

Violent cry for help all too common

By RUTH HILL - The Dominion Post 31 August 2009



MAARTEN HOLL/The Dominion Post
HARD ROAD: Jess Senior has come a long way since her teenage years.

For many years, the wounds she inflicted on herself were her only way of communicating the pain she felt on the inside. Jess Senior talks about how she stopped self-harming.

The first time it happened, she was 13.

"I was in a lot of distress and everything just felt overwhelming... I didn't remember doing it but became aware I was bleeding. I guess I was still in shock, I thought, 'How the hell did that happen?'"

For the next few years, self-harming became her main coping strategy for dealing with distress and depression. Even in summer, she would wear long sleeves, trousers and tights to hide the cuts.

It's hard to understand how someone could feel "helped" by such self-destructive behaviour, but Jess felt she had no other way to communicate what was happening to her inside.

"There's pain and with that you get a certain amount of adrenaline and endorphins, which is quite addictive and why people turn to it again and again.

"For a long time, I didn't have the language to articulate what was happening for me . . . I felt so out of control."

Despite the involvement of mental health services in her life from birth - because of her mother's serious mental illness - the pattern of hurting herself started very early. Her father remembers that as a preschooler, Jess would scratch herself in her sleep till she bled.

Her mother took her own life when Jess was 9, and for many years, she felt fated to follow the same tragic path. Admitted to hospital at 14 after a suicide attempt, she came under the formal care of mental health services, for better - and occasionally - worse.

Her father, who had won custody of her when she was four, has been a great source of strength and stability throughout her life. "It must have been really confusing and frightening for him . . . He once told me he had thought I would die by suicide. I thought that myself for a long time, but to hear your dad say that was really scary."

She tried to cover up the self-harm, telling "ludicrous stories" to her father and stepmother. "Of course they knew, parents aren't stupid. I made up lame excuses to friends about why I couldn't go swimming and why I dressed for winter year round."

However, chronic self-harming like Jess' would not show up on any of the official statistics. She never sought medical help, though she "probably should have".

"I know heaps of people who go into the emergency department or their GP, get stitched up and sent home in well under 48 hours, so they don't get recorded."

Despite failing seventh form "pretty miserably", she managed to get into university with a provisional pass. "I did pass one psychology paper. I loved it, and it was all pretty familiar territory to me . . . but I couldn't cope and dropped out."

After a couple of psychotic episodes, she was admitted to the regional Rangatahi (adolescent) inpatient unit. She had not been self-harming for some time, but within two days of being admitted, she started again.

"There were some benefits [to being an inpatient] - I stayed alive - and some of the other people in there are now my best friends . . . But for me, it was not a good place to be. While I was there, another patient suicided, which brought me massive secondary or cumulative trauma."

Thanks to her having a supportive family and psychiatrist, she was discharged relatively quickly.

The turning point for her on self-harm was being "told off" by a community psychiatric nurse. "I was outraged at the time and got all righteous, 'How dare she speak to me like that?' etc.

"But gradually I came to accept that she was right when she said it was in my power to do something about it . . . rather than me falling back on the excuse that I was dissociated, I didn't mean to.

"She wouldn't even let me off the hook when I was psychotic. She said, 'You know when your anxieties are getting bad and you can choose to do something about it before you get to that point. She put the responsibility back in my hands.'"

It took some time to be able to give up completely, but the clincher was when her favourite "coping strategy" stopped working. "On the few occasions where I thought 'F. . . it, I'm just going to do it', it didn't work for me because my headspace had changed. I just felt, 'What was the point of that? I don't feel any better'."

Then there was the moment when she threw out all her disposable razors. "A bit like an alcoholic tipping the whisky down the sink. It felt great."

Another big factor in her recovery was meeting her partner. They have been together seven years. "It's harder to hide what's going on when someone can see you."

It hasn't been easy for him either. "For both him and my dad, it must be really, really hard to see someone you love hurt themselves. They have both got frustrated and angry at times, but I know they are always there for me."

Her partner also lost his mother at a young age, which made it particularly difficult for him to understand her suicidal behaviour. One day, he came home to find her bleeding and distraught. "He got really mad and said, 'How can you do this to yourself? My mother wanted to live and she couldn't. You are perfectly healthy and you're throwing it away'.

"I felt really guilty, but at the same time I felt he didn't know what it was like."

Another turning point for her was becoming involved with Wellink's peer support helpline Warmline five years ago.

"It was fantastic to meet all these people who shared similar experiences. I didn't want my life to turn out like my mother's, but I thought I had no choice. Then I met all these amazing people living really great lives and doing amazing work and it opened my eyes to the possibilities. Instead of feeling like I was a big burden on society and my family, I felt empowered."

Now 24, she works as a peer development co-ordinator with Wellink, consulting for a range of organisations providing mental health services.

She is deeply disappointed by Capital and Coast District Health Board's recent decision to defer plans for an innovative community-based crisis treatment service in partnership with Wellink.

For people in crisis, Te Whetu Marama - New Zealand's first Short Term Assessment and Recovery Service (Stars) - was to be an alternative to staying at home or being admitted to an acute admissions unit.

Instead, ward 27 has been enlarged and the new service is set to open next April - though Jess points out this is the fourth firm date they have been given since the first one of May 2007.

She feels an opportunity has been missed. Self-harm and suicidal behaviour are symptoms of deep psychological distress and can't be fixed with a quick visit to ED for stitches or a stomach-pump.

"We're lucky to have HeadSpace [youth crisis respite] in Wellington, which operates on the same principle with no lockdown and no seclusion and has stopped many people being admitted repeatedly to the inpatient unit.

"But we need more flexibility in services. It's still the case that young people with severe levels of self-harm are shipped out of Wellington to Ashburn Hall in Christchurch, away from their support networks.

"People need to feel comfortable and safe and have their whanau and friends around them."