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Please identify whether this submission is to be treated as public, anonymous or restricted

While you can request anonymity or confidentiality below, we strongly encourage your formal submission to be public - this will help to ensure the Commission's work is transparent and the community is fully informed

Please tick one box

<input type="checkbox"/> Public	My submission may be published or referred to in any public document prepared by the Royal Commission. There is no need to anonymise this submission.
<input checked="" type="checkbox"/> Anonymous	<p>My submission may only be published or referred to in any public document prepared by the Royal Commission if it is anonymised (i.e. all information identifying or which could reasonably be expected to identify the author is redacted).</p> <p>If you do not specify the information which you would like to be removed, reasonable efforts will be made to remove all personal information (such as your name, address and other contact details) and other information which could reasonably be expected to identify you.</p>
<input type="checkbox"/> Restricted	My submission is confidential. My submission and its contents must not be published or referred to in any public document prepared by the Royal Commission. Please include a short explanation as to why you would like your submission restricted.

Please note:

- This cover sheet is required for all formal submissions, whether in writing or by audio or video file. Written submissions made online or by post, may be published on the Commission's website (at the discretion of the Commission) subject to your nominated preferences.
- Audio and video submissions will not be published on the Commission's website. However, they may be referred to in the Commission's reports subject to any preferences nominated.
- While the Commission will take into account your preference, the Commission may redact any part of any submission for privacy, legal or other reasons.

*Because of criticism of Scientology and its institutions I don't want to become a target of their reactions.*

10. What can be done now to prepare for changes to Victoria's mental health system and support improvements to last?

Abandon current deinstitutionalisation policy and reestablish acute & chronic public hospitals specialising in treating mental illnesses, also closure of hostels for chronic mental illness and control of buckpassing organisations, subsidising drug treatment programs such as Odyssey House & recruiting part time private psychiatrists to work in public sector.

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

All Western societies have found that deinstitutionalisation has failed to provide effective alternatives, resulting in feral psychotics, drug addicts and increased crime. So we have full jails, many inmates needing psychiatric treatment which is not available. Shortage of staff in public psychiatry because of unattractive conditions, financial restrictions and changes in society with great increase in illicit drug trafficking.

Privacy  
acknowledgement

I understand that the Royal Commission works with the assistance of its advisers and service providers. I agree that personal information about me and provided by me will be handled as described on the Privacy Page.

☒ Yes ☐ No

**SUB.0002.0009.0053**

Mental Health Royal Commission Establishment

Department of Premier and Cabinet

Dear Sirs,

I am uniquely qualified to present opinions to this royal commission on several grounds:

1. I practiced as a clinical psychiatrist in Victoria for over 50 years, treating acute chronic patients.
2. I am possibly the sole remaining Foundation Member of [REDACTED].
3. I practiced clinical psychiatry in Victoria in the public sector for 12 years.
4. I was involved for 12 years with Odyssey House, in assessing and treating drug addiction.
5. For 25 years, I trained psychiatry post-graduates at Monash University's Department of Psychiatry at Prince Henry's Hospital.
6. I was a Foundation Fellow of the forensic faculty of [REDACTED] with decades of contact with Victorian prisoners and ex-prisoners.
7. I served for 2 years on the Mental Health Review Board and witnessed the disastrous results of the closures of established public sector mental hospitals and the trial of imported psychiatrists.
8. I was a pioneer of the introduction of modern psychiatry in Victoria from 1957, including mass clinical trials of the first tranquiliser drug.
9. I oversaw the transformation from the Dark Ages of locked institutions, padded cells, straight-jackets, et al. to deinstitutionalisation of the 1980s. I have watched one fashion after another in treatment come and go.

#### **THE KEY ISSUES**

- Victoria has by far the lowest expenditure on psychiatric care per head of population, as well as the lowest number of public psychiatric beds. There are not enough trained staff to open 40 or more beds in public hospitals and those beds that are available are not staffed by psychiatrically trained personnel. There are waiting lists for emergency patients and the emergency psych services are frequently not available.
- The hostels provided for chronic deinstitutionalised patients are a disaster resulting in many homeless, drug-addicted, criminal and suicidal feral psychotics.
- Public sector psychiatrists recruited from overseas have resigned and gone into private practice.
- At least 30% of prisoners in Victoria require psychiatric treatment and should not be in gaol. Penrose hypothesised 75 years ago that there was "an inverse relationship between the number of psychiatric hospital beds and the size of prisons". A critical reconsideration of this in 2015 across 26 European countries confirmed its accuracy and is demonstrable in Victoria. In 1999, at the Victorian Government conference, the Director for Mental Health proposed the need for many more public hospital beds for youth and adolescents, acute

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psychotics and suicide prevention. 20 years later, this has not happened. Victoria's prison populations have soared.

- Victorian Government expenditure on reducing the road toll is ineffective because many drivers involved in accidents are drug-affected, and many single car fatalities on country roads are suicides (not wearing seatbelts).
- Too much buck-passing by government to non-government organisations and self-help groups which are not integrated or co-ordinated, including :
  - Beyond Blue
  - SANE
  - Mental Health Foundation
  - Telephone Crisis services
  - Family organisations

These need to be carefully monitored and co-ordinated and should be required to report in detail their activities.

- Scientology is actively anti-psychiatry and the organisation have taken over a health resort in Healesville where they exploit those lured into their clutches as the "Citizens Community Health Services". This is a cult preying on the most vulnerable, masquerading as a religion and avoiding taxes. In other words, an anti-psychiatry cult enjoys government support.

## **SOLUTIONS**

- There is an urgent need for major changes to and increases in funding by Victorian government. Shifting care away from institutions has not generated cost savings in Victoria, or indeed internationally. The experiment has failed.
- New public psych hospitals must be opened, separate to general hospitals, staffed by well-paid and properly trained practitioners. This will in turn encourage some of those in private practice to take up positions, even if part time.
- Breaking the pattern of psych patients entering and re-entering the prison system and treating them in appropriate organisations like Odyssey House will greatly reduce the costs to the State on prison populations and free up money much needed for public mental health.
- Money to provide safe injecting rooms is a waste. Those using these facilities should be treated and supported to overcome their addiction.
- The idea of primary psych care offered by GPs has not been taken up. It is not suitable.

Yours sincerely,

**Dr. [REDACTED]**

MBBS (HON), DPM, FRANZCP, MRC PSYCH

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**References:**

- *Hospital Psychiatry: is it adequately funded to meet rising patient demand?* (Australasian Psychiatry, 2019, vol. 27)
- *Widespread Emergency department access block: a human rights issue in Australia?* (Australasian Psychiatry, 2019, vol. 27)



[REDACTED]  
 M.B.,B.S. (Hons), D.P.M., F.R.A.N.Z.C.P., M.R.C. Psych.

Mental Health Royal Commission Establishment

Department of Premier and Cabinet

GPO Box 4509 Melbourne Vic.3001

To [REDACTED]

Jan.13 2019-01-12

Dear Sirs ,

I have been advised by [REDACTED] to submit my request to give evidence to this Royal Commission ,although the Terms of Reference are not available to me at this stage.

I enclose copies of emails as follows

1. Monday Jan.7 2019 sent to [REDACTED] re Royal Commission
2. Thursday 30 March 2017 re anti-psychiatry in Victoria sent to [REDACTED] who published [REDACTED]

I also would add that there are many more SUICIDES in Victoria than Road traffic fatalities ,but the State spends far more on reducing the Traffic deaths than on reduction of suicides. There is an urgent need for acute Psychiatric Hospital facilities for possible suicide risk patients. The private hospitals are not readily available ,and [REDACTED] deal with them appropriately. The proposed additional funding of dozens of organisations to improve facilities to treat drug and alcohol addicts statewide, and to improve country Psychiatric units is not going to be effective because the qualified staffing of small multiple units is impossible .Recruitment has been forced to appoint persons from non English backgrounds who are poorly trained and can't communicate adequately. I saw this at Latrobe when I was a Member of Mental Health Board ,and reported it ,but I doubt that it had any effect..

I hope that the Royal Commission will address the real issues that I am concerned about ,

The need to re-establish Mental Hospitals staffed with highly qualified Australian speaking Psychiatrists and nursing staff close to Melbourne , in place of decentralised and inadequate small facilities.

The need to fund Odyssey House style drug and alcohol treatment centres where addicts are in drug free programs .Funding dozens of small organisations is not likely to be worthwhile.

The provision of facilities to treat thousands of persons in gaols who should be in psychiatric treatment and would greatly reduce costs of maintaining them in prisons ,and result in less crowding of the penal system.

Salaries that would attract more Private Psychiatrists to work in the Public sector ,even on a part time basis instead of recruitment of overseas ,mostly Asian trained specialists.

The closure of most long term Psych. Hospitals in U.K. Denmark ,U.S.A.and Australia as well as other Western countries has been disastrous ,resulting in huge numbers of "Feral Psychotics " in societies which governments would like to ignore.We are not safe while these persons remain free.

I request that I be included in the hearings of the Royal Commission because of my long and detailed experience in a wide range of issues as outlined above.

Yours Truly  
 [REDACTED]