



# Podcast Transcript

Online Professional Development for Mental Health Practitioners



## In The First Person: Growing up in a Family with Mental Illness and Family Violence

<https://mhpn.org.au/podcasts>

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Millie\*, Lived Experience

\*Millie is a pseudonym

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**Host (00:01):**

Hi there. Welcome to Mental Health Professionals' Network podcast series. MHPN's aim is to promote and celebrate interdisciplinary, collaborative mental health care.

**Sabin Fernbacher (00:17):**

Welcome to this episode of MHPN Presents: In The First Person, a podcast series that provides you, the listener, with the opportunity and also the privilege of hearing people's stories in their own words. My name is Sabin Fernbacher. I work as an independent consultant, as a trainer and a supervisor, and also teach a family violence subject at Monash University in a mental health course. I'm passionate about women's mental health and trauma on all levels; individual, systemic, policy and societal. And I've worked in this area in a range of roles over many years. In today's episode, we will be talking about mental health challenges, mental illness, and also family violence. I am so delighted to be joined by Millie. Welcome Millie.

**Millie (01:12):**

Hi Sabin. It's great to be here

**Sabin Fernbacher (01:14):**

It's great to hear you. So, let me introduce you a little bit to Millie, who will, of course you're going to talk about yourself in a little moment, but just in a way of introduction, Millie is currently in her second year of a Master of Social Work. She has children, she has friends, and she has a long-term partner. Millie enjoys listening to music, bush walking, trying new foods (there is a connection here), op shopping and comedy, but only if that comedy is tasteful. Millie's with me and us here today to talk about her lived experience of growing up in a house and a family where her mother has and had schizoaffective disorder and a father who used violence.

(02:06):

Before we begin our conversation today, I would like to, on behalf of both of us, acknowledge the traditional owners of the land that Millie and I are both on today, the Wurundjeri people of the Kulin Nation. I pay my and our respect to their Elders, past, present, and future. I acknowledge First Nations people's strength, their resilience and ongoing connection with Land, Waters, and Communities. I also acknowledge that sovereignty of these lands was never ceded.

(02:40):

I and we also want to acknowledge people with lived experience of both family violence and mental health challenges. If, amongst our listeners, you have had similar experiences to Millie, or to many of us, we really, really welcome you. I want to invite you also to look out for yourself, and really look after yourself and be kind to yourself as you listen through this podcast. Millie and I talked about the fact that these conversations can be tough. They are both so, so necessary, and they're also hard, and they can bring up things for any of us who share some of the experiences that we will be talking about today. So, please take your time with this, and reach out and make use of support services that are available to you as professionals, as community members, and there are some contact details on the MHPN landing page also. And as a quick reference, 1-800-RESPECT, known to many people supports professionals also, and people who've experienced family violence.

(03:51):

So, as a way of starting our conversation today, Millie and I thought it was worthwhile to share how we actually first met. A couple of years ago, I was asked by a health service in Victoria to provide a session on the intersection of family violence and mental health, and you, Millie, worked at that service at the time in an administrative role. During my presentation I talked about the fact that mental illness is often used like a weapon, or weaponised, in family violence situations, and really used against the person with mental illness, and the impact that that can have. And after I did that presentation, Millie, you reached out to the organisers to let me know how what I talked about spoke to you and resonated with you, and I think I remember right, that you said you hadn't quite heard it like that before, about that impact and how that is used, wasn't it?

**Millie (04:45):**

Yeah, that's right.

**Sabin Fernbacher (04:45):**

And I was so touched that what I presented and what I talked about connected with you, and also more to the point you asked that if I wanted to collaborate with you as a person with lived experience, you would be interested to explore this. I remember you also said, oh, you've probably got lots of people you're working with, and I have collaborated with people with lived experience for a long time. But I never had the opportunity to collaborate with someone like yourself. There's only one Millie of course, but also somebody who's grown up in a household where both of the things of mental illness and family violence occurred. So, I was really touched and really delighted that you reached out, and that was it really, wasn't it?

(05:26):

We called up over Zoom of course, cause we were in the middle of COVID, and have been catching up frequently ever since. We talk about a lot of different things, including the work we've embarked to do together, but also about our families, our lives, about studies and work and placements, about trips away and the work we might be doing together as we go forward. And that's really what brought us here today, isn't it?

**Millie (05:54):**

Yeah, it's nice to reflect back on that actually.

**Sabin Fernbacher (05:57):**

It is, isn't it? Because I think it's about two years now, so it's really nice to do this together with you today too. So, Millie, you wanted to let listeners know about a few things before we go into our conversation today. So, would you like to start with that?

**Millie (06:11):**

Yeah, yeah, I can start with that. So, I really wanted to say that what I'll be sharing today, it involves experiences of my own adversity and trauma. So, I'm talking about growing up with a mother, yeah, who was diagnosed with schizoaffective disorder, and a father who used violence. But I want people to know when they listen to this, I want people to really be open to hearing my experience, and listen without judgement or the desire to define or categorise me. And I just wanted to share a reflection that highlights why this is important to me, just before we get started and talking about my experiences. So, I'm just going to read through a reflection that I wrote.

(06:54):

I reflect on a recent conversation I had with somebody in my network, working in the mental health space. She said to me that she doesn't believe in the phrase what doesn't kill you makes you stronger, but rather what doesn't kill you gives you mental illness. She said that adversity or trauma does not usually lead to positive outcomes. This person, she didn't know my background or story when she was saying this, but it was her held view based on her own experiences and knowledge. And I don't have any judgement towards her either. I've heard these similar sort of sentiments before. However, both of these views, as different as they are, what doesn't kill you makes you stronger, or what doesn't kill you

gives you mental illness and poor outcomes, I just wanted people to know, they usually lead me to shrink back into my shell, or not express myself fully when I hear them. I guess because I've been through some of the adversity and trauma, I feel the impact of them in relation to my own life experiences, that both statements don't reflect the complexity of the impact of these things in my life.

(08:03):

And while I agree that adversity does not make you stronger on the whole, it does cause difficulties and hard things for me to deal with. I also think that strengths can and do develop despite negative experiences. And yeah, I am a mother, a partner, a master's student. I have strong relationships with friends, I've held down jobs, I have interests and a life outside of my experiences. And I have developed an understanding as well, from these experiences, that things were not right in my house. I've developed an openness to learn from other people, and I developed a strong sense of social justice, and wanting to make a difference. And I'm still learning about how best to do this through studies and life experience. And despite the things that I've been through, I also try to be kind and caring, and I value learning and education.

(08:58):

I'm a whole person, I think is what I'm trying to say. I value different perspectives, and want to know how different people make sense of the world, and I think that's really important. And while thinking about my experiences, I also don't think it's right to dismiss the impact of these negative, adverse, trauma experiences, however you'd like to define them, on my psychological wellbeing. Depending on different situations, it can sometimes be quite difficult to manage physical reactions from my nervous system, and I am continuously working to improve this. And I've also been through really dark times, which have taken work to dig myself out. Some days are easy, and other days it takes work to pull my full self together and carry on with my day and everything that I do and my day-to-day life that everyone else does. Sometimes people hear some of my story and assume I have all the strengths in the world.

(09:57):

And with that I find it really difficult to live up to that expectation, and sometimes feel guilt, nervousness and shame if I can't. At the same time, if people just think of mental illness and poor outcomes when they hear my story, particularly other professionals, I definitely shrink and struggle to show them what strengths I do have. Now, I've been in situations with colleagues and peers where I've told them a little about my experience and my background, and I've watched sometimes their faces do the maths as to how put together I likely am today, that's how I perceive it. And I've done lots of work to heal through these experiences that I've been through. And I think it's important to not only focus on the difficulties that I have that my strengths and who I am, it's completely missed. And just as I share my experiences, I'd like the listeners to keep that in mind. And I'll be talking about things that are difficult and might be shaky when I do, but it's important that people respect how difficult it is, but not just see me as somebody suffering poor outcomes, or unable to live a fulfilling life or to contribute to society and a discussion like this. I'm really grateful to have the opportunity to have a space to share my lived experiences and I believe different experiences offer a depth to professional understanding and practice, and really appreciate the time you are taking to listen and value mine.

**Sabin Fernbacher (11:25):**

Well, Millie, thank you. I'm just going to leave a little moment of pause, for the listeners also. There was a lot, and it is all incredibly important. And also Millie, what you've just done is you've reminded us, I early on was trying to acknowledge that if we were in a room, I know listeners you might be in all sorts of spaces, but whoever listens to this, that whenever we talk about these issues, we are likely in a space with somebody else who's had similar experiences as well. And just because we don't know, and I don't usually use the word should, but we shouldn't think of this lightly, and that we hopefully always want to be respectful of other people, and we don't know what's behind someone's life story. And also what you've reminded us, and I hope listeners can take this away from today as well, is we often talk about person-centered care.

(12:25):

We often talk about holistic care, and really seeing a person, and you've just touched on so many aspects of how easy it is to go to, that's hard. Even though you know that quote was meant to be, probably the person thinks that's a positive one. It's a very old fashioned quote, isn't it? To say what doesn't kill makes you stronger? But people sometimes so quickly and easily focus only solely on the negative, or what is really hard, and not see someone as a whole person, and really define another person. So, what you are also telling listeners is, think and feel and listen through all of that. And also that you can be more than one thing. And as you say, if your voice gets shaky, well sometimes this stuff raises things and it's harder, and at other times you're clear and that doesn't mean that you're not strong.

**Millie (13:13):**

Yeah, thank you. That sums it up <laugh>.

**Sabin Fernbacher (13:16):**

In a different way. And we've talked about this sometimes also, how there are many aspects and many facets to many of us. So, following on from this, which we could have probably finished a podcast now, because you've already reminded people of so many things, but we come back to also what we are wanting to talk about in a little bit more depth. We thought, didn't we, that maybe to start this conversation off with, could you talk a little bit about the dynamics in your family, as you want describe them?

**Millie (13:45):**

Yep, I can. So, basically yeah, growing up I was the eldest, eldest daughter of three. So, I have two siblings. I have a brother who's 13 years younger than me, so it's quite younger, quite a lot of, there's quite an age gap there. And then I have a sister as well, who's two years younger than myself. We grew up in a lower socioeconomic background. I'm mainly going to talk today about my experiences when I was a teenager. That's the times I can remember, I guess, the most about when my mum was unwell and yeah, and when the violence that I can remember is mainly from that time, when I was that age. So, at the moment I'm in my thirties, so early thirties, the time that I'll be talking about is sort of around from 2003 to 2007, that kind of, yep.

(14:46):

Just to give some context of when I'm talking about. But I will say as well, before I was five, my parents have told me that my dad used alcohol and other drugs as well and was, perpetrated a lot of physical violence against my mother in that time. And they've told me that, I don't have memories of it, that's why I'm going to talk more about my teenage years. So, I wanted to highlight that illness, I guess, my mother's illness was exacerbated during really stressful times. You know, these were like Christmas, and times especially I think where my parents really struggled with money. My dad was in and out of work a lot, and my mum didn't work. There was not a time through my life she had a job. And so yeah, there wasn't a lot of money, and that was stressful times. My dad's use of violence would also exacerbate and worsen, I think, her symptoms of the illness. So, her symptoms presented, I guess, in a way where she would sing and laugh at inappropriate times and hoard things. She'd have some delusions about things. But I do feel now like, looking back, that sometimes it was like she was trying to block out my dad. It was like, she was trying to block him out, almost like resist in some ways, protect herself.

**Sabin Fernbacher (16:08):**

Put a buffer, maybe, between him and her.

**Millie (16:11):**

Yeah. And these symptoms would frustrate my dad even more, and definitely doesn't excuse his use of violence, but it kind of went around in a circle.

**Sabin Fernbacher (16:21):**

So, what you're talking about is that there were times that were more stressful for a range of reasons, like when money was tight or around Christmas, or those kind of times, or when your dad didn't have a job. And as your mum, while there were symptoms that happened, maybe at other times they were exacerbated by the stress, but also by what your dad was doing, the violence he used, which then in turn as your mum sang or did certain things, your dad then used even more violence, or different kind of violence. It's like a circular impact, in a way. And as you say, that doesn't excuse his violence. Of course it doesn't, but that's, by the sound of it, that he expressed it, that his frustration and then he would do certain things.

**Millie (17:02):**

Yeah, that's, that's right.

**Sabin Fernbacher (17:05):**

So, what was the impact, if you don't mind talking about that a little bit, on you as a teenager when those kind of incidents happened, or when that was occurring?

**Millie (17:16):**

So, it was a really difficult environment, I guess, to grow up in. It felt really chaotic and I didn't know what to expect, I guess, when I walked home from school. I was often pulled into arguments, and I guess

this is where you were talking about using the children as a weapon. So, I knew that I had to agree with everything that he said, and it was safest that way. Like, it wasn't safe to disagree with anything that he said. So, he would say horrible things, I guess, about my mother, call her crazy, you know. Crazy was something that he used against her all the time, but in different ways, like using just different ways in hurtful language, I'm not going to speak in that language today. But he'd use me as well, as like a bit of a therapist or a counsellor. Like, he'd talk to me through all his feelings and how frustrated he was, justifying everything that he did because she made him so angry, you know, it was her, everything was her.

**Sabin Fernbacher (18:28):**

Fault.

**Millie (18:29):**

Yeah. Everything was her fault, and he was able to justify it because she was crazy.

**Sabin Fernbacher (18:35):**

So, what you're saying, and I suppose that was where, as you said, our connection kind of partly came from, and we'll talk in a little bit about things that helped or could have helped, that often that is so much part of when somebody uses violence against someone who's got a diagnosis of mental illness or has got some mental health challenges, and their children are involved, to kind of really implicate the children in that, as you say. But also, calling your mum crazy and other awful things, for you to hear that, we know that children and young people are incredibly intuitive about what's safe and what's not safe. And as you said, it wasn't safe to disagree. So, it's often called a survival technique, isn't it, that you kind of adopted, because you want to keep yourself, and probably your siblings, as safe as possible. But also what you're talking about, merely that relating to you like a counsellor or a therapist when you're a teenager, and you're trying to do teenage things, and go to school and yeah, be a teenager, to be pulled into his kind of adult world. But also that justification that you're talking about, which is so often that people do when they use violence, rather than taking responsibility, put the blame on somebody else, in this case your mum, and then justifying it to you. That must have been hard to hear, and be with.

**Millie (19:50):**

Yeah, it was, but also it was my every day as well. That was my reality. And when you are young, and you don't know how to see the world any different, I guess, that was just my every day. I always felt like, I guess, I was alone in these experiences, and I wasn't developing my own identity. I just felt really like I couldn't relate to anybody else, like both experiences of my mum being unwell, and my dad using this violence. But I didn't see it as violence. But it was just, it's really, it was really quite, it's hard to articulate and even put into words the effect that it sort of had. I think it impacted on my relationship with my mother. I was unable to separate her illness because of how many times he basically said that she was crazy, or something to that effect.

(20:43):

I couldn't see her as anything else, because that was just the reality that I grew up with. That's what I heard, that's what I believed. So, I internalised that myself. And even today, it sounds really horrible, but

when I speak to my mum, it's an automatic thought in my brain, like just basically saying, discrediting her before she's even opened her mouth. And I have to flip that, I've done work, I understand her illness and can separate her from that. And I have to flip that now, and say no, I'm going to listen to her and what she's saying to me, and not judge it. Like, I wouldn't judge anyone else that harshly, and I know where it's come from, so it's taken work for me to do that.

**Sabin Fernbacher (21:36):**

I bet it has, and Millie, for you to be able to actually do that, I mean to work through that, that would've been a huge piece, piece of work doesn't do justice but to be able to flip that, and not kind of just go, oh yeah, my mum's got this, to listen through that, listen as if you could see me now, I'm doing quotation marks, the kind of mental illness lens. Which is often what people with lived experience also of mental illness or mental health challenges say about other people, including professionals and others that you know, all of a sudden everything's seen through that. I'm having a feeling, I'm allowed to, whatever it might be, I'm saying this just like any other person, it's got nothing to do with that. So, that was your every day, wasn't it?

(22:17):

And Millie, I was thinking how often in situations like that and when there's family violence, it becomes, as somebody I listened to said, it became their normal. And as a child and a young person growing up, for most people what goes on in their family, that's our normal, isn't it? Until we know kind of different, and when those things come together and it is so isolating. You were talking about, you felt so alone with it, about both experiences because certainly at that time, and hopefully things are changing, but we know that even today people can feel really isolated and without much support, because it's sometimes hard to find others that understand those experiences and the impact, as well.

**Millie (22:59):**

Yes, that's right. And I also wanted to share as well, what made it even more isolating, I guess, those experiences, as I had to be really careful. This is how I felt, like about how much of anything I shared with professionals, because my dad would also tell me, would often say, that if I said too much, that child protection, because my brother was younger than me, would take my brother away from us, that, you know, don't share too much, like don't say too much about anything that's going on, because that's what will happen. So, I remember trying to defend how my dad was feeling, and expressing himself, I guess because I felt like that was safe. Then I would talk about my mum's illness.

**Sabin Fernbacher (23:52):**

So, you became the protector. You did a whole lot of protective things for yourself and for your siblings, in particular for your little brother, isn't it? Because to be pulled into that use of violence again, through being threatened with, if you say too much, child protection is going to get involved. I mean that's a huge load to carry as a young person, isn't it? And to then have to maneuver through systems, and in a moment we might talk about that, what helped, didn't help or what could help. To then make judgement about what is okay to say, and how much to reveal. But also then to try and explain some of what was going on about your dad. I mean, talk about complexity, that you were dealing with when you were so young. That would've been so hard.

**Millie (24:40):**

It was isolating, that's how I'd describe it. And also I felt a lot of responsibility on my shoulders, acting as a shield, I guess, to my siblings. Like, I tried to look after their emotions and their wellbeing, especially my younger brother. It was like, to me, I describe it as like the parenting role sort of being a bit reversed, and yeah, I tried to look after them the best I could as a young person. But my mother, I also wanted to share as well, that she wanted to fulfil that role herself. She hated, she absolutely hated that I was doing that. As an adult, talking about now, she told me that she never had the chance to be our mother, as dad wouldn't allow it.

**Sabin Fernbacher (25:28):**

And you stepped into that role in a way too, as you were saying, taking on some of that parenting for your siblings, but also what dynamic that was set up and that your mum, yeah, as you say, didn't get that chance. Yeah, so many layers to this, isn't it? We might just in a moment move on, but listeners, as you hear this, I hope that you find time to reflect on just how many layers there are, and if we miss certain things, well we miss a whole big aspect of someone's life, or a family's life or the dynamics and what it might look like from the outside, and what it actually feels to be part of a family where family violence occurs in context of mental illness as well.

(26:12):

So, Millie, you have talked about how isolating the mix of experiences and, in a way, each experience by itself, not that we can separate it really, your mum's mental illness and your dad's use of violence, how isolating that was for you and the role you took on in your family, as well. What could have helped, or what would you hope, if young people go through this these days that services, given that this podcast is for people who work in this area, what would you like them to take away to think of, to provide families and young people with?

**Millie (26:48):**

So, yeah, that's a good question. So yeah, as I said, I felt isolated, so I think it would've helped to have some sort of space, or some sort of service or something that I could talk, a space to share some of my experiences in a safe sort of way. And at the time, yeah, I didn't recognise the violence, like it wasn't until much later that I recognised it, but I was reaching out, I guess, for support for myself and my siblings, just through our experience of what was going on when my mum was an inpatient, in the inpatient unit. Yeah, I just have this memory of calling different services, and there just wasn't, for the age group that I was in, at the time that I would call, like there was nothing available for me to attend or yeah, nothing available that was suited to the experience of what I then recognised as just my mum's illness, and going into hospital.

(27:50):

And that was really challenging, that in itself. Obviously, I didn't recognise the violence, but I thought it would help to meet people going through similar things. And my sister was able to go on a camp at the time, and I know that she enjoyed that when my mum was in hospital or just after, however I was in the wrong age group to attend that. So, it'd be really good to know, I guess, what's out there now, if there's anything like that available. Also, when my mum was in hospital, it would've helped if the staff there, I guess, knew how to identify and respond to signs of family violence, because I didn't know, and I was

young, and as I said, it was my everyday and my reality. But, if someone else was able to pick it up, maybe I wouldn't have had to continue to be, continue in that role of...

**Sabin Fernbacher (28:50):**

Having to explain what was going on, or having to kind of protect the family?

**Millie (28:56):**

Yeah, so my dad, when my mum was in hospital, I thought there was a lot of focus on just her symptoms, rather than the context of what was going on in her life. And when I think about things now, I think more collaboration between services would be really helpful. I did want to share just one experience that I had. So, when my mum was in hospital, and this is quite confronting, so if people don't want to listen to this, they can skip about a couple of minutes. There was one time my dad, when my mum was really unwell, my dad tipped coffee onto her head, and he actually would tell the staff in the hospital, he told them what happened and how angry and how frustrated he was. And he would say, see, Millie will tell you what happened, go, you tell him. And like, he would be getting me to explain for him, and justify his behaviour, and how frustrating my mum was, and how everything is her illness, and there's so many problems caused by that, and what an issue she was, and justify him, and nothing sort of happened from that.

**Sabin Fernbacher (30:25):**

Nobody picked it up and nobody asked any questions, or nobody said, that's not okay to do?

**Millie (30:31):**

No.

**Sabin Fernbacher (30:31):**

No.

**Millie (30:33):**

It was, no, yeah, nothing. Yeah, nothing happened from it. Yeah. Sorry, that was really hard.

**Sabin Fernbacher (30:41):**

Yeah. And I can hear that, Millie, and thank you for sharing that, and I hope that listeners appreciate and value how hard it is to retell that now, and also how hard that must have been for you at the time, again, that your dad implicated in it, and got you to explain, it's his frustration that he poured coffee over your mum, which is an awful thing to do, and it should have been clear to people that that is not okay behaviour. So, what you are also saying, and what hopefully across this country has changed in the years since then, as you were saying this is some years ago, that people are, who work within this mental health space, have gotten better at recognising signs of family violence, which of course it's not always physical assault, it's many other things as you've talked through quite a few, including also this incident.

(31:40):

So, depending on which state listeners are in, there will be different laws and different approaches. You know, we are in Victoria, you and I, and there's certainly a lot of work been done, but also in other states lots of work has been done to upskill mental health professionals to recognise signs, and then to safely explore and ask questions, but also support children who experience that as well as the person experiencing it as well.

(32:09):

So, on the MHPN website, there will be some resources around this as well. And I would really encourage listeners to, if you haven't already, make sure that you undertake some training, wouldn't we say, Millie, in this area as well?

(32:25):

Millie, you were saying the collaboration between organisations and sectors is so important, isn't it? Because often, not one organisation, you and I have talked about this outside of this podcast, not one organisation might be able to do all of the support that an individual or family needs. And as we go towards the end of this podcast, did you want to at all, given that you are currently doing a master's in social work, did you want to talk at all about how, how that also your experience, and for example, that focus of needing to collaborate across sectors, how that shapes your thinking in that area?

**Millie (33:06):**

Yeah, I would, but I would like to lead into it as well just by talking about other contexts, as well.

**Sabin Fernbacher (33:12):**

Sure.

**Millie (33:12):**

Like, so you know, I was at school as well. I don't know, I probably don't have too much time to go into that, but I think just in general, teachers and counselling staff, if they're more trauma informed, like school was my sort of safe place where I could escape from home, I guess, but I didn't have positive experiences with the school counsellor, for example. Or yeah, there was times even, I guess, with the teachers, like not many, but a few, where they just, they didn't get it. Like, it was a low socioeconomic background school. All of my peers, I guess, had different, not the same experiences, different experiences of different adversities as well. Like, I had friends, I guess, that had parents who used alcohol and drugs through that time and stuff, lots of different things. And just having that lens, I don't know if I need to go into detail with that, but I think it would've helped. Yeah, just a general understanding.

**Sabin Fernbacher (34:18):**

Well again, what you remind us of also is that support can be provided in lots of different areas, isn't it? And as you say, you know, school was a safe place for you, and often for children who experience family

violence, if they manage to continue to go to school, school can be so important. And also for children who have got a parent with mental illness, school and learning and being with other kids and being at school can be a really, what's called a protective factor. And it certainly was important to you, however, being really met and understood or provided with some support at school. So if listeners, for example, are maybe school counsellors, again, there's a really great opportunity, isn't there, to support children and young people who are experiencing a range of issues, including parental mental illness and also family violence, or the mixture of that, yeah.

**Millie (35:10):**

Yeah. And so yeah, other outlets away from the home environment were helpful. Yeah, the school was one of them, but also I attended youth services, I was involved in a youth advisory committee back then.

**Sabin Fernbacher (35:22):**

Oh, wow.

**Millie (35:24):**

And I was working and volunteering, like anything I used, I tried to get away from that as much, I think that helped.

**Sabin Fernbacher (35:33):**

So, you being active and getting involved in some services, and on an advisory council, amazing with all of what was going on for you, you were doing that, but it also got you away and out of the home, didn't it? And away from what was happening. So, a way to connect, I imagine, as well with other young people?

**Millie (35:52):**

Yeah, yeah, that's right. I mean, I always felt isolated in my experiences and not understood. Like, I didn't know anyone else going through these circumstances, but yeah, it took me away from what was going on at home. So, I also think that accessible information about mental illness and family violence, both of these areas, would've been helpful back then as well. Like, I feel like until I went to university, I was unable to comprehend either fully, or know how to respond, I guess, appropriately or think about things, think about either. Yeah, and I've needed this in my life to make sense of my experiences. So, I can imagine that people who haven't had the privilege of going to university, may not be able to.

**Sabin Fernbacher (36:43):**

May miss out on that, yeah, yeah. So again, we want to remind listeners there is a national organisation called Emerging Minds that will also be on the resource page, and they have a whole lot of information and resources on a national basis for children, for young people, for families, not so much around mental illness, family violence, but certainly around mental health and mental illness and resources, and also for professionals including teachers and mental health clinicians, et cetera. And they also work with children and young people to develop those, so they're age appropriate as well in their language. Of course, there are many aspects to a young person's life where you can get better support than what was

available for you at the time. Why I thought of and why I've jumped to that, your current study was that focus of working across organisations and sectors. That certainly is one way how your experience has informed you for your study and potential future work, isn't it?

**Millie (37:48):**

Yeah, that's right. Like I'm just starting out, I guess, in my social work career and as you know, I go through and I progress, I really feel that it's important to have a strong collaborative networks, and that's what I want when I move forward in my career. You know, I want to be able to identify any gaps and work towards in some capacity or another. I haven't, as I said, I'm still figuring it all out, to bridge some of these gaps. So, I think that ideally, no matter what service somebody walks into, no matter whatever issue, in an ideal world, and I know we're not living in one right now.

**Sabin Fernbacher (38:28):**

But we can dream and hope, and we can dream towards it.

**Millie (38:32):**

Yeah. People can feel seen, heard, welcome and understood no matter who they are, and where they are in their life. Like, when they walk in, they should feel that that support, and there should be cohesion and I think collaboration between services, because one service isn't enough to...

**Sabin Fernbacher (38:52):**

Do everything.

**Millie (38:54):**

To do everything. Like, these issues are complex, and I really wanted to draw attention through my own experience of that complexity. It's not all neat categories, or one service, one size fits all sort of thing.

**Sabin Fernbacher (39:09):**

Well, you know, one size is never fit all, isn't it? That was a lie that was told a long time ago. Absolutely, and I suppose also what you're talking about, Millie, is that that being met where a person is at with all they come, it doesn't mean that the one service or the organisation or even a person has to really, in great detail, work with it all, but they need to know who else to draw on, and maybe a colleague or another service to talk with, to say, look, there's this happening and this happening. I'm not so knowledgeable in this area, but can you give me a hand? And those connections between organisations that need to be developed also on a structure level, don't they?

**Millie (39:47):**

Yeah, that's right. And I actually think that social work could have a really big role in doing that, in that coordination and collaboration sort of space. And I really hope that I'm able to do that, yeah. And also we need to listen to all different diverse experiences as well, because again, another thing I feel it's important to say, like, I'm from a western Anglo background, like I have the privilege of relating to the

research and literature that's out there, and maybe that doesn't fit with people maybe from other cultures or other backgrounds. And I think it's really important to listen to all different stories, so we can get more of a picture. It's really important, I think.

**Sabin Fernbacher (40:33):**

And learn.

**Millie (40:35):**

Learn, yeah.

**Sabin Fernbacher (40:36):**

Continuously learn, as so-called professionals. Yeah, absolutely, so true. So, look out Victoria, what Millie will do when you finish your social work degree and become a connector. Millie, a couple of things. Did you want to let listeners know, in kind of broad terms, anything else, where your family's up to now? And if you don't, then that's of course fine too.

**Millie (41:06):**

I can give a brief update. So, my parents were together for many years, they separated about a year and a half, two years ago. My mum lives by herself in a rented unit at the moment. My dad remains in the family home with my brother who's now 19, and he's finished high school and working, and my sister has her own family and is working. So, yeah, that's where I'll bring you up to, on them. So, I think as well, it also, when thinking about that, people with many life experiences are out there just every day doing the things that we see people do, and they've got these hidden away, I guess, in a box almost like hidden inside, and they're out in society, and I think it's really important to say as well, just be kind, be open, be respectful to everyone. You don't know what they've been through.

**Sabin Fernbacher (42:07):**

Exactly. Yeah, that's so true, isn't it? We don't know what the story that somebody and the life story that somebody brings with them, because we don't always know that until we do.

**Millie (42:19):**

And myself, like I've been with my current partner for 16 years, so that's a long time given my age, I'm only turning 33. And he's been supportive through a lot of hard times, and we've worked together, and learned and grown together, and we have children now. We're doing pretty well. I'm studying social work and learning more every day about myself, about life, about different things. And I also should mention that I continue to have a relationship with my family, but I've needed to create some distance to what it was before, and with all of them really. And maintain really strong boundaries, because it is complex and messy, and we don't always agree on things, that's still quite challenging. But yeah, that's how I look after myself with it all.

**Sabin Fernbacher (43:16):**

Yeah, which makes a lot of sense, sometimes for any kind of family, isn't it? But also when there's so many complexities and even, from the things you've shared. So, it sounds like, and I know this from our chats, you've found really supportive, and good ways of how you're supporting yourself in setting some boundaries with family members can be really helpful, and sounds like it is really helpful for you, yeah. Millie, is there anything else you haven't said that you would like listeners to know? I mean, this has already been such a rich conversation, but is there anything you don't want to leave out, that you haven't gotten to say?

**Millie (43:58):**

No, I actually think that I, for now, for this conversation, I think I've said enough. Yeah, I think it's enough.

**Sabin Fernbacher (44:11):**

It's enough. That is good. That is a good spot to get to hey, it is enough.

**Millie (44:16):**

Yeah.

**Sabin Fernbacher (44:17):**

So, thank you Millie, when you say it is enough, well, I know you've been incredibly generous sharing your experience with me and with the listeners, and every time you and I talk, I learn, and I imagine that listeners will walk from this, and they've hopefully heard with their hearts and their minds, and that they would've learned a lot as well. So, I'm so, so grateful for you today, that you reached out a couple of years ago, and I do, it's an overused word, but I do feel privileged, and I hope that the listeners do too, feel privileged to have spent this time with you.

**(44:53):**

If listeners want to know more about Millie or myself, a little bit about both of us, our bios can be found on the landing page of this episode, where you'll also find the link to the MHPN feedback survey for podcasts. The organisation values your feedback, just follow the link and let them know and let us know how you found this episode. Was it helpful? Did you learn things? You can provide comments or suggestions to help shape the future of MHPN podcasts. To stay up to date with future episodes of In The First Person and other MHPN podcasts, make sure you subscribe to MHPN Presents. If you appreciate this episode, you might also want to listen to other episodes where, over two episodes, I was joined by Professor Louise Newman, a psychiatrist, a researcher and expert in the area of trauma and mental illness. We cover in those episodes a lot of ground, as we navigate what is, as Millie has just confirmed and illustrated so eloquently today, a complex, a deeply impactful, and often unrecognised and missed area in mental health care. Thank you, dear listeners, for your commitment to interdisciplinary, person-centered mental health care. And for now, it's goodbye...

**Millie (46:18):**

From me.

**Sabin Fernbacher (46:19):**

From Millie, and also from me, Sabin. Thank you.

**Host (46:24):**

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