

Quotes Compiled and Presented by ShoutOut! Youth Mental Health for  
Northern Territory Mental Health Coalition Forum 29 July 2016

Please acknowledge ShoutOut! if using these quotes for any reason

On youth mental health services:

Family refused to allow him to access services like Headspace and Catholic Care because they were associated with the Church

Difficult to know **what's available, where and how much it costs**

*"I went to Headspace, and although I found it off putting that it was part of Anglicare, but the staff quickly put me at ease"*

*"I have found headspace helpful over the years, however they are located out at Palmerston which can make it difficult to access"*

*"Headspace provided me with a sense of support and community, and through them I felt empowered to take charge of my illness and my care."*

*"So I rang Lifeline. And was on hold. For half an hour."*

Long waiting lists, sometimes upto 3 months

*"he made me feel silly and stupid"*

*"he cost \$700 upfront"*

*"He said I was never going to get better"*

*"6 sessions is incredibly insufficient. It's so hard to open up to someone and tell them all the f\*cked up sh\*t that goes on in your head"*

*"the only psychiatrist that I have ever felt truly comfortable with lives in Sydney, therefore I have to skype for my sessions. It is great that I am able to access the support I need, but it is also a shame that I haven't felt comfortable with any of the local support I've had, other than my GP"*

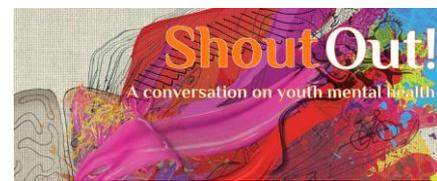
*"I have generally had positive experiences with the NT Health System, my GP has been fantastic"*

*"I've had a lot of trouble accessing mental health services"*

*"When I was first put on Efexor (Venlafaxine) neither my doctor or my pharmacists properly explained the potential side effects or withdrawal symptoms to me. And it wasn't until I missed a dose and started feeling awful that I went and did my own research and was just totally shocked that no one had told me just how bad it was."*

*"I went to the university counsellor who yelled at me because I didn't know why I was having panic attacks and he thought I was lying (he is not the current university counsellor)"*

*"I went to a GP who gave me a referral to IM Concepts which was specifically for a psychologist and CBT. But I was given a lady who was just a counsellor, not a psychologist, and who didn't have any training in CBT and kept just suggesting hypnotherapy"*



*“Campus medical centre no longer bulk bill students and they cycle through registrars so you **don't get consistent treatment, which makes it really hard for someone like me**”*

*“**seen by the psychiatrist for less than five minutes, given a script for a new antidepressant with no mention of any side effects, and an envelope with a few tablets in it.**”*

On remote mental health services:

*“**a huge lack of culturally appropriate mental health services for people who have been/are victims of racism, colonisation, poverty, etc**”*

*“**Services I've been to myself have been mediocre at best. Very "textbook" scripts, not very useful in practice especially when dealing with comorbid mental health and social justice issues.**”*

*“**Most services to remote communities are fly in/fly out.**”*

*“**Worker turnover = poor follow up and stability. Seen lots of people unable to access services.**”*

On Centrelink and related services:

*“**They also don't take letters from general psychologists anymore, only clinical psychologists which cost more**”*

*“**its very dependant on who you talk to. They don't train people very well**”*

*“**my evidence included a letter from the doctor, notes from a psychiatrist, a letter from a general psychologist, my mental health plan, and some referrals. I have severe generalized anxiety with severe somatic symptoms, and depression in partial remission. They agreed I had a permanent disability, but still told me I wasn't disabled enough for disability**”*

*“**she had no qualifications, but was convinced I just had a virus. it was horrible, it felt like I was being interrogated**”*

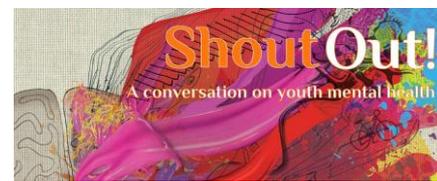
*“**I spent months waiting for ATAPs to refer me to someone, but they never did and I had to try again a year later**”*

*“**I can't study fulltime so I don't have enough units available. I can't handle more than one or two units at a time because my health and stress levels affect my grades much more than my effort or ability, so I'm not considered a student by Centrelink.**”*

*“**they don't think I'm fully treated which means I can't even be considered [for disability], and to be fully treated I need to see a clinical psychologist for over 6 months consecutively which is really hard in Darwin because there are very few, and even less that bulk bill or do ATAPS**”*

*“**ATAPs only gives you 6 free sessions, which isn't enough to get you to the 6+ months for Centerlink**”*

*“**making someone ineligible for disability based on their treatment status, rather than helping them find and afford treatment is really cruel**”*



*“it did say that I could only do 2 hours work a week that is on my record with Centrelink, but they still have me down as able to do 23+ hours a week work They have me looking for 23+ hours of work a week, and want me doing 30 by the end of next year”*

*“23 hours a week is now the minimum if you can't get disability, which is absurd, because how on earth is 23 hours a week 'easing into work'. My study only counts for some of that, and isn't allowed to count for all of it.”*

*“I feel like they are actively discouraging me from finishing my education.”*

Suggestions for improvement:

- Consult with young people to develop services for young people
- Encourage peer support and upskill young people in supporting each other
- Build resilience of young people early in life (e.g. mind matters/kids matters)
- Central location with information on local support services and other resources
- Support existing services
- Greater collaboration between services
- Coordinated and tailored approach for patients, involving team of GP, psychiatrist and psychologist etc.
- Greater support of innovative technologies (e.g. e-mental health)
- Improvements in access and culturally relevant services in remote communities and for people who have been/are victims of racism, colonisation, poverty, etc.
- Review training and requirements under Centrelink and related services.

ShoutOut! Youth Mental Health

[www.shoutout.strikingly.com](http://www.shoutout.strikingly.com)

[www.facebook.com/ShoutOutYMH](https://www.facebook.com/ShoutOutYMH)

Instagram: @shoutoutyouthmentalhealthnt

YouTube: ShoutOut! Youth Mental Health

SoundCloud: [www.soundcloud.com/shoutout-5](https://www.soundcloud.com/shoutout-5)