To: Productivity Commission – Social and Economic Benefits of Improving Mental Health

My name is Lidia Di Lembo, from Darwin,Northern Territory. I submit this paper and attachments relating to the Coronial Inquest following the loss of our precious daughter Sabrina Josephine Di Lembo on 7 August 2017, to suicide. Sabrina was our youngest and was only 19 years old when she completed suicide after suffering from anxiety initially over two university exams, which progressed to depression. She was a kindhearted, loving, respectful and gracious young lady, who was full of life and committed to doing well in her studies and life in general. Her illness escalated dramatically over a period of approximately two and half months. This invisible illness that is still not fully understood by medical professionals and the community, somehow overtook her beautiful mind and did not enable her to ask for help at the most critical time, when she needed it the most. Why, we do not know! *What we do know* is that we do not want anyone to suffer in silence the way Sabrina did in the end, or for any other family to lose a loved one to suicide. We want everyone either directly or indirectly to have the confidence to seek help, to talk about it without the stigma that unfortunately still exists in our community.

There were at five health professionals involved in Sabrina's case, including general practitioners recommended to us by the Top End Mental Health Service, and a psychiatrist who refused to speak to me or my daughter and told staff and I quote: "*tell mum to stop playing doctor*", when I asked for her medication to be reviewed as she was not improving. As a result of the inquest into Sabrina's death by the NT Coroner in October 2018 we discovered that Sabrina was prescribed a sub therapeutic dose of anti depressant, so she was dealing with the side effects and not getting the benefit. This and her going off medication without a proper step down process we believe contributed to her suicide. She lost hope that she was going to be 'normal again', 'have feelings', be able to continue her studies as a 2nd year law student at Charles Darwin University, where she was the recipient of 2 scholarships, one being the Pro Vice Chancellor Scholarship given only to 2 students. This is how in the end we know our daughter felt, from a note she left before leaving us forever:

"*it is better that I am a memory to move on from than a constant worry for the rest of their lives… its all my fault, everyone has done the best they can*".

There are many, many systemic issues which have come out of the inquest which can be found in the attached Coroners findings. This tragically is one of the many held in the NT following a suicide.

Since we lost Sabrina, we have been and continue to be in a daze, wondering what went wrong, how did this happen to our daughter, looking for answers that we will never get. This is a one of our quotes: "*The immeasurable loss of Sabrina, the profound grief and the devastating impact on everyone who knew her is still being deeply felt, we know will lessen over time but will never go away. We know many other families, particularly in the NT, have lost loved ones to suicide or continue to be impacted by those who suffer from mental illnesses and at risk of suicide. We know we are not alone and have committed to speak up and raise awareness by organizing these events, which may help in a small way to not only encourage help seeking behaviours but make this issue everyone's business*".

My husband and I decided to channel our grief into something positive but extreme, by organizing a mammoth 3,000 bicycle ride from Adelaide to Darwin which is how *SabrinasRide4Life* originated.
We created a facebook page, a gofundme page, and a gofundraise page with the Black Dog Institute. Our fundraising ended in August, when we donated the pledged $100,000 to the Black Dog Institute. Our aim was not only to contribute to clinical and scientific research and programs on early intervention and prevention of mental illness, but to help others by raising awareness and instilling hope that life is worth living, encouraging those impacted by mental unwellness to reach out to family and friends, to seek support

and to not feel ashamed or a burden by doing so.

We also pledged to establish a scholarship in Sabrina's memory which we have done. The Sabrina J Di Lembo Memorial scholarship is the first to be offered at Charles Darwin University in the faculty of Psychology.

ISSUES IN BRIEF

Holistic treatment

I believe a workforce of professionals, and not necessarily a GPS, should be trained across Australia to treat people with a mental illness/disorder in a holistic manner as there is usually a trigger ie stress from study, relationships, financial situation, loss of employment, homelessness, drugs and alcohol. How can we have a single point of contact to ensure that a patient is effectively managed across the continuum of care, and no one falls through the cracks.

Also we need to further invest and promote alternate methods of healing and recovery like, mindfulness, yoga, exercise, and some type of financial assistance could be given to affected people who cannot afford to do this as part of their treatment.

Co Design service models and delivery

More needs to be done in co designing local services with local people who can have a say in what works and what does not work. There is an attempt for this to happen through some Primary Health Networks and Government services, but this is extremely slow and not effective. This should be ramped up significantly and the affected community should be involved. Not necessarily by creating committees but should be a focus or working group, targeted with specific timelines to set something up in a community affected by a high percentage of mental illness and suicide. There is Wesley Mission who is funded to set up Suicide prevention networks. This is full of red tape and too slow. It is also community driven. For example in Darwin we do not have a Suicide Prevention Network, only one for Indigenous people. Why is that?

Prevention and Post vention

We pledged to support a local organization or initiative dedicated to promoting mental health and suicide prevention. To this end, we decided to establish the first Bereaved by Suicide Support Group, with the help of a grant from the NT Government as part of the NT Suicide Prevention Framework.

Sadly this is the first support group for those bereaved by suicide. Why does it have to take the effort and energy of a volunteer lived experience group to set up such a peer support group when paid service providers should be doing this perhaps in partnership.

More specific community led initiatives should be supported by those in a paid workforce to help build resilience and capacity in those with a lived experience to reduce the further suicides.

GP training and remuneration

More needs to be done to incentivize GPs to get proper training in mental illness and how to treat it without prescribing drugs as a first resort, particularly for adolescents between ages 12-25.

GP should not be allowed to prescribe anti depressants without consulting a Pyschiatrist or equivalent.

GPs medicare billing and remuneration for treating patients with a mental illness should have the rebates increased as it appears they get money for treating someone with a chronic illness but not mental illness. I am not suggesting chronic illness is less important but claim that mental health is equally if not more important.

Nurses

Why is there not a mandatory component in mental health training for Nurses? Mental illness is everywhere and it is not included in their core curriculum. It should be mandatory plus there should be regular refresher training as part of CPD.

"One stop shop for young p**eople"**

NT Government should be made to redirect money in mental health to better cater for young people. This is not happening now as the system is overstretched, poorly run and not focused and responsive to community needs. My case is a good example of this. Community based models that work in other countries should be

explored and adapted to Australia
Clinical solutions is not the only way for adults and young people, especially in early stages of illness. Government should fund an incentivize those with a lived experience to set up community drop in hubs so there is no wrong door if someone needs to see a therapist. If more acute services are required then a referral can be made. BUT the issue is there is no where for people to go, other than a gp or the hospital emergency. Then if you go to a GP you need to shop around to find a good one that has expertise and compassion to treat someone with a mental illness.
Headspace – is a great service, if you can get in. Many cannot or need to wait up to two months. How is this effective when you are dealing with someone who is not psychotic but just needs to talk to a counsellor or therapist in the early stages of a mental illness or disorder. Headspace also has an image problem and many who have tried to get in and turned away do not want to go back. So they go now where or struggle to find a GP or in NT case often fly interstate to see a specialist.

Video conferencing to a specialist
Given the poor services in NT there should be a streamlined pathway for patients to skype or video conference with a pool of specialist interstate (from NT or regional Australia) so that they are not deprived of getting the right help at the right time. This could be available from a GP clinic, a 'one stop shop' for young people, Schools even so that young people do not have to go shopping around with their parents. Parent consent would be needed but lets start using the schools as point of staring the care which could be holistic and this will potentially reduce the **stigma** often associated with a mental disorder for young people.

GP accreditation to treat mentally ill patients
Not all GPs should be treating patients with mental illness unless they have had some accreditation process and then a list of these GPs can be made publicly available. No families in the most vulnerable and stressed situation, if trying to help a loved one, have to shop around. This leaves patients losing hope, giving up, believing no one can really help their pain so they end up completing suicide in the extreme situations.

We have recently rebranded to ***SabrinasReach4Life***, given the broader scope of our endeavors which include: ***Instil Hope, Promote Healing and Engender Compassion***. We are committed to continue our journey to help others with a lived experience of suicide, increase awareness of suicide, empower community to develop suicide prevention strategies at grass roots level, and advocate for change in the NT, so that those suffering from mental illness, particularly adolescents like Sabrina, get the right help when they need it most.

I am heartened that this government has called this inquiry as our situation is dire and needs extreme intervention. Our brain (and heart) is the most important organ of our body, yet we do not have enough systems, processes, funding, innovative solutions to deal with this issue in a responsive and effective manner, that gives the community confidence. Mental disorder is like an invisible cancer so the same level of research, funding and government attention should be given to it. It is not only a government problem or responsibility, it is also the community's. But we need to build capacity and give the community the right tools and support to actively contribute to the solutions to make it better for not just those still here but for the many, many families left behind who are socially, economically affected and are probably a big pool of people who cannot be productive and contribute to Australia's economy.

Thank you so much for this opportunity.

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