

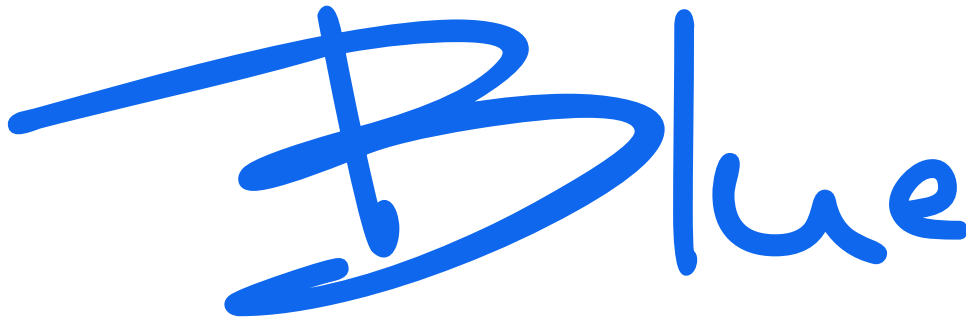


Blue

ISSUE 2:

LET'S GET **M E N T A L**

Western Sydney Medical Society - Blue Week Publication



Issue 2: Let's Get Mental
Western Sydney Medical Society
Blue Week Publication
2016

EDITOR

Yvonne Nguyen

BLUE WEEK CONVENOR

Nicole Da Cruz

DESIGN

Yvonne Nguyen

COVER

Original Artwork "Stress" by Bridgette Andrew

SPECIAL THANKS TO

All our contributors - anonymous and named
AMSA Mental Health Campaign

Lana Vien

Zahraa Ahadzada

PRINTED BY

Western Sydney University School of Medicine


DISCLAIMER

This publication has been collated and published by the students of Western Sydney Medical Society.
The views expressed are reflective of the respective composers, not the editorial board or WSMS.

EDITORS' NOTE

We would like to thank the 10 courageous medical students, and Dr Neil Jeyasingam, who shared their thoughts and stories in this publication. It is so important that these experiences be told and shared, and we sincerely thank you for trusting us with your words, thoughts and identities.

To the meddies reading this publication, we hope that you are able to take something away from this. If you suspect who the author of the anonymous pieces might be, we ask that you respect their choice for anonymity and keep this information to yourself.

Thank you for reading and supporting .

We hope you will continue to support us in the years to come.

Without further ado, Let's Get Mental!

Contents

A Note from the Blue Week Convenor, <i>Nicole Da Cruz</i>	2
Thoughts to Ponder, <i>Quotes and Tidbits, Nicole Da Cruz</i>	3
First Song, <i>Justine Binny</i>	4
Thoughts to Ponder, <i>Quotes and Tidbits, Nicole Da Cruz</i>	5
I'm a Medical Student, Actually!, <i>Anonymous</i>	6
Let's Get Mental, <i>Yvonne Nguyen</i>	9
An update on the classic essay "Wear Sunscreen" for the Medical Student, <i>Priyanka Ray</i>	10
On Letting Go, <i>Nathan Lenehan</i>	11
One Little Pill, <i>Anonymous</i>	14
Leitmotive, <i>Anonymous</i>	16
Little Things That Make Our Day, <i>Various</i>	17
Internship: the Good, the Bad, the Ugly, <i>Dr Neil Jeyasingam</i>	18
Thoughts to Ponder, <i>Quotes and Tidbits, Nicole Da Cruz</i>	20
Anorexia, <i>Anonymous</i>	21
Thoughts to Ponder, <i>Quotes and Tidbits, Nicole Da Cruz</i>	23
Midsem, <i>Anonymous</i>	24
6 Years Ago, <i>Anonymous</i>	25
"How Are You?" <i>Anonymous</i>	26
Wednesday, <i>Justine Binny</i>	27
Drawing, <i>Wafa Khan</i>	28

A Note from the Blue Week Convenor

“**P**syche”, the Greek word for mind. A word. Yet imbued with connotations, individual subjectivity and academic schools of thought. Aligning such perspectives and overcoming a history of stigma is no easy feat, nevertheless, starting a discourse can help ground a focus.

As bright medical students we have been exposed to the statistics, The World Health Organisation ranks depression second, only to heart disease, as a major cause of lifelong disability worldwide. Closer to home, Beyond Blue has done great work putting mental health and well-being at the forefront of public awareness; underscoring not only the prevalence of mental illness in the community but also among the medical profession.

While we are generally good at heeding advice about the common risk factors, avoiding smoking, Medscape highlights we are ‘reluctant to address depression...that disproportionately affects (us).’

The theme for Blue Week for 2016 centres around wellbeing and taking the time to relax, unwind and moving from a state of ‘survive to thrive.’ However, with 1 in 10 medical students reporting psychological distress and more than 1 in 2 (greater than 50%) experiencing emotional exhaustion and burnout, the annual WSMS **Blue** publication becomes an emblem of collegiality. A reminder that you are not alone, that no one should suffer in silence and that it is okay to talk, ask for help and share with a friend.

It is alarming that, after accidents, the most common cause of death among medical students is suicide. Let that resonate for a moment. Preventable death of individuals who sat the MMI, such as yourself, ambitious such as yourself and capable as we all are; the tormented words of Lady MacBeth “Out damn spot” should be our attitude to fighting stigma, together.

Hopefully, this second issue **Let's Get Mental** confronts what we sometimes shy away from, will enlighten and inspired you to seek support or be that pillar for someone close.

Lastly, I would like to extend my thanks to each individual who has contributed to making this publication possible. The design team, editors and visionaries who have assembled the many threads into the tapestry. Further, to those who have contributed, we are grateful for sharing your experience and bringing true meaning to words.

Blue would not exist without such courageous individuals and they are in our midst, while we all go through hard times, we go through them together.

Nicole Da Cruz
Blue Week Convenor

Zachh Braff

I always liked the story of Noah's Ark and the idea of starting anew by rescuing the things you like and leaving the rest behind.

The face behind Dr John Dorian, Braff has battled with depression, which he has credited as informing his writing. From a place of pain, great comedy and art has sprouted: having written and acted in winning films whilst simultaneously scoring a Grammy awarded soundtrack.

Kylie Minogue

If someone feels they have to live up to a certain image, then I can kind of understand that pressure because I'm considered to be one of those images, and I know how unreal they are.

The princess of pop was diagnosed with breast cancer in 2005; an experience which she later reported as a "nuclear bomb."

Dwayne "the Rock" Johnson

Football changed my life and it gave me a platform to get out my aggression and it gave me a sense of value.

A wrestling champion and a successful actor (films grossing excess of a billion dollars) – even "the rock" is vulnerable to depression. He notes that, despite being in "the bubble" realizing you are not alone helps. "Hold on to that fundamental quality of faith. Have faith. On the other that pain is something good"



First Song

Justine Binny

First song

I'm trapped inside my mind
Trying to liberate myself from me
I apologise for my arrogance
I never meant to alienate me
from you

I'm not sure
If that's even my fault
If that's even the problem
If this internal revolt
Isn't completely self-constructed
Solely imagined and perceived
Lying on my bed
Hands on my head
Head between my knees
I pray
Should I say something?
Or sit on my hands?
And not make the first move
I do not understand
If I've anything wrong
If you are angry at me
If somehow I offended you by
falling asleep.
And I'm aching cause I'm tired.
And breaking cause it's you.
And I can't entertain the thought
of potentially finding you
Despise me for the reasons
We came together at first.
So hold in the laughter 'til I'm
bleeding inside and I thirst
For a mind that won't construct
an imagined reality
With you realising that you've
been despising everything about
me.
So I'll stop rhyming.
'Cause I need to make a start
Try to learn how dangerous my
head is when in control of my
heart.

I need to sleep
Cause I keep
Falling down
In front of you

I'm angry at you for not making
me feel okay
I'm more angry at me for trusting
my brain
Because I know it lies, many
times
Telling me things aren't alright
When really they are
So I try to separate the the lies
from truth in my mind.
Or maybe I'm just arrogant?
An ant
Trying by myself again
To rebuild a nest
Just to watch it wash away in
Amazonian rain.

I need to sleep
Cause I keep
Falling down
In front of you

There's a hole in my heart
To match the ones in my head
There's an impingement of my
soul
And I'm paralysed again
Stuck in hellish limbo of needing
to hear your voice or
just feeling like sometime some-
one might unclamp my chest
wall.

Soon I'll be hitting up my bed
And I'm praying for a dreamless
sleep.
That's if I can fall away.
I can't promise I'll keep
You out of my mind
my thoughts
my guts
my heart
I want to be productive.
I think that I should start
my own work and further
my own activities

But I'm haemorrhaging
Outside and inside
Blood and soul
I can't sleep
In case I sleepwalk right into
your home
I just want to see you
But instead I'm going to marinate
in the idea that you enjoy the
concept of me stewing in my fear
I know it's not true but it's the
truth my mind accepts
The only thing on replay in my
messed up, lonely head
It's thematic, concerning
The overwhelming image I see
Of a firework returning to earth
Without a proper chance to be
Exploded
Experienced
Seen by a crowd
And my last crowding thought
before I sleep is that I need to
talk to you
right now.

First moves on me
Cause I need to sleep
Cause I keep
Falling down
In front of you

I need to sleep
Cause I keep
Falling down
In front of you

Blue

Sir Isacc Newton

I do not know what I may appear to the world, but to myself I seem to have been only like a boy playing on the seashore, and diverting myself in now and then finding a smoother pebble or a prettier shell than ordinary, whilst the great ocean of truth lay all undiscovered before me.

The mathematician of the 17th century suffered nervous breakdown and fits of rage. Although unknown at the time, he may have had bipolar disorder. What is certain, was his scientific discoveries, integral to our understanding today: gravity, centrifugal force, “correcting” the Gregorian calendar. His contributions rightly earning him a knighthood by Queen Anne, the first to be bestowed upon a scientist.

Mark Twain

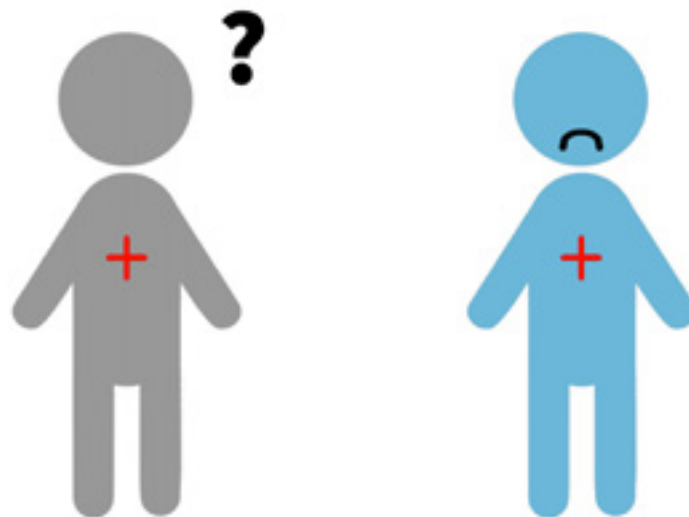
When we remember we are all mad, the mysteries disappear and life stands explained.

The last 15 years of Mark Twain's life was shrouded by depression following the death of his daughter, and before that, of his wife. His legacy remains, however, as America's most beloved writer with colourful stories imbued with wit.

J. K. Rowling

Secretly we're all a little more absurd than we make ourselves out to be.

Before the billions of Harry Potter fans, J.K Rowling, as a single mother, suffered suicidal thoughts. After starting cognitive behavioural therapy, she began to write the famous series; the dark hooded dementors were drawn from her experience of depression.



"I'm a Medical Student, Actually!"

Anonymous

"I'm a medical student, actually!"

A carefully constructed smile fastened on my face; consciously crafted and practiced over time to ensure no hints of disingenuity could be detected. Eyebrows drop down, cheeks raise up, skin around the eyes crinkle, lips stretch to reveal just the top row of teeth. And as an extra bonus, insincere happy thoughts can make your eyes sparkle that little bit more.

Seven times. I repeated this exact charade 7 times over the space of 3 hours.

"I'm a medical student, actually!"

The first time, I said this to the police officer sitting next to me on a bench under a starry sky, the sea breeze skimming my skin, 20 metres away from the cliff edge I was sitting on 15 minutes previously, while the rest of the group of 10 officers huddled in a group, speaking in low tones a few metres away, crackling radios hung on their belts. She had just asked, "What do you do for a living?" It was a golden opportunity. Surely, if they know that I am medical student, they will realise that I am a person capable of logical, rational thought, so they can just go and leave me be.

"I'm a medical student, actually!"

The second time, I said this to the paramedic sitting opposite me in the ambulance on our way to the nearest hospital, a few minutes after the police officers said I had been scheduled under the Mental Health Act. I had pointed at his Littmann Cardiology III, smiled and exclaimed, "I have the same one! But that all black one looks a lot better, I have to say." He furrowed his eyebrows and asked why I had one. Another golden opportunity. Surely, if they know that I am a medical student, they will realise that I am capable of logical, rational thought, so there is no reason to schedule me and I can go.

"I'm a medical student, actually!"

The third time, I said this to the ED nurse taking my vitals. She wrapped the blood pressure cuff around my arm, placed the pulse oximeter on my finger and we joked about vitals, patients, night shifts, ED, ED at night and how bizarre it is to be a patient, whilst all my self control focussed

on suppressing the instinct to nervously tap my glittering stiletto against the floor. Surely, if she knows that I'm a medical student and can see that I am perfectly normal, capable of logical, rational thought and jokes, there is no reason to keep me in hospital.

"I'm a medical student, actually!"

The fourth time, I said this to the Psych registrar as she took a detailed history. There was something eerie and bizarre about being asked the same questions I usually asked other people. I elaborated how I understood her obligations to do a full mental health screen and history, and using my own understanding of the hospital system and patient-doctor interactions, I employed all the tricks up my well-trained sleeve, giving what I

*"I am a happy, bubbly person...
I am not depressed"*

thought was a convincing and enthralling performance to reassure her that I was perfectly fine. Surely if I could convince her, that I am a capable medical student, capable of logical, rational thought, just like her and all the other perfect medical students you see on the wards and at uni, there would be no reason to keep me scheduled in hospital.

"I'm a medical student, actually!"

The fifth time, I said this to the ED registrar as she took a brief history and a screening physical examination. We laughed and joked about weekend shifts and the busy mess that is ED. We laughed about how patients could sometimes lack insight into their situation and how they could lack insight on their priority in ED, while my stomach twisted into knots at the thought of being in hospital any longer. There was nothing wrong with me, I was thinking clearly, logically and rationally. And surely, if they knew that I am a medical student, capable of logical, rational thought, just like she and her colleagues had been, I would be allowed to be discharged, or be allowed to self-discharge.

“I’m a medical student, actually!”

The sixth time, I said this to a good mate who had turned up to hospital in the wee hours of Sunday morning after I called in tears, desperate to find a way to leave. He was trying to wrap his head around why I was there, why they wouldn’t let me leave; two questions that I didn’t

“I felt like... a fraud”

think I knew the answer to at the time. He was full of questions, “Why were you at The Gap? What were you doing there?” The same words I gave to everyone who asked that morning, spilled from my lips. But as only as a friend does, he said, “Bullshit.” I hadn’t cried before this point, under all the cautious, vigilant eyes of the ED staff, but in this small room to the side of ED, with the knowledge that someone did care even a little bit about me, a friend cared... I cried.

I reassured him, no, I was perfectly fine and well. Surely, I thought, he knows me as a person, he knows that I am a happy, bubbly person. That I am not depressed, I am not unwell, I did not just attempt suicide. Surely, if I remind him that I am a medical student, capable of logical and rational thought, happy and well, he would be able to convince the staff and help me to get discharged. He said it again, “Bullshit.”

I whispered thoughts that had been churning and stewing for almost a decade, thoughts that had been concentrated and had festered under the high pressure of medical school. Steady streams of salty tears carving their way down my cheeks freely, and I let it all flow. How un-perfect I was, how incompetent I was - as a medical student, as an employee, as a child, as a partner, as a friend, and most of all, as a person - how undeserving I was of all the privileges and luck I knew I had, how I felt like a pale imitation, like a fraud. I felt like a burden upon the people I loved and cared for, all of whom I thought felt only obligated to put up with me. Explained that yes, that night I had the intention of ending it. That if I could leave the hospital immediately, I would continue along that path.

After a moment, my mate looked down at his hands and said, “You know what, we all really do care. About you. And if you died, we would all be fucking crying.”

“I’m a medical student, actually!”

The seventh time, I said this to the Mental Health

Clinical Nurse Consultant, who was the last person who needed to see me before they decided to admit me under the Mental Health Act or to let me self-discharge. The same carefully constructed genuine smile stretched across my face again, but even more desperate, trying to make up for the redness in my eyes. Surely, surely, we were just going through formalities for the past 2.5 hours. Surely, they know that I am a medical student and therefore, I must have logical and rational thought; haven’t I already shown them how clear headed I have been? Surely I can now be discharged!

He nodded his head, fixed that sad smile that you do for patients when you give them bad news, and said, “We’ve made a decision to admit you.” My stomach dropped, my heart pounded, my brain sent reeling. He looked at me and said gently, “You know, the fact that you’re a medical student makes us more concerned. It’s a statistically significant risk factor for depression and mental health disorders.”

“I’m a medical student, actually!”

Until this exact point, I had never realised the prevalence of mental health disorders - and by that I meant any deviation of mental health from the healthy - in medical students and health professionals. The oft quoted statistics from Beyond-Blue “1 in 5, 1 in 10, etc...” had never resonated with me; I still believed that no real, legitimate and competent medical student or doctor could ever have a mental disorder. I had always felt alone in my fear of my own incompetence, even more so in medical school, surrounded by medical students (mostly Type A personalities), all of whom appeared beyond capable and impossibly perfect. I felt like a paper cut out of a 3 year old’s stick figure drawing in a world of Barbie dolls, a frail and pale imitation. A fraud.

I’m writing this with nearly a month’s worth of reflection and retrospect. I won’t lie, the first few weeks were hard – and that first week was the hardest I had ever been through (even the notorious exam week in first semester of second year). And I still couldn’t accept the reality presented with me – so I was angry, at myself for being thwarted, at my friend who called the police, at the police, the nurses, the doctors, my friends and family, who cared. Eventually, I accepted their support and their aid, and I found the courage to put my mental health first.

This only happened after I realised that I wasn’t

***“Medicine feeds [doubt] like nothing else.
Especially when you feel alone in it”***

alone, that there were so many people who did care and love, that it was only my own fear and stigma against mental health disorders that had trapped me in a vicious cycle for so long. Two weeks afterwards, in a tutorial at uni, someone mentioned how difficult they found medical school, the doubts that pervaded our every day: “Sometimes I feel like I’m not coping. It makes me scared because I feel like I’m not good enough, you know?”

That day I didn’t have the courage to do more than nod and hum agreement. But I do know. And one day, I’ll be brave enough to put my name under this. Those doubts and those fears preyed on my mind constantly, and the high stakes-high pressure environment that is medical school and medicine feeds them like nothing else. Especially when you feel alone in it. But you aren’t alone; if you talk to anyone else, (your friends, non-med friends, family, uni staff, health professionals, and absolutely any one else) you will find you aren’t. You’ll find people who love you and would support you no matter what, and you’ll find the ability to put your mental health first and heal yourself, and find a better you.

“I’m a medical student.”

I am grateful now, for each and every person in my life, even if I have only met them once. I know now, that they have all shaped who I am, and that, though I may have hated who I was, though I have struggled with these mental disorders, if I hadn’t experienced all that I have, I would not be this grateful and I would not see what I am now beginning to see, crystal clear.

From when the police found me, the cracks of reality had started to appear in the lens with which I saw the world for a decade. But bizarrely, it was the Mental Health CNC’s statement that fully shattered it and my understanding of the world, to make me realise I’m not alone.

And you should know that you are never alone. *Blue*



LET'S GET

MENTAL

WSMS Blue Week 9th May - 13th May 2016



About **1 in 10** medical students report having **very high levels of psychological distress** (higher than in interns and the general population)

more than **1 in 2**



medical students have **emotional exhaustion**

About **1 in 5** medical students have had **suicidal thoughts** in the past 12 months



And **5%** have attempted **suicide**

Our STIGMA problem

50% med students **believe** mental illness is a **sign of personal weakness**

41.5% believe that doctors with a **history of mental illness** are less likely to be **appointed** and **10%** believe they are **less competent**

60% of students with a **current diagnosis** believe **doctors think less of them**

One of the **biggest obstacles** to looking after **our mental health** is **ourselves**. During **Blue Week 2016**, take the time to **think** about **YOUR mental health**, how **YOU** can **look after** it and how **YOU** can **help your fellow medical students** look after theirs. Let's get **MENTAL**

SOURCES: beyondblue (October 2013) *National Mental Health Survey of Doctors and Medical Students*.

Australian Bureau of Statistics (2009). *National Survey of Mental Health and Wellbeing.2007: Summary of Results*.

An update on the classic essay “Wear Sunscreen” for the medical student

Priyanka Ray

Ladies and gentlemen of the newly named Western Sydney University: **Sleep.**

If I could offer you only one tip for the coming year, sleep would be it. The short-term benefits of skipping lectures to gain the full eight and recoup some much missed sanity, have been proven by several articles* in distinguished medical journals that you really ought not be staying up to read.

The rest of my advice is as witless as this. I will dispense this advice now:.

Enjoy the holidays while you can. Oh, never mind. We will never stop resenting all our Arts and Law friends still vacating in late February. But trust me, in 10 years, we'll look back on our eight-week summer breaks and realise with a wisdom we lack now how long they really were.

Keep swimming.

Don't worry about the shortage of internships. Or worry, but try to limit your panic to five-minute blocks each day.

Dance.

Write.

Draw.

Stretch your hamstrings. Understand that exams come and go, but the muscle tension from sitting all day at a desk can ache forever.

Travel.


Try something new every day. Do something you love every day, also.

Enjoy the common room. Use it every way you can. Don't be afraid of what other people think of your midday couch naps. It is the greatest space you'll ever have access to.

Maybe you've felt anxious; maybe you won't. Maybe you still have hope; maybe you don't. Maybe you're dancing the samba on Saturday nights, and you still don't know whom to turn to now things are black. Whatever you feel, don't hate yourself too much, or isolate yourself either. Your headspace is important – just like everybody else's.

And trust me on the sleep.

*P.s. For the much more inspirational and well-written original by Mary Schmich, see:
<http://www.planetgary.com/sunscreen.htm> or Baz Luhrmann's video <https://youtu.be/sTJ7AzBIJoI>*

**This is not quite true.* 

On Letting Go

A photo series by Nathan Lenehan





Blue

One Little Pill

Anonymous



ne little pill.

Everyone has low moods sometimes. Feeling sad is part of the normal range of emotions in response to shitty life experiences, like when you miss your third cannula of the day, your favourite registrar leaves for a new rotation (without signing your CAA fml) or you get blood on your new shoes during surgery. Doctors and medical students in particular are more prone to mental health disorders than the general population.

I skirted on the edge of depression during my first year of med school. I was working too much and not looking after my diet and exercise. There was lots to learn, and I felt lost sometimes in the fast paced world of med school. In retrospect, I was only sad then. Not depressed. Depression snuck up on me slowly. One minute, I was insisting that I was fine and I was in control of my mood, and the next, life seemed to freeze.

“Depression snuck up on me slowly”

My whole body seemed to slow down to the point that even doing simple tasks, like getting out of bed, required superhuman effort. My memory suffered and I couldn't concentrate or think, let alone study. I started to feel older than my years, and tired all the time. It didn't help that I couldn't sleep at night or would wake up at 3am every morning, with spiralling negative thoughts. The depression made me feel empty. It wasn't just that I was sad or a little bit down. It was that I couldn't muster up the energy to laugh or smile or to do things that used to make me happy, to the point that I started to feel that life wasn't worth living.

Then there was the constant fear. I was afraid the med school would find out and I would be expelled or not allowed to practise. I didn't have the energy to go to clinical placements, but I would drag myself there every day and stand there like a

zombie, unable to concentrate. The thing I wanted the most was for someone to notice and ask me if I was ok. I think if someone had just asked, I would've told them how I felt. Dead. Empty. Tired. Because keeping up the emotional lie, every day that I was happy, that I was fine, was simply exhausting.

I needed support, but I had no idea how to get it without getting in trouble or being stigmatised. I didn't know who to tell, because I was afraid that if any of the doctors from uni found out, they would judge me or stigmatise me for the rest of my medical career. I had never been more isolated. Eventually, I couldn't take it anymore and I went to see a GP, who referred me on to counselling services in the community. I was also prescribed anti-depressants.

I know there's a varied community perception of anti-depressants. Some people say it doesn't work, others complain about crazy side effects or worsening mood changes. Personally, I had a great response and I would strongly recommend them (if prescribed by a psychiatrist with a proper work up for depression of course).

One thing I struggled with, was the thought of having to take them “forever”. After I recovered from that first period of depression, I thought I was cured and tried to stop taking them, stupidly without consulting my GP or psychiatrist. I was fine to start with, but soon afterwards, I found the black dog sneaking up on me again. I couldn't understand why the depression kept coming back. I felt weak and useless. I wondered why all my

“I wanted...someone to notice and ask me if I was ok.”

friends around me were coping just fine with our exams and clinical placements. I wondered why I was the only weak one who “needed” anti-depressants just to cope. I relapsed into depression and ended up back in front of the psychiatrist.

The conversation went like this:

***“The psych very kindly explained
that depression was like hypertension”***

***“I wrote this story in the hope that anyone else
feeling the same way feels a little less alone.”***

Psych: Hi there. I'm sorry to see you back here. You were going so well! When did you notice that the medication wasn't working as well?

Me: uhhhh after I stopped taking it.

Psych: *facepalm*

The psych very kindly explained that depression was like hypertension. Imagine you have a patient with hypertension who you treat with an ACE-I. They have a great response, and their blood pressure is in normal range. Then, they decide that since their BP is fixed, they can stop taking their pills. Before you know it, they come back with a sky high blood pressure and new complications of microvascular renal damage.

It was this analogy that FINALLY broke through to me. It's a cliché to compare mental illness to physical illnesses, but in this case, the psychiatrist was spot on. My depression was perfectly controlled previously, but I'd stopped my pills because I'd built up a crazy idea in my head that taking them made me weak or inferior. And here I was coming back with the “complications” of depression, so to speak. Exhaustion. No confidence in myself. Tattered relationships with my friends and family.

With my awesome psychiatrist and GP's support, I was restarted on anti-depressants and went back into remission. To conclude this story, I'm pretty embarrassed to tell you that I did the exact same thing again. It was a year later and I was doing great. My relationships with my family, friends and partner were great. I was really happy. I was so sure this time that I was cured. I hadn't seen a psychiatrist or university counsellor in a year and depression felt like a distant memory from someone else's life, not mine. So once again, I stopped my pills. This time, I went for months without any symptoms. Then, slowly but surely, the black dog came back with a vengeance. I stopped eating and sleeping and all the same feelings of emptiness and isolation once again paralysed my life.

I'm taking a big step today in that I:

- a) called my psychiatrist to make an appointment. I'm going to restart the meds. I know now, third time lucky, that asking for help and taking medicine to treat my illness doesn't make me any less of a person.
- b) sat down and wrote this story in the hope that anyone else in med feeling the same way feels a little bit less alone reading it, and decides to seek help (it's worth it!). Good luck. *Blue*

Leitmotive

Anonymous

This is not a cry for help.
This is not a speech of martyrdom.
At its best, this is a recurrence of behaviour some call self-destructive, but perhaps, is the only good thing I see in myself.

More than anything, I have faith in people.

I have faith that people will do good, will treat people well and will change to better themselves for the people around them. I cannot say that this is the reality of our world, and I cannot say it is something I do all the time. I cannot even say that I expect people to do so. I have faith that they will, but I understand that often, people will not or cannot bear to make these sacrifices.

I do not have faith in myself.

I know every moment I stay awake is another moment I should have fallen. I do my best to keep an outward appearance of normality – a superficial cheeriness that stops people from prying. It's almost comical, how I urge those I care about to approach me when they are not coping, but I do not follow the same advice. And perhaps that is borne out of an inherent selfishness – an obsession with self-image – that I cannot let people see me any worse than when I am at my best. Because, after all, how can I help others if I cannot help myself?

Being let down often is not the same as being let down hard. I am not the judge to say which is worse of the two, but being let down by those you hold closest is definitely, and intensely hard. It is when you have allowed yourself to open up to someone, to finally perhaps trust someone, and they betray your trust – and you feel yourself losing your faith in them. It is when someone has dug a hole so deep inside of you, that you are at risk of losing something that makes you fundamentally yourself.

What can I say? It doesn't feel great.

I spend a fair amount of time defending them, trying to find fault within my actions rather than theirs, because it allows me the illusion that perhaps I did have charge over the situation. And when that fails to comfort me, I allow myself to hate them – as much as you can hate the people you still care dearly about. I imagine that they have an inconceivable guilt, that they hurt as badly as I do, because it allows me another illusion – that they cared as much as I did.

And when that eventually fails too, I turn back to my faith in them.

I have been told quite firmly, and many times, that how I think is not healthy, and I should not waste my time on those who have done nothing but let me down. But my unconditional faith in people is so much of who I am as a person, and if that opens me up to pain and disappointment, then so be it.

I will allow myself to be hurt, if it means I never lose faith in those I hold dear.

26 Jul 2014, 4:35 PM

Here got some cookies to make
u feel better! (::)



And doughnuts! 🍩 🍩 🍩 🍩 🍩
🍩 🍩 🍩 🍩 🍩
🍩 🍩 🍩 🍩 🍩
🍩 🍩 🍩 🍩 🍩
🍩 🍩 🍩 🍩 🍩

Morning lovely one! One more
day!!!!!!!!!!!!

Little Things

8:32 AM

Hey I just wanna
say I hope you had the
most amazing birthday
ever and ever and ever
and ever and ever
because omg you're 21
and that's a
maaaasiiiiivveeee
achievement! So congrats
hope you had a fulfilled
time and mentally
prepare yourself babe for
5 YEARS WITH ME UNTIL
WE DOCTORS 🎉🎉🎉
🎉🎉🎉 so HAPPY
BIRTHDAY, you rock
XOXOXOXOXOXOXO

Don't bail

Set yourself an alarm

And motivate yourself

You don't need me or anyone

You got this!!!

That Make Our Day

Real messages
from you *Blue*

Mon, 10 Aug, 8:10 PM

I'm gonna head off early cause
my dad's here 😊

Have a great week beautiful
❤️ ❤️ ❤️

See you next Monday! 🤔🤔🤔

Take care of yourself

Pls sleep more guys

okay see you!!

be safe ❤️

say hello to the family for me ❤️

HAHHA

yes yes ❤️

you too!!

I just brought twenty bucks and
a notebook and hopefully my
brain 😊

Haha nooo girl, your giant brain
is somehow always with you! It
always dazzles all of us 🤔

HAHAHAHAHA NGAW YOU'RE
TOO SWEET ❤️💋 You're
always a smart cookie!

Haha noooo ❤️🤔 I'm just like
the sultana cookie that's really
good at pretending to be a
chocolate chip cookie - until you
eat it 🤔🤔

HAHAHAHA NO YOU'RE NOT!!!

Internship: the Good, the Bad, the Ugly

Dr Neil Jeyasingam - Psychiatrist, Senior Lecturer in Clinical Education

Originally published in The NSW Doctor May 2015

I had no real interest in medicine when I first went into university. This ambivalence didn't prepare me well for experiencing internship, which comprised bullying, deception, betrayal, and frequent disappointment – and that didn't even include the nurses. It was also one of the best years of my medical career. My experience will almost certainly not echo yours, but many of the pivotal moments are worth consideration...

“What is your reason for doing medicine?”

If it's “to help people” or “for the betterment of society” – congratulations. There's not too much I need to encourage, apart from reminding you that this should not be the entirety of your existence.

Now suppose your goal is career advancement. You may be disappointed with the hospital you've been allocated and cursing that you didn't stack your preferences. Generally, no one cares which hospital you did your internship in. Plus, don't be disappointed if you didn't get one of the “cruisy” hospitals – an easy term prevents you from learning anything, a harsh and confronting term makes you a better doctor in the end – if handled well.

“Don't discount other experiences... Keep your options open”

Don't be mistaken, you are still here to learn. As a general rule, reading up about at least one patient a day will keep you in good stead, and if you are able to start this habit early enough you will see the benefits pretty soon.

Now, say you entered medicine with a particular specialty in mind. Firstly, can I say that hardly anyone I knew in my batch ended up doing the specialty that they thought they were going to do. Don't discount other experiences – instead, choose your terms in order to complement and facilitate the decision. If you're interested in colorectal surgery, do a gastroenterology term. If

neurology, do a psychiatry term. If general practice, do a surgical term. If cardiology, do a respiratory term. Emergency and intensive care terms are great for rapid acquisition of multiple practical skills, whilst surgical terms actually tend to have you doing more general medical work as most of your time will be spent in ward care. Keep your options open – the best way to avoid learning is to convince yourself that you're never going to use information in that domain. It's not rationalisation, it's laziness combined with self-deception.

“Allow time for yourself as well”

And when it comes time to choose? Find a second year registrar in the specialty you are thinking of, and then ask away. Don't ask consultants – we're all keen to have protégés to boost our egos and will always provide an idealised version of our field. You only know your specialty decision is correct after the first year of the training program, and never before. Lastly, do not make the single most common mistake and choose a specialty based on a charismatic individual. You probably want to become that doctor, but not necessarily in that field.

And if you entered the field for money... oops.

“What is my life's passion going to be?”

If your first response is “not medicine”, congratulations. You're on track to a healthier attitude to work. Medicine is a profession – that is true, it shapes us as we try to live in it. But there actually is an outside world, and if ignored it will disappear by the sixth month of traipsing fluorescent-lit linoleum.

It is crucial to maintain a life outside of medicine – your relationships will now be far more important to you. Family, friends, love, hobbies – any interest beyond the hospital will be harder to maintain, but must be done in order to centre yourself. If you haven't already, take up a sport, something reasonably scheduled that you can afford to miss occasionally (depending on overtime rosters).

Holiday preparation will also become harder, and you'll find that often the initiator for holidays comes from your family and friends rather than yourself. Allow time for yourself as well – use your ADOs and remember to explore the world. I don't remember too much stitching from my surgical term in the country, but I have an irreplaceable collection of photographs of sunrises over the foggy fields that I still treasure.

Why is the social dimension so important? Well, unfortunately I'm too aware of the literature regarding mental illness and strain for house officers. It's not going to be helpful to go into it here, but it is worth thinking about...

“How bad is it going to be?”

I had a nightmare registrar once who made it his personal mission to belittle every resident he had out of earshot of his consultants. As a young doctor without awareness of boundaries of practice, but also aware that I was still early in my career, I did not realise what my rights were until after he was fired for gross misconduct. I would have dropped out of medicine if it wasn't for my then-girlfriend cushioning the mental blows and helping me to reorient myself. But I still kick myself now for not responding differently – not just for myself, but for my patients.

“Fix problems early, and never, ever suffer in silence”

Likewise, I had a difficult term with responsibility for several teams. It was a never-ending juggling act of haemodynamically unstable patients and a profound lack of support. But my strongest memory from that, was going out for drinks with friends from high school, sitting there thinking, 'I am talking with an accountant and a manager, and for the entirety of tonight, unlike every hour of the last eight weeks, I do not need to think at all about medicine.'

Be aware of your rights and responsibilities, and also about workplace codes of conduct. It actually does matter to know the difference between performance feedback and bullying – but it is useful to have a first response to criticism as being, 'Is there something about myself that I can improve?'

You absolutely must have a general practitioner, and talk to them or trusted parties if there is any problem whatsoever. Fix problems early, and never, ever suffer in silence.

“How good is it going to be?”

Brilliant.

I worked with a great bunch of people who all helped each other out – doing each other's cannulae, picking up shifts, that sort of thing. We held parties, complained about our experiences, and had this dizzying camaraderie that only happens from people embarking on an incredible shared experience.

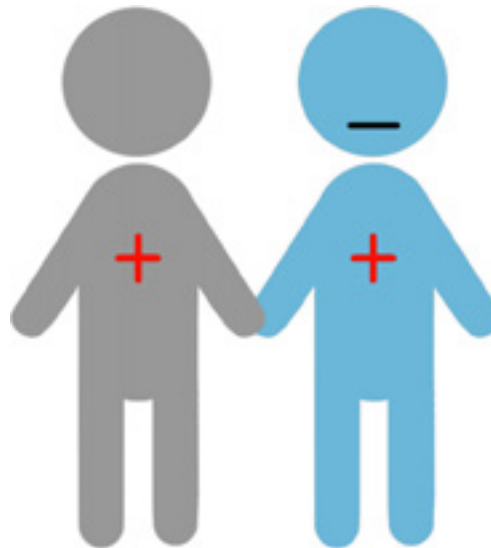
We fortunately learned early on that we knew nothing whatsoever and got used to asking questions, which worked. We may have been bright, but we were inexperienced, and everyone else knew more than we did. Amongst our superiors, there were good and bad clinicians, but I received the best advice of my career from a urology registrar who advised me, "You learn something from every person you meet. Sometimes, you learn what not to do." Once you work out that your career – and life – is about growth, and becoming a better person every day, it's amazing where things will go.

So enjoy your internship, and make the right decisions early. And hopefully it too will be one of the best years of your career. Because it will mark the point at which every following year becomes even better. *Blue*

Channing Tatum

I was in college that first semester, and I was like, 'Wow, this isn't who I am. This isn't what I want to do.' I was like, 'Oh God, I'm going to have to go out and make something of myself, and I have no clue what that is.'

He can certainly “Step-Up,” after a hard time at school dealing with attention deficit disorder and dyslexia. There was pain, wild bouts of depression and substance abuse. But as a father now, he is keen on improving the lessons for his own daughter, this time when he’s ‘up to bat.’



Audrey Hepburn

For beautiful eyes, look for the good in others; for beautiful lips, speak only words of kindness; and for poise, walk with the knowledge that you are never alone.

Growing up in a war-torn era with minimal food, she developed an eating disorder. Later, she would suffer miscarriages, unsteady relationships and depression. But she graced the 20th century, her elegance in classical Hollywood coupled with her humanity demonstrated in her philanthropic work - she has become an icon of inner beauty.

Anorexia

Anonymous

I sat with a blank word document in front of me for a long time, wondering how to start this story. I'd like to warn you in advance that it's not a particularly cheerful story. It's about the least glamorous topic I can think of actually. [Anorexia nervosa](#).

I wanted to set some kind of scene for you, to go back to my childhood +/- a few witty references to an awesome 90s TV show we all watched, and explain why or how anorexia happened to me, a girl growing up in a perfectly normal household, with a perfectly average life.

"In medicine, people talk about the stereotypical "type A" personality"

When they teach you about anorexia nervosa in med school, the lecturer invariably mentions social media and magazines and unrealistic expectations of women's bodies (and men's!) in the media. But I don't think that's what affected me. I don't know what it was to be honest. If I did, maybe I could have stopped it back when I was in high school, and just maybe, I wouldn't still have to fight the urge to weigh myself ten times a day. In medicine, people also talk about the stereotypical "type A" personality. Now this explanation resonates more strongly with me. I think on some level, controlling my weight was a way of exerting my control over life in general.

But forgetting the how and why, all I know is when I was 12 years

old, I developed anorexia nervosa. It started with a fear of getting fat. I was a gangly, short pre-teen, just starting high school. I noticed that I was starting to get taller and put on some weight. I didn't know it then, but it was probably the start of puberty. I started exercising in secret, waking up early when my family was asleep and going running. I would "eat" breakfast - a teaspoon of cereal or a few lettuce leaves and drink about two litres of water so that I would feel full.

My friends at school were the first ones to notice that I wouldn't bring much food for lunch. I soon wised up when some of them

asked me about it, so I started hanging out with two different groups - one at recess and one at lunch. If one group asked where my lunch was, I would say that I'd eaten it / was going to eat it in the other break with the other group. I would usually throw my lunch in the bin when no one was looking or take it home and feed it to the dog.

My family didn't notice until the normal time for puberty came and went, and I still looked like an 12 year old. Without knowing it, I had successfully become so malnourished that my body wasn't able to undergo puberty. I was just happy that two years had gone by and I hadn't put on any weight - in fact, I'd lost about 10 kg. I started to weigh myself as much as I could. I bought my own set of scales and hid

them under my bed because the family scales were noisy, and I was paranoid that my family could hear me weighing myself before and after each meal or each time I exercised. By this time, my clothes didn't really fit, and relatives were starting to comment on how they could see all my ribs. My family started trying to push food on me at mealtimes and finally confronted me. I denied everything. I'd heard of this anorexia nervosa thing, and I was so sure that I didn't have it. I didn't look in the mirror and see a big fat person staring back at me. That's what I thought anorexia was.

But in reality, even though I knew I was thin, I didn't think I was thin enough. I would look at photos of models and actresses and think, she's not very skinny. I would look at myself and know that I could be even skinnier if I just worked harder, ate less, exercised more. My family, understandably, freaked out and hauled me off to the school counsellor and the GP. Both were very kind, but neither could get me to admit that something was wrong, even though I could feel something was wrong. I was cold and tired all the time, my hair was falling out, and I'd grown this thin peach fuzzy hair all over my body. I started fainting at school and I ended up back at the doctor's office.

I was prescribed a bunch of supplements that some of you might see malnourished patients getting at the hospital - Sustagen

"I really hope that one day there is less stigma associated with eating disorders"

drinks, iron syrup, and a bunch of vitamin tablets. I was threatened with hospital admissions and having to get "a big tube down my nose and force fed til I got fat" as my lovely brother described it. Luckily for me, it never got to that stage. When I was 15, I decided that it was just too hard to keep fighting with my family every meal time; too hard to watch my parents fighting and blaming each other; too hard to keep being tormented by my siblings calling me an "anno" and telling me that I was tearing our family apart.

I reluctantly started eating again, and found that putting on weight wasn't as terrifying as I had believed all these years. It took a while for the scars to fade though. I couldn't hear the word "anorexia" without flinching and feeling like I was being attacked.

Things were pretty good after that, and I studied hard and like all of you, ended up in med school. But now that I was an adult and in control of my own diet, I started to worry again about my weight. The hidden scales and secret workouts

became my reality once again in second year. I lost weight, but no matter how much I lost it wasn't

enough. I spend a lot of the year feeling weak and faint because I didn't have enough energy to keep up with life in general. The fuzzy hair and constant ly feeling cold feeling returned. I made excuses not to go out because I knew that going out meant

drinking or dessert or dinner which were all things I just couldn't do. Being isolated from friends made me feel lonely and I started to think that I was worthless. The eating disorder slowly morphed into depression.

I think a few things helped me snap out of it the second time. The most important one was probably AMSA Convention. I can't remember the speaker's name or what he was talking about, but all I remember was that he was hella inspirational. He said lots of stuff about living your best life, how your health is your most important asset, and how everything starts with just a small step. You know, the usual #inspo stuff. At the end, he told us an anecdote about how he had spoken at a girls' school once. A week after the talk, he got a letter from one of the girls in the audience. She said that she had anorexia and was so inspired by his talk about taking one step that she had gone home that day and eaten an orange. It sounds stupid right? But this girl (like me) was so scared of food that she'd

"The story resonated with me, and so that night for the first time in 6 months, I ate dinner."

convinced herself that eating just one orange would make her fat. So after hearing the talk, she pushed herself to take that first step, and for her, the first step was eating an orange.

The story resonated with me, and so that night for the first

time in about six months, I ate dinner. I didn't calculate the calories on my phone or throw it up secretly in the bathroom afterwards. I just ate it. Without doing anything. After that I started to get better. I'm lucky that anorexia is a distant memory for me now. Sometimes on the ward, when people roll their eyes about an anorexic patient "wasting their time" with frequent admissions for NG feeds; when other students say they don't "get" how anyone could be stupid enough to develop an eating disorder; when consultants make borderline sexist comments about "teenage girl problems", I'll admit that I get uncomfortable. But I'm far from my old self who couldn't hear the word "anorexic" without bursting into tears.

I really hope that one day, there is less stigma associated with eating disorders. I hope that it's better understood and that families can be better educated so that kids with eating disorders don't have to deal with an extra serving of bullshit from their families on top of their eating disorder. I also hope that those of you who've made it to the end of this majorly depressing story can take something away from it. If you come across an anorexic kid on the wards, or your GP clinics in the future, I just ask that you remember that it's not their fault. Anorexia is common, and kindness should be too. *Blue*

Serena Williams

I am not a robot. I have a heart and I bleed.

Immense mental fortitude reigning in the tennis world since her first Slam triumph at age 17; body-image issues, loss of form due to injury and coming back from a pulmonary embolism. Serena Williams has combat-
ted the odds. She has reached 28 Grand semi-finals, of which she has lost just a mere 3. Of the 25 Slam finals she has won five times as many as she has lost. She has experienced and continues to experience great joy, but has also learnt that 'It's hard and lonely at the top.'

Oprah Winfrey

Lots of people want to ride with you in the limo, but what you want is someone who will take a bus with you when the limo breaks down

Many called her "the world's most powerful woman", but preceding fame she suffered emotional turmoil - abuse as a child, detrimental relationships and poor self-esteem. Within years she became a multi-billionaire as host of the highest-rated talk show. Oprah has over-come personal adversity to become a benefactor to others.



Midsem

Painting by Anonymous



6 Years Ago

Anonymous

6 years ago, I made a choice. At the time, it seemed like the hardest choice to make. I felt like I was making a mistake. 6 years ago, I chose to live.

It was 6 years ago that I felt like there was no other option but to take my life and end it all. Growing up, I learnt about depression and suicide, never fully understanding what it meant. I could never comprehend what would drive someone to want to end something as precious as life. For all we know we could be the only living, conscious, thinking organisms in this entire universe and yet, there are people who choose to rob themselves of that gift.

Suicide comes from an unrelenting sense of utter despair, loneliness and crushing hopelessness. For me, it seemed like the perfect solution to an unsolvable problem. For a long time, I lived with depression. Each day seemed more and more pointless with no meaning to me. I looked forward to sleeping because I knew it would give me a few hours of unconsciousness from which I could escape my life. I felt empty inside, like a hollow shell. I quickly succumbed to a complete sense of worthlessness; that there was no value to me as a person, no value I could offer others, and simply, a waste of space. If there was a creator who consciously chose to put people on this earth with life, then there must have been two baskets, one basket with the people in it chosen for life and the other basket with the mistakes from perhaps previous trials that didn't work out so well. I belonged to the latter. The loneliness was the hardest part of all. I felt stranded on my own island; there was no-one to help me and no-one could understand what I was going through. Taking my own life seemed as significant as killing an ant; no-one would care or notice. So why should I keep living? Killing myself was the perfect solution, it wasn't going to get better so no point in continuing.

The thing is that you become a master of disguise; you learn to hide yourself behind one thousand masks. Had you asked any of the people who knew me, they would have most likely said everything was ok and I was the happiest person alive. You become dependent on these masks to hide the misery and that, in itself, drains you as much as the torment within you. But by hiding, you inadvertently hide yourself from help too.

There will always be someone who cares and there will always be someone with whom you can talk. Whether it be your family, a close friend or a stranger on the other side of the phone on a helpline, there will always be help. As they often say: suicide is a permanent solution to a temporary problem. And it is not a weakness or a personal failure to feel suicidal, it takes courage to persist and push through the agony.

6 years later, I've learnt to surpass my depression. It wasn't easy but having a strong supportive group of friends made it possible. They help you find the happiness in life and within you again. Depression and suicide are lingering thoughts; they continue to be shadows, creeping from the corners. It never quite leaves you, but you learn to not let them dominate your life. You are the master not them.

It's learning to recognise, within yourself, when you're slowly slipping back into the old cage and stopping yourself from it. And if for some reason you end up in there again, picking the lock to get out becomes a lot easier. For me, it was developing tactics: calling a friend, listening to music, relaxing in the sun or spending so much time on Youtube that I ended up in that weird part of the internet and was too weirded out to think about anything.

6 years ago, I chose to live. *Blue*

“How Are You?”

Anonymous



“This, Watson’s Bay lookout, is a common location for suicide. On a sunny day, out with friends, it is so difficult to imagine that people come here hoping to end it all. We need to promote discussions about mental health, to abolish the stigma that encourages people to suffer in silence.”

- Anonymous *Blue*

Wednesday

Justine Binny

It's Wednesday.
The end day.
Today is not my friend.
I missed the whole morning
'Cause I sleep-walked again.
And last week?
Last Wednesday?
I was balanced on the edge
and some hands hauled me back
and for that I am grateful
But I dredge
up all the Wednesdays
that preceded these recent horrors
And my headaches and my migraines
correspond to times when I was
trying to escape the banality and the mundane
non-Monday
So this is the final Wednesday in which I will
share in the pain

If you can't tell me why
Then I won't understand
And I won't do it your way

I guess if I was grateful I'd appreciate the creative
spark
but this Wednesday I wish I had nothing to say
rather than play in this dark.
The reality, I realise, is that my Wednesday wasn't
the worst
but something inside needs to end before it can
end me

First

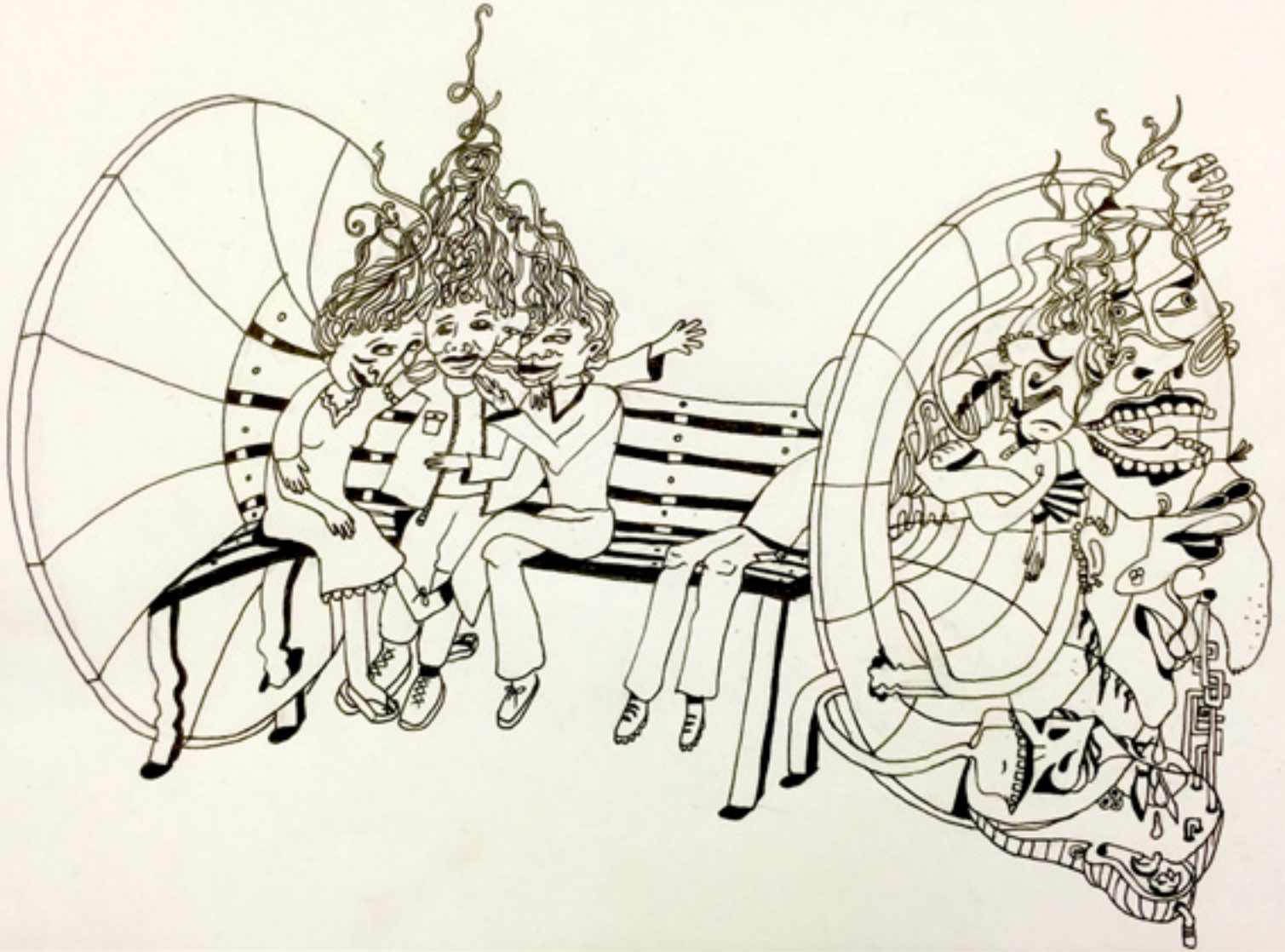
I need to hold it
and hate it
for holding me back
and thank it for showing me the truly evil knack
people have of strangling you when life's already
knocked you out.
So I'll come back but only if it's Thursday and I
win the next bout.

If you can't tell me why
Then I won't understand
And I won't do it your way

This isn't lyrics, this ain't a poem, this is soliloquy.
This is Me standing alone on the stage.
Only Me.
This isn't lyrics, this ain't a poem, this is soliloquy.
This is Me standing alone on the stage.
Only Me.
This isn't lyrics, this ain't a poem, this is soliloquy.
This is Me standing alone on the stage.
Only Me.
This isn't lyrics, this ain't a poem, this is soliloquy.
This is Me standing alone on the stage.
Only Me.

If you can't tell me why
Then I won't understand
And I won't do it your way *Blue*

Wafa Khan



Blue



Blue

If you or anyone you know needs help, please don't hesitate;
it is not a weakness.

BeyondBlue
beyondblue.org.au
1300 22 4636



 **Lifeline** **Saving Lives** **Lifeline**
Crisis Support. Suicide Prevention. lifeline.org.au
13 11 14

Headspace
headspace.org.au
1800 650 890



Black Dog Institute **BlackDog Institute**
blackdoginstitute.org.au

Western Sydney University Counselling Service
westernsydney.edu.au/currentstudents/current_students/services_and_facilities/counselling_services

If your life is in danger, *please* call 000

AMSA Mental Health Campaign
mentalhealth.amsa.org.au



LET'S GET **M E N T A L**