

The Day the Music Died

'No! They make my head fuzzy.'

A savage glare. 'You're trying to turn me into a dumb animal!'

I eventually get her to swallow the tablets.

She resents me bitterly: but I'm trying to keep her alive.

The latest bouts of self-mutilation and suicidal talk caused the psychiatrist to change my daughter's medication. She snarls that these pills dull her mind, she can no longer feel the music in her head. For Jacinta, a talented seventeen-year-old, to be unable to compose and perform her own music is living death.

I leave her bedroom door open. Fifteen minutes later, I hear a child's voice crying, 'Mummy'.

She is sobbing bitterly but won't let me touch her.

'Mummy, please let me die, please.'

I shudder but manage to sound soothing. 'You'll feel better in a few weeks, honey. Just hang in there.'

'But I wanted to die before and now the music's gone as well.'

'Give the tablets time to work. The doctor said you should feel better in about six weeks.'

'But will my music come back?'

This child who oscillates between three and thirty is too bright to be fooled by baseless promises. 'I don't know, honey, but you won't have to stay on these tablets forever. Your depression and anxiety were getting worse, probably because the exams are coming. Just put up with it until they're over ... maybe you can cut back then.'

I had thought long and hard about withdrawing her from school, but she's an over-achiever; that would seem the ultimate failure to her. I decide that it would only increase the chance of suicide.

'What if I can't?' A desperate child's anguished cry. 'I want to die!'

'More counselling could help. Perhaps you'd manage on milder tablets then.'

'Mrs P! She's fuddy-duddy, just like you.'

I know the woman isn't suitable for my hip daughter but our choices are limited. I'm on a pension since my own breakdown several years ago, and looking for an independent psychologist who would suit Jacinta is out of the question financially.

I've been trying to get her into counselling for four years because of her frequent bouts of depression; I know how much it's helped me cope with life. However, until now, she always refused to go back after one visit.

The counsellors who charge less are in community organisations whose funding conditions often restrict them to short-term support. Also, many are unable to connect with a temperamental, artistic teenager. We both need long-term support. I've had difficulty finding a counsellor for my own needs and to get advice on how to support Jacinta. (*I discovered a local 'Mood Support' group much later; very helpful, but their one counsellor is over-loaded.*)

Psychiatrists are excellent at medical treatment and more affordable because of rebates, but long-term counselling is not their forte.

With broader access to counsellors, we could have found one with whom my daughter connected and her understanding and control of her condition would have improved.

'We'll try someone else. I'll ring Community Health.'

'Uh-huh...' She's falling asleep.

The local Community Mental Health Team staff interview us separately, then dismiss my application for support because I am currently paying \$25 a week for counselling, even though I explain the counsellor is unsuitable. They're under-resourced and fully occupied with teenagers with schizophrenia and psychotic disorders; depression and anxiety are low on their list.

If my daughter had a major *physical* illness, help would be available. She has a potentially lethal disorder, as I found out in March. Where is the funding for *her*?

That day Jacinta was still in her room at 3 pm, so I went in to remind her about her counselling appointment. She was asleep. I had difficulty rousing her; eventually she mumbled, 'pills ... didn't work ... s'posed to' and fell back to sleep.

Stunned, I looked at her bedside table. Her pill bottle wasn't there. I ran into the kitchen. There it was, empty. When I rushed back into her room, I saw the suicide note. I don't want to remember what it said, because I'd been short with her the night before, when she'd wanted to talk to me.

I started to drag her out of bed, saying I was taking her to hospital. She said blearily, 'Why? I took the pills last night. They didn't work.'

Confounded, I replied, 'Okay, but I'm taking you to the counsellor, *now!*'

She was too groggy for rational discussion but the woman arranged an emergency appointment for the following day. I *should* have taken her to hospital, in case the tablets had unexpected side-effects and to get her name on the local psychiatric database. Later, the fact there was no record of a *serious* suicide attempt meant my fears were considered exaggerated.

The next afternoon, I tell Jacinta about the Team's refusal and say I'll continue looking but want her to continue to see Mrs P. for now. She stomps off, returning ten minutes later with her wrists bleeding, crying, 'Sorry, Mummy, sorry.'

I push her into an armchair and press my shirt sleeves over her wrists. When I lift them I realise the cuts are superficial. I bandage her wrists then bring the sedatives she's been prescribed for use when necessary. She takes them without complaint, so I decide she's in shock and wrap her in a doona. I sit beside her without speaking while they take effect, then put her to bed.

Inside, I am shaking with rage. How *could* she present me with slashed wrists just because she's peeved at something I've said?

I was stunned last summer when she showed me the scars on her arms and abdomen. She realised she needed help, agreed to see a psychiatrist and started taking antidepressants.

But slashed wrists? I can't cope with that; my only other option is to have her hospitalised, but she's told me she would suicide if ever committed to a psychiatric institution and I have my own doubts about their effectiveness for her. I know of excellent juvenile psychiatric wards in private hospitals but *my* only option is the public system. I can't see any benefit in her sharing an environment with older people with psychotic disorders, so I persevere at home, knowing I'm emotionally inadequate.

What caused this horror? The inherited susceptibility; my depression during her childhood; her school status as the bright misfit; divorce; her father's attitude that she's just a pretty doll; my breakdown, which reduces my ability to give meaningful support. I don't know if there are other factors.

At 3 am I ring the public psychiatric hospital. The nurses have helped before when I've despaired. There is no counselling hotline for depression, just a referral service, and ongoing sagas are not Lifeline's field. I tell the psych nurse what's happened and how I couldn't cope with it again.

'Then don't.' he says. 'Tough love's okay. Tell her you can't look after her if she does that, that she'll have to go into hospital. She has some control over her actions.'

I thank him profusely.

The next morning I tell Jacinta that if she ever does that again, I'm driving her straight to hospital and leaving her there. There is no repeat.

She misses the last two months of school and starts disassociating at night a fortnight before the final Year 12 exams. I sit by her bed listening to her hallucinating, murmuring useless reassurances while the medication takes its two hours to take effect. Fortunately she doesn't remember in the mornings. She attends four of the six exams, becomes eligible for university entrance, enrolls, attends three lectures and withdraws.

Two weeks later she overdoses again. She says it wasn't intended to be lethal; she just wanted to stop the screaming in her head. These tablets have dangerous side-effects so we spend the night in Hospital Emergency.

Over the last seven years Jacinta has tried formal study several times but each class has resulted in days huddled in bed. She shares a flat with a friend and has now refocused her creativity on painting, attending classes one half-day each week. She hopes to eventually sell her work, hating the idea of remaining on the disability pension.

She did eventually find a compatible therapist who helped her cope better with her current situation and encouraged her to talk with me about our troubled relationship, with wonderful results. However, we could only manage to pay for one year's therapy.

The music in her head has never returned. She therefore hates all medication passionately and has tried to stop taking it several times, with painful results.

Medication has a pivotal role in treating mood disorders but long-term counselling for adolescents is also essential, to help people understand and manage their condition. The bottom line is money for better-funded services, including support for carers, but most importantly, counsellors adept at relating with young people, who are available for long-term therapy. This must be affordable, which means considerable subsidisation.

How much is a teenager's life worth?

[Name changed]