

## 2019 Submission - Royal Commission into Victoria's Mental Health System

**What are your suggestions to improve the Victorian community's understanding of mental illness and reduce stigma and discrimination?**

"Research is necessary simply for morality. I don't accept "'SCHIZOPHRENIC' at all= you are creating a problem that you never address appropriately."

**What is already working well and what can be done better to prevent mental illness and to support people to get early treatment and support?**

"I cannot communicate my ideas here, you are on the wrong page to start with."

**What is already working well and what can be done better to prevent suicide?**

N/A

**What makes it hard for people to experience good mental health and what can be done to improve this? This may include how people find, access and experience mental health treatment and support and how services link with each other.**

N/A

**What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?**

N/A

**What are the needs of family members and carers and what can be done better to support them?**

N/A

**What can be done to attract, retain and better support the mental health workforce, including peer support workers?**

N/A

**What are the opportunities in the Victorian community for people living with mental illness to improve their social and economic participation, and what needs to be done to realise these opportunities?**

N/A

**Thinking about what Victoria's mental health system should ideally look like, tell us what areas and reform ideas you would like the Royal Commission to prioritise for change?**

N/A

**What can be done now to prepare for changes to Victorias mental health system and support improvements to last?**

N/A

**Is there anything else you would like to share with the Royal Commission?**

N/A

RE APPRAISAL OF SCHIZOPHRENIA, ( Elucidating Psychiatry and Practice in Victoria. [REDACTED]  
[REDACTED]

( I seek to shed light on, make clear: with thinking from facts- overlooked by people of position, whose wholeness and objectivity, I question.)

INTRODUCING:

I am, without doubt, not the most prestigious or known person of authority to present an overview of psychiatry, quite contrary, I am out of the cut and thrust of it and its' politics, yet have considerable vantage point. My correlative understandings from many disciplines and observations with that vantage, I hope can make clear to the reader my inference, that in many instances, there are myths surrounding severe mental illness. Not a psychological disorder or some hang-up nor just sleep deprivation, not childhood trauma or genetic sensitivity, nor even cognitive weakness; but in many instances a disregard of these all together when coming to a new bin that changes its' shape according to a psychiatric politic, called Schizophrenia.

It could be seen as heretical to serious researchers of Schizophrenia and Bipolar Disorder, ( the other psychotic condition, next to, in Psychiatry's Diagnostic Standard Manual ), but I posit, Psychiatrists actually don't know what they are treating in that population. They do have intellectual ideas, however, and power for such not to be properly challenged as wrong or even balmy!

If you treat, ( note that this is not the same word as heal ), a disease or condition, to know its' AETIOLOGY is necessary: how such condition or dis-ease arises, (is contracted), and how it progresses- that is if you are a Doctor of Medicine, and not a quack empowered by history.

Diagnosis is only an in house opinion, legally unchallengeable as fact;

There is no objective test.

The history of "patients" is not so readily known as the history of big guns of Psychiatry and their detractors.

Being at the mercy of society, and mentally healthy enemies, some maybe too close in a person's life, e.g. family members, or sexual or otherwise predator , who is 'friend of family', once one is diagnosed, is obviously mentally unhealthy. Living amongst other troubled people is very common.

Further, with those that think they know better than you and rationalise their mistakes running your life, one can easily see unhealthy life, especially today, where there there is no escape within systematic procedures; no hope.

If mental health drugs existed, we would all be taking them, but Medications only work in re jigging: taking from this giving to that.

It is a stop gap with no stop for those ascribed.

It is important, I believe, to differentiate, poor life circumstances which reduce well-being, from psychological aspects which are unhealthy, from psychosis, all of which could occur for an "anybody."

History points at a problem not a solution, and "we" seem so hooked on the problem, that we create more problems and can't see solution:

"We", ( Psychiatrists and Society), seem to blame all mental health problems on a particular condition, only debating such, at times, differentiating others already viewed, and perhaps, coming up with new approaches or conditions - it seems "We" have illness bias- are not balanced in the view of person and human struggle to be, giving little from which to make a healthy life- requiring the chance, to realistically hope, have possibility of fulfilment.

(instead of varying levels of ascription and consequences of ascription.)

Where is the distinction of psychological health / childhood experiences /developmental problems / circumstantial health / psychic atmosphere /psychosis / living situation and self understood human frailty, in looking at the whole person? Where is objectivity? Are these important aspects assimilated in Psychiatric thinking?

Can we rely on sticking to a diagnosis or should we come to understanding of person?

Is a human divorced from their life experiences- just a model for a part of Medicine?

An overview is needed and some reasoning, other than worldly position.

In that, I am totally qualified- I have no position thanks to Psychiatry:

I have been diagnosed as a Schizophrenia sufferer, (Schizophrenic), having Schizo-affective disorder, have also had Bipolar and Paranoid Schizophrenia diagnosis in my time. I have also been treated for depression.

An alternative "diagnosis" for myself which makes more objective sense, is one time breakdown for good reasons, ( psychological, sexual, circumstantial, moral), giving rise to massive depression and dysfunction, appearing as Psychosis, healed primarily through my initial thinking on this new existence (with aided understanding from real health professionals) :

- psychology and faith and determination and using the good wherever I may find; creating character from turning weaknesses into strengths.

- at first onset understanding ' somethings wrong and only I can overcome with help ', 'Go along with Psychiatry but they won't help me.'

I had a consistent, simple, unshakable faith in cure with commensurate

work.

I make added note I had severe head injury in 1995 which seemed to cure what could have been psychotic depression.

The doctors don't look at all the notes of me of 30 years, just what they like, based on summaries that they read as gospel. My understandings never in the scheme of their work.

I overcame nearly all of my own weaknesses in 2002, but still had to deal with such ascription and the consequences of diagnosis until just recently in 2017. I had severe problems finding stable housing in the early 2000's as well as significant issues by a controlling sister who was described by a family friend as "poison to you", I successfully fought to gain inheritance from my mother's estate from her.

Horrendous betrayals have been coped with sternly and with faith by me.

I was taken from the mental health Act in 2015.

I am now no longer on forced treatment, but I am dealing with VCAT Human Rights Division, which has allowed an administrator, to flout provisions of the Guardianship and Administration ACT 1986

Are Psychiatrists immune from human mistake? Have any Australian Psychiatrists ever been successfully sued for Malpractice? No and no!

Thanks to the mental health act 2014 in Victoria and the fact that I impressed Psych' nurses of St Vincent Psychiatry that I would not have any of them; so pointedly and powerfully, the designated psychiatrist had to say I did not fit the provisions of the new act so I was freed from forced treatment, hence am no longer mistreated.

An Associate Professor of Psychiatry, however, wrote on 16 July 2016 that I had Paranoid Schizophrenia from one 1 hour interview, I had consultation to gain control of my own finances. I saw him on 15 June and was concerned I would not receive the report to be ready for my hearing - 18 July, thinking at that time the report must be positive. In his report of 5 pages, over 90 times, (taking half of the 5 pages), he started sentences with "He told me...." the professor did not give reason for his adverse view, which cannot be challenged, I could challenge his 'sense', but who could hear? Outside consultation, he said I was a frightening person.

Some of his statements in report were objectively untrue.

I asked for another session and report, he refused.

Even professorial Psychiatrists admit in papers we can appear different with different people.

I ask, Different with Psychiatrists? Where is the objectivity?

I go along with Jung and the Christian message, and I think it is about time that human rights were protected to save people, like me from hard worked Psych's making the same mistake over and over.

Together with legal practitioners allowed to have their own individual ideas and bias,( there are no rules of evidence), but in practice not allowing the subjugated to be given the room to investigate the truth of allegations from people who cast dispersions on me and others- disallowing objectivity.

The law seems to allow a psychiatrically authorised context without ability to counter.

There is legal principle called natural justice- [REDACTED] found later that which was not provided, though he raised the issue as he could with VCAT Human Rights Division.

There was, in 2015 a push for “mental health” to come into public dialogue- personalities in some fields have heeded, if news reports and types of many indicate. By itself this is a very good thing: it opens up our eyes and minds to appreciate that difficulties arise for all of us humans from time to time and that frailties exist.

As this is completely new to many, in the sense of “was not before on the radar”, some scratch their heads to know how to know of about an area which has been largely absent from popular discourse previous.

#### MY WORLD HISTORICAL VIEW OF PSYCHIATRY

We have, of course, had an idea of Psychiatrist, whatever that idea may be, and the history of Psychiatry reaches back over centuries.

It was Psychiatry that enabled us to come out of the dark ages of demons, witchcraft, headless-horseman and the like-

These “phenomena”, (imaginings), were real fears for a large portion of the public and no doubt caused great mental disturbance.

Despite hideous human betrayal, well documented, but not brought to our minds often, Psychiatry was empowered, including the power to put away wives for having “Hysterical” condition.

The suffragettes came out of the first sexual revolution, ( marrying whom you fell in love with ); empowered women above such dominance, even though many fights continue.

We should remind ourselves in this great land of Australia that has progressed in many areas, that we are still backward in many, albeit many parts of the world could be viewed as still in the middle ages.

( NB: recovery rates for severe mental illness are higher in 3rd world where Psychiatry is scant.)

Freud is a household name, it seems we forget he was a man with problems too. Psychoanalysis was invented by him - he would have been his own first subject.

His fanatical lecture itinerary shows a driven man.

Whilst a great leap in ability to name the that which cannot be spoken, a previous hidden but real part of human interaction,

we now call Freudian- sexual relating, if you know what I mean!

His power is, I believe, incongruous with his help these days- though useful, certainly not all. He thought of medication from his own taking of cocaine.

Freud was certainly not right about everything he wrote about- scholars today agree.

Carl Jung is a prime example of one of Freud's personal mistakes- He, Jung, had equal and perhaps greater contribution to make, not in key's to his own power, but in real help to new understanding that can be self gained:

Whilst Freud relegated dreams, Jung set them free for each person's allowance of investigation to our own life and its' own possibility of positive future, in some part correlating with Biblical stories. Jung gave interpretative powers. Dreams herald future, he argued, are not a bin of the past.

Added, Jung's Libido theory investigated and perhaps made the notion, "What doesn't kill you makes you stronger." Yes, we all can come back, Christians concur with whole heart. Freud used his position to relegate Jung by diagnosing him with father problems.

Eugene Bleuler is a much lesser known psychiatrist, who along side the power of Freud, over one hundred years ago, found a new term to name those who were thought then to be or have a degenerative disease or condition, he studied these people assigned with "Dementia Praecox."

Psychiatrists have seemed oblivious to the experiences of the lives of this population and the effect of incarceration on their mental condition, yet Psychiatrists seem to say they know what happens to the minds of individuals, (as if a human being could be put in a test tube.)

Their "study" starts in such shaky ground.

## PATIENTS

Whilst being put in a psychiatric institution had a societal reason- out of sight, out of mind, If you were sent there, you would go out of your mind, even if very sane, I posit.

Bleuler observed from being amongst that these known degenerative patients had split mind: it maybe all there but it is not together- he termed "Schizophrenia."

Good as description but having no understanding.

Popularly, we have had "one flew over the cuckoo's nest", highly influential for psych' nurses ( the film this century of the revisit by Jack Nicholson to hospital was not accurate, certainly not for Australia. ) Psychiatry footage on TV in 2015, when we had the ABC mental health push, was mostly from England, they have a far superior system than here in Australia: they have cure in some cases from psychological participation. Whilst in many countries schizophrenia is seen sometimes as a passing condition, here in Victoria and Australia wide the treatment indicates life long relegation.

Have we ever heard of an Australian Schizophrenia patient cured? Can you find one Australian Psychiatrist who has been successfully sued for mal practice? NO and no.

With de-institutionalising of severely mentally ill in Victoria in the 80's, many had more a chance. It should be noted that politicians gained resources from land sales but did not put back near enough for the change over- the field of practice in Vic, has largely been put on the back foot since.

"Mental health" or Psychiatric practice, has not recovered, and has had to develop reactively.

What research there is in Vic, is such as investigating the idea of a magnetic operation of brain - to "cure" hearing voices.

Psychiatry does not differentiate- e.g. some "Schizophrenics" don't hear voices, some do; the criteria for diagnosis has changed more than one time. Many are lumped under its' pigeon hole, that could have other psychiatric conditions- is Schizophrenia just a basket case?

## PATIENTS IN SOCIETY

Gain was considerable for government coffers from de-institutionalisation but Psychiatrists are over worked, research is parlous. Progress can properly not be expected.

The Hay day of forward thinking was when inmates of Psychiatric institutions were first treated as human; observers looked for good signs, related to them, in trials of new drugs, in the 50's.

A new lease of life for Psychiatry, who constantly spout as if this is Psychiatry, "have faith, there is more good to come; hang on we will find the wonder drug."

Psychotropic drugs were heralded as psychiatry's new human idea of salvation, though "consumers", ( the name given to people who are not expected to get well- can't be patient), have horrendous existences, wrapped up in medication cotton wool, mostly living with other desperate people in rooming houses or supported residence.

The fact is that four fifths of the "Schizophrenic" population die prematurely in this country, not from suicide, but from heart disease, resulting for the most part from being overweight, bad habits, unfit, — the consequence of controlled lives with no hope- on average at least ten years below the population average, mostly twenty years.

The medication effects weight.



It is interesting to note that many of these new drugs work on giving higher dopamine levels, which is hypothesised is the problem of these brains hypothesised to be in chemical imbalance.

Dopamine could be a major factor, ( the lack of ), as it is gained by successes in life.

I note consumers are nearly all smokers. Smoking is addictive partly for the dopamine effect. With new no smoking paradigm in hospitals patients cannot smoke at psychiatric wards.

Also note where drugs could be wrong: When mice get dopamine when they want, they love to get it, when given when the experimenters want, little or worse effect.

## PEOPLE AND POLITICS

Many life problems arise from lack of political will to address.

The Hon. Mary Wooldridge could be seen as an exception, changing in Vic the mental health act in 2014. However, I believe, their Mental Health Complaints Commission is badly set up to show wrongs- political expedience?

She did not ensure that standards of practice could improve with checks and balances of Psychiatric practice. No funds?

Subtly she introduced the supposition that consumers had the mental capacity to agree to a particular medication.

Now we accept "Schizophrenics" as having human characteristics in some way, (I must point out here the term "Schizophrenic", I loathe, as I believe there can be cure for the majority of diagnosed schizophrenia sufferers and I note that West Lapland has a positive frame work.)

It is the public's duty, I believe, to enable a calm appraisal that might challenge the idea of a diagnosis, not just another opinion in house.

At present there are bodies of complaint and overseers but all in house and of Psychiatry.

Time and money is wasted finding novel ways for 'consumers' to adapt to that which is wrong.

There are not severely mentally ill patients, as there is nothing to wait for, only more treatment to "consume."

Dr Fred Fresse, an American "stand-up Schizophrenic", could be said to be culpable for much public ignorance; he is an American who thinks he is just a different kind of human being, not mentally unhealthy; calling the general public "normals."

This maybe swell to ignorant do gooders, but it is wrong: Schizophrenia is a condition, not a lifestyle!

We like to think we can be on good mutual terms with those poor and troubled; relegated, hence do away with responsibility. "Let's listen to Fred. and pretend to listen to others; wish them a nice day- wash our hands of discrimination."

I posit; there is no such thing as a mad person, only Mad situations;

Psychosis exists, ( can occur to anyone ), through personal circumstance, eg prolonged lack of sleep.

It is a real danger, but to say that an innately psychotic person exists is to make a self fulfilling prophecy- an excuse for a doctors who don't cure. Conserving illness bias; not look for the possibility of good outcome- unbalanced. Schizophrenia is defined by Psychiatry as "organic', that is to say is endemic of the person, (not inorganic): of circumstance. I counter they have no proper evidence to back their claims, just recurrent ideation not based on facts.

#### SOME OF MY IDEAS

We require research on the lives and life circumstance of patients.

Show me a genetically sensitive individual who has poor working memory who has been severely traumatised as a child such as sexual molestation and I will show a person who has been or will be diagnosed with Schizophrenia. These variants have all been observed or hypothesised in the population : researching lives is needed !

It can be noted peak diagnosis age for men and women is different:  
around 20 for men and around 33 for women- this coincides with "sexual prime."  
Rates of childhood molestation are higher for males as are schizophrenia rates.

All of the bipolar sufferers whom I have talked to all had a circumstance one could only say " how the hell did you manage that?"

We use the term Schizophrenia(c) as with Dementia Praecox -expectations are so low as to be a travesty, a fulfilling prophecy from FRANZCP, of "An Angel at my table." Infamy, (Fellows of the Royal Australian and New Zealand College of Psychiatrists), together with ministers of government that only mind the back burner to see it does not catch fire.

Though money is not the answer, ( approximately \$10,000 p.a. is spent on a "consumer" of mental health services and approximately \$23,000 p.a. in pension) The time has come, I believe, for a natural and humane alternative.

In some parts of the world even in the west, real help and real listening to, pays dividends. West Lapland in Finland has well documented evidence to try to support their positive frame work, they have no "Schizophrenics."  
Whilst some decline the maybe hype, certainly their positive curative model cannot be criticised with a comparison with Australia's basket case mentality. The idea we could have a curative model would actually pay back in a percentage of pension payments not needed, and work done by those once relegated; once out of our minds as being out of theirs.

I am saying that a psychosis enduring a long time is not organic, it may remain through psychological mal adaption, may remain through circumstances. Psychiatry has not done proper work on this.

Are Psychiatrists like the big banks- too big to fail?

CURRENT PRACTICE and my observations

It is woeful that [REDACTED] have no practice in seeing psychosis circumstantially or situationally as any person can experience, at their clinics; it is all put down to schizophrenia or bipolar once a person is diagnosed. Psychiatric treatment is based on unbalanced notes which look for ill, and is all in context of the Psychiatrist's work. Only at times when medication is changed, are reports made of positive features, like absence of symptom. This thinking is excused by conservative notions which are not conservative of unseen health, but conservative of illness bias.

Instead they spend their thinking and drugs on stopping the condition getting worse, without allowing the possibility of things getting better.

Psychiatry does not look for positive signs that do not correlate with their own diagnosis. or procedures; not enough time? not enough resources?

It is true that many fall 'over the cliff of the mind', I ask that less are risked by a total control culture.

I am not against medication, though many treated are, if taken as a person wishes and how they like, safe guards would be wished, but Psychiatric practice is to my mind immature: is not practiced in differentiating causes, instead staunchly idealistic.

If a diagnosis is wrong or medication is unhelpful to well being, maybe rebelled against, inappropriate for human viability- not viewed by powers other than Psychiatry, then simply we have hell to pay.

I believe there needs be separation in particular instances at particular times simply for stabilisation- Sometimes there is the need for isolating a person in times of crisis that could lead to harm or death, but for the rest of their lives?

The work of looking for the good, not researching newly worded psychiatric entrenchment, together with realistic-positivism would improve the mental health of Australia wholly, I have no doubt.

Those needing help in any area require personal provision, if we are a wholly moral country.

More of Author PERSONAL

[REDACTED] is a christian man who grew to understand that he is bisexual, has been diagnosed severally with schizophrenia, schizo-affective disorder, bipolar, and at one time paranoid schizophrenia, He was educated at [REDACTED] in the 70's finishing schooling at [REDACTED]. He was one of the two first students to enrol for combined Science/Law degree at [REDACTED].

He completed Three years before “running off the rails” At the time of the frenzy of the cold war and when financial Inequality jumped, heralding “greed is good” (measured by the GINI coefficient), in the mid 80’s.

He is not gay, not straight; “astray”, he now says today.

In response to the call from [REDACTED], on the Royal Commission on childhood sexual abuse, he indicated by email that if they be a leader of schools they would have a mental health paradigm.

He related to [REDACTED] the Principle, of his Life Health Paradigm, that was accepted by [REDACTED], such would honour those children who were sexually abused, but [REDACTED] has heard no more. [REDACTED] was criticised by the Royal commission at that time, but they have a new Principle this year.

He credits his remarkable cure in part to [REDACTED] part of the [REDACTED], now “Mind” started by [REDACTED], who believed in human help and love, however was overthrown for lack of societal qualification in the 80’s.

The [REDACTED] at one time gained 20% of the mental health budget under the head of [REDACTED] [REDACTED] in the 90’s who was astute with media when Jeff Kennet was Premier.

[REDACTED] as it was known by over twenty residents, had [REDACTED] presiding, relating and gaining excellent staff, though he was no society man, (he ran off with a resident.)

Separately, [REDACTED] was a moral and capable Christian lady; proficient therapist with great sense and calling, she came when [REDACTED] was a resident and helped him greatly.

[REDACTED] was blessed with many excellent psychiatric nurses mostly in his early diagnosis, who were at the Alfred and also St Vincent’s, who practiced in a relationship model; Freudian.

He had a deeply loving mother, who was an enthusiast in life, who though dying prior to [REDACTED] was great strength to him, He feels proud to be of her, probably reason of his bisexuality.

Fortune of meeting the most extra-ordinary people who guided him to understanding and learning; practices from their human resources, are likely the most prominent reasons of his cure as with anybody with a “growth-mindset.”

Among those of great help not mentioned previous are

[REDACTED]  
[REDACTED] .....many are names, (some share), it takes all to build an ocean..... [REDACTED]

D [REDACTED] was his psychiatrist during [REDACTED] days, and on to the new century, standing alone for [REDACTED] as a good , positive Psychiatrist- he gave psycho-education and reduced medication by two thirds, gave good report, (though confused about diagnosis and voices [REDACTED] has never heard.) [REDACTED] alternative diagnosis from Dr [REDACTED] was recurrent stress- induced Psychosis.

There are too many wrongs to ignore , as a moral person;

VCAT Human Rights Division, is the only appeal outside Psychiatry but is biased and illegitimate- a criminally charged person has more rights in process; the on balance approach is on balance of probability- a diagnosed person is probably mentally ill next to a senior specialist in Medicine saying so.

Orders are made such as Financial control, Guardianship, yet the means for gaining these legal instruments is based on argument of law not on the basis of aiding the person that the law was made to protect.

I say it is certain that Specialist Doctors will make mistakes , being human and having huge workloads and with poor funding from Government for nurses, but there are no protections against this- Clinics operate only alongside the Doctor's thoughts and checks are all in house. Lawyers, as usual, are behind the times.

pays tribute to our Lord- his true Saviour- through His word, action and authenticity- Surely biblical scale is apt for many today.

2017 c [REDACTED]