

Staying the Blues



The SULLS Quarterly
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The SALS Quarterly #2: *Staying the Blues*

Acknowledgements

Many thanks to all those who made possible the production and publication of the second SALS Quarterly.

We would like to thank the Sydney Law School and the University of Sydney Union for their continued support of SALS and its publications.

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Acknowledgement of Country

We would like to acknowledge and pay respect to the traditional owners of the land on which we meet, the Gadigal people of the Eora Nation. It is upon their ancestral lands that the University of Sydney is built.

As we share our own knowledge and learning within this University may we also pay respect to the knowledge embedded forever within the Aboriginal Custodianship of Country.

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Editor's Foreword / Winnie Liu

Sydney University Law Society is proud to present the second edition of the SULS Quarterlies, 'Staying the Blues'. This edition explores the various facets of mental health and its interaction with the law. The purpose of this publication is to act as a conduit for open and frank discussion about mental illness and ill-health that have long plagued the legal profession but have, for even longer, remained taboo.

Cultural shift is difficult, and perhaps impossible if it were not for those courageous enough to speak out in advocacy for change. A number of authors in this publication, both named and anonymous, have shared their personal struggles with mental illness during their time at law school. Their stories will hopefully encourage those experiencing mental health issues to seek help.

Rhys Carosso's poem explores his personal experience with depression and living with an unrecognisable voice in his head. Emily Scott's cartoons capture life with depression and the attempt to maintain a façade of normality. There is also a personal piece and a creative piece by students who wish to remain anonymous. Their stories explore the effects of depression and a range of broader issues including homelessness, addiction and domestic violence.

The push for greater recognition of mental health issues in law school and the legal profession is gathering momentum. Recently, over 100 legal organisations across Australia have signed the Tristan Jepson Memorial Foundation's *Psychological Wellbeing: Best Practice Guidelines for the Legal Profession*. Marie Jepson's article looks at the need for law students to invest in their psychological wellbeing. Isabella Edinger-Reeve's article discusses various techniques that can help students escape the negative thinking trap. Christy Shen's opinion piece looks at depression and disillusionment with the prospect of a legal career.

Mental health and the law is a broad topic and it is interesting to see the ways in which students have engaged with the topic. Francis Maxwell article examines the treatment of people with mental illnesses and intellectual disabilities in the criminal law. Miriam Asar explores the romanticisation of mental illness in popular culture and Sarah Park provides two photos of dawn that brings new hope to the day.

I would like to thank all of the authors who contributed to this publication. I am very grateful to the Dean for writing a foreword and for supporting 'Staying the Blues' as a means of addressing mental health issues at law school. I would also like to thank the SULS Executive, and

in particular Patricia Arcilla and Nick Gowland for the design and printing of this publication ●

Dean's Foreword / Joellen Riley

In December last year, on the evening that we all learned of the tragic outcome of the Lindt café siege, I attended a classical music concert held in one of the city's small churches by a group of lawyers. The ensemble was led by Thomas Jones, a partner at Corrs Chambers Westgarth and an accomplished violinist, and it comprised many talented lawyers working in various posts in the city. They were united by their profession, their love of angelic music, and their willingness to take some time out of their pressured schedules to join together to rehearse and perform.

The Law can be a hard profession, not least because it is jealous of our time. It is easy to become so absorbed with work and study that we forget all of the other things in life that can bring us joy. So it was wonderful to see a group like this who were dedicating some of their time to keeping other talents alive, and to sharing the joy of their beautiful music with others. These are the kinds of pursuits that help us to maintain a healthy mental outlook, notwithstanding the competitive pressures of our work. These pastimes take our minds away – if only for a brief reprieve – from the troubles of the day, and allow us to maintain our connections with others.

Publications like this one, produced by the talented students of the Sydney University

Law Society, also provide a wonderful outlet for student creativity. The theme of the publication - 'Staying the Blues' – acknowledges the particular challenges that law students face in maintaining mental well-being. It is commendable that the SULS team have taken the initiative to produce this volume, and that so many students have contributed insightful and creative work ●

Psychological wellbeing – an investment

/ Marie Jepson
*Co-Founder and Executive
Director, Tristan Jepson
Memorial Foundation*

Unless we invest in sustaining our own performance, capability and capacity we become vulnerable to the pressures of practice.

In Australia, evidence tells us that due to factors beyond our control, as a nation we are vulnerable to skin cancer. Advertising campaigns, medical reports and personal stories provide constant reminders. Most of us respond by reducing our sun exposure during the hours of 10 am and 4 pm, wearing a hat as well as sunscreen, and taking note of the daily UV levels. In infants and primary schools ‘slip, slap slop’ and ‘no hat no play’ policies exist and shade cloths are prominent in parks, playgrounds and outdoor venues. No-one considers wearing sunscreen to be a sign of weakness, or that having fair European skin and thus greater vulnerability impacts our capability to perform, our career prospects or opportunities for promotion. It’s simply smart and makes sense to invest in our future health by protecting ourselves from the damaging rays of the sun. And we do.

So why is our attitude and response to mental health so different when we know that both skin cancer and mental illness are diagnosable medical conditions? In the case of skin cancer, we believe and accept the evidence and consequently take preventative action. However,

mental illness as a diagnosable medical condition preaches a message we don’t want to hear. The fact that the legal profession has a greater vulnerability to mental ill-health challenges our view of ourselves, the conviction that we are infallible and this belief leads us to ignore, deny and refute the evidence, convinced that this won’t happen to us. Despite our rational thinking and analytical training, we become ostriches putting our heads in the sand, sadly for many of us, to our own peril.

Why is our attitude to skin cancer and mental health so different? There is an enormous stigma surrounding mental health within the legal profession. It is sustained by existing conscious and unconscious attitudes, beliefs and biases. ‘Stigma’ is defined as a mark or sign of shame, disgrace or disapproval resulting in many law students and lawyers denying their symptoms and refusing to seek professional help. Evidence shows that more than 60% of those suffering mental ill-health and mental illness do not seek help. They remain undiagnosed, untreated with many choosing to self medicate with alcohol and drugs rather than prescribed medication. These people are you and I, our friends, colleagues and family. Our attitudes perpetuate the stigma. Its impact is twofold. Self stigma is when, though we recognise that we have symptoms, we believe that

seeking professional help means we are ‘weak’ and ‘impaired’. We know we should, yet strongly resist getting the help we need. The second aspect of stigma is the impact of our attitudes and unconscious biases on others. Many of the comments we make and jokes we share among our friends and colleagues perpetuate the stigma as well as sending powerful messages to those around us that it is not safe or OK to talk about how they really feel. As a result our friends and colleagues feel isolated in their suffering, mask their symptoms, and do not seek the professional help they need.

In our single minded pursuit of having to be ‘the best’ we forget that we are human and not machines. What makes us extraordinary is not that we can function like a machine, but rather, our very humanity, our vulnerability, the fact that we care. At the 2006 Inaugural Tristan Jepson Memorial Lecture, “Towards Managing Mental Wellness in the Legal Profession”, Associate Professor Gautam commented, ‘the very qualities that make you a good lawyer are the very qualities that make you vulnerable’.

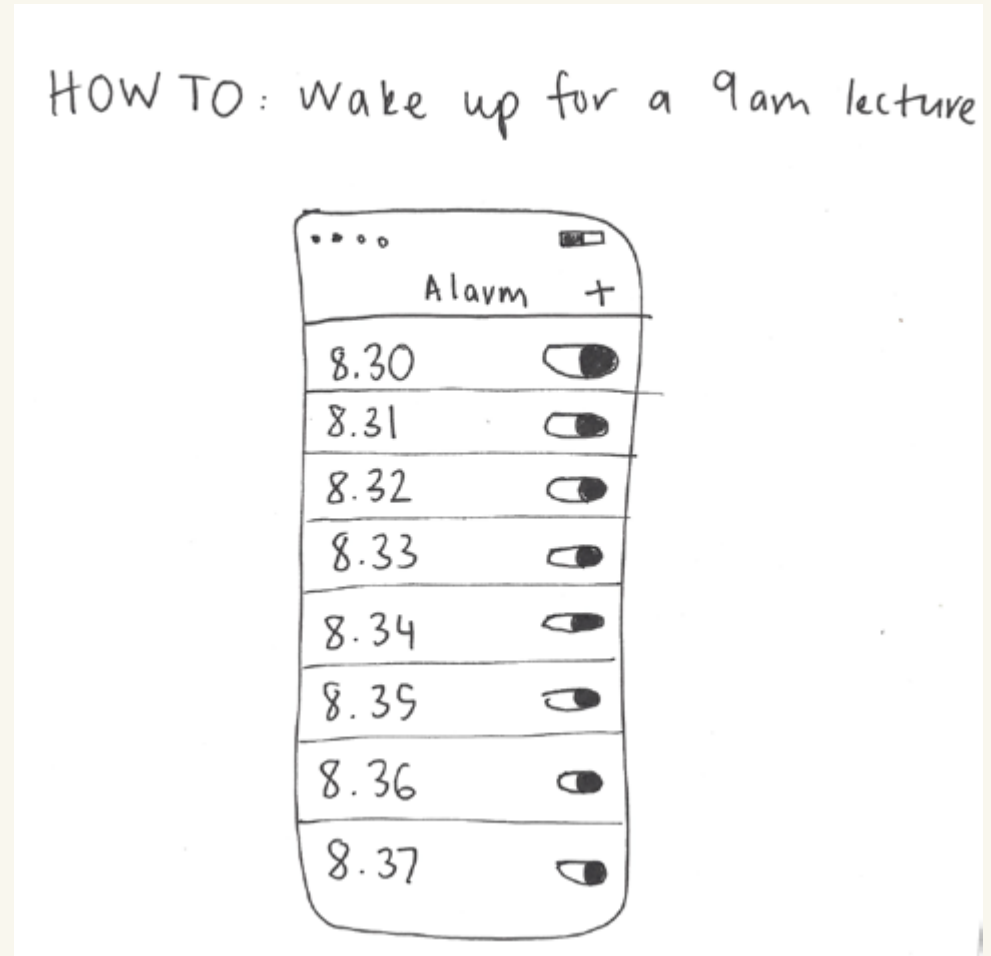
Just as we take preventative action by using sunscreen, as law students and future lawyers we need to take preventative action to protect our psychological wellbeing. We need to invest in

sustaining our own performance, capability and capacity so that we don’t succumb to the pressures of practice.

In May 2014 the Tristan Jepson Memorial Foundation released the TJMF Psychological Wellbeing: Best Practice Guidelines for the Legal Profession. Both Sydney Law School and SULS have joined the more than 100 legal organisations Australia-wide who have chosen to become signatories. The guidelines are preventative and solution-focused. They are free and able to be downloaded on www.tjmf.org.au. In addition to outlining ‘simply good management’ for organisations, they show you how you can invest in sustaining your performance, capability and capacity by taking ownership for your own psychological wellbeing.

The late Richie Benaud said that he wished he had known when he was young about the dangers of prolonged exposure to the sun. We do know. We are aware that the legal profession is vulnerable to mental ill-health. The real question is will you invest in sustaining your future? The choice is yours ●

Emily Scott is a 4th year law student who drew these cartoons in 2013 after seeing a psychologist for the first time after being concerned about her mental health. She couldn't explain in words what she was feeling so instead she would draw cartoons. Emily now works with the organisation Batyr, sharing her story of mental ill health at high schools across Australia. More of her illustrations can be seen on pages 31, 36, 37, 48, and 49.

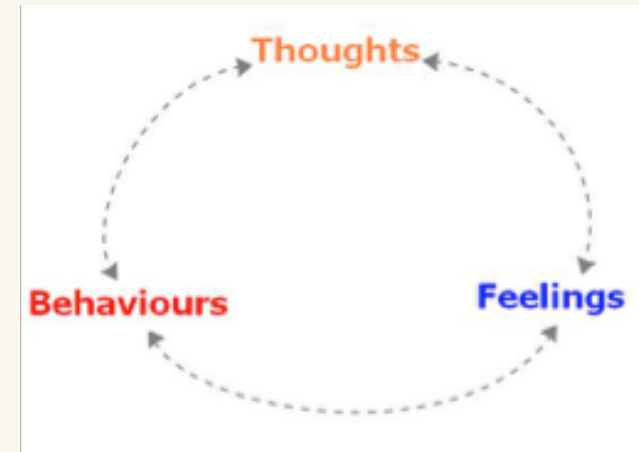


Minimising Stress: A Guide for Law Students / Isabella Edinger- Reeve

Studying law, like many other intellectually rigorous and demanding disciplines, seems to go hand in hand with anxiety. Many enter the law school as brilliant, enthusiastic minds, eager to be involved and excited about the future. Too many leave burnt out, disillusioned and regretful. An oft-quoted statistic is that one in three lawyers experience depression.¹ Another statistic (often used to express contempt at lawyers and law students) is that the legal profession is the second most encouraging career path for psychopaths.² The intense competitiveness, especially at Sydney Law School, is one of the main creators of anxiety, stress and the exacerbation of mental illness amongst law students. One student said that she felt 'constantly panicked that [she] didn't understand something' at the rate of others and that the Law School didn't take into account different learning styles. The law student triangle is enormously popular on Facebook: choose two – sleep, social life or good marks. In fact, one student said that being a law student required success on a multidisciplinary level – whilst at the university doing an all night study session. The majority of students see law students tacitly encouraging and facilitating this intense competitiveness as the key problem, not necessarily the Law Faculty itself. Apart from ignoring this competitiveness

(easier said than done), focusing on specific techniques to improve wellbeing can be very effective.

Identifying the Source: Negative Thinking Traps



In the atmosphere of intense competitiveness, a high workload and outside stress or stress factors, law students are prone to dramatising less serious events and placing themselves under enormous pressure because of it. One student said: "It feels like everyone else is getting high distinctions and doing pre-clerkship experience easily, and if I can't do that then I must be stupid. If I don't get a clerkship then I probably won't get a grad job, and then I'll be unemployed". The behavioural response might be to lose motivation or to increase alcohol consumption. This is a classic

example of negative thoughts and counter productive behaviour. It is important to understand that this thought process (or variations on this theme) is a very common occurrence

will suggest some behavioural techniques that have been very effective for law students in the past.

Behavioural Changes

Exercise

One of the simplest steps to minimise stress is to adjust behaviours that are physically detrimental to maintaining a healthy mental state. Regular exercise – whether it is walking to uni from the train station instead of catching a bus, a bikram yoga class, or a gym session – alters and maintains serotonin levels in the brain. Serotonin is a brain chemical that contributes to sleep cycles, libido, appetite and mood, and has been linked to depression.³ Exercise improves physical health but it also has a positive effect psychologically: it burns up stress chemicals such as adrenaline; team sports can be social experiences; improves feelings of wellbeing and it can improve self-esteem. For those who don't exercise regularly, a good option is to download apps such as 'Couch to 10km' or '30 day Abs', sign up for a nearby gym, or join a team sport with a friend. This gives you goal orientation and financial incentive (you don't want to waste money signing up for a gym). The Sydney University Law Society offers a fitness club in Victoria Park and an

interfaculty sports program.

Sleep

Another incredibly important initial step to take is to regulate sleep patterns. Our bodies are designed to wake up with the sunrise and sleep during the night. Aiming to sleep earlier and wake up earlier promotes better psychological health. By getting up earlier, we feel less rushed. We are able to do more things in the morning – a good rule is to try and do two things by 9 am. That could be exercise, music practice, eating a really good breakfast, cleaning your room or walking the dog. Feeling a sense of achievement early in the day creates positive feeling of accomplishment and allows us to feel like we can continue to do more with the day. Waking up early is hard, especially if you don't have a specific reason for doing so. One way to encourage the habit is to download the app 'Sleep Cycle'. This app will measure your sleeping habits, but will slowly wake you up at a specified time when you are in the lightest sleep. 'Lumi Lights', or equivalent, can also help with waking up early. By slowly waking up over a period of time, we feel less groggy and tired.

Studying

Maintaining absolute focus

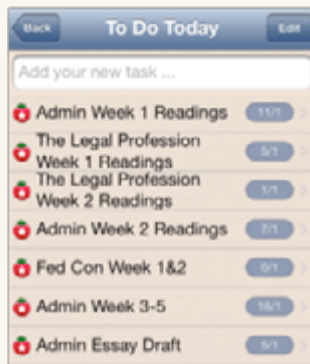


Fig. 1 Team Viz Pomodoro Method

whilst studying and not wasting time on the Internet is a global and perennial habit of students. Most people cannot absolutely focus for periods longer than 25 minutes. If a student is feeling stressed and anxious it can be even more difficult to concentrate. A method endorsed by the University of Sydney psychologists is the Pomodoro Method. The name comes from the egg timers that were shaped in the form of tomatoes. The Pomodoro Method works like this: you study for twenty-five minutes exactly – absolute concentration, no checking of Facebook or messages. After twenty-five minutes you get a five-minute break. This is one 'Pomodoro'. After you have done four Pomodori in a row (or two hours) you can take a fifteen-minute break. Repeat until your allocated study time is up or you have completed your task. The

Pomodoro Method works on several levels. Again, it allows for a sense of achievement and a measurement of time. At the end of four Pomodori, you can say for certain that you have done absolutely effective study. Small amounts of self-control can add up. Downloading the app 'Self Control' can allow you to block out certain websites (especially Facebook, YouTube, news websites, email, Reddit, Tumblr etc.). An app recommended by psychologists is called 'Team Viz'. It allows you to see how many Pomodori you have done for a certain topic – e.g. Admin Readings Week 1 (see Fig. 1).

Conclusion

Your experience at law school doesn't define you as a person. Your marks don't define you as a person. Your friends from first year law camp's marks don't define you. Not getting a clerkship isn't the end of the world. There is so much more to life than textbooks, the library and exams. Focusing on your wellbeing will ultimately foster the most happiness with yourself and those around you ●

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prevalence of depression, alcohol abuse, and cocaine abuse among United States lawyers." *International Journal of Law and Psychiatry* 13.3 (1990): 233-246.

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Personal Piece

/ Anonymous

“Darkness cannot drive out darkness; only light can do that”

— Martin Luther King, Jr.

I was a first year and mature age JD student at The University of Sydney in 2014. Whilst my decision not to complete the degree was ostensibly in order to pursue other opportunities, the reality was much more complex. I must admit to being hesitant to share the most intensely personal and troubling of experiences, especially with an audience of which I could also have been a part had events been somewhat different.

It is unfortunate, however, that my request to remain anonymous in my contribution is driven much less by any sense of shame or embarrassment than it is by a rational appreciation of the risks to my future prospects of openly declaring my ongoing struggle; such is the stigma and active discrimination I have experienced in regards to my condition from people throughout all facets of my life, and yes, including throughout my academic endeavours. Our inability as a society to engage in constructive discourse and work towards compassionate solutions in regards to issues of mental health is surely to our collective detriment.

Whilst publications such as this Quarterly represent a step in the

right direction, it is critical that we acknowledge that there is all too often a lack of translation from positive intention into beneficial action on the part of policy makers, educators, and individuals. My challenge to the reader is to consider the issues deeply, and to seek to become an active part of the solution both within your peer groups and within our broader community. I know first-hand the improvement that even the simplest of interventions can make in an individual's ability to cope with challenges that are very real and at times seem insurmountable.

My own battle with various issues of mental health has been a long one, and an experience from which I have grown and learnt so much. Now aged in my late 20s, the somewhat uncomfortable truth is that I cannot remember a time in my life when I was without a sense of being troubled. I first attempted suicide at the age of 12, this being the first of a number of episodes of suicidal ideation, which have continued through until as recently as late last year.

I recognise that such suicidal tendencies are driven by an intention to withdraw from the pain of life rather than a fundamental desire for death itself, and the fact that I am still alive today is therefore perhaps testament to my will to persevere having always been stronger than

even the darkest of my thoughts. Indeed, along my journey of struggle, isolation, homelessness, addiction, debt and learned helplessness, an audacious sense of hope has been my unwavering and at times my only companion.

I often describe my personal experience of depression as the manifestation of the gap between the world as I see that it is and the world that I believe it could be. That we live within a culture that encourages us to be primarily focused on our own careers and advancement in a world of so much poverty and suffering does not sit well with me, and with issues of mental health as with so many forms of relative privilege, it is those who are more free from hardship who dictate the terms on which those who live it are isolated and judged. It is no surprise in this context that the ‘mentally ill’ are overrepresented amongst our homeless and prison populations, and indeed amongst our artists and visionaries. The tacit suppression of those who see the world differently, or who struggle to accept it as it is, only serves to reinforce the status quo.

We live in an incredibly beautiful and at times frustratingly complex world. We lock our doors to keep others out more readily than we open our doors to let others in, and too often people know more of the lives of those in Hollywood than

they do of their neighbours and their peers. It seems as if our fear of vulnerability dissuades us from opening ourselves to the full extent of the world which surrounds us. And yet we all share the fundamental desire to be loved, to be connected.

Of course responsibility for any outcome in life lies ultimately with the individual, and circumstances of difficulty are for the individual to overcome, no matter how dire they might be. But a society which prioritises the medicalisation of difference over the humanisation of the diverse range of its membership certainly does nothing to further itself.

Those in my former cohort who know me would most likely describe me as outgoing and confident, a considered thinker and a strong public speaker, a relatively young man with enormous potential to influence change in the world over time. But seldom do we understand what really goes on behind the facade so often put up by those who surround us. The challenges I faced had nothing to do with the supposed pressures of the JD or the completely unnecessary competitiveness of the law faculty and the legal profession. I certainly acknowledge that these are a trigger for many, and would encourage others to seek to offer their peers a level of compassion, which in my experience is at present hard to find.

I may never become the lawyer I had dreamed of being, and may never reach a level of success as recognised by a society more eager to judge than to reach out to those on its fringe. That is wholly unimportant. Through a combination of Buddhist understanding, music, sport, and a sense of perspective, I continue to develop a balance from which I can move forward and strive to be the best I can be, and in time contribute to a better and more compassionate world. I know that the darkness will most likely come again. But in the end, with perseverance on my side, I have no doubt that the light will prevail ●

An Undutiful Mind? Mental illness, intellectual disability and the criminal law / Francis Ryan Maxwell

People with mental illnesses or intellectual disabilities (MI/IDs) meet many challenges in their lives that should not have to face. One of these obstacles is the criminal law. It will be argued that these people are left mostly unprotected by an ailing health services system from the myriad of traps that can place them at the mercy of the criminal law as suspected offenders. Furthermore, the system of rights protections is currently failing to give these people fair treatment in the criminal justice system. Susan Henderson argues that health is not just about individual wellbeing, but also the social and political health of society.¹ The provision of adequate health services for those with MI/IDs is not only what a humane society owes to its individuals, but will also benefit social order and save the huge resources that currently enforce the criminal law. Similarly, civil rights are beneficial in protecting an individual's interests, but also ensure productive solutions to societal problems, rather than the downward vortexes that presently capture many with MI/IDs. If a society criminalises, protections must be put in place to ensure that it does not become a tool of abuse.

Mental illnesses can be defined as a 'clinically recognisable set of symptoms or behaviour associated in most cases with distress and with interference

with personal functions'.² Examples include personality disorders, anxiety disorders, drug abuse and psychotic illnesses. Intellectual disabilities are development disorders that occur at birth or in development, that inhibit adaptive behaviour and make learning, remembering, understanding, concentrating and solving problems difficult.³ Examples include foetal alcohol syndrome, Down syndrome and some autism. The two are not mutually exclusive, being frequently associated with one another,⁴ and those afflicted with them share similar experiences in the criminal justice system.

Disproportionate Incarceration

Those with poor mental health or with intellectual disabilities are disproportionately represented in the criminal justice system worldwide.⁵ Screenings of prisoner populations report that 49% of detainees experience a diagnosable mental disorder, 2.5 times the rate of mental disorder prevalence in Australia.⁶ Those with an intellectual disability were perhaps more than 6 times over-represented.⁷

Forsythe and Gaffney also note that prisoner population studies may be an underestimation, as some mentally ill persons are diverted from study populations for being violent or uncontrolled, or to mental health centres for treatment.⁸ Additionally, it is not

uncommon for someone with a mental illness to disguise it.⁹ Certainly trauma in incarceration may be a trigger for mental illness that was not previously present. Very few prisoners with MI/IDs receive adequate treatment.¹⁰ Defining key terms like "mental illness" is also problematic. Nevertheless, though precise figures may be challenged, significant over-representation cannot be doubted.

Mental illness, intellectual disability and crime

There are three main hypotheses for this over-representation of those with MI/IDs: the *susceptibility*, the *socio-psychological* and the *unfair treatment* hypotheses. The third will be dealt with in the next section.

The first proposes that having MI/IDs makes someone inherently more likely to commit a crime, owing to their personal characteristics.¹¹ Though the NSW Law Reform Commission largely dismissed this hypothesis,¹² it is true that certain illegal acts can often be a 'by-product' of mental illness, including disorderly conduct, criminal trespass and assault.¹³ Some argue there is reduced capacity to regulate their behaviour or understand and follow social rules.¹⁴ Others argue that these laws 'in effect' criminalise mental illness and

should be changed,¹⁵ there are broader problems beneath this.

The *socio-psychological hypothesis* considers that psychological and socio-economic disadvantage including alienation and deprivation are strongly associated with those with MI/IDs, and this produces environments where they are more likely to commit them.¹⁶ It is said that these people suffer disproportionately from poor education levels, 'income disparities, lack of affordable housing, lack of opportunities for gainful employment or activities, problems with income support, [and] difficulties in accessing health services and other support'.¹⁷ Neglected persons with MI/IDs must often resort to economic crime for subsistence.¹⁸ Those with mental illnesses and intellectual disabilities can also be subject to negative environmental factors such as lack of family support, negative role models and homelessness.¹⁹ In addition, social stigma may also play a role, leading to alienation, low self-esteem, distrust of others and anti-social behaviour.²⁰ This stigma leads many to avoid treatment, which worsens their condition.²¹

Moreover, those with MI/IDs are more likely to abuse drugs and alcohol, a result of the elevated exposure to the socio-economic factors listed above.²²

The consequences are also more pronounced, as some mental illness are noted to aggravate the effects of substance abuse which often creates criminality.²³ This creates a downward spiral of crime and recidivism. This is especially true as imprisonment is not an ideal antidote to these complex problems. They demand integrated responses from the largely separate institutions of criminal justice and health services.

Certainly it is not unusual for prisoners to have been disadvantaged in this way. The socio-economic characteristics of those with MI/IDs are not 'radically different' from general prison populations.²⁴ However, they have complex needs and will overall find it much harder to overcome these immense challenges.

Many commentators therefore agree that a significant indirect cause of the over-representation of those with MI/ID in incarceration is the *failure of the mental health system*.²⁵ A leaked National Mental Health Commission report was scathing about the mental health services' poor planning, minimal integration and inefficient and unfair use of funds.²⁶ The elevated crime rates are associated with society's neglect of its most vulnerable people. Although some with MI/IDs refuse treatment, many

others are frequently 'overlooked, turned away, or intimidated' by the mental health system, and become detached from community support measures.²⁷ If more people with MI/IDs can access community health services, and gain personal development opportunities, life skill practices, employment and appropriate support then crime rates will fall.²⁸ Apart from being obligations of the *Declaration on the Rights of Disabled Persons*,²⁹ a government effort to bolster the health services for those with MI/IDs makes practical sense. It will lower crime and ease the strain on the criminal justice system.

This over-stretched system sometimes drives the more direct causes discussed below. For instance, as part of accounting for the unfair treatment and arrest of those with MI/IDs, **police** have pointed to the expediency of arrest, in contrast to the hours required of an officer to wait in under-resourced hospitals for an assessment and connect offenders with mental health services.³⁰ A more efficient mental health service would reduce the number of unfair and unnecessary arrests of those with MI/IDs, which currently constitute at least half of their arrests.³¹ In addition, courts refuse bail and impose custodial sentences on those with MI/IDs often because there is no other suitable supervised accommodation available,³² and the offender may constitute a

'danger to the community' if released.³³

Unfair Treatment Hypothesis

The *unfair treatment hypothesis* in contrast considers that there is no greater tendency for those with MI/IDs to commit crime compared to those without them, it is just that they are disproportionately punished for it. It proposes that the over-representation could be due to the vulnerability of those with MI/IDs during the various stages of the criminal justice process.³⁴ This extends from arrest, prosecution, conviction through to sentencing.

Offenders with MI/IDs are more likely to be arrested for offences.³⁵ For police, arrest may seem paradoxically beneficial: it gives them a bed, meals and access to treatment they otherwise would not receive.³⁶ Police may also stigmatise them, view them as less trustworthy,³⁷ or may aggravate the circumstances by not dealing with them properly.

Though the NSW Police Service is 'held in high regard' for its dealings with offenders with MI/IDs, problems still remain.³⁸ Indeed, many police consider these dealings as a 'problematic and undesirable' aspect of their job.³⁹ For those with MI/IDs, interactions with police are not circumstances giving rise to enough trust to

disclose their conditions, and they are quick and superficial: many mental illnesses such as bipolar disorder and PTSD are very difficult to detect in the absence of an ongoing and trusting relationship.⁴⁰ Hopefully recently-initiated training programs for police will make inroads into their presently poor ability to identify and communicate with those with mental illness, allowing for solutions besides arrest.⁴¹ Some suggest that this is insufficient. The US has trialled specialised crisis response units which provide safe short-term accommodation staffed by health professionals that connect offenders to mental health services. These have reduced arrest by one-third.⁴² A much wider government response is needed to address this problem than simply changing police manuals.

Once arrested, those with MI/IDs face many difficulties.⁴³ In certain offenders, there may be a risk of self-incrimination owing to a fear of authority figures, a desire to please, or difficulty in dealing with leading questions. There are greater risks of anxiety, confusion and an inclination to acquiesce. Additionally, they may not understand or have explained to them in a comprehensible way their rights to remain silent, to legal representation or to plea bargain.⁴⁴ Sometimes they suffer

from short attention spans, poor memory and detail difficulties.⁴⁵ Though police instructions do in part address these concerns, they are frequent in breach and without sanction.⁴⁶ Police may request an independent third party to ensure protection from these problems, but this relies on them diagnosing the mental illness, and in any case has not been of great assistance to the offender.⁴⁷ Not well-known in the justice system is that many offenders do not know they have a condition, or will attempt to disguise it, often due to social stigma and shame.⁴⁸

Additionally, these disadvantages exist not only vis-à-vis police, but with lawyers, courts, detention centres and parole officers. Courts and their formal rules and atmosphere and adversarial nature are highly intimidating settings. Those with cognitive impairments frequently struggle to understand what is happening to them.⁴⁹ Particularly for non-indictable offences, offenders may be represented only by a duty lawyer or even self-represent.⁵⁰ Even in prison studies some offenders who have never been previously diagnosed with a MI/ID screen in, indicating that many conditions go unnoticed throughout the process.⁵¹

This raises the need for lawyers to be educated in identifying mental illness and its vulnerabilities.

As with police officers, often solicitors do not have the expertise to properly assess offenders, and do not know of the susceptibilities some offenders face in the criminal process.⁵² Their defences are limited: false confessions or repeated agreement with questions may go unnoticed, and those with MI/IDs sent to prison when the evidence against them should have been challenged. They "fall through the cracks" and are not dealt with effectively. Being able to diagnose MI/IDs is also important as the *Mental Health (Forensic Provisions) Act 1990 (NSW)* s 32 allows for the some offenders who are mentally ill to be discharged or receive alternative sentences. It is imperative that lawyers are able to recognise eligibility for alternatives to conviction and perhaps custody. Law schools and Law Society seminars tend to focus on defences such as insanity or abnormality of the mind, but MI/IDs are much more common and should be the focus of greater attention.

Some scholars have argued that the problem lies not so much in the initial contact with the system, but its **reoccurrence**. Recidivism rates for those with MI/IDs are reported to be twice as high as those of other prisoners.⁵³ Prison experiences are known to be criminogenic, or conducive to reoffending,

particularly for those with MI/IDs.⁵⁴ Often offenders are targets for assault, exploitation, extortion and sexual abuse, whilst others are solitarily confined.⁵⁵ Hierarchy and coercion are rampant, and this victimises those less assertive.⁵⁶ Furthermore, large numbers have health needs that are far from sufficiently met by prison facilities, which fail to screen and adequately treat prisoners.⁵⁷ Mental health services are more responsive to correctional manager needs than those of prisoners.⁵⁸ The result is that prisoners with MI/IDs are often released in far worse shape than what they were upon entry. Furthermore, there is a distinct lack of support structures for ex-prisoners with MI/IDs.⁵⁹ This change from prison to civilian life is a major contributing force to re-offending without their complex needs being met. Efforts must be made to construct a transition plan with programming and support, and half-way houses to mediate the change.

Conclusion

Those with MI/IDs are too often left without care and basic needs of a functioning society member, such as shelter and employment. Often they are caught by the criminal justice system, which is riddled with traps and discriminatory processes. This is especially so as the screening

and its agents' ability to diagnose are inadequate, leaving many to fall through the cracks. The process leaves them vulnerable to a vicious cycle of admission and recidivism, not only costly for society but a sign that it is not caring for its members sufficiently. It is suggested that a standardised screening process should be introduced across some or all of the criminal justice institutions and its data collected and shared, as the most appropriate means of ensuring those with MI/IDs are treated fairly.⁶⁰ Many in the system are well aware of this unfairness, but find that although imprisonment is often an unideal solution to the problem, it is the best they have at their disposal. The problems of those with MI/IDs demands reform at all levels of the criminal justice system and wider health services. It demands a collaborative effort from both institutions, far from what is currently the case ●

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Mental illness through rose-tinted glasses: the romanticisation of mental health issues

/ Miriam Asar

The media is a wide and wild technicolour landscape and yet, for all its representations of every conceivable place, person and plot under the sun, it becomes surprisingly two-dimensional when we broach the topic of representation of mental illness. While we would like to believe that the general consensus is that people do not find conditions such as paralysis or chronic pain endearing, mental illness is excluded from this perception. The problem transcends this when mental illness is romanticised and sexualised by the media and its audiences. It ties into a disturbing trend where mental illness is the vogue within specific subsets of online communities. The media landscape has become contaminated by a gamut of misconceptions and outright damaging depictions of mental illness, which have harmful implications in a society that already stigmatises disorders and mental health conditions.

Boasting a user base of 232.7 million blogs, it is inevitable that one of the numerous

Tumblr communities would host an insidious range of posts, lurking under tags such as [#mentalillness] and [#selfdiagnosis]. It is beyond the scope of this short piece to highlight every mental health issue which is misrepresented within this online community, but one salient example is revealed through a cursory search of the [hashtag 'dissociative identity disorder'] which will reveal meticulously coded blog pages which are embellished with colourful casts of characters, carefully illustrated by the author's own hand, each with a penned biography and list of hobbies. These purport to be 'systems', the medically recognised name for alternative identities of a person diagnosed with dissociative identity disorder. The disorder is a legitimate condition but there are instances of Tumblr blogs which push the bounds of reality and take creative licence with it, shattering the credibility and solemnity accorded to individuals who feel they have an actual issue. Some of these 'alters' have lives that would put those

of the cast of the most tawdry afternoon soap opera to shame, engaging in volatile relationships with members of the same system, arguing with the host or emerging only for a few moments to express a quirky quip. Such actions have certainly never been documented by any mental health professional.

To contrast these fun and offbeat identities, which have little to no effect on a person's daily life, is the documented case of Kim Noble. As a result of her disorder, Noble's daughter was taken into care by social services directly after her birth and astonishingly, because different identities were dominant at the time of her pregnancy, Noble did not realise she even had a daughter for years afterward.¹ For those who have dissociative identity disorder, their lives are more than the culmination of having the cast of *Community* in their heads – it can involve losing their grasp on their memory and control over their actions. Dissociative fugue and amnesia are typical to the condition.²

Trivialisation is synonymous with these representations. The top posts on Tumblr and Instagram tagged with #OCD constitute pictures of an irregularity with floor tiles or a colour-coded vending machine. They fuel the misconception that Obsessive Compulsive Disorder is not a legitimate disorder which can intrude on daily life.

Instead, it encourages the idea that OCD traits are another quirk, mere tendencies of an eccentric personality. This is the summation of the rationale behind these representations, another adjective to exude uniqueness and individualism.

Social media misrepresentations can stem not only from the deliberate actions of individuals but also from wider external misconceptions. These misconceptions did not appear from thin air. Film and television and mass media, intentionally or unintentionally are collectively culpable for the dissemination of false projections of mental illness. Awkward characterisation, such as *Glee's* Emma Pillsbury, who has Obsessive Compulsive

Disorder, have generated complaints that characters portrayed overtly as suffering from mental illness, become defined only by their condition.³ Violence features excessively in this issue, with a plethora of iconic characters who are painted as victims of mental illness, slaves to the urge to aggressive behaviour inflicted on others. *Silence of the Lambs*' Buffalo Bill,⁴ *Psycho*'s Norman Bates⁵ and *Taxi Driver*'s Travis Bickle⁶ are not contentious when isolated, in and of themselves, but when these representations take place within the wider context of how the media presents these issues, more care must be taken in how mental illness is consumed and processed.

However, these are not the representations which can lead to romanticisation or fetishisation of mental illness in the collective mentality of the audience. In *The Virgin Suicides*,⁷ the images of the sepia-toned tragedies of the Lisbon sisters are viewed through rose-tinted lenses amongst online communities, linking their abusive household and heartbreak

with the angst of adolescence rather than their deep emotional turmoil which led to the suicides of all five sisters. Often quoted from the book and film is the line "what we have here is a dreamer, someone completely out of touch with reality".⁸ An enduring trope and stereotype is that the mentally ill possess a secret window into a creative realm to which no others have access. This carries the effect of beautifying isolation and seclusion of those who seem disconnected from reality.

The Virgin Suicides touches on the idea of the Ophelian figure, a sexualised young woman devoured by her delusions and disengagement from the world,⁹ but more prominent and pertinent examples surface in the TV series *Skins*. Petite, frail and dark-eyed, Cassie is just one character in the show's dysfunctional cast, but her portrayal of an eating disorder – anorexia – may have been lost on the younger fans of the series. A much beloved, reposted and disseminated picture of Cassie is emblazoned with the

words "I didn't eat for three days so I could be lovely".¹⁰ Her glorification as a manic, unpredictable blonde beauty does not mesh with the didactic message the show attempted to convey in depicting the illness. As these characters are recreated as the objects of sexual desire, they lose the impression that they need assistance or support. When these representations of mental illness are romanticised, we must question whether the legitimacy we afford actual people with mental illness diminishes, consciously or subconsciously.

It is not because of political correctness that we need to draw attention to these misrepresentations. As a society, we cannot see mental illness in the same way we see physical disability. It can go undetected by the majority of society, whose eyes pass over us like water. Because of this, we need to ensure that all representations are contextualised and as accurate as possible. Mental illness affects a large portion of the population, approximately one fifth of the adult population each year,¹¹ and

representations need to be more than tokenistic, they need to do more than consume the character in which they are portrayed. As social media users and consumers of the media, we must be aware of the stigmatising effect that our perceptions can have within a society that already confronts those with mental illness with discrimination and barriers to acquiring assistive services. Let us not further stigmatise others through swallowing deceptive media representations ●

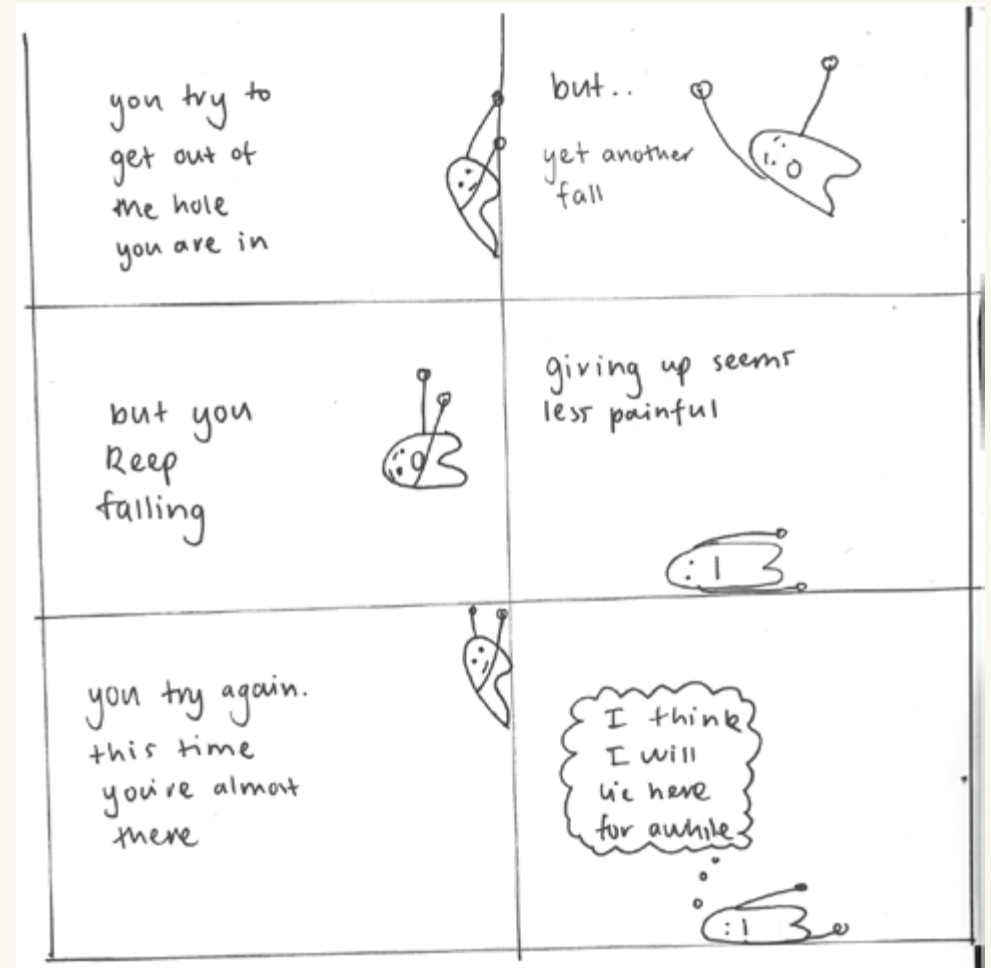
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Just the two of me / Rhys Carvosso

About nine months ago, midway through my first year of university doing an Arts/Law degree, I was diagnosed with depression. The worst of it came at the end of last year, but it continues to hamper me today. Needless to say, during the worst of it I was a shadow of my former self – I was physically and mentally gaunt, I didn't go outside for months and I was unrecognisably self-absorbed, something of which I have only recently become fully aware. One outlet, though admittedly futile, was writing, which at least made me feel like something positive was coming out of my constant sadness. This poem is called 'Just the two of me', which I actually finished writing last November. It is free verse poetry, in the form of a back-and-forth conversation between two personae in my own head – the normal side of me (the rational, normal side), and the depressed side, which catastrophises and increasingly frustrates my

regular side. I thought this format, with two columns adjacent on the page reflecting the conversational aspect, was the best way for me to try to convey the feeling you get that someone else, unrecognisable to you, is in your head when you are depressed, planting unwelcome thoughts and constantly nagging and tiring you out. I tried to give the depressed persona a taunting tone, as if a visitor in my head, but on the other hand tried to convey a perverse closeness between the two. I also chose the two-persona format to suggest that you never lose your previous identity when going through depression; rather, it is a struggle between this new, irrational, inexplicable sadness and the things you used to hold dearest. I structured the poem in four vignettes over the duration of one day, and wanted a banal, commonplace, conversational tone to convey how ever-present this depressed side is.

It's morning, 7.30.
I go to the bathroom, wet my dry mouth, wash
my face,
Look over my shoulder to see
No one following me.
Maybe today's different,
He's gone to plague some other fool
And left me like I used to be.

I smile warily, too wearied by the false
alarms of yesterday,
And Tuesday,
And Monday,
To be too sure.

I lie back in bed, sleepy.
Big mistake.
Suddenly my head feels heavy,
The insides of my brain feel shrouded in
mist, and my eyes see only memories.
Was there something in the tap water that
makes life feel pointless?
Am I laying the wrong way, should I be on
my back?
Will that stop the rut?
But I've tried everything, so I submit.
And sleeping through the day starts to seem
a lot easier than being poisoned by him.

What the fuck are you on about?

We're not doing anything. I'm getting ice cream,
then going out.

Just stop, or I'll get my parents.

I wrap around his ankles, slither up his torso
and, like prickly vines, wrap around his
head, in his ears, around his eyes, keeping
out the sun.

Smeeeeeeaaaagolllll.

Sorry, just trying something out. So what are
we doing today?

Out? With other people? Who don't know?
They don't deserve you.
I *know*. I deserve you.

Stop.
 I clench my head, tear out my hair,
 Lick away at my wet cheeks like a grateful
 dog.
 Pen bleeds,
 'My soul trembles with fear of tomorrow,'
 Stolen.

The one-man show attracts a crowd, and the
 bedroom door opens.

Run while you can, mum, before he attacks.
 'Good morning sweetie', she says gently,
 Brushing my hair.
 She sees my tired eyes, pleading for rescue.

She jumps up, and escapes. So it's a bad day.
 Now look what you've done, I growl at him.
 I curl up alone, again,
 As he reaches his spiny fingers over my goose-
 bumped shoulder and whispers in my ear.

So tired.
 Another morning down, at least.

II

In the line for ice cream,
 Why would he follow me there?
 Surely he can't sour
 Salted caramel gelato
 Giandua fudge
 Amaretti biscuits
 With tears?
 Suddenly his unctuous voice rings out:

Marx once said, 'The only antidote to mental
 suffering is physical pain.' Shall we try it?

You burden.
 I clench and twist,
 We squeal into the pillow.

Thief.
 Words do me no justice.

Just leave me alone. GO.

Daisy Fay.

It's 8.00...

How quaint.

I'll have two scoops of that one in a cone, thanks.

I take my ice cream and sit on the bench in the
 park across the road.
 Kids swinging off trees – what do little kids think
 about before they go to bed? – And couples
 holding hands and feet
 With frosted doe eyes and giddy smiles.

Have you got a bloody thesaurus somewhere in
 there?
 I chew a piece of fudge,
 And cry.

The playing kids look up, nudge their parents,
 whisper loudly like kids do,
 Why is he doing that daddy?
 Doesn't he like ice cream?

Where?

Or let's flee, we'll find a hut in Patagonia, we'll
 tend to sheep, walk in the dewy tall grasses and
 over the lightly frosted tundra,
 wrap tartan blankets over our tender legs as we
 watch the stars, pure and unpolluted, from our
 armchairs, eat what we catch, write by candlelig-

As I was saying... write by candlelight, grow a
 beard in cold winter and plait it in the spring.

Don't pine.
 You did this.
 All you had to do was wait.
 But now, I'll show you how to wait,
 I'm not going anywhere!
 Your fidgety squirmy pathetic infirmed
 Sense of dependence.
 Now, you can depend on me.

Run.

Patagonia?
 We smear our face in ice cream,
 And disguised, we skulk back home,
 Back up the stairs,
 Into our Yeatsian ivory tower,
 To do something we've never done before,
 To think.

The weight of painful months pins down my chest,
as he lifts, curls and drops it on me
again and again.
His muscles grow as mine fade.

III

It's evening, and I'm out to play.
Familiar faces, not imagined this time,
Greet me and spill their drinks on me.
The wetness is reassuring.
I assume he followed me here, even if he's
temporarily gone off to some other
Dark bedroom or morgue,
Patiently waiting for me to lift my hopes
before he demands me to take him home.
But even as I wait, he doesn't appear.
Am I free?

But alas, I eat some kindly proffered chips
and feel grateful that the haze is outside my head
and in the open air for once,
And hours pass in simple pleasure,
The still moment between two waves.

Then, a song comes on, which, for those not
in the know, is a very common occurrence
at these types of things, and to any regular
person, would change nothing.

But this particular song reminds me of some
particular picnic in London Hyde Park with
a particular someone and a particular squirrel and
some Harrod's fudge and a
mango and two people in love
At a sunnier time in my life.
And that's all he needs: a sunset.
Foot in the door.

Yes, I remember.

No.

You remember?

It's too hard, too much has happened.

No.

I can't.

Not that we let them -

Who said you can narrate?
He tells me to run, and my legs
Acquiesce.
No one dares look me in the eye for too
long on the bus.
Before long I mope into the garden,
Key under the front mat,
Walk into the dark hallway.
Silence.
But the train of thought has left Central.
It won't stop till Emu Plains now.

Somewhere out west I think.

Further, I think, near Penrith?

Let me go.

Stop.
Think of a brick wall.
Red velvet cake bricks, cream cheese mortar.

Spiral downwards, temazepam,
Wet pillow,
30 Rock to numb and block,
Slumped against the wall of the shower,
Words I can't follow (do I run?)
Wash the shampoo out immediately instead
of leaving it in because she told me to,

It is, we can't forget.

We can't.

Good.

We sit, from time to time approached
And quickly deserted
By minds not able to understand -

We twiddle our thumbs and wait for an acceptable
excuse to leave.

Where is Emu Plains, out of interest?

So near Bankstown?

Ah, Penrith. Remember playing at that oval in
Penrith with the white picket fences? Back before
all of this-

We have to go back.

You know whose house has a brick wall just like
that?

Daisy.

I'll find a hydrofoil, a pool, and a gun.
Meet you there?

It gets in through the ears and cleans them.
It's why we take three showers.

Collapse.

But on my walk
I never feel the leash tied to my neck,
Dragging along the pavement for now,
But one tug away from taut.

IV

My dad comes in to say good night.
'Good night, love you.'
He's patient.

'You don't understand.'
He's useless.

He'll be there in the morning, to bear me back
ceaselessly into the past.
And I'll row.

I want to go to sleep, but he doesn't.

You remember that day, exactly a year ago?

Until we finally decide,
To toss the oars aside,
And let the current take us ●

Now? Seriously? Can't we just go to bed?

God the wind is loud, we'll never get to sleep.
And Dad was a bit brash when he said good night;
I think he's sick of us.
And why hasn't your phone buzzed, that's probably
a bad thing.

Please let me go, please.

To live is to suffer.

Where do you come up with this crap?

Nietzsche.

Wanker.
Go. Scuttle.

My mind walks out to its usual place,
Near two snow-capped pine trees,
Along a stone wall with moss
Shooting out the cracks,
Peers through a window
Meeting two hazel eyes
Warm and inviting
So familiar
And knowing my story
And clearing the haze.

On some walks, it rains,
On some I wear a coat.
But the haze always lifts.
The rain never bothers us,

Opinion Piece

/ Christy Shen

Are lawyers more susceptible to depression than any other professionals?

If so, would it be the nature of legal work? Specific traits of those attracted into the industry? The atmosphere within legal workplaces? Or is it to do with the culture of the legal profession which places emphasis on external validation?

There is a difference between having the blues when your dog passes away and constantly feeling like there is nothing to look forward to, no goal to aspire towards and no value in anything you might achieve.

According to Justice Shane Marshall who has been at Federal Court for over twenty years, one in three law students and lawyers suffer from depression. Studies show that depression among law students is 8-9% prior to matriculation, 27% after one semester, 34% after 2 semesters, and 40% after 3 years.¹

Why is this the case?

Perhaps it is because of the societal stigma that surrounds mental illness which is to blame. Perhaps it is the cut-throat and highly competitive environment of law that is problematic. Tales of depression, overwork, discontentment, alcohol abuse

and general distress are prevalent in the legal profession.

If you are in a shark tank where everyone is hyper-aggressive, would you openly admit to depression?

As the profession lurches towards an economic slump and internal pressures to perform well are rising, depression rates amongst law students and graduates are exponentially increasing.

What are some worst case scenarios which might induce depression?

Rocking up to your friend's place after a night out clubbing, announcing your drunken affection and begging to them to let you stay over for the night after having known them for the past 12 hours. Check.

Turning up to a lecture late only to realise that Ischemic Delayed Neuronal Death is not on the law syllabus. Check.

Getting lulled into a false sense of security that attaining a law degree will distinguish you from other candidates only to realise that you don't actually enjoy law to the extent that you would want to spend the next three years in an environment where competition is palpable. Unfortunately, check.

Perhaps you have become increasingly disillusioned to the promises of glory. Perhaps you have come to the realisation that actually being qualified to practice law involves a lot more than mere graduation from law school. Perhaps after long hours in drudgery and relative anonymity, earning good money but having little opportunity to shine in the courtroom, you have come to the realisation that a career in law isn't the right path for you.

You once dreamt of combating white collar crime as a federal prosecutor.

Reality has hit home.

Your dreams of litigating dozens of criminal trials involving bank robbery, securities fraud, income tax evasion and drug trafficking might not ever come true, but is all hope lost?

Even if you don't end up opting for a position at a major law firm, a law degree is applicable across a variety of professions.

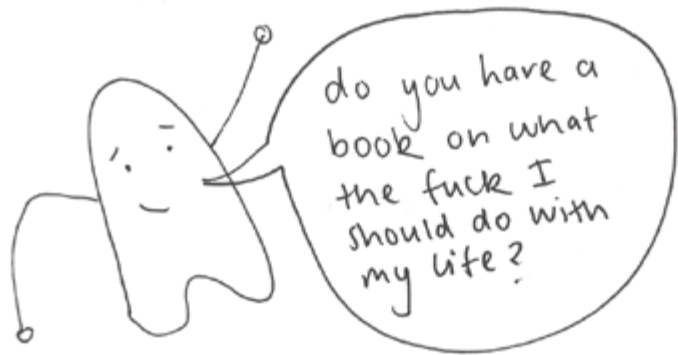
There are diverse ways of accomplishing things for the public good whether it be working for NGOs, non-for-profits, the government or pro bono consulting organisations.

The fulcrum of power lies in passion. The sensation of fulfilling your potential rather

than chaining yourself to doing what you feel obliged to do will maximise happiness ●

References

1. 'Caught in the Stigma Trap: The Cost of Mental Illness in the Workplace,' Radio National, 22 Feb 2015, Accessed 3 May 2015: <<http://www.abc.net.au/radionational/programs/backgroundbriefing/toxic-law-judge-talks-openly-about-depression/6130792>>.



University - If I sleep for 5 days



Creative Piece

/ Anonymous

I've rewritten this explainer at least ten times now; it seems that writing about my mental health is so much easier in the abstract, when I can obscure truths in metaphor and poetry. It is far more difficult to write about it candidly, even under the guise of anonymity. I get as far as talking about the days I could barely get out of bed before I start backspacing sentences, deleting paragraphs. I can't even type the word 'suicide' without every cell in me seizing up, telling me to erase it. Yet all the same, I feel like maybe I need to learn to stop trying to dress up my mental illness so it's more palatable for society at large.

So, drawers thrown open, cards on the table: I'm depressed. I'm anxious. I've made what my psychologist calls near-suicide attempts. I've self-harmed. It's been two years since I was first diagnosed, but if I'm perfectly honest with myself, by that time, my mental illness was already an old bedfellow. I was convinced I was just pathologising my own

sadness. Sometimes, I still am. I was reluctant to write any of this even anonymously, when no one knows my name, because I worry that talking about my depression will come off as a plea for attention, like playing the victim, because these are the things society tells you, that people you know tell you, that my parents told me. This summer, I found myself thinking: January 20th and a bottle of sleeping pills, and eventually, desperate, at the end of all my ropes, dragged myself to the doctor and asked for medication. Before I finally started a course of SSRIs, I had forgotten what ordinary contentment felt like. And even now, I still collect regrets because I don't know how to stop, and sometimes I still find myself with my hands shaking and my chest so tight I can't breathe. Today, I stood in the shower and thought about holding the barrel of a gun against my temple and instead of fear, tasted the bitter edge of longing. None of these are truths I'm proud of, but I don't know any other way to say this.

nineteen / 2014

- I. Someone says, there is a beauty to sadness. Someone speaks of poetry, little girl lost, Anna Karenina at a train station.
 - II. You're on the phone, sobbing. Don't, she says.
- III. When I think of sadness I think of this: me at nineteen, crying in college classrooms, bathroom stalls, empty offices. Nineteen, the week I didn't get out of bed, at the end of all my ropes, and that's a cold dark truth I don't speak of; nineteen, holding a towel over my mouth because breathing gets exhausting, darling, and that's another cold dark truth, isn't it, me at nineteen sobbing on the phone to you, me and nineteen and desperately tired, waiting for the train to come.
 - IV. There is no poetry to this.
- V. You, nineteen, and it's one thing to die instantly, but this, sadness, sadness is a slow burn, devours you whole, it's the cold hard shape of a gun to your temple, and no, there's no beauty in this.
 - VI. I say all of this as if it's been consigned to history.
- VII. Your sadness is you, nineteen, little girl lost, you, crying on the sidewalk of Oxford Street, nineteen and on the phone, sobbing. Your hands are shaking. Don't, she says.
- VIII. Do not listen when they tell you that your sadness is beautiful. There is no beauty in your sadness; your sadness is a terrible, ugly, wretched thing.
- IX. There were so many endings I had wanted to write for this story. None of them happened.
 - X. The train doesn't come.

confessional / 2014

There's this dream I have, there's a cliff face and the wide Sargasso Sea, and I always wake up crying. You fill in the blanks. But nobody speaks of this. We don't speak of this. Not of this quiet decline, the way that sorrow settled quietly into my skin, wedged itself deep into my bones. Someone asks me how I am. There are so many truths I could offer here, of sorrow, of the weeks I spent anchored to my bed, of the telltale pinprick of salt behind my eyelids. But instead: I'm fine, great. Never been better. Wear red lipstick as a lie. Laugh, teeth showing. Rinse, repeat: I'm fine. Great, even. But there's this dream I have, and I always wake up crying, and, well. You fill in the blanks.

an abridged history of sorrow / 2015

1. In this story you're fourteen and you're sobbing and your mother's hand is the crack of a whip against your face. You're fifteen and you're fighting with your mother again and the mug hits the wall behind your head, doesn't shatter, falls limply to the couch you're on. Or maybe this is the story where you're fifteen and still sobbing and your mother has stuffed a towel into your mouth because your crying is too loud, it's embarrassing, your mother is holding you down and your mouth feels like it's full of wool, your mouth is full of wool, but you can't stop crying and she won't let up but still you don't stop.
2. You store your resentments like talismans. The problem here is: there is no one in this world you have ever resented more than yourself.
3. Once, at sixteen, you held a knife to the inside of your wrist. Or, rather: once, twice, thrice, at fifteen, sixteen, twenty, you held a knife to the inside of your wrist and two-fifths of it felt like a prayer, three-fifths guilt, and all of it like desperation.
4. Sorrow became the house you lived in.
5. Your father tells you, no one will ever love you if you don't love yourself.
6. In another story, you're nineteen and you're not sobbing, but your mouth feels full of wool all the same, your mouth is full of wool, you're nineteen and there's no mothers or wolves or fairy tale villains here and yet. And yet.
7. That was the summer you didn't get out of bed.
8. Once, you tried to flee the country, looking for something you could name absolution, could name victory. In a town where all the trees were losing their leaves, where the air was stale and you couldn't see the sky for the smoke and every lungful filled your mouth with the taste of ashes, you found yourself sitting in the kitchen of a thirteenth floor apartment, cold tile, black grout, hands shaking so hard you nearly slipped and cut down to the bone.
9. Your sadness is an old ghost, cold-blooded memory, unholy companion.
10. Still. These days you wrap yourself up in cling wrap and Kevlar and fifty milligrams of sertraline hydrochloride, and sometimes the joy even comes easy and fast, and maybe that's the victory you were looking for. There was the morning you looked in the mirror and thought joy and it felt like a revelation, and in the slow quiet hours of the night when the sorrow swallows you like a chasm, there's that to cling to. Think joy, think three months from now, rinse repeat, and maybe this wasn't the ending you wanted, no sunset sails or ever afters in sight, but all the same: it's a start.



Seek Help

On campus resources

- *The University of Sydney
Counselling and Psychological
Services*

sydney.edu.au/current_students/counselling/

📍 Level 5 of the Jane Foss
Russell Building G02, City Road
(beside the Wentworth Building),
Camperdown Campus

☎ (02) 8627 8433 or 8627
84367

✉ caps.admin@sydney.edu.au

- *The University of Sydney Health
Service*

unihealth.usyd.edu.au/services/

📍 Wentworth Clinic,
Wentworth Building G01 on
Butlin Avenue, Level 3; Holme
Clinic, Holme Building A09 on
Science Road, Entry Level

☎ (02) 9351 3484 or 9351
4095

Off campus resources

- *Headspace*

headspace.org.au

📍 Level 2, 97 Church Street
Camperdown
✉ headspace.centrawsydney@
sydney.edu.au
☎ (02) 9114 4100

- *Camperdown and Redfern
Community Health*

📍 Camperdown Community
Health Centre, Level 5
(Street Level), KGV Building,
Missenden Road, Camperdown;
Redfern Community Health
Centre, 103 – 105 Redfern,
Street Redfern.

☎ (02) 9515 9000
(Camperdown); (02) 9395 0444
(Redfern); (02) 9767 5000 (after
hours).

- *The Black Dog Institute*

blackdoginstitute.org.au/

📍 Hospital Road, Prince of
Wales Hospital, Randwick

✉ blackdog@blackdog.org.au
☎ (02) 9382 4530

Online Resources

- *beyondblue*
beyondblue.org.au/

☎ 1300 02 4636 (24 hour
hotline)

- *eheadspace*
eheadspace.org.au/

