119:26, 123:17</p> <p>managed [3] - 118:22, 119:41</p> <p>management [1] - 100:21</p> <p>manager [1] - 125:24</p> <p>managers [1] - 156:21</p> <p>manifest [3] - 135:36, 149:16, 149:27</p> <p>manifestation [1] - 138:16</p> <p>manifested [3] - 134:36, 134:38, 138:2</p> <p>manifests [4] - 78:3, 149:18, 149:30, 153:11</p> <p>Manual [1] - 100:30</p> <p>March [1] - 94:20</p> <p>marginalised [1] - 151:43</p> <p>mark [1] - 96:28</p> <p>marks [1] - 79:24</p> <p>marry [2] - 99:24, 99:27</p> <p>marvellous [2] - 79:40, 80:3</p> <p>mass [3] - 109:14, 109:33, 142:17</p> <p>masters [1] - 122:28</p> <p>material [2] - 115:30, 147:15</p> <p>maternal [1] - 123:20</p> <p>matter [5] - 88:3, 129:26, 129:46, 129:47, 130:3</p> <p>matters [1] - 129:27</p> <p>McGorry [1] - 135:13</p> <p>McSherry [3] - 76:29, 144:6, 145:2</p> <p>MEAGHER [1] - 78:12</p> <p>Meagher [12] - 77:10, 78:9, 78:14, 78:20, 79:5, 80:21, 81:33, 87:21, 88:10, 89:40, 92:7, 93:26</p> <p>mean [22] - 86:20, 86:41, 97:26, 98:38, 100:5, 102:34, 107:17, 108:32, 108:44, 109:36, 114:2, 119:28, 120:6, 124:3, 128:31, 129:17, 133:27, 134:35, 143:25, 150:24, 152:9, 152:27</p> <p>meaning [2] - 85:3, 94:33</p>	<p>meaningful [4] - 138:46, 139:15, 141:17, 156:29</p> <p>means [9] - 84:41, 84:44, 85:1, 85:5, 85:6, 88:36, 116:37, 125:19, 141:11</p> <p>meant [6] - 84:34, 120:30, 125:30, 129:38, 129:40, 129:42</p> <p>measure [2] - 108:38, 108:39</p> <p>measured [1] - 108:47</p> <p>measures [2] - 77:32, 138:13</p> <p>mechanism [4] - 86:3, 109:41, 119:40, 121:24</p> <p>media [26] - 106:19, 106:40, 106:45, 106:47, 107:36, 109:13, 109:27, 112:13, 112:30, 112:36, 113:47, 114:14, 114:28, 114:40, 114:42, 114:45, 115:30, 142:17, 142:38, 143:18, 147:3, 147:5, 147:20, 147:28, 147:31</p> <p>mediating [1] - 136:3</p> <p>medical [9] - 98:5, 108:10, 110:10, 120:14, 123:13, 128:29, 135:9, 150:28, 154:19</p> <p>Medicare [1] - 128:31</p> <p>medication [2] - 85:30, 92:35</p> <p>medicine [2] - 119:44, 120:8</p> <p>medium [4] - 108:26, 108:32, 108:33, 108:35</p> <p>meet [3] - 83:12, 122:32, 136:14</p> <p>meetings [1] - 83:31</p> <p>Melbourne [13] - 76:11, 76:13, 77:38, 77:41, 94:22, 96:13, 117:37, 130:33, 130:34, 131:11, 131:38, 140:14, 141:40</p> <p>member [4] - 78:20, 78:29, 83:37, 133:44</p> <p>members [4] - 89:24, 109:17, 113:21,</p>
M				
<p>m'mm [1] - 99:45</p> <p>mad [7] - 83:13, 83:28, 83:29, 94:19, 94:20, 94:29, 94:35</p> <p>main [2] - 107:15, 110:9</p> <p>maintain [5] - 88:32, 89:3, 122:40, 126:3, 143:16</p> <p>Majesty [2] - 79:18, 79:22</p> <p>major [4] - 81:11, 82:30, 82:32, 100:45</p> <p>majority [3] - 132:46, 134:11, 134:28</p>				

<p>156:45 memories [5] - 94:39, 116:22, 116:23, 116:26 mental [221] - 77:13, 77:21, 77:22, 78:2, 78:4, 78:30, 78:36, 79:8, 82:7, 83:23, 84:11, 84:25, 84:40, 85:9, 85:13, 85:23, 85:33, 85:36, 86:7, 86:13, 86:22, 86:46, 88:6, 88:13, 89:15, 89:18, 89:23, 90:6, 90:35, 91:6, 91:17, 91:45, 93:3, 93:14, 93:46, 94:7, 94:46, 95:4, 95:5, 95:9, 95:17, 95:25, 95:27, 96:6, 96:16, 96:45, 97:15, 97:44, 98:1, 98:5, 98:12, 98:13, 99:13, 100:1, 100:15, 100:17, 100:19, 100:20, 100:27, 100:45, 101:1, 101:2, 101:4, 102:16, 102:37, 102:46, 103:2, 103:14, 105:17, 105:31, 105:42, 106:18, 106:20, 106:22, 106:26, 107:6, 107:20, 108:28, 108:30, 109:16, 109:25, 109:37, 109:40, 109:44, 111:9, 111:12, 111:14, 111:17, 111:35, 111:37, 112:9, 113:8, 113:10, 113:16, 114:3, 116:4, 119:26, 120:1, 121:9, 122:40, 124:33, 127:18, 127:33, 128:5, 128:21, 131:7, 131:27, 131:35, 132:8, 132:17, 132:21, 133:7, 133:12, 133:18, 133:33, 133:42, 134:41, 135:4, 135:9, 135:10, 135:34, 135:35, 135:39, 135:40, 135:43, 135:44, 136:1, 136:29, 136:43, 136:44, 139:22,</p>	<p>139:25, 139:43, 140:21, 140:23, 140:41, 141:3, 141:27, 141:40, 141:44, 141:45, 143:7, 143:27, 143:30, 143:33, 143:37, 143:43, 144:17, 144:32, 144:33, 145:24, 146:20, 146:24, 146:27, 146:30, 147:4, 147:8, 147:12, 147:18, 147:22, 147:34, 147:46, 148:2, 148:4, 148:12, 148:25, 148:32, 148:33, 148:37, 148:43, 149:7, 149:16, 149:20, 149:29, 149:32, 149:36, 150:2, 150:7, 150:10, 150:21, 150:39, 150:46, 151:14, 151:26, 151:27, 151:28, 151:30, 151:32, 152:4, 152:10, 152:18, 152:26, 152:35, 152:41, 153:31, 153:33, 154:3, 154:8, 154:12, 154:15, 154:29, 154:42, 155:21, 155:26, 155:36, 155:40, 155:45, 156:9, 156:12, 156:17, 156:24, 156:30, 156:34, 156:39, 156:41, 156:43, 157:4 MENTAL [1] - 76:5 Mental [21] - 77:36, 77:37, 77:42, 78:25, 78:26, 83:6, 83:12, 83:41, 84:12, 84:18, 84:21, 92:21, 96:12, 96:13, 98:19, 110:29, 113:26, 130:36, 132:29, 138:11, 156:35 mentally [2] - 144:41, 144:45 Mentally [1] - 156:33 mentioned [5] - 104:3, 109:32, 111:13, 121:14, 141:21 mentored [1] - 83:35</p>	<p>message [3] - 95:35, 102:23, 121:8 messages [5] - 102:29, 103:10, 109:30, 112:41, 143:11 met [5] - 79:44, 89:19, 103:47, 124:29, 131:31 meta [1] - 108:27 meta-analysis [1] - 108:27 method [1] - 106:9 methodology [1] - 98:46 MICHELLE [1] - 146:7 Michelle [6] - 77:45, 131:5, 140:16, 145:28, 145:31, 146:4 microphone [3] - 98:18, 115:45, 130:27 microphone's [1] - 146:3 middle [1] - 135:14 might [45] - 86:32, 89:9, 89:10, 90:9, 92:38, 93:12, 101:42, 102:25, 104:15, 106:33, 107:35, 107:38, 108:19, 108:42, 109:2, 114:1, 122:8, 123:13, 129:8, 130:12, 134:2, 137:21, 139:5, 145:17, 145:29, 147:12, 147:28, 147:33, 148:31, 148:32, 148:41, 149:6, 149:30, 150:25, 151:31, 151:38, 152:13, 152:29, 152:36, 153:13, 154:18, 156:30, 156:41 migraine [1] - 93:13 mild [3] - 135:16, 151:36, 154:22 military [1] - 95:21 million [1] - 93:13 mind [2] - 93:4, 94:2 Mindframe [1] - 147:29 minds [1] - 93:20 ministerial [1] - 78:30 minor [1] - 93:16 minute [3] - 109:19, 115:15, 132:16</p>	<p>minutes [1] - 93:36 missed [3] - 92:32, 92:44, 122:32 missing [1] - 135:14 mitigate [2] - 112:38, 114:42 mobile [1] - 98:28 mobiles [1] - 98:30 modality [1] - 95:12 model [1] - 128:29 models [3] - 92:13, 154:13, 155:6 moderate [4] - 81:10, 135:16, 151:37, 154:22 moderating [1] - 136:2 modern [1] - 137:34 modes [1] - 86:24 modification [1] - 87:15 modify [1] - 143:3 moment [4] - 80:25, 104:19, 105:6, 154:39 money [5] - 81:17, 82:11, 114:35, 128:43, 135:28 money's [1] - 128:46 monsters [1] - 79:41 months [1] - 81:16 mood [1] - 85:37 moral [1] - 89:6 Morning [1] - 81:1 morning [8] - 77:1, 78:9, 88:35, 105:39, 114:19, 133:29, 139:47, 140:35 morning's [1] - 133:38 most [28] - 79:16, 79:28, 80:15, 87:35, 88:40, 90:36, 91:6, 98:27, 98:40, 99:7, 99:15, 104:21, 105:7, 107:5, 110:43, 110:45, 110:46, 111:36, 112:8, 112:46, 113:17, 117:47, 121:20, 123:16, 124:4, 124:13, 127:22, 142:11 mostly [2] - 79:32, 100:26 mother [7] - 117:20, 123:14, 123:27, 123:39, 123:42, 124:4, 127:11 motivation [2] - 139:40, 139:45</p>	<p>motto [1] - 83:3 move [11] - 78:41, 87:14, 87:24, 87:25, 100:39, 118:17, 118:43, 119:22, 122:35, 135:32, 137:31 moved [5] - 79:18, 81:44, 89:27, 121:32, 144:42 movement [1] - 84:10 movie [1] - 142:47 moving [2] - 93:7, 136:21 MS [28] - 77:1, 78:14, 89:40, 93:26, 93:33, 95:40, 95:44, 96:4, 115:3, 115:8, 115:14, 115:21, 115:39, 115:44, 129:30, 130:5, 130:12, 130:21, 130:26, 144:3, 145:35, 145:42, 146:2, 146:10, 156:47, 157:22, 157:26, 157:32 multi [2] - 133:18, 140:24 multi-agency [1] - 140:24 multi-dimensional [1] - 133:18 multiple [6] - 79:11, 79:14, 79:15, 79:28, 136:22 mum [2] - 91:47, 116:10 music [1] - 116:16 must [7] - 85:46, 87:23, 118:47, 119:19, 128:33, 128:35 myths [3] - 108:5, 108:20, 109:24</p>
N				
<p>name [6] - 81:2, 81:24, 83:2, 85:39, 86:6, 135:1 named [1] - 138:33 narrative [1] - 154:6 narratives [1] - 153:40 nasty [4] - 92:18, 93:45, 93:46 National [16] - 78:21, 78:26, 84:12, 84:18, 84:21, 98:19, 98:43,</p>				

<p>103:26, 110:28, 130:37, 130:43, 140:4, 140:10, 140:12, 141:33, 156:35</p> <p>national [6] - 86:46, 99:5, 114:36, 132:42, 146:22, 146:26</p> <p>nationally [2] - 78:35, 143:34</p> <p>nature [5] - 85:24, 95:11, 97:7, 146:42, 152:26</p> <p>navigate [1] - 126:39</p> <p>Nazis [1] - 86:4</p> <p>nearest [1] - 90:22</p> <p>necessarily [6] - 128:9, 141:12, 151:10, 153:12, 154:24, 155:16</p> <p>necessary [1] - 96:40</p> <p>need [44] - 82:45, 82:46, 83:23, 83:30, 83:34, 85:25, 85:28, 85:42, 87:6, 87:43, 91:38, 95:37, 97:10, 97:14, 97:40, 98:8, 102:28, 103:9, 108:40, 109:3, 114:15, 114:27, 114:32, 114:43, 114:47, 118:13, 118:38, 120:11, 126:46, 127:3, 127:32, 127:35, 135:11, 139:46, 140:24, 142:29, 143:29, 143:45, 143:47, 152:29, 153:27, 155:30</p> <p>needed [9] - 77:18, 83:36, 108:42, 112:41, 119:12, 120:12, 125:26, 128:16, 144:1</p> <p>needing [2] - 141:7, 154:45</p> <p>needles [1] - 125:34</p> <p>needs [6] - 87:45, 91:12, 114:14, 118:21, 128:40, 129:27</p> <p>negative [12] - 102:31, 104:45, 112:24, 114:29, 136:25, 136:27, 136:35, 136:38, 139:9, 139:19, 139:34, 150:10</p>	<p>negatively [3] - 97:34, 104:36, 156:30</p> <p>negativities [1] - 95:27</p> <p>neighbourhood [2] - 99:26, 104:8</p> <p>neighbouring [1] - 119:2</p> <p>neighbours [1] - 104:16</p> <p>nervous [3] - 79:10, 79:11, 79:12</p> <p>neuropsychiatry [1] - 138:24</p> <p>neutral [1] - 138:34</p> <p>never [10] - 81:29, 82:8, 83:2, 92:38, 110:35, 110:37, 118:3, 122:30, 122:31, 125:11</p> <p>New [1] - 83:6</p> <p>new [7] - 82:7, 82:10, 87:23, 118:6, 133:2, 133:3, 136:14</p> <p>Newcastle [1] - 78:41</p> <p>news [8] - 142:17, 142:18, 142:22, 142:30, 142:31, 142:38, 143:6, 143:17</p> <p>next [18] - 82:47, 85:43, 89:1, 95:44, 98:19, 115:22, 115:26, 115:37, 115:39, 117:28, 121:20, 121:21, 121:26, 121:34, 130:21, 145:28, 145:42, 153:25</p> <p>nexus [1] - 85:13</p> <p>nice [1] - 91:11</p> <p>Nichols [1] - 76:34</p> <p>NICHOLS [11] - 77:1, 78:14, 89:40, 93:26, 93:33, 95:40, 95:44, 96:4, 115:3, 115:8, 115:14</p> <p>Nicky [1] - 139:46</p> <p>NICOLA [1] - 96:2</p> <p>Nicola [3] - 77:35, 95:45, 95:47</p> <p>night [4] - 80:6, 82:17, 124:24, 125:36</p> <p>no-one [4] - 80:17, 89:34, 117:6, 127:44</p> <p>no-one's [3] - 89:32, 121:4, 128:34</p> <p>nobody [1] - 84:6</p> <p>non [4] - 87:18, 87:26, 87:32, 95:20</p>	<p>Non [1] - 146:29</p> <p>non-clinical [1] - 87:32</p> <p>non-compliance [1] - 95:20</p> <p>Non-Executive [1] - 146:29</p> <p>non-government [2] - 87:18, 87:26</p> <p>none [3] - 87:34, 120:32, 144:47</p> <p>nonetheless [1] - 141:14</p> <p>normal [3] - 88:23, 94:37, 116:9</p> <p>norms [2] - 148:21, 148:31</p> <p>notably [1] - 101:28</p> <p>note [1] - 145:10</p> <p>noted [1] - 157:3</p> <p>noteworthy [1] - 142:9</p> <p>nothing [4] - 81:2, 84:16, 94:37, 94:42</p> <p>notion [1] - 137:35</p> <p>now's [1] - 89:37</p> <p>nowhere [1] - 131:12</p> <p>number [19] - 83:45, 83:46, 86:24, 87:30, 92:33, 93:10, 96:20, 96:26, 97:13, 108:3, 124:20, 124:22, 132:44, 146:26, 149:44, 150:35, 155:15, 155:44, 156:34</p> <p>numbers [3] - 101:44, 106:6, 106:10</p> <p>numerous [4] - 78:29, 78:34, 128:31, 132:21</p> <p>nun [1] - 79:1</p> <p>nurse [2] - 123:21, 123:22</p> <p>nurses [8] - 123:28, 123:30, 123:31, 123:32, 123:33, 123:37, 125:36, 136:1</p> <p>nursing [4] - 79:42, 92:16, 92:17, 92:18</p>	<p>131:12</p> <p>obvious [1] - 81:4</p> <p>obviously [11] - 92:9, 96:42, 102:36, 106:27, 107:10, 109:23, 114:2, 114:28, 116:40, 135:41, 150:44</p> <p>occurred [3] - 81:30, 118:3, 123:5</p> <p>occurring [1] - 145:21</p> <p>OECD [1] - 157:7</p> <p>offence [1] - 115:34</p> <p>offer [3] - 106:5, 126:26, 128:34</p> <p>offered [6] - 85:25, 90:9, 117:36, 118:45, 123:17, 126:36</p> <p>offering [1] - 106:5</p> <p>offers [1] - 114:36</p> <p>office [1] - 81:22</p> <p>officially [1] - 79:24</p> <p>often [22] - 85:22, 90:15, 91:34, 92:5, 108:38, 108:47, 109:15, 112:43, 112:47, 119:19, 134:16, 134:38, 137:36, 137:44, 143:42, 151:15, 151:30, 151:43, 151:47, 152:21, 152:22, 153:23</p> <p>old [2] - 122:32, 129:35</p> <p>older [1] - 116:11</p> <p>once [6] - 87:8, 91:22, 123:20, 143:12, 150:18, 157:13</p> <p>oncology [1] - 95:6</p> <p>one [86] - 77:6, 77:9, 77:30, 79:18, 79:28, 79:44, 80:5, 80:6, 80:17, 80:36, 81:3, 82:18, 82:25, 83:34, 85:38, 85:39, 85:40, 86:20, 87:44, 89:34, 92:28, 95:2, 95:10, 98:23, 98:27, 99:7, 99:15, 101:8, 102:11, 102:14, 105:27, 105:40, 106:36, 106:47, 107:43, 108:40, 108:46, 110:31, 110:36, 111:10, 112:36, 112:40, 114:1, 114:11, 114:40, 116:38,</p>	<p>117:6, 119:8, 121:31, 122:1, 122:47, 124:4, 124:13, 126:13, 126:43, 127:22, 127:44, 128:4, 128:6, 129:33, 133:40, 133:47, 134:1, 134:45, 136:8, 136:43, 136:47, 139:43, 141:20, 141:30, 142:26, 144:6, 145:4, 146:41, 146:43, 147:24, 151:11, 151:29, 153:1, 153:30, 155:24, 156:10, 157:3</p> <p>one's [4] - 89:32, 121:4, 128:34, 136:29</p> <p>onerous [2] - 97:18, 97:20</p> <p>ones [3] - 98:25, 128:6, 148:19</p> <p>ongoing [1] - 109:3</p> <p>online [6] - 132:18, 132:21, 132:37, 132:41, 148:10, 148:11</p> <p>onset [2] - 90:45, 156:41</p> <p>Open [2] - 112:6, 112:10</p> <p>open [13] - 92:15, 121:34, 127:18, 127:23, 143:45, 150:31, 150:39, 153:35, 154:6, 154:24, 154:42, 155:8, 156:12</p> <p>opened [1] - 83:34</p> <p>openly [1] - 151:13</p> <p>operate [1] - 108:11</p> <p>operationalise [1] - 139:2</p> <p>operations [1] - 90:1</p> <p>opportunities [8] - 105:11, 114:30, 117:4, 134:40, 145:7, 148:22, 150:37, 150:38</p> <p>opportunity [7] - 85:7, 114:36, 121:15, 131:44, 136:34, 155:39, 156:37</p> <p>Opportunity [1] - 83:40</p> <p>opposed [2] - 97:5,</p>
		O		
		<p>observable [1] - 137:42</p> <p>observation [1] - 153:30</p> <p>observe [1] - 138:45</p> <p>observed [3] - 105:30,</p>		

<p>105:3 optimism [1] - 89:20 option [3] - 116:34, 121:11, 121:36 options [1] - 119:37 oral [1] - 115:27 order [9] - 102:14, 109:39, 115:22, 115:24, 115:35, 119:7, 125:35, 125:38 ordinate [1] - 130:35 Organisation [2] - 96:25, 96:27 organisation [7] - 113:26, 125:25, 144:43, 146:36, 154:45, 155:7, 156:1 organisations [5] - 146:27, 154:4, 154:40, 156:35, 157:13 organise [1] - 123:9 organised [1] - 124:28 orientation [1] - 93:47 originally [1] - 132:22 ourselves [3] - 82:13, 88:41, 95:37 outcome [2] - 125:47, 135:30 outcomes [2] - 131:25, 136:25 outlet [1] - 147:32 outline [1] - 147:43 outlines [1] - 116:3 outweigh [1] - 104:46 overall [3] - 99:32, 125:44, 127:20 overcome [1] - 78:6 overdose [1] - 121:23 overnight [2] - 93:31, 93:37 overt [2] - 149:39, 150:34 overtly [1] - 87:24 own [12] - 82:12, 90:10, 93:35, 108:15, 124:35, 126:3, 128:16, 147:46, 154:42, 154:46, 155:4, 155:44</p>	<p>pains [1] - 90:19 pairing [2] - 142:18, 142:21 palsy [1] - 94:13 papers [1] - 96:21 paperwork [1] - 86:39 paradigms [3] - 133:3, 143:15 parallel [1] - 79:41 paranoid [1] - 79:28 paraphrase [1] - 129:15 parent [2] - 119:10, 122:39 parenting [1] - 91:44 parents [6] - 91:43, 91:45, 116:14, 117:28, 119:7, 119:8 parsimonious [1] - 139:22 part [16] - 81:40, 82:42, 86:45, 89:14, 91:3, 91:4, 95:3, 101:39, 106:16, 127:37, 139:24, 146:35, 148:3, 154:26, 156:33, 157:11 participants [2] - 90:10, 113:43 participate [2] - 88:14, 90:4 participating [3] - 89:47, 109:46, 110:1 Participation [2] - 149:47, 151:4 participation [4] - 88:33, 96:30, 97:39, 114:33 particular [11] - 112:44, 122:33, 126:4, 137:28, 141:37, 144:17, 147:19, 148:20, 149:15, 153:13, 153:34 particularly [9] - 84:3, 92:4, 106:40, 111:43, 132:46, 137:29, 147:47, 148:24, 151:36 partner [1] - 134:4 partnership [2] - 131:4, 140:13 Partnership [1] - 151:25 parts [1] - 101:37 party [1] - 94:19 passive [4] - 90:2, 90:3, 90:5, 90:8</p>	<p>passivity [1] - 90:5 past [1] - 124:40 Pat [2] - 134:45, 135:13 pathways [2] - 138:14, 145:6 patient [2] - 124:40, 125:2 patients [5] - 80:36, 80:41, 95:4, 120:12, 125:17 Patrick [1] - 135:26 patterns [1] - 105:31 Paul [2] - 130:40, 140:17 pay [1] - 81:20 pedagogically [1] - 131:26 peer [6] - 87:27, 91:5, 91:9, 92:12, 148:11 Peer [3] - 148:1, 148:3, 149:45 peers [3] - 89:23, 91:10, 116:28 Penny [1] - 76:26 people [254] - 78:1, 78:4, 79:4, 79:43, 80:13, 82:29, 83:15, 83:29, 84:2, 84:3, 84:25, 84:30, 84:34, 85:29, 86:8, 86:41, 86:42, 87:14, 88:23, 89:13, 89:19, 89:22, 89:23, 89:24, 89:35, 89:45, 90:34, 91:2, 91:23, 93:19, 94:8, 94:12, 96:34, 96:44, 96:45, 96:46, 97:6, 97:11, 97:13, 97:15, 97:26, 97:32, 97:33, 97:44, 98:12, 98:13, 98:29, 98:34, 98:38, 99:10, 100:1, 100:5, 100:28, 100:30, 100:37, 101:1, 101:10, 101:18, 101:23, 101:40, 101:42, 101:44, 101:46, 102:15, 102:19, 102:25, 102:39, 102:40, 102:46, 103:4, 103:19, 103:20, 103:37, 103:46, 103:47, 104:15, 104:24, 104:30, 104:34, 104:38, 104:44, 104:46, 105:9, 105:16, 105:18, 105:22,</p>	<p>105:28, 105:35, 105:41, 105:46, 106:6, 106:7, 106:10, 106:17, 106:25, 106:27, 106:42, 107:19, 107:38, 108:4, 109:16, 109:22, 109:40, 109:44, 110:4, 110:47, 111:4, 111:8, 111:16, 111:17, 111:18, 111:36, 112:1, 112:12, 112:18, 112:19, 112:35, 112:46, 113:5, 113:17, 114:19, 114:44, 115:1, 116:46, 117:3, 117:38, 118:11, 121:10, 122:18, 124:36, 126:38, 127:13, 127:33, 127:36, 128:6, 128:24, 129:4, 129:5, 129:20, 131:7, 131:13, 131:20, 131:30, 131:44, 132:35, 133:33, 133:45, 134:12, 134:15, 134:29, 134:40, 135:17, 135:29, 135:37, 135:40, 136:13, 137:9, 137:22, 139:4, 139:45, 140:21, 140:46, 141:2, 141:5, 141:6, 141:8, 142:4, 143:46, 144:14, 144:29, 144:41, 145:6, 145:11, 145:24, 146:23, 146:38, 147:11, 147:18, 147:22, 147:34, 148:1, 148:12, 148:25, 148:37, 149:7, 149:15, 149:19, 149:23, 150:2, 150:8, 150:10, 150:15, 150:16, 150:18, 150:20, 150:21, 151:13, 151:15, 151:31, 151:35, 151:38, 152:9, 152:10, 152:12, 152:16, 152:22, 152:27, 152:34, 152:35,</p>	<p>152:39, 153:3, 153:16, 153:21, 153:22, 153:27, 153:33, 153:34, 153:40, 153:44, 153:46, 154:2, 154:5, 154:13, 154:18, 154:20, 154:24, 154:41, 155:5, 155:6, 155:12, 155:15, 155:25, 155:28, 155:39, 155:40, 155:44, 156:2, 156:11, 156:17, 156:23, 156:41, 157:4, 157:18, 157:19 people's [7] - 97:30, 97:38, 105:33, 143:29, 151:22, 153:5, 156:28 per [15] - 100:8, 100:10, 100:38, 101:30, 101:31, 104:29, 104:31, 105:3, 105:4, 105:18, 112:19, 113:29 perceivable [1] - 144:24 perceive [1] - 105:23 perceived [5] - 96:38, 97:24, 97:29, 105:22, 147:33 percentage [1] - 101:41 percentages [2] - 104:37, 104:38 perception [8] - 123:31, 139:42, 144:28, 144:38, 145:16, 145:17, 150:44, 150:47 perceptions [2] - 139:29, 139:30 perfect [2] - 136:5, 142:46 perfectly [1] - 96:43 perhaps [5] - 119:12, 144:8, 150:8, 150:27, 153:37 period [7] - 79:21, 99:30, 100:36, 119:28, 120:36, 128:30, 142:12 permission [3] - 118:23, 125:20, 125:26 permit [1] - 94:5</p>
P				
<p>packet [2] - 117:21, 117:22 paid [1] - 81:16 painful [1] - 121:35</p>				

<p>perpetration [1] - 134:16</p> <p>perpetrators [2] - 134:13, 134:30</p> <p>perpetuates [2] - 143:9, 154:23</p> <p>persistence [1] - 77:6</p> <p>persistent [6] - 79:28, 94:46, 135:18, 140:22, 140:41, 153:4</p> <p>person [58] - 79:46, 81:29, 83:29, 85:33, 85:37, 86:8, 86:22, 86:25, 88:5, 88:13, 89:12, 91:19, 91:20, 91:27, 91:29, 91:32, 92:37, 92:42, 93:6, 97:29, 98:6, 99:18, 99:19, 99:21, 99:24, 99:27, 99:42, 100:31, 101:30, 101:32, 105:24, 106:32, 107:13, 107:20, 107:22, 107:24, 108:15, 112:45, 114:24, 115:35, 118:20, 121:20, 121:21, 121:26, 121:27, 121:34, 124:25, 127:42, 132:22, 136:15, 141:40, 142:47, 149:9, 152:5, 152:40</p> <p>person's [5] - 84:20, 88:7, 102:24, 147:21, 148:31</p> <p>person-centred [2] - 86:22, 86:25</p> <p>person-to-person [2] - 79:46, 86:8</p> <p>personal [7] - 95:17, 97:25, 98:2, 99:37, 107:6, 107:43, 113:44</p> <p>personality [10] - 121:47, 122:9, 123:25, 135:38, 135:46, 136:9, 136:13, 140:25, 151:39, 153:45</p> <p>persons [1] - 115:29</p> <p>perspective [5] - 107:29, 107:44, 108:1, 145:20, 145:22</p> <p>pervasive [2] - 91:42, 91:44</p> <p>phase [3] - 139:8,</p>	<p>140:7, 140:8</p> <p>phases [1] - 139:8</p> <p>PhD [1] - 142:27</p> <p>phenomenal [1] - 123:2</p> <p>phenomenon [3] - 136:34, 142:15, 152:8</p> <p>phobia [1] - 99:15</p> <p>phones [2] - 98:28, 132:22</p> <p>physical [8] - 80:9, 93:8, 105:44, 113:9, 113:18, 144:46, 150:6, 152:20</p> <p>physically [2] - 81:30, 81:34</p> <p>pick [4] - 90:36, 118:14, 124:28</p> <p>picking [1] - 83:5</p> <p>piece [5] - 141:18, 143:18, 147:30, 147:32, 147:37</p> <p>pieces [3] - 112:45, 147:24, 147:28</p> <p>pill [1] - 88:8</p> <p>pills [2] - 86:15, 88:6</p> <p>pilot [1] - 131:36</p> <p>place [11] - 79:38, 84:23, 84:40, 87:15, 88:3, 90:43, 121:26, 123:17, 128:24, 130:28, 148:34</p> <p>placed [2] - 80:4, 115:36</p> <p>places [3] - 89:30, 93:8, 112:14</p> <p>plain [1] - 135:27</p> <p>plan [3] - 88:28, 88:35, 116:41</p> <p>planning [2] - 90:11, 145:10</p> <p>play [6] - 88:23, 106:45, 124:42, 149:11, 149:38, 151:18</p> <p>playing [2] - 109:45, 150:19</p> <p>plays [1] - 150:34</p> <p>pleasure [1] - 139:39</p> <p>plethora [1] - 142:42</p> <p>point [29] - 79:17, 83:42, 85:14, 87:43, 101:22, 110:36, 112:35, 116:33, 119:27, 120:2, 120:26, 121:32, 122:41, 122:43, 124:14, 126:13, 126:23, 126:27,</p>	<p>126:34, 127:17, 128:47, 136:19, 137:18, 137:24, 140:39, 143:11, 145:4, 145:31, 157:8</p> <p>polarising [1] - 114:29</p> <p>police [5] - 92:41, 92:42, 92:44, 92:45, 153:41</p> <p>policies [1] - 92:15</p> <p>policy [10] - 86:4, 86:39, 87:6, 87:8, 89:47, 107:29, 107:44, 108:1, 137:21, 140:44</p> <p>policymakers [1] - 137:19</p> <p>politician [1] - 99:23</p> <p>poor [1] - 100:45</p> <p>pop [2] - 142:16, 143:18</p> <p>Population [2] - 77:36, 96:12</p> <p>population [13] - 97:7, 97:10, 98:32, 101:38, 101:41, 102:2, 103:45, 106:7, 107:37, 108:6, 114:18, 141:16, 157:6</p> <p>population's [1] - 113:29</p> <p>portrayed [1] - 142:47</p> <p>posed [1] - 132:5</p> <p>position [2] - 77:33, 127:40</p> <p>positions [1] - 149:25</p> <p>positive [29] - 95:19, 102:39, 102:41, 104:5, 104:22, 104:47, 105:36, 105:46, 107:3, 110:46, 111:1, 111:41, 112:23, 112:41, 114:24, 114:46, 116:23, 117:15, 125:44, 125:47, 126:1, 127:33, 131:25, 139:9, 139:18, 139:28, 140:20, 143:11, 156:7</p> <p>Positive [1] - 103:27</p> <p>positively [3] - 104:26, 104:30, 104:35</p> <p>possibility [2] - 79:17, 102:14</p> <p>possible [6] - 97:9, 102:22, 105:23, 111:25, 147:14,</p>	<p>147:16</p> <p>possibly [12] - 80:16, 94:26, 102:24, 102:43, 103:1, 103:3, 103:6, 111:13, 111:38, 112:28, 120:13, 123:6</p> <p>post [4] - 126:20, 126:21, 149:20, 153:36</p> <p>post-traumatic [1] - 153:36</p> <p>postnatal [2] - 128:6, 128:11</p> <p>pot [3] - 135:7, 135:8, 135:28</p> <p>potential [2] - 91:23, 94:47</p> <p>potentially [1] - 133:46</p> <p>power [1] - 114:41</p> <p>powerful [3] - 77:2, 107:5, 134:37</p> <p>Practice [1] - 83:20</p> <p>practice [1] - 137:35</p> <p>practices [4] - 134:39, 148:22, 148:33, 148:46</p> <p>pragmatically [1] - 141:1</p> <p>precarious [1] - 152:36</p> <p>precipitates [1] - 143:9</p> <p>predict [1] - 107:8</p> <p>predictors [1] - 100:45</p> <p>preface [1] - 79:39</p> <p>pregnancy [3] - 122:47, 123:1, 123:3</p> <p>pregnant [2] - 122:35, 122:44</p> <p>prejudicial [3] - 133:32, 138:47, 139:31</p> <p>prepared [5] - 78:15, 89:32, 89:34, 96:4, 116:3</p> <p>preparing [1] - 140:31</p> <p>prescribed [1] - 117:21</p> <p>present [7] - 86:17, 90:7, 90:35, 91:7, 93:21, 115:29, 131:13</p> <p>presented [1] - 118:41</p> <p>presenting [1] - 147:45</p> <p>presents [1] - 139:3</p> <p>pressured [1] - 153:15</p>	<p>pressures [1] - 94:15</p> <p>pretending [2] - 118:14, 127:10</p> <p>pretty [9] - 79:25, 79:45, 80:10, 81:17, 83:33, 89:14, 92:24, 113:13, 124:24</p> <p>prevalence [1] - 135:15</p> <p>prevalent [1] - 153:14</p> <p>prevent [4] - 90:38, 107:4, 114:42, 149:35</p> <p>prevented [1] - 127:27</p> <p>preventing [2] - 93:7, 156:40</p> <p>prevention [2] - 90:45, 100:21</p> <p>previous [1] - 140:33</p> <p>previously [2] - 84:7, 146:26</p> <p>prices [1] - 94:20</p> <p>primarily [1] - 116:15</p> <p>privacy [2] - 121:15, 124:37</p> <p>private [3] - 79:17, 122:14, 127:2</p> <p>proactive [2] - 120:31, 122:6</p> <p>probable [1] - 107:15</p> <p>problem [26] - 90:6, 98:6, 99:20, 99:22, 99:24, 100:10, 100:27, 103:41, 105:12, 105:29, 106:18, 106:20, 106:22, 106:27, 106:30, 106:31, 113:10, 129:6, 138:6, 144:25, 144:26, 144:32, 145:24, 145:27, 152:20, 152:47</p> <p>problematic [2] - 143:17, 143:28</p> <p>problems [10] - 86:42, 97:15, 99:13, 100:20, 105:17, 105:31, 109:40, 128:20, 139:45, 156:41</p> <p>process [11] - 84:13, 89:6, 90:43, 114:8, 123:6, 126:9, 126:40, 127:21, 128:14, 131:47, 136:19</p> <p>processes [3] - 90:23, 139:24, 148:42</p> <p>produced [4] - 84:11,</p>
--	--	---	--	---

<p>131:7, 131:19, 138:32</p> <p>profession [1] - 148:34</p> <p>professional [7] - 88:4, 113:19, 113:23, 147:46, 153:43, 154:47, 155:5</p> <p>professionalism [1] - 89:14</p> <p>professionally [1] - 98:12</p> <p>Professionals [1] - 86:47</p> <p>professionals [10] - 79:42, 80:14, 85:28, 87:17, 91:15, 91:18, 100:40, 154:19, 154:20</p> <p>Professor [9] - 76:27, 76:29, 77:35, 95:45, 95:46, 96:4, 115:8, 133:8, 133:17</p> <p>profile [3] - 112:30, 112:36, 146:42</p> <p>program [10] - 81:41, 82:6, 108:45, 122:11, 131:40, 132:9, 138:42, 139:10, 140:34, 145:25</p> <p>program's [1] - 113:32</p> <p>programs [3] - 108:14, 122:14, 122:15</p> <p>prohibiting [1] - 115:25</p> <p>Project [8] - 86:47, 130:38, 130:44, 131:1, 131:2, 131:16, 140:11, 140:12</p> <p>project [5] - 114:43, 130:38, 140:5, 140:18, 140:30</p> <p>projects [2] - 130:45, 132:15</p> <p>promote [3] - 109:39, 114:46, 143:45</p> <p>promoted [3] - 83:36, 102:18, 143:4</p> <p>promoting [1] - 153:31</p> <p>promotion [1] - 150:37</p> <p>propensity [1] - 144:29</p> <p>proper [1] - 106:3</p> <p>proportion [5] - 97:9, 101:41, 134:27,</p>	<p>135:17, 143:33</p> <p>protect [2] - 86:40, 124:7</p> <p>protected [2] - 86:30, 86:31</p> <p>proud [1] - 91:4</p> <p>prove [1] - 82:6</p> <p>proved [1] - 126:3</p> <p>provide [3] - 106:3, 131:43, 144:1</p> <p>provided [3] - 116:14, 133:15, 133:21</p> <p>provider [1] - 92:32</p> <p>providers [2] - 89:26, 92:28</p> <p>provides [1] - 85:2</p> <p>provision [3] - 91:2, 91:5, 138:36</p> <p>proviso [1] - 91:9</p> <p>Pryor [4] - 133:21, 133:28, 136:24, 137:7</p> <p>psych [5] - 121:7, 125:4, 125:8, 125:15, 128:12</p> <p>psychiatric [1] - 138:20</p> <p>Psychiatric [1] - 112:5</p> <p>psychiatrist [3] - 82:31, 120:16, 120:17</p> <p>psychiatrists [1] - 136:2</p> <p>Psycho [1] - 142:40</p> <p>psycho [5] - 94:21, 94:38, 108:19, 108:23, 142:40</p> <p>psycho" [1] - 94:29</p> <p>psycho-education [2] - 108:19, 108:23</p> <p>psychoeducation [1] - 138:37</p> <p>Psychological [5] - 77:42, 130:34, 130:39, 138:12, 140:14</p> <p>psychological [1] - 137:35</p> <p>psychologist [8] - 77:41, 119:1, 119:13, 119:14, 119:16, 119:20, 126:5, 127:2</p> <p>psychology [2] - 130:35, 131:11</p> <p>psychosis [3] - 99:14, 139:14, 142:47</p> <p>psychotic [6] - 90:25, 90:29, 94:38, 131:30, 142:41,</p>	<p>151:39</p> <p>PTSD [1] - 99:14</p> <p>public [36] - 97:23, 97:27, 107:28, 112:13, 113:21, 121:3, 121:9, 122:47, 129:14, 129:16, 133:22, 133:26, 133:27, 133:28, 133:30, 133:31, 133:35, 133:37, 133:44, 134:34, 136:27, 136:41, 136:47, 137:14, 137:16, 137:39, 137:41, 137:42, 137:44, 138:2, 141:26, 142:7, 151:45, 153:40, 154:4, 154:13</p> <p>public's [1] - 142:3</p> <p>publically [1] - 91:42</p> <p>publication [3] - 115:22, 115:26, 147:40</p> <p>published [2] - 110:45, 115:32</p> <p>publisher [1] - 94:27</p> <p>puerile [1] - 87:42</p> <p>pull [1] - 92:41</p> <p>pump [2] - 125:28, 125:33</p> <p>pundits [1] - 94:22</p> <p>punitive [1] - 95:10</p> <p>purchased [1] - 122:9</p> <p>purely [1] - 87:41</p> <p>purpose [2] - 85:3, 94:47</p> <p>purposes [7] - 96:35, 96:40, 98:38, 107:40, 133:9, 133:12, 133:19</p> <p>pursuant [1] - 115:25</p> <p>put [9] - 83:10, 102:37, 107:27, 123:16, 125:6, 128:41, 145:16, 154:33</p> <p>puts [1] - 127:40</p> <p>putting [1] - 87:7</p>	<p>quantify [1] - 97:9</p> <p>questionnaire [1] - 103:46</p> <p>questionnaires [2] - 111:11, 111:36</p> <p>questions [21] - 77:25, 89:41, 89:44, 99:10, 99:25, 100:24, 100:26, 100:32, 104:2, 109:5, 111:4, 111:22, 115:4, 129:31, 130:43, 130:45, 135:32, 144:4, 149:14, 157:1, 157:22</p> <p>quick [2] - 79:43, 131:24</p> <p>quickly [3] - 88:39, 88:41, 131:24</p> <p>quiet [2] - 124:40, 124:41</p> <p>quite [20] - 81:16, 97:31, 100:3, 105:13, 105:31, 107:25, 110:40, 112:29, 113:27, 122:45, 123:33, 132:31, 139:22, 150:9, 150:39, 152:27, 153:4, 153:23, 153:42, 155:8</p> <p>quotas [1] - 141:14</p>	<p>ratio [2] - 157:7, 157:9</p> <p>rationality [1] - 94:37</p> <p>rattle [2] - 86:24, 86:26</p> <p>re [3] - 86:10, 138:28, 138:30</p> <p>re-contribute [1] - 86:10</p> <p>re-labelling [2] - 138:28, 138:30</p> <p>reach [6] - 112:17, 112:20, 120:32, 129:26, 132:43, 141:8</p> <p>reached [9] - 93:41, 105:20, 116:30, 116:33, 117:14, 120:13, 122:41, 123:8, 124:17</p> <p>reaching [1] - 120:27</p> <p>ReachOUT [1] - 146:27</p> <p>reacquire [1] - 143:16</p> <p>reacquisition [1] - 143:15</p> <p>reaction [2] - 80:13, 91:34</p> <p>read [5] - 83:9, 83:13, 83:14, 129:15</p> <p>reading [1] - 116:16</p> <p>ready [1] - 126:14</p> <p>real [10] - 93:3, 94:33, 98:5, 98:8, 99:18, 101:20, 113:40, 146:23, 151:29, 151:34</p> <p>realised [2] - 83:16, 122:45</p> <p>reality [2] - 94:39, 132:11</p> <p>really [104] - 82:14, 82:15, 84:39, 85:25, 91:11, 91:19, 92:13, 93:4, 97:1, 98:7, 100:10, 101:45, 102:23, 102:29, 102:38, 103:5, 103:9, 104:5, 104:37, 106:9, 106:24, 108:37, 109:42, 110:37, 111:15, 112:34, 113:11, 113:18, 114:2, 114:28, 116:38, 118:13, 118:37, 119:13, 119:39, 119:42, 119:44, 120:6, 120:15, 120:33, 121:4, 121:40,</p>
			R	
				<p>radar [1] - 135:20</p> <p>raising [1] - 140:42</p> <p>Ramsay [2] - 130:40, 140:17</p> <p>ran [2] - 80:38, 80:39</p> <p>random [2] - 98:26, 103:44</p> <p>randomised [2] - 113:34, 142:28</p> <p>range [17] - 99:13, 100:32, 104:2, 104:6, 123:32, 132:27, 133:2, 133:14, 135:47, 136:2, 138:31, 141:14, 142:16, 148:46, 151:31, 154:5, 154:17</p> <p>rant [1] - 85:47</p> <p>rarely [1] - 103:23</p> <p>rather [3] - 132:3, 134:30, 150:6</p> <p>rating [1] - 144:44</p>
		Q		
				<p>qualifications [2] - 91:13, 149:24</p> <p>quality [2] - 113:34, 126:47</p> <p>quantifies [1] - 152:46</p>

<p>121:43, 122:17, 122:18, 123:38, 123:47, 126:5, 126:8, 126:15, 127:27, 127:34, 128:13, 129:4, 129:9, 129:46, 132:7, 133:13, 134:24, 135:20, 135:25, 136:7, 137:24, 138:14, 139:23, 140:37, 140:39, 140:47, 141:47, 142:15, 142:29, 143:47, 144:36, 145:22, 146:36, 147:2, 147:10, 148:30, 148:43, 149:32, 150:9, 150:25, 152:8, 153:26, 154:11, 155:7, 155:24, 156:4, 156:10, 156:16, 156:18, 156:20, 156:37, 156:39, 156:42, 157:11, 157:19</p> <p>realms [1] - 83:38</p> <p>reason [7] - 82:45, 82:46, 102:6, 109:2, 123:2, 124:11, 151:1</p> <p>reasonable [4] - 97:12, 102:7, 103:22, 152:28</p> <p>reasonably [2] - 100:35, 100:36</p> <p>reasons [1] - 122:23</p> <p>REAVLEY [1] - 96:2</p> <p>Reavley [6] - 77:35, 95:45, 95:47, 96:4, 115:8, 133:8</p> <p>Reavley's [1] - 133:17</p> <p>rebroadcasting [1] - 147:14</p> <p>recalled [1] - 84:27</p> <p>receive [6] - 79:27, 90:3, 92:15, 135:21, 147:27, 148:8</p> <p>received [1] - 131:19</p> <p>receiving [1] - 122:46</p> <p>recent [7] - 98:27, 98:40, 99:7, 99:15, 110:43, 131:10, 142:26</p> <p>recently [3] - 97:2, 110:45, 117:13</p> <p>recipients [1] - 90:2</p> <p>recognise [2] - 90:34, 100:27</p>	<p>recognised [2] - 127:25, 127:26</p> <p>recognising [1] - 100:37</p> <p>recognition [1] - 100:20</p> <p>recommend [1] - 114:11</p> <p>recover [1] - 122:4</p> <p>recruit [1] - 141:2</p> <p>recruited [1] - 122:7</p> <p>reduce [7] - 103:41, 107:9, 138:30, 138:43, 143:36, 143:45, 156:29</p> <p>reduced [3] - 102:18, 102:19, 138:3</p> <p>reducing [1] - 114:8</p> <p>reduction [7] - 131:28, 138:40, 143:11, 143:43, 146:34, 146:35, 146:47</p> <p>reductions [2] - 113:39, 138:46</p> <p>Reeder [2] - 133:21, 133:28</p> <p>Reeder's [2] - 136:24, 137:8</p> <p>refer [1] - 136:25</p> <p>reference [1] - 137:18</p> <p>referenced [1] - 150:1</p> <p>referral [1] - 121:11</p> <p>referred [7] - 92:1, 98:14, 120:16, 120:28, 120:32, 143:20, 149:41</p> <p>reflect [2] - 116:21, 129:17</p> <p>reform [2] - 84:11, 95:37</p> <p>reforms [1] - 84:40</p> <p>refusing [1] - 106:5</p> <p>regard [1] - 111:19</p> <p>regarding [1] - 81:20</p> <p>regimes [2] - 85:30, 92:35</p> <p>registrar [1] - 121:7</p> <p>regular [1] - 132:44</p> <p>regulate [1] - 107:44</p> <p>rehabilitation [1] - 81:41</p> <p>reinforced [1] - 151:5</p> <p>rejected [2] - 90:16, 96:29</p> <p>rejection [1] - 91:36</p> <p>relatable [1] - 139:44</p> <p>relate [2] - 114:23, 144:26</p> <p>related [3] - 95:21, 109:36, 140:25</p>	<p>relation [15] - 77:21, 77:29, 77:33, 77:47, 78:30, 95:27, 99:30, 100:2, 115:22, 135:33, 147:13, 148:31, 155:21, 156:9</p> <p>relationship [1] - 107:6</p> <p>relationships [2] - 107:43, 141:27</p> <p>relatively [6] - 96:46, 101:40, 103:37, 107:25, 122:29, 122:30</p> <p>released [2] - 83:41, 141:34</p> <p>relevant [2] - 113:43, 132:32</p> <p>reliable [1] - 141:16</p> <p>religion [1] - 94:1</p> <p>reluctant [1] - 132:35</p> <p>remain [4] - 79:21, 108:45, 142:36, 156:44</p> <p>remarkable [1] - 77:5</p> <p>remember [15] - 92:28, 94:10, 117:30, 117:31, 118:27, 118:47, 119:1, 119:13, 119:18, 119:19, 121:31, 121:43, 125:36, 129:5, 129:37</p> <p>remind [1] - 115:29</p> <p>reminding [1] - 83:30</p> <p>remitted [1] - 139:8</p> <p>repeat [1] - 114:37</p> <p>replacing [1] - 139:6</p> <p>Report [7] - 98:43, 130:38, 130:44, 140:4, 140:11, 140:12, 141:34</p> <p>report [19] - 83:41, 83:46, 84:10, 84:23, 86:45, 87:1, 87:11, 87:12, 105:16, 105:28, 105:33, 105:36, 134:15, 141:20, 143:17, 149:46, 151:3, 151:26, 152:23</p> <p>reported [3] - 104:21, 105:12, 106:10</p> <p>reporting [8] - 131:29, 142:17, 142:19, 142:31, 142:38, 143:6, 143:8, 147:20</p> <p>reports [4] - 87:9,</p>	<p>106:19, 142:22, 153:1</p> <p>repository [1] - 131:6</p> <p>representative [4] - 83:38, 98:31, 141:15, 153:2</p> <p>represented [2] - 94:33, 147:4</p> <p>reputation [1] - 128:22</p> <p>require [2] - 135:19, 150:25</p> <p>required [1] - 149:24</p> <p>requires [3] - 135:11, 150:27, 150:28</p> <p>requiring [1] - 95:11</p> <p>Research [4] - 77:43, 130:36, 132:27, 140:15</p> <p>research [38] - 96:11, 96:16, 96:20, 96:44, 97:1, 97:7, 97:8, 97:25, 103:24, 103:40, 106:14, 107:4, 108:31, 112:40, 114:41, 122:2, 122:10, 130:37, 130:45, 131:3, 132:15, 132:34, 132:41, 132:43, 133:9, 133:12, 134:11, 138:10, 138:18, 138:42, 139:10, 140:18, 149:46, 151:1, 151:5, 151:12, 152:33</p> <p>researcher [1] - 142:9</p> <p>researchers [3] - 111:32, 112:27, 134:46</p> <p>resources [10] - 128:38, 128:41, 134:20, 135:10, 135:15, 135:19, 135:30, 143:38, 143:47, 148:22</p> <p>resourcing [1] - 135:5</p> <p>respect [3] - 91:37, 91:39, 101:32</p> <p>respected [1] - 156:3</p> <p>respectful [1] - 147:39</p> <p>respite [2] - 118:42, 118:43</p> <p>respond [5] - 143:3, 147:3, 147:24, 147:26, 151:35</p> <p>respondents [3] - 101:30, 101:32, 104:22</p>	<p>responder [1] - 80:11</p> <p>responders [2] - 153:22, 153:28</p> <p>response [5] - 100:32, 107:22, 133:47, 134:1, 153:38</p> <p>responses [7] - 135:47, 139:11, 139:13, 140:1, 142:3, 142:6, 142:32</p> <p>responsibilities [1] - 152:36</p> <p>responsibility [3] - 127:40, 128:16, 150:38</p> <p>responsible [4] - 132:12, 136:7, 146:45, 146:46</p> <p>restraint [1] - 110:39</p> <p>restrict [1] - 134:40</p> <p>restricted [1] - 115:21</p> <p>result [4] - 79:14, 136:26, 136:29, 138:15</p> <p>results [5] - 96:28, 110:32, 141:31, 141:33, 147:37</p> <p>RESUMING [1] - 130:19</p> <p>retention [1] - 81:20</p> <p>Rethink [1] - 110:29</p> <p>retraining [3] - 82:15, 82:18</p> <p>returned [1] - 118:47</p> <p>returning [1] - 155:18</p> <p>reveal [5] - 101:6, 101:14, 101:15, 105:46, 111:32</p> <p>reveals [1] - 99:29</p> <p>reverse [1] - 93:10</p> <p>review [3] - 108:27, 131:10, 138:27</p> <p>reviews [1] - 87:9</p> <p>revolutionary [1] - 91:6</p> <p>rich [1] - 140:39</p> <p>Rights [3] - 83:40, 83:41, 84:1</p> <p>rights [1] - 83:44</p> <p>rigorous [1] - 97:12</p> <p>rigorously [1] - 97:9</p> <p>ring [3] - 122:16, 122:18</p> <p>ringing [1] - 89:9</p> <p>risk [7] - 92:34, 123:1, 123:9, 132:32, 132:46, 132:47</p> <p>role [11] - 89:45, 90:1, 91:3, 91:25, 91:28, 91:30, 106:46,</p>
---	---	---	--	---

<p>138:19, 149:11, 154:13, 155:6 roles [5] - 130:32, 132:44, 154:5, 154:14, 156:28 rolling [2] - 112:7, 131:39 Room [1] - 76:11 room [5] - 81:14, 85:37, 87:45, 115:36, 124:36 roughly [1] - 131:18 round [3] - 80:15, 141:33, 141:35 Royal [6] - 78:15, 83:47, 115:24, 116:2, 146:11 ROYAL [1] - 76:5 rub [1] - 91:44 run [5] - 92:34, 104:11, 110:20, 110:25, 113:26 Russell [1] - 138:25</p>	<p>157:17 scary [5] - 116:32, 121:35, 123:44, 124:13, 125:41 scathing [1] - 86:47 scene [1] - 134:21 Scheme [1] - 131:38 Schizophrenia [2] - 146:39, 146:45 schizophrenia [45] - 77:11, 77:30, 79:29, 99:14, 101:8, 101:10, 101:18, 101:22, 101:29, 101:31, 106:45, 111:23, 111:34, 112:11, 112:30, 112:37, 133:39, 133:41, 133:45, 134:3, 134:12, 134:15, 134:23, 134:28, 134:29, 135:29, 138:28, 138:30, 138:45, 139:3, 139:7, 139:14, 140:24, 142:5, 142:13, 142:18, 142:21, 142:44, 143:10, 146:38, 146:43, 146:47, 147:19, 151:39, 153:44 schizophrenic [3] - 85:38, 94:23, 94:42 School [5] - 77:41, 130:33, 130:39, 138:11, 140:14 school [11] - 77:43, 107:39, 116:9, 117:10, 117:11, 117:14, 117:19, 117:40, 118:1, 120:15 schools [1] - 108:9 Sciences [5] - 77:42, 130:34, 130:40, 138:12, 140:14 scientific [1] - 133:4 scope [1] - 132:43 screen [1] - 97:14 screened [1] - 103:45 search [1] - 125:16 searched [1] - 117:47 second [3] - 86:26, 141:35, 143:16 secondary [1] - 149:21 secondly [1] - 85:24 sector [10] - 84:41, 87:18, 87:19, 89:23,</p>	<p>132:21, 133:5, 146:21, 147:46, 154:18 sectors [2] - 87:27, 154:17 secure [1] - 131:37 securing [1] - 145:18 security [4] - 125:9, 125:12, 152:34, 155:25 see [34] - 80:47, 86:5, 97:27, 100:31, 100:36, 101:27, 102:44, 103:3, 110:7, 112:5, 114:1, 114:38, 117:23, 118:10, 119:1, 119:20, 119:23, 121:7, 126:10, 128:14, 128:20, 137:2, 138:43, 139:47, 145:20, 148:46, 151:45, 154:17, 154:38, 154:39, 154:40, 155:5, 155:22 seeing [4] - 119:16, 119:17, 119:19, 127:13 seek [8] - 90:44, 102:15, 102:40, 118:23, 131:34, 132:36, 143:46, 155:35 seeking [4] - 91:37, 97:32, 97:39, 143:46 seem [6] - 86:33, 92:38, 108:25, 108:40, 153:4, 157:19 self [17] - 95:19, 97:24, 97:36, 119:35, 119:36, 119:38, 133:23, 136:22, 136:23, 136:25, 136:31, 137:1, 137:2, 137:8, 137:18, 149:10, 149:11 self-esteem [1] - 137:2 self-harming [3] - 119:35, 119:36, 119:38 self-help [1] - 95:19 self-stigma [8] - 136:22, 136:23, 136:25, 136:31, 137:8, 137:18, 149:10, 149:11</p>	<p>selves [1] - 156:3 semester [2] - 131:18, 131:39 send [2] - 102:30, 103:10 senior [1] - 125:24 sensationalist [1] - 142:22 sense [10] - 109:39, 118:13, 124:37, 127:29, 150:5, 151:34, 153:12, 153:37, 155:2, 155:46 senses [1] - 147:23 sensitive [1] - 129:8 separate [2] - 121:19, 148:40 separated [1] - 124:34 separately [1] - 96:32 seriously [3] - 124:18, 124:19, 124:26 serve [2] - 135:11, 151:42 service [55] - 80:40, 84:4, 84:11, 84:42, 85:14, 86:24, 87:23, 89:20, 89:21, 89:47, 90:9, 90:10, 90:11, 90:13, 90:16, 90:17, 90:40, 91:1, 91:5, 91:22, 91:38, 92:16, 92:23, 92:28, 92:30, 92:32, 92:37, 92:39, 92:46, 93:1, 95:13, 95:15, 114:33, 126:17, 126:20, 126:26, 126:28, 126:36, 126:38, 127:1, 127:5, 127:34, 129:36, 132:17, 132:21, 132:37, 132:45, 133:2, 133:3, 135:43, 135:44, 143:38, 143:43 Service [3] - 132:23, 132:28, 132:30 services [52] - 83:2, 83:20, 83:24, 85:24, 85:36, 86:8, 86:17, 86:20, 86:31, 86:33, 86:40, 87:5, 87:25, 87:26, 87:33, 88:31, 89:18, 90:2, 90:7, 91:18, 91:31, 91:37, 92:8, 93:3, 95:3, 95:6, 95:9, 95:31, 104:7, 104:14, 105:41, 114:19,</p>	<p>114:20, 119:2, 123:7, 132:18, 132:23, 132:27, 132:32, 132:41, 132:42, 132:47, 143:37, 143:38, 144:18, 144:19, 149:1, 153:43, 153:44, 154:20 Services [2] - 132:26, 132:29 servicing [1] - 143:28 session [2] - 118:27, 131:22 sessions [8] - 83:46, 128:31, 128:32, 128:34, 128:35, 128:36, 128:41, 128:44 set [4] - 82:40, 110:27, 119:29, 134:20 several [2] - 79:11, 113:35 severe [31] - 78:1, 102:47, 103:14, 108:28, 108:30, 111:9, 111:16, 111:37, 133:42, 135:18, 135:19, 140:21, 140:22, 140:23, 140:41, 141:3, 146:24, 147:11, 149:15, 149:19, 151:37, 151:42, 152:26, 153:33, 154:3, 154:7, 154:12, 154:15, 154:25, 154:29 severity [2] - 122:25, 144:44 sexual [1] - 93:47 sexually [1] - 79:45 shame [6] - 96:28, 117:3, 117:31, 118:12, 127:8, 127:26 shameful [1] - 95:7 shape [1] - 148:37 share [9] - 77:10, 77:17, 117:2, 123:27, 124:18, 126:24, 154:21, 155:12, 156:17 sharers [1] - 86:12 shattered [2] - 81:26, 94:45 sheer [2] - 88:12, 88:20 shelved [1] - 87:1</p>
S				
<p>safe [4] - 116:14, 120:24, 128:18, 156:18 safety [4] - 124:15, 125:19, 125:29, 126:4 sake [1] - 139:21 sale [1] - 94:20 sample [5] - 97:11, 98:29, 98:31, 141:2, 141:15 sampling [3] - 103:45, 141:7, 141:12 SANE [16] - 77:46, 130:38, 131:4, 131:21, 132:4, 140:13, 140:15, 143:2, 146:22, 146:32, 146:33, 146:35, 146:45, 147:47, 148:10, 156:33 saneist [1] - 144:14 sat [1] - 81:25 satisfy [1] - 100:28 saw [5] - 80:47, 86:4, 92:41, 112:1, 120:16 SC [1] - 76:34 scale [6] - 108:8, 108:11, 108:12, 132:17, 151:45, 152:47 Scandinavian [1] -</p>				

<p>shift [2] - 102:10, 111:33</p> <p>shifted [3] - 111:24, 111:26, 143:34</p> <p>shifting [2] - 111:38, 111:41</p> <p>shock [1] - 126:2</p> <p>shocked [1] - 81:26</p> <p>shocking [1] - 95:7</p> <p>short [6] - 78:39, 94:17, 108:36, 113:19, 117:21, 145:42</p> <p>SHORT [2] - 115:19, 145:47</p> <p>short-term [1] - 113:19</p> <p>shortly [2] - 79:5, 131:39</p> <p>shot [1] - 112:30</p> <p>show [3] - 110:42, 113:38, 113:39</p> <p>showed [2] - 111:41, 112:40</p> <p>shower [1] - 142:42</p> <p>shown [2] - 110:43, 130:2</p> <p>shows [1] - 108:31</p> <p>shut [1] - 95:34</p> <p>sick [5] - 90:16, 93:17, 93:34, 129:36</p> <p>side [3] - 89:29, 107:43, 129:44</p> <p>sign [2] - 98:1, 125:39</p> <p>significant [7] - 77:27, 81:36, 91:28, 104:43, 109:6, 110:7, 110:31</p> <p>significantly [1] - 143:34</p> <p>signs [2] - 77:31, 136:44</p> <p>silly [1] - 117:33</p> <p>similar [10] - 98:36, 103:43, 105:31, 109:28, 109:29, 113:20, 133:17, 137:7, 148:19</p> <p>simple [2] - 89:4, 139:23</p> <p>simply [2] - 106:8, 150:32</p> <p>single [4] - 79:32, 81:27, 82:38, 87:43</p> <p>sister [1] - 116:11</p> <p>sit [3] - 86:9, 115:44, 126:23</p> <p>Sit [1] - 81:24</p> <p>sitting [4] - 86:14, 87:44, 119:10,</p>	<p>135:27</p> <p>situation [6] - 89:34, 106:7, 113:2, 121:29, 148:24, 150:45</p> <p>situations [4] - 79:47, 104:8, 104:16, 152:37</p> <p>sizes [1] - 108:34</p> <p>skill [1] - 91:13</p> <p>skills [1] - 83:35</p> <p>skipped [1] - 137:25</p> <p>skitzo [1] - 94:42</p> <p>sleep [2] - 81:14, 82:17</p> <p>sleeping [1] - 82:16</p> <p>slightly [1] - 108:39</p> <p>slow [1] - 109:19</p> <p>slowly [1] - 127:21</p> <p>small [15] - 81:44, 99:32, 101:40, 101:44, 106:10, 108:8, 108:26, 108:32, 108:33, 108:35, 108:36, 112:17, 112:20, 112:23, 114:43</p> <p>small-scale [1] - 108:8</p> <p>small-to-medium [4] - 108:26, 108:32, 108:33, 108:35</p> <p>smaller [1] - 108:11</p> <p>smattering [1] - 142:26</p> <p>smell [1] - 92:18</p> <p>snap [4] - 98:6, 99:18, 102:19, 139:47</p> <p>social [23] - 92:36, 93:5, 94:6, 96:30, 98:15, 99:15, 99:25, 99:33, 101:21, 109:13, 109:27, 111:5, 113:41, 114:27, 114:33, 114:40, 114:42, 114:45, 134:2, 137:45, 139:31, 140:1, 142:33</p> <p>socialising [1] - 99:26</p> <p>socially [2] - 98:11, 132:12</p> <p>societal [2] - 134:37, 148:21</p> <p>society [7] - 77:26, 77:28, 86:10, 88:15, 97:39, 134:38, 136:42</p> <p>socks [1] - 90:22</p> <p>soft [1] - 93:40</p> <p>solely [1] - 87:41</p>	<p>someone [50] - 86:14, 91:11, 91:12, 91:14, 96:29, 99:21, 99:26, 100:9, 106:20, 106:22, 106:26, 106:29, 106:33, 106:36, 106:46, 107:6, 107:12, 112:30, 112:31, 112:37, 113:9, 113:12, 113:19, 113:22, 114:1, 118:21, 118:23, 121:1, 121:15, 121:45, 122:16, 123:8, 123:13, 126:47, 127:29, 132:3, 148:3, 148:43, 149:28, 149:31, 149:35, 149:37, 150:6, 150:27, 151:14, 152:17, 152:19, 154:28, 155:3, 155:4</p> <p>something's [1] - 101:20</p> <p>sometimes [15] - 87:38, 88:38, 93:18, 97:27, 98:14, 107:14, 108:10, 108:25, 108:38, 147:37, 147:39, 149:35, 150:24, 150:31, 150:34</p> <p>somewhat [2] - 98:45, 126:3</p> <p>somewhere [1] - 124:41</p> <p>son [5] - 123:39, 123:41, 124:7, 124:15, 129:18</p> <p>sorry [7] - 86:33, 100:5, 100:16, 114:40, 134:47, 139:37, 141:30</p> <p>sort [13] - 84:22, 92:3, 111:10, 111:12, 112:11, 137:25, 143:13, 143:42, 151:45, 152:21, 153:17, 153:23, 153:37</p> <p>sorts [7] - 89:16, 92:16, 99:10, 107:33, 108:14, 123:44, 124:6</p> <p>sought [1] - 129:34</p> <p>soul [1] - 85:22</p> <p>sounds [1] - 126:31</p> <p>soured [1] - 91:36</p>	<p>South [1] - 83:6</p> <p>space [6] - 120:24, 124:34, 151:12, 151:18, 151:30, 154:24</p> <p>spaces [1] - 141:27</p> <p>spastic [1] - 94:9</p> <p>spaz [1] - 94:9</p> <p>speaking [3] - 84:2, 95:9, 135:41</p> <p>specialist [1] - 145:29</p> <p>specifically [6] - 112:8, 112:10, 114:3, 132:18, 140:22, 156:9</p> <p>spectrum [1] - 140:24</p> <p>speech [2] - 87:9, 139:38</p> <p>spend [3] - 87:34, 117:36, 119:9</p> <p>spent [1] - 117:40</p> <p>spirit [1] - 85:21</p> <p>spoken [3] - 91:43, 149:45, 150:35</p> <p>sponsor [1] - 109:39</p> <p>sponsorship [2] - 109:36, 109:38</p> <p>sporting [5] - 109:15, 109:32, 109:33, 109:36, 109:44</p> <p>spouse [1] - 104:13</p> <p>spray [2] - 118:3, 118:5</p> <p>spray-on [2] - 118:3, 118:5</p> <p>spread [1] - 113:30</p> <p>staff [12] - 79:40, 80:3, 80:4, 80:18, 80:22, 80:23, 80:41, 81:14, 92:30, 117:32, 118:8, 144:19</p> <p>stage [3] - 90:45, 93:41, 124:47</p> <p>stand [1] - 127:41</p> <p>standard [2] - 123:30, 141:11</p> <p>start [10] - 82:28, 84:9, 85:36, 87:3, 87:5, 87:16, 109:21, 132:22, 133:26, 140:5</p> <p>started [11] - 81:46, 83:15, 84:14, 104:12, 116:20, 119:36, 120:21, 137:13, 140:5, 140:7, 146:38</p> <p>starting [2] - 83:5, 154:41</p> <p>starts [1] - 136:43</p>	<p>Starving [1] - 142:2</p> <p>state [6] - 89:33, 93:4, 93:5, 100:15, 132:42, 141:4</p> <p>state-based [1] - 132:42</p> <p>statement [20] - 78:15, 78:19, 85:32, 86:19, 87:21, 88:10, 96:5, 114:5, 116:3, 116:7, 129:14, 129:16, 129:21, 146:11, 146:14, 146:17, 147:42, 147:44, 150:1</p> <p>statement.[WIT.0001 .0022.0001 [1] - 96:9</p> <p>statements [1] - 97:12</p> <p>States [1] - 142:4</p> <p>stating [1] - 84:29</p> <p>Statistical [1] - 100:29</p> <p>status [1] - 100:1</p> <p>stay [8] - 79:32, 82:32, 122:27, 126:16, 126:21, 126:44, 128:3</p> <p>stayed [1] - 82:25</p> <p>stays [1] - 92:47</p> <p>stem [1] - 142:41</p> <p>step [2] - 132:37, 145:30</p> <p>steps [1] - 156:7</p> <p>stereotype [4] - 133:38, 134:8, 142:13</p> <p>stereotyped [3] - 133:31, 133:45, 138:46</p> <p>stereotypes [6] - 86:17, 106:34, 106:43, 108:5, 147:18, 147:22</p> <p>stereotypical [1] - 106:47</p> <p>stewing [1] - 93:30</p> <p>stiff [1] - 148:35</p> <p>stigma [137] - 77:4, 77:6, 77:18, 77:20, 77:26, 77:27, 77:33, 77:47, 93:34, 93:36, 93:39, 95:2, 96:5, 96:17, 96:25, 96:27, 97:24, 97:25, 97:27, 97:29, 97:36, 97:43, 99:11, 100:24, 101:23, 102:37, 106:15, 107:4, 107:9, 109:12, 113:4, 113:13, 113:33, 114:8,</p>
--	--	--	---	---

<p>114:25, 114:42, 128:5, 131:28, 132:35, 133:7, 133:12, 133:14, 133:18, 133:22, 133:23, 133:26, 133:27, 133:28, 133:35, 133:37, 134:33, 134:34, 134:35, 134:36, 134:44, 134:46, 134:47, 135:1, 135:24, 135:33, 136:21, 136:22, 136:23, 136:25, 136:31, 136:41, 137:5, 137:7, 137:8, 137:10, 137:14, 137:15, 137:16, 137:18, 137:26, 137:31, 137:40, 137:41, 137:43, 137:44, 138:2, 138:16, 138:20, 138:23, 138:31, 138:40, 138:43, 139:18, 139:19, 139:22, 139:26, 140:32, 141:7, 141:36, 141:39, 141:44, 141:45, 142:9, 143:10, 143:11, 143:21, 143:36, 143:42, 143:45, 144:8, 144:10, 144:12, 144:18, 144:33, 145:12, 146:34, 146:35, 146:47, 147:10, 148:15, 148:16, 148:18, 149:10, 149:11, 150:15, 150:19, 151:18, 152:9, 152:12, 153:7, 153:10, 153:13, 154:11, 155:20, 156:8</p> <p>Stigma [12] - 77:43, 98:20, 98:43, 130:36, 130:37, 130:44, 138:11, 140:4, 140:10, 140:12, 141:34, 157:12</p> <p>stigma [1] - 94:3</p> <p>stigma-free [1] - 128:5</p> <p>stigmatise [2] - 136:43, 144:23</p> <p>stigmatised [8] -</p>	<p>135:39, 135:46, 136:12, 139:42, 142:43, 143:22, 148:24, 154:37</p> <p>stigmatising [13] - 77:29, 96:36, 101:7, 101:9, 106:25, 106:37, 107:9, 111:18, 113:39, 114:44, 138:34, 142:36, 150:9</p> <p>StigmaWatch [3] - 143:2, 147:1, 147:13</p> <p>still [13] - 79:29, 80:27, 82:38, 88:30, 91:42, 91:44, 91:45, 122:29, 127:42, 128:10, 136:21, 153:45</p> <p>stinker [1] - 92:24</p> <p>stop [2] - 107:17, 119:17</p> <p>stopped [2] - 112:47, 128:32</p> <p>stories [8] - 127:32, 129:20, 131:45, 147:7, 148:4, 154:22, 154:23, 156:17</p> <p>story [5] - 80:35, 107:24, 118:41, 126:24, 146:42</p> <p>story's [1] - 114:24</p> <p>Strait [2] - 101:43, 141:38</p> <p>strategies [4] - 86:46, 119:29, 123:16, 141:12</p> <p>Strategy [1] - 84:13</p> <p>strategy [2] - 87:23, 141:8</p> <p>stream [1] - 115:30</p> <p>streams [1] - 132:3</p> <p>Street [1] - 76:12</p> <p>street [1] - 91:12</p> <p>streets [1] - 92:43</p> <p>strengths [1] - 126:45</p> <p>stress [2] - 85:6, 153:36</p> <p>stressed [1] - 93:15</p> <p>stressful [4] - 120:9, 122:45, 123:43, 124:9</p> <p>stressors [1] - 156:29</p> <p>strokes [1] - 135:41</p> <p>strong [1] - 106:41</p> <p>strongly [1] - 151:41</p> <p>structural [28] - 77:47, 78:3, 78:5, 78:6, 133:22, 134:35,</p>	<p>134:36, 134:44, 134:47, 135:6, 135:24, 135:33, 136:6, 136:27, 148:16, 148:17, 148:18, 148:19, 148:27, 149:16, 150:12, 150:15, 150:19, 152:3, 152:44, 155:18, 155:20, 156:8</p> <p>structurally [1] - 77:26</p> <p>struggle [2] - 88:46</p> <p>struggles [1] - 127:12</p> <p>struggling [2] - 127:43, 129:20</p> <p>stuck [1] - 117:34</p> <p>students [10] - 108:10, 110:10, 131:17, 131:26, 131:29, 131:34, 131:40, 131:45, 132:6, 142:27</p> <p>studied [1] - 78:42</p> <p>studies [7] - 77:27, 96:32, 107:19, 107:22, 113:34, 113:38, 142:26</p> <p>study [5] - 77:22, 96:41, 97:11, 138:12, 142:1</p> <p>studying [1] - 120:8</p> <p>stuff [2] - 82:14, 94:26</p> <p>subconscious [1] - 137:27</p> <p>subject [1] - 77:22</p> <p>submission [1] - 157:4</p> <p>subsequent [1] - 98:24</p> <p>subsequently [1] - 132:26</p> <p>subtle [1] - 137:46</p> <p>subtypes [1] - 139:12</p> <p>successful [3] - 122:29, 122:30, 127:11</p> <p>suffering [1] - 124:33</p> <p>sugar [2] - 125:35, 125:37</p> <p>suggest [2] - 135:1, 153:5</p> <p>suggested [2] - 124:46, 142:13</p> <p>suicide [2] - 147:4, 147:35</p> <p>Suicide [3] - 132:23, 132:28</p> <p>suit [1] - 90:9</p> <p>suitable [2] - 122:11,</p>	<p>150:17</p> <p>sum [1] - 80:2</p> <p>summary [1] - 102:9</p> <p>summation [1] - 94:35</p> <p>superannuation [1] - 152:38</p> <p>support [34] - 84:20, 85:28, 88:31, 89:30, 91:14, 91:31, 95:13, 120:13, 120:47, 122:41, 122:43, 123:3, 123:17, 126:40, 127:28, 130:40, 136:7, 140:17, 140:43, 141:6, 141:9, 141:17, 143:21, 143:27, 148:11, 151:1, 152:22, 152:24, 153:27, 155:29, 155:30, 155:35, 156:13, 157:18</p> <p>supported [4] - 155:13, 156:18, 156:23, 156:44</p> <p>supporters [4] - 148:13, 152:10, 152:34, 152:42</p> <p>supporting [5] - 85:4, 126:11, 137:9, 155:47, 156:43</p> <p>supportive [5] - 92:25, 95:31, 118:12, 120:16, 123:33</p> <p>supports [4] - 145:19, 150:25, 150:31, 156:23</p> <p>suppose [4] - 92:3, 137:17, 140:29, 141:46</p> <p>supposed [2] - 81:28, 82:19</p> <p>supposedly [1] - 83:13</p> <p>supposition [1] - 144:22</p> <p>surname [2] - 115:26, 115:31</p> <p>surprisingly [1] - 101:9</p> <p>surrounding [1] - 138:29</p> <p>survey [43] - 79:43, 98:20, 98:24, 98:40, 99:5, 99:29, 100:15, 100:25, 100:26, 101:6, 101:13, 101:27, 101:36, 101:44, 102:2,</p>	<p>103:34, 103:43, 103:45, 104:4, 104:20, 104:21, 105:27, 105:33, 105:46, 106:3, 106:16, 110:23, 110:34, 111:22, 111:29, 111:32, 111:41, 112:15, 112:29, 112:43, 114:35, 114:36, 114:37, 140:32, 140:46, 141:36, 145:10</p> <p>Survey [2] - 98:19, 103:26</p> <p>surveyed [1] - 150:1</p> <p>surveys [8] - 98:25, 98:34, 98:39, 101:38, 110:36, 112:18, 112:19, 151:46</p> <p>surviving [2] - 85:19, 85:20</p> <p>Susan [1] - 138:25</p> <p>suspect [3] - 79:12, 79:29, 109:2</p> <p>sustain [2] - 108:41, 109:1</p> <p>sustained [1] - 108:38</p> <p>sustenance [2] - 85:21</p> <p>Swanston [1] - 76:12</p> <p>sweeping [1] - 86:19</p> <p>sword [1] - 144:38</p> <p>sworn [1] - 78:12</p> <p>Sydney [4] - 78:41, 79:19, 80:30, 81:1</p> <p>symptom [2] - 103:46, 139:12</p> <p>symptomatology [1] - 137:3</p> <p>symptoms [10] - 90:34, 104:1, 105:29, 122:26, 139:9, 139:12, 139:19, 139:28, 139:34, 144:44</p> <p>SYSTEM [1] - 76:5</p> <p>system [30] - 80:15, 82:42, 92:4, 105:34, 105:47, 114:14, 116:4, 120:1, 121:9, 121:10, 122:15, 123:10, 128:21, 129:3, 129:23, 134:20, 135:5, 135:8, 135:11, 135:13, 135:15, 135:30, 135:34,</p>
---	---	---	---	---

<p>135:35, 135:39, 135:40, 141:18, 141:27, 144:35 systematic [3] - 108:27, 134:26, 142:20 systems [7] - 79:17, 91:29, 91:34, 140:20, 141:28, 148:42</p> <p style="text-align: center;">T</p> <p>table [4] - 84:31, 135:27, 137:19, 155:41 TAFE [1] - 80:31 tailored [1] - 110:10 tailoring [1] - 114:17 talks [2] - 132:4, 135:13 tapping [1] - 142:16 target [2] - 110:47, 141:1 targeted [5] - 83:21, 112:8, 112:9, 112:10, 141:17 targeting [1] - 135:15 taxi [1] - 92:45 taxonomies [1] - 133:14 taxonomy [3] - 133:20, 136:24, 137:8 tea [1] - 90:27 teacher [1] - 78:45 Teachers [1] - 78:42 teaching [3] - 118:2, 130:36, 131:3 team [3] - 94:21, 116:3, 147:31 Team [3] - 124:21, 124:25, 124:26 tease [1] - 105:24 techniques [1] - 88:40 teenager [1] - 129:18 telephone [7] - 98:25, 98:26, 103:44, 132:18, 132:20, 132:36, 132:41 television [2] - 109:21, 109:27 ten [5] - 128:31, 128:32, 128:34, 128:35 Ten [1] - 88:42 tend [13] - 98:29, 100:47, 101:2, 101:10, 101:13,</p>	<p>101:20, 101:23, 102:47, 107:10, 144:29, 152:37, 153:14, 153:15 tended [1] - 104:46 tender [4] - 78:19, 96:9, 116:7, 146:17 tends [1] - 101:3 tenet [1] - 137:34 tenuous [1] - 137:29 Teresa [10] - 77:16, 115:39, 115:40, 115:44, 116:7, 121:40, 123:47, 129:13, 129:30, 129:34 TERESA [1] - 115:42 term [16] - 80:36, 94:9, 94:16, 97:25, 102:46, 108:36, 108:39, 108:42, 108:46, 111:35, 111:36, 113:19, 114:9, 126:41, 133:9, 151:31 terminology [3] - 95:23, 95:25, 95:30 terms [28] - 94:29, 95:21, 96:34, 99:11, 106:32, 107:3, 108:8, 131:25, 131:26, 131:28, 132:43, 134:2, 134:27, 135:20, 135:27, 138:2, 138:44, 139:17, 140:40, 140:41, 142:24, 143:6, 143:28, 144:43, 145:23, 153:10, 155:46, 156:27 terrified [1] - 127:13 terrifying [1] - 123:44 Tessie [1] - 88:42 test [3] - 85:43, 113:7, 125:35 testifying [1] - 145:28 testimonies [1] - 107:24 testing [2] - 119:38, 127:21 tests [1] - 90:21 textbooks [1] - 122:10 THE [7] - 93:30, 95:42, 115:12, 130:10, 145:40, 157:30, 157:35 theme [2] - 132:34, 133:16 themes [1] - 132:45</p>	<p>themselves [8] - 97:26, 105:22, 126:37, 131:36, 149:9, 152:36, 155:29, 155:35 theory [2] - 131:35, 142:16 therapeutic [2] - 127:2, 136:16 therapeutically [1] - 143:29 therapy [5] - 86:15, 100:42, 118:27, 126:47, 128:41 therefore [5] - 97:20, 102:26, 103:3, 111:15, 143:35 they've [4] - 89:26, 149:22, 150:39, 150:40 thinking [10] - 84:33, 93:45, 102:13, 103:12, 103:19, 106:46, 116:39, 121:36, 129:7, 144:17 Thornicroft [1] - 145:26 thoughtful [1] - 86:21 thoughts [9] - 93:46, 94:39, 116:30, 116:31, 120:6, 123:44, 124:6, 124:12, 137:36 thread [4] - 91:42, 91:43, 108:14, 108:17 three [3] - 81:16, 137:14, 157:5 thrive [4] - 148:44, 149:32, 152:29, 156:13 thriving [1] - 85:19 throughout [1] - 131:47 THURSDAY [1] - 157:36 tied [2] - 87:30, 87:41 ties [1] - 144:34 TO [1] - 157:35 today [22] - 77:9, 82:39, 89:1, 90:20, 93:28, 96:35, 99:2, 106:28, 121:22, 126:46, 132:33, 134:19, 135:4, 145:5, 146:4, 147:17, 147:45, 148:15, 148:20, 149:10, 157:15,</p>	<p>157:33 today's [2] - 93:36, 133:19 toes [1] - 145:30 together [3] - 131:24, 152:21, 157:13 tomorrow [1] - 89:1 tone [1] - 95:10 Tonne [1] - 88:42 took [7] - 117:22, 117:30, 118:4, 124:17, 124:19, 124:26, 125:27 top [2] - 91:45, 109:3 topic [1] - 145:28 Torres [2] - 101:43, 141:38 touch [1] - 141:45 touched [2] - 141:43, 144:7 touchstone [1] - 137:17 tough [1] - 153:16 tour [1] - 131:19 towards [13] - 78:4, 80:29, 96:45, 111:23, 111:34, 133:33, 136:13, 142:20, 146:47, 149:7, 149:28, 150:2, 150:10 town [3] - 116:8, 119:2 Town [2] - 76:11, 88:2 toxic [2] - 91:43, 91:44 track [3] - 88:41, 88:43, 90:37 tracking [1] - 156:25 trained [5] - 88:7, 90:32, 90:34, 91:10, 113:29 trainer [1] - 88:1 training [4] - 82:10, 113:20, 154:47, 156:21 trajectory [1] - 84:20 tranquilliser [1] - 93:16 tranquillisers [3] - 81:9, 82:31, 82:32 transition [1] - 126:18 translates [1] - 132:10 trauma [1] - 155:45 traumatic [2] - 153:36, 153:42 travelled [1] - 92:9 treat [3] - 91:19, 91:23, 144:36 treated [11] - 91:45, 95:5, 104:26, 104:30, 104:35,</p>	<p>104:36, 104:45, 105:37, 118:18, 118:20, 118:21 treating [3] - 91:19, 128:24, 129:6 treatment [9] - 83:2, 95:28, 104:5, 104:22, 105:33, 118:45, 121:11, 141:6, 141:8 Treatment [1] - 103:27 treatments [2] - 100:33, 100:39 trend [1] - 104:43 trends [5] - 77:28, 99:30, 141:44, 141:45, 142:11 trialed [1] - 133:3 trialled [2] - 113:25, 131:17 trials [1] - 113:35 tribunal [1] - 95:20 tried [5] - 79:15, 79:16, 120:1, 121:23, 136:35 trigger [1] - 136:18 trivialisng [1] - 94:44 trouble [5] - 81:18, 85:36, 86:26, 90:32, 91:17 true [1] - 146:14 trust [1] - 129:10 try [12] - 83:11, 83:26, 86:1, 90:30, 113:7, 117:9, 119:23, 120:44, 122:2, 122:10, 122:42, 136:37 trying [3] - 107:21, 119:37, 120:40 turn [10] - 80:14, 81:11, 85:25, 109:5, 126:30, 132:9, 133:7, 133:25, 139:47, 140:4 turned [3] - 90:19, 90:22, 126:30 turning [1] - 83:42 TV [4] - 109:14, 114:1, 142:30 twenty [1] - 94:8 two [16] - 77:9, 94:23, 94:42, 96:41, 98:34, 108:21, 113:20, 113:46, 114:1, 114:3, 117:22, 117:41, 125:9, 134:43, 144:15, 151:11 two-day [2] - 113:46,</p>
---	--	---	---	--

<p>114:3 type [12] - 84:42, 91:4, 91:9, 92:23, 101:16, 103:24, 105:7, 109:3, 123:1, 142:28, 144:28, 153:19 types [9] - 95:14, 101:25, 102:29, 139:41, 141:11, 147:19, 151:46, 153:13, 153:34</p>	<p>131:11 unpaid [2] - 150:29, 152:30 unpredictability [2] - 101:28, 151:6 unpredictable [4] - 97:45, 99:20, 133:46, 150:8 unreliability [1] - 151:7 unreliable [1] - 150:8 unwell [1] - 144:45 unwilling [1] - 149:31 unwillingness [1] - 98:11 unwittingly [2] - 102:30, 102:35 up [76] - 78:41, 80:2, 80:42, 81:11, 81:13, 81:21, 81:22, 82:8, 83:5, 83:45, 86:9, 87:11, 87:30, 87:41, 87:44, 88:34, 89:4, 89:9, 89:10, 89:26, 90:19, 90:22, 90:36, 91:12, 92:33, 92:41, 92:45, 93:15, 93:19, 93:37, 95:34, 100:7, 100:10, 100:38, 101:40, 109:3, 110:27, 112:29, 113:28, 116:8, 117:28, 118:14, 118:45, 120:44, 121:28, 121:32, 121:35, 121:44, 122:6, 122:7, 122:16, 122:18, 124:6, 124:7, 124:28, 125:19, 126:30, 127:11, 127:41, 129:19, 131:39, 133:39, 135:28, 136:42, 142:10, 143:45, 144:21, 149:24, 153:17, 154:24, 154:33, 156:38 upbringing [2] - 116:10, 116:24 updated [1] - 98:42 UPON [1] - 130:19 upper [1] - 148:35 useful [3] - 107:35, 133:20, 141:13 utilising [1] - 79:16 utility [1] - 144:35</p>	<p>V</p> <p>vacillates [2] - 144:46, 144:47 valid [1] - 141:16 value [1] - 126:10 valued [5] - 84:14, 131:13, 150:26, 156:2, 156:44 valuing [1] - 132:7 variations [1] - 133:16 varies [1] - 101:15 variety [2] - 153:6, 155:23 various [4] - 109:14, 135:36, 153:17, 154:14 vary [1] - 144:29 vast [1] - 135:17 vengeance [1] - 93:39 verbal [1] - 94:6 Veterans [1] - 132:30 via [2] - 132:2, 134:38 vicariously [1] - 137:10 victim [1] - 134:31 victims [2] - 134:13, 134:15 Victoria [8] - 76:13, 81:4, 102:5, 132:29, 141:4, 152:45, 153:3, 153:5 VICTORIA'S [1] - 76:5 video [3] - 107:14, 107:24 videos [2] - 132:2, 132:3 Vietnam [1] - 132:30 view [5] - 87:43, 90:8, 97:33, 111:17, 148:37 viewpoint [1] - 110:23 views [7] - 86:35, 89:45, 101:17, 106:17, 147:44, 148:33, 151:4 vignette [1] - 100:28 vilification [1] - 94:6 vilifying [1] - 94:44 violence [11] - 80:11, 133:39, 134:13, 134:14, 134:18, 134:21, 134:23, 134:28, 142:32, 143:6, 147:23 violent [7] - 80:12, 82:33, 82:39, 133:46, 142:14, 142:17, 142:21</p>	<p>vision [3] - 82:28, 82:47, 83:1 visited [1] - 92:29 voice [6] - 77:6, 93:35, 118:24, 129:26, 129:27, 131:13 Voices [3] - 130:47, 131:2, 131:16 voices [1] - 84:14 volition [1] - 139:41 voluntary [1] - 125:2 volunteering [1] - 85:4 vote [1] - 99:23 vulnerable [3] - 121:2, 122:18, 129:6</p> <p style="text-align: center;">W</p> <p>wake [1] - 81:21 Wales [1] - 83:6 walk [2] - 81:12, 125:9 walking [1] - 85:34 walks [2] - 77:5, 154:4 walls [1] - 86:40 wants [2] - 89:15, 127:44 ward [8] - 82:17, 121:7, 121:14, 121:32, 125:4, 125:9, 125:15, 128:12 wards [1] - 82:6 warned [1] - 125:16 WAS [1] - 157:35 washing [1] - 82:12 waste [1] - 114:35 watch [3] - 80:39, 80:40, 80:42 watching [1] - 115:29 ways [10] - 91:1, 102:32, 102:39, 118:1, 135:36, 139:4, 139:23, 149:18, 150:34, 155:24 weakness [2] - 98:2, 99:37 wealth [1] - 92:10 weapon [2] - 83:16, 83:17 weaponry [1] - 83:22 weapons [1] - 83:19 wear [1] - 94:29 weasel [1] - 93:42 web [1] - 148:8 Wednesday [1] - 76:18 week [2] - 82:47,</p>	<p>125:23 weekly [1] - 128:41 weeks [2] - 85:43, 117:41 weighed [1] - 138:29 welcomed [1] - 92:22 welcoming [1] - 92:15 well-established [2] - 113:13, 135:42 wellbeing [8] - 84:47, 148:23, 150:30, 153:32, 155:36, 156:24, 156:31, 156:40 wheelchair [2] - 125:6, 125:7 whereas [2] - 101:31, 106:33 whereby [1] - 88:41 WHO [1] - 96:27 who'd [2] - 79:43, 84:4 whole [16] - 84:20, 91:19, 92:26, 92:36, 93:6, 106:32, 108:6, 114:14, 117:22, 119:29, 124:18, 148:46, 154:5, 154:17, 155:23, 156:3 whole-life [1] - 84:20 whole-of-population [1] - 108:6 whole-of-system [1] - 114:14 wide [2] - 98:21, 102:1 widely [1] - 92:9 wider [2] - 83:38 widespread [1] - 113:27 wildly [1] - 139:13 willing [8] - 99:23, 100:5, 100:7, 102:39, 102:40, 111:6, 131:34, 149:31 willingness [2] - 98:13, 99:47 willpower [2] - 88:13, 88:20 wisdom [1] - 89:36 WIT.0001.0007.0001 [1] - 146:17 WIT.0001.0009.0001 [1] - 116:7 WIT.0001.0015.0001 [1] - 78:19 withdrawal [1] - 136:34 withdrawn [1] - 147:40</p>
<p style="text-align: center;">U</p> <p>UK [3] - 109:7, 110:28, 157:14 ultimate [1] - 140:20 ultimately [2] - 125:43, 138:14 umbrella [1] - 151:30 unable [2] - 149:22, 155:30 unapologetically [1] - 93:43 uncertain [1] - 116:23 uncertainty [1] - 85:6 uncomfortable [1] - 116:22 under [5] - 87:35, 93:21, 98:29, 115:34, 119:6 under-sample [1] - 98:29 undergraduate [2] - 130:35, 131:10 underpins [1] - 95:26 understood [3] - 77:26, 94:16, 126:8 undertake [1] - 145:11 undertaken [2] - 96:16, 138:19 unemployed [1] - 157:5 uni [1] - 101:24 uni-dimensional [1] - 101:24 unintended [1] - 103:6 unintentional [6] - 134:43, 134:47, 135:6, 135:23, 135:26 unit [1] - 82:18 Unit [3] - 77:36, 92:21, 96:12 United [1] - 142:4 university [1] - 119:45 University [4] - 77:37, 96:13, 130:34,</p>				

<p>WITHDREW [5] - 95:42, 115:12, 130:10, 145:40, 157:30</p> <p>witness [13] - 78:9, 95:44, 115:22, 115:26, 115:32, 115:37, 115:39, 130:5, 130:21, 145:35, 145:43, 146:4, 157:26</p> <p>WITNESS [6] - 93:30, 95:42, 115:12, 130:10, 145:40, 157:30</p> <p>witnesses [1] - 77:3</p> <p>wonder [1] - 91:47</p> <p>wonderful [5] - 79:40, 80:3, 89:5, 117:4, 138:27</p> <p>wondering [1] - 144:11</p> <p>word [3] - 93:39, 93:42, 94:3</p> <p>words [5] - 80:11, 94:33, 95:19, 128:9, 129:37</p> <p>work's [1] - 138:21</p> <p>workers [2] - 87:28, 136:1</p> <p>workforce [11] - 92:12, 132:10, 148:33, 150:17, 152:14, 152:21, 152:24, 156:4, 156:42, 156:45, 157:18</p> <p>workforces [2] - 155:36, 155:41</p> <p>workplace [21] - 81:13, 104:7, 104:13, 149:14, 149:17, 149:33, 150:13, 150:16, 150:22, 151:23, 152:3, 152:30, 152:45, 153:7, 153:31, 153:38, 155:19, 155:21, 155:46, 156:8, 156:14</p> <p>Workplace [1] - 156:34</p> <p>workplaces [6] - 153:10, 153:13, 153:34, 156:2, 156:21, 156:38</p> <p>works [3] - 129:23, 142:38, 142:43</p> <p>workshop [1] - 84:22</p>	<p>world [7] - 80:47, 103:31, 104:3, 114:28, 125:23, 129:19, 138:23</p> <p>World [3] - 96:24, 96:27, 112:5</p> <p>world's [1] - 134:46</p> <p>world-first [1] - 104:3</p> <p>worried [1] - 126:15</p> <p>worse [4] - 113:2, 124:22, 142:14, 142:15</p> <p>worsening [1] - 133:41</p> <p>worth [2] - 116:31, 129:45</p> <p>worthwhile [4] - 117:17, 123:6, 127:42, 129:22</p> <p>WPA's [1] - 112:10</p> <p>write [2] - 92:26, 147:31</p> <p>written [5] - 86:45, 87:10, 100:28, 129:14, 157:3</p> <p>wrote [1] - 84:35</p>	<p>zoomed [1] - 141:47</p>
	Y	
	<p>Yarra [1] - 76:11</p> <p>year [7] - 123:47, 131:17, 131:39, 131:40, 148:9, 157:13</p> <p>Year [2] - 119:42</p> <p>years [14] - 83:24, 83:45, 88:8, 88:31, 90:4, 94:8, 99:32, 99:41, 110:22, 114:38, 133:15, 138:28, 146:21, 146:36</p> <p>yesterday [1] - 77:1</p> <p>Yets [1] - 142:2</p> <p>young [3] - 98:34, 98:38, 117:38</p> <p>Young [1] - 146:28</p> <p>younger [4] - 98:29, 101:1, 101:2, 116:10</p> <p>yourself [7] - 80:30, 93:13, 97:38, 115:46, 118:3, 129:9, 130:27</p> <p>youth [1] - 146:30</p> <p>YouTube [1] - 114:2</p>	
	Z	
	<p>zoom [1] - 135:7</p>	