

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?

"Mr Jeff Kennett, in an article in the Herald Sun recently, claimed that discrimination and stigma relating to MI had all but ceased in the community. Nothing could be further from the truth. I divulged an 'history' to a principle of an organisation where I worked and with whom I enjoyed some dearly close allegiance. Now, all discussion of discretion and confidences aside, this principle went ahead and told everyone in the organisation. The result was devastating. The women proceeded to condescend, the men, pity filled their eyes, or, and in one case, there was downright hostility. MI occupies, the spectre of MI, occupies in the psyche the same response as did the witch hunts of old. The subject, in the mind of a beholder, is dehumanised, and there really isn't anything one can do about this, with most people, unless they are exposed to the realities of MI, which are varied, or unless one has known the people for a very long time. Relationships fail over MI. Personally, I don't divulge anymore, and I'm a bit tired of hearing about it in the media, especially from heads of organisations such as Beyond Blue whom are clearly out of touch with reality. "

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?

"The house is held up by diamonds, and there are a few of these in the system, but only a few. Many of the so called 'professionals' simply are not in a position to 'help'. And by 'not helping' I mean that they have not got their own shit fully sorted out, and are bringing their own baggage into the clinics and out via the teams into the community. I could expand here, but being brief, I've had plenty of discussions with professionals, and people come with problems, and sometimes they are big problems, and the discussions go nowhere because the individual is sore sore need of some personal development and support themselves. As far as prevention goes, well, we move into the ills of western civilizations, broken marriages, and the effect upon the child, etc. Spiritual misunderstandings, spiritual poverties. I read once that schizophrenia is a 'fluctuating level of awareness'. This is a very sage description. In order to 'support people', bring back the asylums. I don't know what happened to Kew Cottages, Mr Kennett sold it off, then went ahead and built a casino, off all things. The wards are overcrowded, the clinics are offices. What we need are buildings with grounds, with grass and trees, and space. Asylums, not to be committed to, but to house the services whereby there are opportunities to walk, and speak, and contemplate, and be safe, and secluded, and buffered by trees and birdsong."

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

"Some discussion about suicide ought not be had until one referred to Mr David Webb's seminal text on suicidology. He, and I know this for a fact, tried to top himself on three separate occasions, and, thankfully for us all, he survived the lot, only to go ahead and put his two bobs on published paper earning himself a PhD. I went up to the country town to which he retired, and the word

'suicide' is blowing in the wind."

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.

Lack of time.

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

"Courtesy is catching. Western ethos is of an individualism. And within my family unit an ethos exists, and explicitly is described as 'no-one owes one another anything'. And, 'its every man for himself'. Two rather regrettable statements. It all goes back into the family. The other angle I will mention here is language, and how language informs realities, and how the language behind MI is a construct, post Freud, and which is rather not helpful in many situations. I have watched a young lady read from a script all about her ongoing recovery, the passages peppered with psychiatric words. She was distraught as she read her work. Far too much time speaking shit with shrinks I think, far better to distance oneself from such professional discussion, and think about what we love. One does not talk shop with the customer."

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

"The family is a unit, complete with their own meanings. Describe an individual within that unit as mentally ill, and use all the jargon that goes along with it, and one starts to develop a new identity for that individual, which colours, to say the least, family relations. A diagnosis is one thing, but such kind of language is not to be used by the layman, is not to be used outside the clinic. Preserve at all costs the meaning structures within a family unit by simply butting out, and using common terminologies when speaking with kin."

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

"Give 'em a good long break. Withdraw, with pay, anyone with marital difficulties. This is none of my business, but I've had blokes in here in my home who are in no position to go making or holding jurisdiction over my where-with-all. Same for the ladies, but this is none of my jurisdiction either. I can't describe some of the crap that I've had to put up with. Gay men included. And you'll forgive me here for getting colourful, but give some of those blokes half a chance and they try and fuck you the arse. No bless. Like I was saying, there are diamonds, the nurses, some, and a very few of the quacks too."

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?

"Can't imagine. Its a minefield. I've tried saying nothing, I've tried divulging. In my opinion the great most of the community can handle the word 'depression', but they can't handle the word 'schizophrenia'. They get scared. Basically, I have come to the conclusion that it's none of anyone's business, and leave it at that."

Thinking about what Victorias mental health system should ideally look like, tell us what

areas and reform ideas you would like the Royal Commission to prioritise for change?

Bring back the asylums.

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?

"Please and kind thank you Commissioner, I welcome your invitation to comment, and open my file to your officers. It comprises a letter campaign attempting to explain to the services a point of reference. This point of reference relates to 'recovery' and 'cure'. For, as I mentioned earlier, schizophrenia, for instance, is a fluctuating level of spiritual awareness, and, as such, for should, and when, we hit our peaks, all manner of transcendence is possible. I include these documents to suggest, and prove, that psychiatrists are only people, flawed, as much as well meaning, and that the language of Freud and his adherents does as much damage as it does good when appropriated by the layman. I have placed these letters in order, I do trust that you will get the gist. Sincerely, and with the Highest Regards, [REDACTED]."

1st November 2017

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

UNDIAGNOSIS

Dear Governor-General,

I have formerly requested written comment from Government and The Royal Australian and New Zealand College of Psychiatrists in response to the enclosed documentation, for, and begging yours, I wrote to an old mate, and told him I am Chief [REDACTED]

Accepted beliefs surrounding mental illness act as an asylum wall, so irrespective of where one is placed physically, the meaning of a diagnosis in the public mind precludes one's participation, and acceptance, in some greater part. The essay *'Dear Tandem'* is, however, a bathroom sink hoiked through that wall.

The notion that an arbiter, of that delineation between what is acceptable and what is 'diagnosably' errant, were thankful for a higher insight demonstrated, seems to have nullified that barrier in the public mind.

And as long as I am not explicit before that public, in that I do not go around disclosing a diagnosis, as has been suggested by some parties, there seems to be no issue.

Thus, to stretch a metaphor, Mr [REDACTED] has run off through the forest, found his way to town, and is sitting on the desk of Nurse [REDACTED] association president, in the form of my correspondence.

So, the question is, is mental illness inherent, does it amount to a permanent 'condition', a belief so seemingly lodged in the mind of the profession and the public alike? And if so, what is psychiatry, and the Health Department, going to say to this silent giant who has let himself into the room?

Thus far no replies, yet, perhaps it is [REDACTED] who has us here, at this height of ideas, for where else, in a big city, would the Chief have gone?

Sincerely Yours,

[REDACTED].

3rd November 2017

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Dear Ma'am,

For perhaps to engender a discussion...

A dear counterpart, a [REDACTED] since passed I am led to believe, railed against this system, at one stage rejecting an offer to sit upon a consumer board, preferring instead to criticize from afar.

And an entity I did chance upon recently, and somewhat aligned they are with the Scientologists and their anti-medicalization agenda, were proposing a protest outside the Health Department.

For a record, I would much rather climb a mountain than wave a placard at its base in the hope that it will move, and less as much suggest to that mountain that it be any other than of its own nature.

The system, and life somewhat, is adversarial. Yet to introduce climbing parlance, a good series of professionals have led this amateur up a route. I did and justly lead a pitch of my own, in the interval between receiving a professional's gratitude and the then and thus 'tucking back under the following session', or, to continue with the analogy, your office and I have switched leads. And now atop the final pitch, I do, and undeniably do, share the view.

And it has been suggested that I show somewhat more gratitude to the officers of this system for my recovery than I have apparently displayed, yet and though I do warm to that scene from *'The Devil Wears Prada'* where the intern is complaining to her confidant about the treatment she is receiving from her boss. The confidant replies: 'One does not receive praise for doing one's job properly', in as much as I have attended a function at my hither-thence recovery facility and spelt out dearly my regards.

So, notwithstanding my perhaps desire and further destination and goal of diving back into life among the full-timers, and for the then thus perspective re-garnered from that vantage, I can only produce the photographs that I have captured on this ascent and from atop our very summit, and attempt to interpret those pictures in languages some such other than those accepted scientifically.

In summary, 'mental illness' means no more than one's common and garden 'human suffering', perhaps though pressed to and beyond that boundary where mere men forgo a sense of humour – *abbandonare ogni speranza voi che entrano qui*. Our species' timeless wish to find panacea and absolution, and our dear fears for our souls should we indeed expire prior to the discovery *of* a transcendence, stretches further into the past than anyone would wish it to into the future. Yet should we dispense with these sinister implications that our modern medicalizations make *of* madness in the public mind, to the point of resembling witch hunts, and relegate technology perhaps behind such powers as myth and legend, (and reflection), might we discover that this eternal hope of humanity has resulted in conundrum and tome towering far above and beyond in comprehensiveness any incarnation of any manual and thus stipulatory practice.

The question is not whether all beings, all animals for instance, possess self-awareness, or *self-awarenesses*. The question is: can they suffer? Which is to say that necessarily inherent in our understanding of ourselves is perhaps an acknowledgement that suffering is a passage moreover an affliction, and to attempt to identify such transmission as an abject ever-more rather than a signalman's arrow pointing *in* the direction of wisdom is to deny the direct correlation between capacity and dominion.

Sincerely Yours,

██████████.

Dear [REDACTED]

I became aware of your organisation only recently, and only because I was afforded a gift, which sort of gives the game away I would expect because I believe these gifts are afforded only to consumers. Of carers I know something, of recovery too, I expect. For a good seven years ago I wrote an essay. And the essay was titled '*Undiagnosis*'. And that title was lifted from Professor Simon Baron-Cohen's '*Autism and Asperger's Syndrome – The Facts*', page 44, from under the subheading '*Can the diagnosis be removed later?*' – later being after the advent of a diagnosis. Now, I ran with this concept, and the mob at the Victorian Mental Illness Awareness Council said to me at the time: 'How far are you going to take this?' in reference to the essay. And also now, I still have a diagnosis, on paper, yet I did take the principle to its obvious conclusion.

Professor Baron-Cohen states that an 'undiagnosis' would take 'just as thorough re-assessment of the individual'. Yet I postulated that indeed the way to *enact* an undiagnosis is not to sit back and re-answer the questions, but to supersede the very person handing them out, the diagnoses, to transcend the stipulations of psychiatry. And it worked! I furnished my professional with a six page treatise outlining the concept then I carried it out. I dismissed him (and then tucked back under the very next session). His final words to me as I departed the clinic for the last time were – 'thank you'.

What could possibly be errant of one's spirit at the drawn awe of sanity's maven?

Madness ends where humanity begins. Recovery never does, end, it resolves. Resolution may it never cease, and if community treatment (read: socialisation, *society*) ever does, fail, we will all be (everyone) in need of a decent equilibrium. I believe that a recovery *is* the complete absence of symptoms, and a *complete* recovery, just like you hear the docs say, is when you close your eyes and nothing but nothing seems to have changed.

Madness, to my mind, is a crisis of meaning, and whether new meanings need to be created or original meanings re-installed is really a question for the individual. The greatest impediment, again

to this perception, to a resumption of the normal, or the creation of something which I have heard called a 'new normal', an *adaption* if you will, is the very diagnosis itself and the identification with it in the mind of the patient and in the (sometimes) approach of the carers (and the wider community) be they professional or other. And I could write a whole 'nother essay on the most unfortunate dynamic that is set up in relationships where one party is deemed now and for ever more to be afflicted, mentally. The very belief that one is at best sub or potentially and for ever more depleted, and at worst inhuman, is the great millstone of any consumer, and the great prejudice of the wider community, and is the source of that most morbid disposition brought about by having the pains of one's passions passed off by folk (and medicine) as a lamentable leprosy.

And I have read in the paper of consumers beseeching the government to do something about stigma whereas I feel it is up to the individual as it is up to all individuals to decide with which and by what one identifies, to work somehow within one's *limitations*, and should indeed life prove fruitful, to transcend those limitations as well.

Should indeed it make a difference, and I can only use work as a measure, I have just come off the back of three years part-time, and plan potentially to resume full-time. Whether my diagnosis amounts therefore to an *impairment* remains to be seen. The bulk of the impairment is in the belief structure that is placed there by the notion that mental illnesses are for life and that one must create a 'new sense of self' in order to become better. What would be so wrong with one's original sense of self? Are we talking about identity here, or the soul, which, it has been argued, is eternal? And would it not ideally, this identity, old or new, therefore not contain an identification with an illness?

I have forwarded my definition of recovery, which is the same definition as one would find in a dictionary or a regular medical journal, or indeed would be what we are talking about when we sit down to a cup of tea and a stroke of the cat after a hard day at work, to professionals in the industry only to be fobbed. I encourage this entity to think about the logic of undiagnosis and of Eastern

philosophies where apprentices by the necessity to human evolution supersede their masters and those masters as we know are blessed in the knowledge of a job well done.

This is an idealistic model. I live and have lived side by side with, by, and of all manner of manifestations of (magnificently) maladroit minds. (And one wonders whether all minds are by nature *sui generis*). Yet I speak with all seriousness when I suggest that the dismissal of the DSM and its entire implication from the comprehensions of the patient is the key to a recovery, intrinsically. What constructs a patient re-maps a psyche *with* is a whole other study (though one might cue art here), but let us not map it with a *deviation* over all other and sundry potential and possible permutations of meaning which all and everybody entrusts every day and has done throughout these eons to inform the mind. (One wonders also whether this age of sinister glamour (too) is widely ripe for re-appraisal). It's a massive undertaking, the reconstruction, but tell someone that they are never *really* going to get better (and have them *believe* so) and you have just bricked up the very light I am offering at the end of a tumultuous tunnel. Change is inevitable. I am not saying that madness does not take a toll, yet might not future joy be reneged by the very schema that we must employ (temporarily?) to rally our forces in the name of normality.

Yours Sincerely,

██████████.

20th October 2017

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

Melbourne VIC 3000

Dear Dr [REDACTED]

Please weigh the accompanying documents with a written response.

For here and around these statements...

'Psychiatry is guilty perhaps of protecting its turf', and;

'What could possibly be errant of one's spirit at the drawn awe of sanity's maven?'

...interplay subtle and thoughtful diagnostics.

Sincerely Yours,

[REDACTED].

[REDACTED]

27th August 2017

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

Australia

RENAMED SPADES

Dear [REDACTED] Chair,

The quite variety of definitions of mental health on the [REDACTED] website speaks as much of a gathering of good men as it does the fact that they are hired, and that happiness pursuits are in cahoots with Big Pharma.

An ad-libbed script, enacted on a stage of terrible correlation and symbiosis between our requirement for exponential returns and our spiralling dismay brought about *by* the over-extension of economic rationalism into our mortgaged homes, manifests in a mangled clamour of renamed spades.

Might we never mind what we could possibly mean when we say such so, humanity, and truth, before revisiting the awe of a broader community, its values, and questioning this fray over nay but riches.

And envisage, counter-wise, by sidle and whisper, rather than by a subsequent spruik of a brutal elixir, the harness of that thousand-pound goodness, for which our hopes *are* an eternal symptom of all that has not, and all that needs be, prescribed.

Sincerely,

[REDACTED]