

ROYAL COMMISSION INTO FAMILY VIOLENCE (VICTORIA)  
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AIM

I wish to address the current treatment gap in mental health services.

REASON

I believe it is vital to adequately meet this gap as recovery from childhood abuse, especially infancy and early childhood abuse, is a life-long process with many steps along the way – yet, as things stand, critical health services peter out along the way, leaving people like me vulnerable.

DISCUSSION

As I lived through infancy and childhood family neglect, violence and abuse, ongoing targeted psychiatric and physical health treatments are of critical importance to help me be healthy and function well. With the help of dedicated health professionals over the years, I am relatively healthy for my age.

**Now, however, there is no ongoing affordable targeted psychiatric treatment available to me.**

NB: research and discussion on why ongoing targeted treatment is critical are available at the [National Scientific Council on the Developing Child](http://developingchild.harvard.edu/activities/council/) (<http://developingchild.harvard.edu/activities/council/>).

It comes as great shock to those who are familiar with me that I have a psychiatric diagnosis of Borderline Personality Disorder/Chronic PTSD as I appear so “normal”.

I find it is this “normality” or “high-functioning” that prevents me from finding the treatment I need. Three years ago, on the advice of a psychiatrist, I applied to join the only program for people diagnosed with Borderline Personality Disorder and was rejected on the basis that as high-functioning, I was considered too healthy and advised to see a psychiatrist for ongoing help.

Now, however, I can no longer afford ongoing therapy with specialist clinical psychologists and psychiatrists trained and up to date in the treatment of high-functioning adults diagnosed with Borderline Personality Disorder/Chronic PTSD.

So I make do with the generous help and support of the low cost program run by [Mingary Counselling Service](http://mingarycounselling.com.au) (<http://mingarycounselling.com.au>) where I work with a post-graduate psychology student working under supervision of a registered psychologist.

Yet for ongoing clinical treatment, services such as this are unsatisfactory: students move on every year so there is no continuity of service; an unequal therapeutic relationship exists between students embarking on their careers and my years of experience; and despite best matching my needs with students’ abilities and interests, ongoing treatment is fragmented and not targeted.

CONCLUSION

The horror and trauma of childhood abuse can be overwhelming and lead to resources being channelled to those currently in most need; however, I wish to remind everyone that recovery is life-long and ask you to adequately provide affordable, targeted, clinical services at all stages so that those who, like me, go on to reach good health, are able to maintain it instead of the alternative of needing hospitalisation.