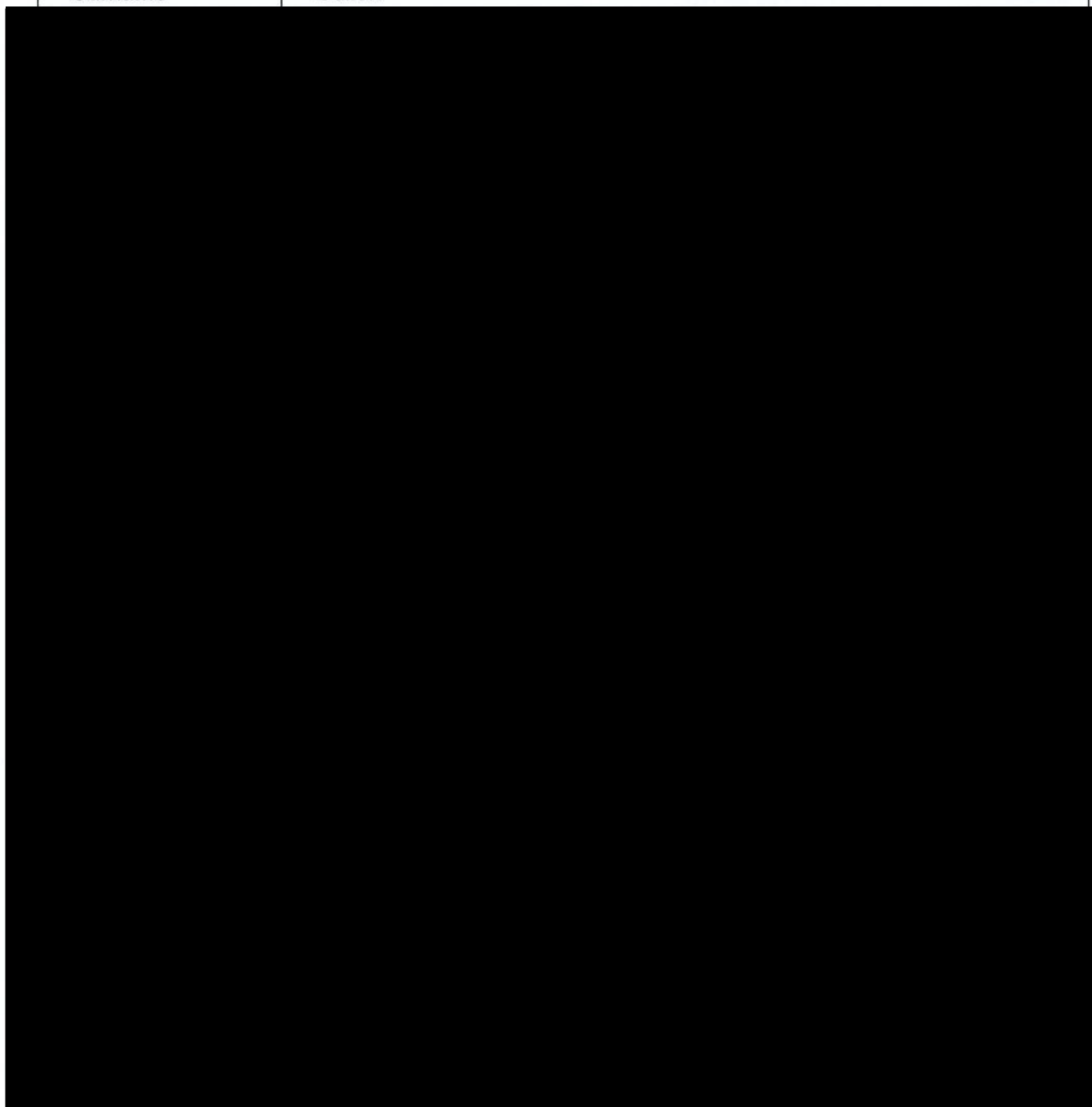


Formal submission cover sheet

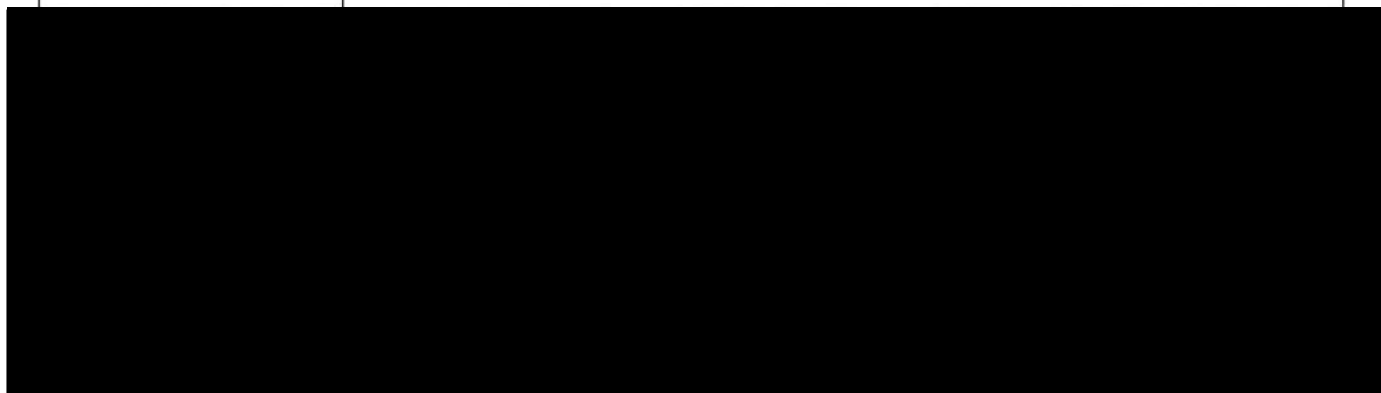
Victorian Royal Commission into Mental Health

Your information	
Title	Ms
First name	Kim
Surname	Cullen



Type of submission	<input type="checkbox"/> Individual
--------------------	-------------------------------------

	<input checked="" type="checkbox"/> Organisation Please state which organisation: Citizens Commission on Human Rights Victoria Please state your position at the organisation: Executive Director Please state whether you have authority from that organisation to make this submission on its behalf: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Group How many people does your submission represent?
--	--



Please indicate which of the following best represents you or the organisation/body you represent. Please select all that apply	<input type="checkbox"/> Person living with mental illness <input type="checkbox"/> Engagement with mental health services in the past five years <input type="checkbox"/> Carer / family member / friend of someone living with mental illness <input type="checkbox"/> Support worker <input type="checkbox"/> Individual service provider <input type="checkbox"/> Individual advocate <input type="checkbox"/> Service provider organisation; Please specify type of provider: <hr/> <input type="checkbox"/> Peak body or advocacy group <input type="checkbox"/> Researcher, academic, commentator <input type="checkbox"/> Government agency <input type="checkbox"/> Interested member of the public <input checked="" type="checkbox"/> Other; Please specify: We are the Victorian Chapter of an independent international organization which has been investigating and exposing psychiatric violations of human rights for the past 50 years.
Please select the main Terms of Reference topics that are covered in your brief comments. Please select all that apply	<input type="checkbox"/> Access to Victoria's mental health services <input type="checkbox"/> Navigation of Victoria's mental health services <input checked="" type="checkbox"/> Best practice treatment and care models that are safe and person-centred <input checked="" type="checkbox"/> Family and carer support needs <input checked="" type="checkbox"/> Suicide prevention <input checked="" type="checkbox"/> Mental illness prevention <input type="checkbox"/> Mental health workforce <input type="checkbox"/> Pathways and interfaces between Victoria's mental health services and other services

	<ul style="list-style-type: none"><input type="checkbox"/> Infrastructure, governance, accountability, funding, commissioning and information-sharing arrangements<input type="checkbox"/> Data collection and research strategies to advance and monitor reforms<input type="checkbox"/> Aboriginal and Torres Islander communities<input type="checkbox"/> People living with mental illness and other co-occurring illnesses, disabilities, multiple or dual disabilities<input type="checkbox"/> Rural and regional communities<input type="checkbox"/> People in contact, or at greater risk of contact, with the forensic mental health system and the justice system<input type="checkbox"/> People living with both mental illness and problematic drug and alcohol use
--	---



**SUBMISSION TO THE ROYAL
COMMISSION INTO VICTORIA'S
MENTAL HEALTH SYSTEM FROM
THE VICTORIAN OFFICE OF THE
INTERNATIONAL ORGANISATION,
THE CITIZENS COMMISSION ON
HUMAN RIGHTS**

1 July 2019

Table of Contents

BACKGROUND OF THE CITIZENS COMMISSION ON HUMAN RIGHTS.....	3
INTRODUCTION	5
SUBMISSION	7
PSYCHIATRY AND MENTAL HEALTH WORKERS NEED TO BE MADE CRIMINALLY ACCOUNTABLE FOR DEATHS AND ABUSE UNDER THEIR CARE	7
PSYCHIATRY HAS PROVEN IT CANNOT POLICE ITSELF	7
PSYCHOSURGERY	9
TORTUROUS ELECTROSHOCK (ECT)	9
RESTRAINT AND SECLUSION	11
PSYCHIATRIC DRUGS	12
INVOLUNTARY COMMITMENT.....	13
ESCALATING COST OF MENTAL HEALTH AND CONSTANT DEMANDS FOR MORE MONEY	14
ALTERNATIVES- RESTORING HUMAN RIGHTS AND DIGNITY	14
SUMMARY OF RECOMMENDATIONS.....	15

BACKGROUND OF THE CITIZENS COMMISSION ON HUMAN RIGHTS

The Citizens Commission on Human Rights is a non-profit organisation which was established in 1969 by the Church of Scientology and the late Dr Thomas Szasz, Professor of Psychiatry, as an independent body to investigate and expose psychiatric violations of human rights and to clean up the field of mental healing. CCHR offers a free public service to those who have been harmed in the psychiatric industry and it is an international organisation with headquarters in Los Angeles.

The main task of CCHR has been to reform mental health and preserve individuals' rights in line with the *Universal Declaration of Human Rights*. In Australia CCHR was instrumental in uncovering and bringing to the attention of NSW authorities the lethal drug and electroshock (ECT) practice known as "Deep Sleep Treatment" used at Chelmsford Private Psychiatric Hospital. It also helped achieve the NSW Royal Commission into Deep Sleep Treatment in 1988 and the Queensland government inquiry into the psychiatric ward, Ward 10B, at Townsville Hospital in 1990.

More recently CCHR conducted education campaigns to protect children from the trauma of restraint, the harm of electroshock and the irreparable damage of psychosurgery in various states of Australia where mental health acts were under review.

Another instance of CCHR enacting reforms is in W.A. where a draft Mental Health Bill proposed to allow children of any age, to be able to consent to sterilisation if a psychiatrist determined they had the "capacity to consent." No further consent was needed from anyone including parents or a tribunal. The Bill also proposed to allow for children aged 12 to be able to consent to electroshock and psychosurgery — again if the child was considered to have the capacity to consent as determined by a psychiatrist with a tribunal giving final approval. No parental consent would have been needed at any stage and a clause in the bill allowed for parents to be excluded from the tribunal hearing. CCHR launched an education campaign to inform parents and the general public, by placing half page ads in the main and community newspapers, bulk mailings and many other actions.

As a result, there was worldwide condemnation on these issues, with over 1,000 submissions received by the WA Mental Health Commission. Not only was the proposal to allow children to consent to sterilisation dropped, but sterilisation was completely removed from *the Mental Health Act*. In addition, the age at which a child could consent to electroshock and psychosurgery was lifted to over 14 years. CCHR continued to educate the public and the psychosurgery ban was then lifted again to under 16 years. The new act with these changes was implemented on 30th November 2015.

Internationally CCHR is responsible for many hundreds of reforms gained through testimony before legislative hearings, its own public inquiries into psychiatric abuse and its work with the media, law enforcement and public officials.

While CCHR does not provide medical or legal advice, it works closely with and supports medical doctors and medical practice. Medical drugs and scientific tests are often necessary for treating and curing disease, but the same cannot be said of psychotropic drugs and treatment which can seriously adversely affect vulnerable children and adults.

INTRODUCTION

1. CCHR applauds the Royal Commission into Victoria's Mental Health System for its inquiry into mental health. An investigation into providing the best mental health system is very much welcomed.
2. The public are looking for a safe place to go when seeking help with professionals they know are competent and in whom they can trust. Mental Health can frighten them because of the lack of accountability of mental health workers. We have seen recently with the *Australian Royal Commission into Banking* that some people who were thought of as trustworthy, were not.¹ It is only with accountability and legal recourse that people are able to fight back when abused by a mental health system in which they have placed their trust. Only recourse will give them the certainty that they and their loved ones will be safe and properly cared for when in a vulnerable state
3. When families seek help for those needing care, they must be able to trust in the system. The mental health area has been of concern to families as many of them have found immense difficulty within a system where accountability has not been evident.
4. The accountability of professionals is of paramount importance to ensuring the best care is obtained in a safe environment.
5. We are constantly reminded in the media of abuse of the mentally ill, the massive drugging of them, mistreatment in psychiatric hospitals and even preventable deaths in a system that has shown itself incapable of resolving the issues, despite billions more being doled out.
6. Spending on mental health by the Victorian government increased by over 16% in just 3 years from 2015/16 to 2017/18 (up from \$1.312 billion to \$1.525 billion).²
7. How psychiatry "diagnoses" someone affects not only the person, their family and friends but also the money spent by both Federal and State Governments. If the diagnosis is not scientific and the treatments not proven to work, then the result can be devastating for those involved and money is wasted.
8. Psychiatry's main "diagnosis manual" used in Australia, the *Diagnostic and Statistical Manual of Mental Disorders*, itself states there are no scientific tests. As of 25 March 2019, Medicare Benefits Schedule is still using DSM-IV and the Pharmaceutical Benefits Scheme uses DSM-5. Examples in the DSM manuals include:

DSM-IV for schizophrenia: "No laboratory findings have been identified that are diagnosis of schizophrenia" (p.305).

DSM-IV for ADHD: "No laboratory tests, neurological assessments or attentional assessments have been established as diagnostic in the clinical assessment of Attention Deficit/Hyperactivity Disorder" (pp. 88,89)

DSM-5 for ADHD: "No biological marker is diagnostic for ADHD" (p.61)

DSM-5 for schizophrenia: "Currently there are no radiological, laboratory or psychometric tests for the disorder" (p.101).

This means that unlike in normal medicine, a "diagnosis" is completely subjective with no scientific basis to justify the prescribed treatment. More and more money is spent as the real cause of the person's problem is not found and rectified, the person suffers unnecessarily and in some cases they die.

9. Despite the above, many have been led to believe that psychiatric disorders, such as ADHD or schizophrenia, are the same as medical diseases or illnesses. However, this is very misleading, especially for a parent whose child is experiencing great difficulties, for those who care for children and adults who desperately need help and those who decide where funding should be spent.
10. To promulgate the fiction that problems people are experiencing is the result of a "chemical imbalance in the brain," requiring mind-altering medication, is false and potentially very harmful. There is no test to prove anyone has a chemical imbalance of the brain. There are no tests for any psychiatric diagnoses and many of the subsequent drugs prescribed are well documented to cause harm, including suicidal thoughts and suicidal behaviour.
11. There are humane and safe proven methods of assisting children and adults including proper medical care that are also cost effective.
12. The cause of the problem for each and every person can vary. Finding the actual cause of the problem and rectifying that, will lead to many more children and adults recovering and leading happier and healthier lives.
13. Studies have proven that an undiagnosed medical condition can manifest as "psychiatric symptoms". Medical doctors who take the time to conduct a thorough physical examination of someone exhibiting signs of what psychiatrists say are "mental disorders", will often find undiagnosed, untreated physical conditions. Once the medical condition is treated, the mental symptoms can disappear.

SUBMISSION

PSYCHIATRY AND MENTAL HEALTH WORKERS NEED TO BE MADE CRIMINALLY ACCOUNTABLE FOR DEATHS AND ABUSE UNDER THEIR CARE

Psychiatry needs to be held criminally accountable in mental health law:

Victorian psychiatrists are exempt from criminal fines and prison terms in the *Victorian Mental Health Act*. This is in stark contrast to other mental health acts in Australia. In South Australia, anyone who ill-treats or wilfully neglects a patient can be fined up to \$25,000 or imprisoned for 2 years; in W.A. if a patient is ill-treated or wilfully neglected there is a maximum penalty of \$24,000 or 2 years imprisonment; in QLD it is a \$26,110 fine or 2 years imprisonment for ill-treatment; in NSW, if anyone employed at a mental health facility wilfully strikes, wounds, ill-treats or neglects a person there is a \$5,500 fine and/or 6 months imprisonment.³

In Victoria, under the Prevention of Cruelty to Animals Act, if a person commits an act of cruelty on any animal that wounds, mutilates, abuses, worries, torments or terrifies the animal, they can be fined up to \$40,297 or imprisoned for up to 12 months. If it is aggravated cruelty that results in death or serious disablement of an animal, they can be fined up to \$80,595 or imprisonment for up to 2 years.⁴ Yet mistreatment of psychiatric patients continues without criminal penalty in the *Victorian Mental Health Act*.

Again, unlike other states of Australia, there are also no criminal fines or prison terms in the *Victorian Mental Health Act* related to electroshock, psychosurgery, restraint, seclusion or excessive or inappropriate use of psychiatric drugs. In fact there are no criminal fines or prison terms at all to protect patients who have been abused. The only criminal fines that exist in the Act relate to disclosing medical information, preventing someone from making a complaint or giving false information to the Mental Health Review Tribunal and similar.

Recommendation: That the Royal Commission make recommendations to reform the *Victorian Mental Health Act* under their official terms of reference. That the Royal Commission recommends psychiatrists and all psychiatric staff be held criminally responsible for the deaths and damage they cause to patients, with mandatory reporting to police of all crimes/suspected crimes and criminal fines and prison terms for all forms of abuse to be included in the *Victorian Mental Health Act*.

PSYCHIATRY HAS PROVEN IT CANNOT POLICE ITSELF

Previous Inquires: A Victorian inquiry was called in late 2011 after exposure of high rates of unexpected and unnatural deaths in the state's mental health wards, which also raised serious questions about standards of care and allegations of cover-ups.⁵ It was led by the then Chief Psychiatrist Ruth Vine, and who investigated 41 deaths in psychiatric facilities including 8 suicides between 2008 and 2010.⁶ There were another 45 unexpected and unnatural deaths in psychiatric facilities including 36 suicides between 2011 and 2014.⁷ The deaths continued with 36 including 12 suicides in 2017/18.⁸ Clearly the investigation was a white-wash, as the deaths continued.

There was no evidence that the Chief Psychiatrist investigated the link between suicides and psychiatric drugs being taken by those who took their lives,⁹ despite the fact that Australia's drug regulatory agency issued 3 psychiatric drug warnings for the risk of suicidal behaviour with antidepressants,

Federally there have been 32 statutory inquiries into mental health between 2006 and 2012 alone but very little changes to protect children and adults have been forthcoming.¹⁰

Sexual Abuse: A 2013 report by the Victorian Mental Illness Awareness Council found 45% of the women they surveyed who had been in Victorian psychiatric hospitals had been sexually assaulted and 82% of those who reported a sexual assault were not helped by nurses. The study also found more than 67% had been sexually harassed and 85% reported feeling unsafe in a psychiatric hospital.¹¹

Nothing has changed. In December 2017, Victoria's chief psychiatrist conceded that the number of serious incidents that land on his desk continues to rise.

In the WA Mental Health Act there is a \$6,000 criminal fine for failing to report unlawful sexual contact with a patient by staff.¹² In contrast there is no mandatory reporting of sexual assault in the *Victorian Mental Health Act*.¹³

Australian psychiatrist Prof. Carolyn Quadrio's research found that one in every ten male therapists will have sex with or develop an intimate link with a female patient.¹⁴ The findings of a study of 958 patients who had been sexually involved with a therapist suggested that 90% were harmed and about 14% will attempt suicide.¹⁵ The only way to rectify this is enacting laws like the New York Penal Code which says that psychiatrists, psychologists and therapists are guilty of statutory rape if they have sex with a patient during a course of treatment.¹⁶ Consent is not a valid excuse.

In no other area of the community would any form of sexual abuse be tolerated.

Recommendation: That the Royal Commission makes recommendations that sexual contact, sexual exploitation, sexual misconduct or sexual relations with a patient or former patient specifically by a psychiatrist, psychologist or other behavioural therapist are made criminal offences in the Victorian Crimes Act. "Therapeutic Deception," where the therapist made the patient think the sexual activity was part of their treatment should carry higher penalties. Consent of the victim shall not be a defence in prosecution. In addition, the *Victorian Mental Health Act* is amended so that concrete safeguards exist to ensure mandatory reporting of unlawful sexual contact with a patient by a staff member of a psychiatric facility.

PSYCHOSURGERY

All forms of psychosurgery are correctly banned in NSW and the NT for all age groups and the forms involving burning or cutting the brain are banned in Qld for all ages. It is banned in SA and WA for under 16's.¹⁷ There are no bans in Victoria.

Psychosurgery can also involve electrodes being inserted in the brain sending an electrical current through it, as in the case of deep brain stimulation (DBS). It can cause memory loss, irreversible brain damage, bleeding in the brain and post-operative death. In 2014 the NSW Ministry of Health commissioned an investigation into the efficacy of DBS which concluded, "There is insufficient evidence at this point in time to support the use of DBS as a clinical treatment for any psychiatric disorder."¹⁸

The *Victorian Mental Health Act* allows for children to consent to all forms of psychosurgery without parental approval if they are considered to have the "capacity to give informed consent." Once the child consents it goes before a Tribunal for approval, again parental consent is not needed.¹⁹ In 2017/18 there were 8 people who received deep brain stimulation in Victoria.²⁰ Unlike every other state in Australia, incredibly, Victoria has no criminal fines or prison terms if psychosurgery is performed outside the law.²¹

Recommendation: That the Royal Commission recommends to Parliament that the *Victorian Mental Health Act* is amended to ban all forms of psychosurgery for all ages with criminal fines and prison terms for violation of the ban.

TORTUROUS ELECTROSHOCK (ECT)

Electroshock is the application of hundreds of volts of electricity to the brain. It can cause severe and permanent memory loss, brain damage, suicide, cardiovascular complications, intellectual impairment and even death. One Victorian woman who was forced to undergo electroshock said she has had security guards wheel her down to the treatment room holding her down so she didn't escape. "I felt like I was being wheeled down to the gas chamber really," she said. She would even eat from a stash of food to avoid the general anaesthetic and when staff found her food, she resorted to eating grass to avoid the electroshock.²²

22, 765 electroshock "treatments" were given to Victorian including 52 children aged 15-19 years of age in 2017/2018.²³ This is by no means all the electroshock given in Victoria. For example, in 2013/14 there were 21,755 electroshocks including those given in private facilities, 145 of these given to children aged 10-19.²⁴

Since 1 July 2014, when the new *Victorian Mental Health Act* came into force, electroshock given in private facilities has no longer been required to be reported to the Chief Psychiatrist. Only public facility electroshock statistics are reported to the Chief Psychiatrist and published in their annual report.²⁵

A 2010 study involving a literature review of ECT studies on the efficacy of ECT concluded there is no evidence at all that it prevents suicide. It also found that there have been significant new findings confirming that brain damage, in the form of memory dysfunction, is common, persistent and significant and that it is related to ECT rather than depression. Further it stated, "The continued use of ECT therefore represents a failure to introduce the ideals of evidence-based medicine into psychiatry."²⁶

The United Nations Special Rapporteur on Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment in 2013, reported to the United Nations on abuse in health care settings. Mr Juan Mendez stated, *"States should impose an absolute ban on all forced and non-consensual medical interventions against persons with disabilities, including the non-consensual administration of psychosurgery, electroshock and mind-altering drugs, for both long and short-term application."*²⁷

W.A. bans the use of electroshock on children under 14 and A.C.T. bans its use on children under 12.²⁸ Sicily and Slovenia have banned electroshock completely and there are other bans and restrictions around the world.²⁹

Under the *Victorian Mental Health Act* children under 18 can consent to electroshock and parental approval is not needed at any stage, including when it goes before the Mental Health Tribunal for final approval. Electroshock can also be given to involuntarily detained children. Again, no parental consent is needed.³⁰

The World Health Organisation in "WHO Resource Book on Mental Health, Human Rights and Legislation" in 2005 stated, "There are no indications for the use of ECT in minors and hence this should be prohibited by legislation."³¹ Further to this there are full bans on ECT Sicily and Slovenia who have banned electroshock completely and there are other bans and restrictions around the world.³²

There were over 600 applications approved for forced electroshock in Victoria in 2017/18. Unlike in South Australia, legal representation is not an automatic right in Victoria if one is involuntarily detained and electroshock is proposed. Only 15% of patients being forcibly treated, including with electroshock, had legal representation at their Mental Health Review Tribunal hearings in Victoria.³³

In 2016 Victorian Legal Aid lawyer Chris Povey said there were serious human rights implications posed by compulsory treatment orders, particularly electroshock orders - "It's hugely concerning that we are forcing people to accept ECT and hundreds are missing out on legal representation."³⁴

In 2018 the Victorian coroner ruled that the death of a Melbourne grandfather who attempted suicide and later whose life support system was turned off, was a preventable death. He was submitted to more than 200 electroshocks and the coroner found that there was no evidence the electroshock would provide any relief and it had become largely experimental.³⁵

In November 2018 Justice Bell of the Supreme Court of Victoria ruled that the orders forcing two Victorian patients to undergo electroshock were made in breach of their human rights. He said, "A person does not lack the capacity to give informed consent simply by making a decision that others consider to be unwise according to their individual values and situation."³⁶

The United Nations Human Rights Council has condemned forced psychiatric treatment, including electroshock therapy (ECT), and called for a repeal of laws that allow coercive practices in the mental health field. According to the Council's recent "Mental health and human rights" report, countries "should reframe and recognize these practices as constituting torture or other cruel, inhuman or degrading treatment or punishment..."³⁷

Psychiatry admits it still doesn't know how ECT "works," a fact easily discovered when researched for. The Victorian former Deputy Chief Psychiatrist Professor Kuruvilla George wrote in an ECT article, "How does ECT work? This is the million-dollar question and the first thing to state is that no one is certain."³⁸

Psychologist Dr. John Breeding says, "It is prima-facie common sense obvious that ECT causes brain damage. After all, the rest of medicine, as well as the building trades, do their best to prevent people from being hurt or killed by electrical shock. People with epilepsy are given anticonvulsant drugs to prevent seizures because they are known to cause brain damage."³⁹

A major proponent of ECT, psychiatrist Harold A. Sackeim, when addressing the regularity of patients complaining about memory loss, stated, "As a field, we have more readily acknowledged the possibility of death due to ECT than the possibility of profound memory loss, despite the fact that adverse effects on cognition [consciousness] are by far ECT's most common side effects."⁴⁰

Recommendation: That the Royal Commission recommend electroshock is banned for all ages in the *Victorian Mental Health Act* with criminal fines and prison terms for violation of this.

RESTRAINT AND SECLUSION

The terror experienced by those forcibly restrained in a psychiatric ward can have a deep and lasting impact on an already fragile and vulnerable person. From the patient's perspective, if they don't die, they certainly never forget a restraint experience. Restraint use is legal for everyone including children, pregnant women and the elderly in Victoria.

- Physical restraint is being forcibly held/held down by a person to immobilise.
- Mechanical restraint is the use of devices such as belts or straps, often used to tie the person to a bed or chair.
- Chemical restraint is the use of psychiatric drugs to subdue or control.

Damning comments in 2013 by the United Nations Special Rapporteur on Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, leave no doubt as to the cruelty of restraint:

“Furthermore, deprivation of liberty that is based on the grounds of a disability and that inflicts severe pain or suffering falls under the scope of the Convention against Torture. In making such an assessment, factors such as fear and anxiety produced by indefinite detention, the infliction of forced medication or electroshock, the use of restraints and seclusion, the segregation from family and community, should be taken into account.

“The mandate has previously declared that there can be no therapeutic justification for the use of solitary confinement and prolonged restraint of persons with disabilities in psychiatric institutions; both prolonged seclusion and restraint constitute torture and ill-treatment. In my 2012 report (A/66/88) I addressed the issue of solitary confinement and stated that its imposition, of any duration, on persons with mental disabilities is cruel, inhuman or degrading treatment.”

For the last 3 years, Victoria had the highest reported physical restraint rate in Australia in public acute psychiatric facilities (Queensland did not report) and the highest use of mechanical restraint rate in 2017/18 of all states of Australia. Chemical restraint is not covered in the *Victorian Mental Health Act* and is not reported.⁴¹

As far as seclusion is concerned, Victoria had the longest average seclusion duration (hours) in Australia for the last 5 years in public acute psychiatric facilities.⁴²

There are humane ways to assist patients in distress and these need to be implemented.

Recommendation: That the Royal Commission recommends the *Victorian Mental Health Act* is amended so that all forms of restraint of a psychiatric patient are banned and it is classed a criminal offence. Seclusion should also be illegal with criminal penalties.

PSYCHIATRIC DRUGS

In 2016/17 there were a staggering 1.009 million Victorians on a psychiatric drug, up from 943,327 in 2013/14.⁴³

There have been 67 warnings issued for psychiatric drugs by Australia’s drug regulatory agency, the Therapeutic Goods Administration (TGA). These warnings include the risk of hallucinations, increased blood pressure, agitation, akathisia (inability to remain motionless), aggression, life threatening heart problems, addiction, suicidal ideation and possible death.⁴⁴

As of December 2017 there were 41,317 adverse drug reactions linked to psychiatric drugs reported to the TGA, 1,439 of these were deaths.⁴⁵

The TGA's adverse drug reaction database for antidepressants reveals that as of Oct 2016 there have been 94 suicides linked to antidepressants, an increase of 118% since April 2011. Of these, four were children aged 14 to 16. There were 848 reports in total for suicide attempts, suicidal ideation and suicidal behaviour.⁴⁶

Side effects are not required by law to be reported (except for manufactures who must) and the general public don't always know that they can report them directly. Experts say that only between 1% and 10% of side effects are reported to the TGA.⁴⁷ The number of side effects and deaths can only be much higher.

Despite the fact no antidepressant has been approved for use on children under 18 for depression, in 2015 there were 10,948 Victorian children aged 16 and under on antidepressants. Of those, 385 were aged between 2 and 6 years old, A further 123,341 Victorians were on an antipsychotic drug, 3,303 aged 16 and under with 368 of those aged 2–6 years old.⁴⁸

Recommendation: That the Royal Commission recommends that:

- 1) For every child and adult suicide, autopsies need to include tests for the presence of psychiatric drugs.
- 2) Subsequent Coroner's reports need to indicate the presence of a psychiatric drug at time of suicide (by methods other than drug poisoning). This will then give a true picture of the harm these drugs cause to children and adults.
- 3) Each child and adult death resulting from psychiatric drug related causes is investigated for criminal culpability.

INVOLUNTARY COMMITMENT

Involuntary commitment is when a child or adult is locked up in a psychiatric hospital; no consent is required; the person can be forcibly treated against their will and they are not allowed to go home. There are also legal orders that require someone to take psychiatric drugs or treatment by law at home. Again, no consent is required. In Victoria these legal orders are called Involuntary Treatment Orders.

In 2017/18 in Victoria, there were 26,098 hospitalisations in acute mental health units. More than 13,000 of these admissions were compulsory with involuntary treatment given.⁴⁹ In the same year 1,766 involuntary admissions in a psychiatric facility had an appalling duration of 21-26 weeks. While a person can appeal to the Mental Health Tribunal to be released from the forced treatment orders, only 5% or 340 Involuntary Treatment Orders of the total 6,127 made for 2017/18 were revoked.⁵⁰

Recommendation: That the Royal Commission recommends the *Victorian Mental Health Act* is amended so that only a judge or magistrate has the right to detain someone and then only with full legal representation for the person facing deprivation of liberty paid for by the State. Criminal penalties to be recommended in the *Victorian Mental Health Act* for illegally detaining a child or adult who could be/is subjected to physically invasive and damaging treatments.

ESCALATING COST OF MENTAL HEALTH AND CONSTANT DEMANDS FOR MORE MONEY

For years experts have said there is inadequate or no accountability for the money spent on mental health.⁵¹ Despite the lack of accountability, funding continues to soar and still the psychiatric system has not improved. Spending on mental health by the Victorian government increased by over 16% in just 3 years from 2015/16 to 2017/18 (up from \$1.312 billion to \$1.525 billion).⁵² Factually, if the money spent on psychiatry were working there would be a decline in those who need care.

Complaints to the Victorian Mental Health Complaints Commissioner continue to increase. They received 1,963 complaints in 2017/18, a 19% increase on the previous year (1,638) and a staggering 96% increase since 2014/15 (999).⁵³ A shocking 14.6% (3,256) of Victorian patients discharged from an acute psychiatric unit were re-admitted within 28 days.⁵⁴

The Productivity Commission's Report on Government Services 2019, revealed that in 2016/17 (the latest year reported on) 42.5% of Victorian children aged 0-17 discharged from a psychiatric ward did not significantly improve. Furthermore, 55.9% of children of the same age also did not significantly improve after receiving short term community care and 62.7% did not significantly improve after long term community care.⁵⁵

With psychiatry having no real workable humane solutions, a continual cry for more funding and the lack thereof being blamed as the cause of the problem, proven solutions that help and don't harm must be implemented. The existing money must be spent on solutions that do work.

No other industry would be allowed such a poor performance for money invested. In contrast, money given to other areas of medicine shows noticeable progress, such as improving survival rates from cardiovascular disease over the past 20 years.⁵⁶

It is not sound economic practice to continue to increase funding where a lack of improvement and ineffective solutions are forthcoming.

Recommendation: That the Royal Commission recommendations to include redirection of budget money spent to implement proven non-harmful solutions to help vulnerable children and adults.

ALTERNATIVES- RESTORING HUMAN RIGHTS AND DIGNITY

There is no doubt that some children and adults who are troubled, sometimes severely so, require special care. But they should be given holistic, humane care that improves their condition. Institutions should be safe havens where people voluntarily seek help for themselves or their child without fear of indefinite incarceration or harmful and terrifying treatment. They need a quiet and safe environment, good nutrition, rest, exercise and help with life's problems.

The key is finding the cause of the problem for each child and adult and helping them to rectify the cause. The cause of the problem can vary greatly from person to person and no one should be satisfied with a mere explanation of symptoms.

Extensive medical evidence proves that underlying and undiagnosed physical illnesses can manifest as “psychiatric symptoms” and therefore should be addressed with the correct medical treatment, not psychiatric techniques. Studies show that once the physical condition is addressed, the mental symptoms can disappear.

In general medicine, the standard for informed consent includes communicating the nature of the diagnoses, the purpose of a proposed treatment or procedure, the risks and benefits of the proposed treatment and informing the patient of alternative treatments, so they can make a fully informed, educated choice.

Psychiatrists routinely do not inform patients of non-drug treatments, nor do they conduct thorough medical examinations to ensure that a person’s problem does not stem from an untreated medical condition that is manifesting as a “psychiatric symptom.” They do not accurately inform patients of the nature of the diagnoses, which would require informing the patient that psychiatric diagnoses are completely subjective (based on behaviours only) and have no scientific/medical validity (no X-rays, brain scans, chemical imbalance tests to prove anyone has a mental disorder).⁵⁷

All patients should have what is called a “differential diagnosis.” The doctor obtains a thorough history and conducts a complete physical exam, rules out all the possible problems that might cause a set of symptoms and explains any possible side effects of the recommended treatments.

There are numerous alternatives to psychiatric diagnoses and treatment, including standard medical care that does not require a stigmatising and subjective psychiatric label or a mind-altering drug. People do need help with life’s problems also.

Recommendation: That the Royal Commission recommend the Government endorse and fund non-drug treatments as alternatives to potentially dangerous psychiatric drugs and treatments that have been proven to seriously harm and even cause death.

SUMMARY OF RECOMMENDATIONS

It is the role of Parliament and Government to protect citizens from potentially harmful psychiatric practices and drugs. If governments had not banned Deep Sleep Treatment (where patients were put into a drug induced coma and battered with electroshock) in NSW, it would still be legal and still be killing people.

It is neither humane nor a sound financial policy to keep spending money on psychotropic drugs and treatments that have such great potential to harm.

We request that the Royal Commission into Victoria's Mental Health System make the following recommendations to reform the *Victorian Mental Health Act* under their official terms of reference:

1. That psychiatrists and all psychiatric staff be held criminally responsible for the deaths and damage they cause to patients, with mandatory reporting to police of all crimes/suspected crimes and criminal fines and prison terms for all forms of abuse to be included in the *Victorian Mental Health Act*.
2. That sexual contact, sexual exploitation, sexual misconduct or sexual relations with a patient or former patient specifically by a psychiatrist, psychologist or other behavioural therapist are made criminal offences in the *Victorian Crimes Act*. "Therapeutic Deception," where the therapist made the patient think the sexual activity was part of their treatment should carry higher penalties. Consent of the victim shall not be a defence in prosecution. In addition, the *Victorian Mental Health Act* is amended so that concrete safeguards exist to mandatory report unlawful sexual contact with a patient by any staff member of a psychiatric facility.
3. That the *Victorian Mental Health Act* is amended to ban all forms of psychosurgery for all ages with criminal fines and prison terms for violation of the ban.
4. That electroshock is banned for all ages in the *Victorian Mental Health Act* with criminal fines and prison terms for violation of this.
5. That the *Victorian Mental Health Act* is amended so that all forms of restraint of a psychiatric patient are banned and it is classed a criminal offence. Seclusion should also be illegal with criminal penalties.
6. That:
 - 1) For every child and adult suicide, autopsies need to include tests for the presence of psychiatric drugs.
 - 2) Subsequent Coroner's reports need to indicate the presence of a psychiatric drug at time of suicide (by methods other than drug poisoning). This will then give a true picture of the harm these drugs actually cause to children and adults.
 - 3) Each child and adult death resulting from psychiatric drug related causes is investigated for criminal culpability.
7. That the *Victorian Mental Health Act* is amended so that only a judge or magistrate has the right to detain someone and then only with full legal representation for the person facing deprivation of liberty paid for by the State. Criminal penalties to be recommended in the *Victorian Mental Health Act* for illegally detaining a child or adult who could be/ is subjected to physically invasive and damaging treatments.

8. To include redirection of budget money spent to implement proven non-harmful solutions to help vulnerable children and adults.

REFERENCES:

- ¹ Banking Royal Commission Final Report Summary 6th February 2019 p.1
<https://www.charteredaccountantsanz.com/news-and-analysis/news/banking-royal-commission-final-report-summary>
- ² "Getting it done Victorian budget 16/17, Service Delivery, Budget Paper No.3, 2016", State of Victoria, p. 217; "Service Delivery 2018-19," presented by Tim Pallas MP, Treasurer of the State of Victoria, Budget Paper No. 3, p. 226. <https://s3-ap-southeast-2.amazonaws.com/budgetfiles201819.budget.vic.gov.au/2018-19+State+Budget+-+Service+Delivery.pdf>
- ³ South Australia Mental Health Act 2009, s49; Western Australia Mental Health Act 2014, s253; NSW Mental Health Act 2007, No 8, s69. <https://www.judcom.nsw.gov.au/publications/benchbks/sentencing/fines.html>; Queensland Mental Health Act 2016, s621, <https://www.qld.gov.au/law/fines-and-penalties/types-of-fines/sentencing-fines-and-penalties-for-offences>
- ⁴ Victorian Prevention of Cruelty to Animals Act 1986, s9, s10. [http://www.legislation.vic.gov.au/domino/Web_Notes/LDMS/LTObject_Store/ltobjst10.nsf/DDE300B846EED9C7CA257616000A3571/76C7FFBC70EAA12FCA258351000B1005/\\$FILE/86-46aa093%20authorised.pdf](http://www.legislation.vic.gov.au/domino/Web_Notes/LDMS/LTObject_Store/ltobjst10.nsf/DDE300B846EED9C7CA257616000A3571/76C7FFBC70EAA12FCA258351000B1005/$FILE/86-46aa093%20authorised.pdf); A Penalty Unit is currently \$161.19 from July 1 2018 to 30 June 2019. <https://www.legalaid.vic.gov.au/find-legal-answers/fines-and-infringements/penalty-units>
- ⁵ Richard Baker and Nick McKenzie, "Mental health care inquiry," The Age, 6 September 2011. <https://www.theage.com.au/national/victoria/mental-health-care-inquiry-20110905-1juiy.html>
- ⁶ "Chief Psychiatrist's investigation of inpatient deaths 2008-2010," Department of Health, Jan 2012, p.1. <https://www2.health.vic.gov.au/about/publications/researchandreports/Chief-Psychiatrists-investigation-of-inpatient-deaths-2008-2010>
- ⁷ "Chief Psychiatrist's audit of inpatient deaths 2011-2014," Victoria State Government Health and Human Services, Jan 2017, p. 20. <https://www2.health.vic.gov.au/about/publications/researchandreports/ocp-inpatient-death-audit-2011-14>
- ⁸ Victorian Chief Psychiatrist's annual report 2017-18, p.21. <https://www2.health.vic.gov.au/about/key-staff/chief-psychiatrist/annual-reports>
- ⁹ Department of Health and Ageing Therapeutic Goods Administration, Medicines Safety Update, "Medicines associated with a risk of neuropsychiatric adverse events," Volume 9, Number 2, June 2018. <https://www.tga.gov.au/publication-issue/medicines-safety-update-volume-9-number-2-june-2018>; Department of Health and Ageing Therapeutic Goods Administration, Medicines Safety Update, "Antidepressants – Communicating risks and benefits to patients," Volume 7, Number 5, October-December 2016. <https://www.tga.gov.au/publication-issue/medicines-safety-update-volume-7-number-5-october-december-2016>; "Suicidality with SSRIs: adults and children," The Australian Therapeutic Goods Administration, Adverse Drug Reactions Bulletin, Vol. 24, No. 4, August 2005. <https://www.tga.gov.au/publication-issue/australian-adverse-drug-reactions-bulletin-vol-24-no-4>
- ¹⁰ "Another inquiry into mental health should look at why others have been ignored," newsGP, 3 Nov 2019. <https://www1.racgp.org.au/newsgp/professional/if-we%E2%80%99re-to-have-another-inquiry-into-mental-health>
- ¹¹ "Zero Tolerance for Sexual Assault: A safe admission for women," Victorian Mental Illness Awareness Council, May 2013. https://www.abc.net.au/reslib/201305/r1115028_13591277.pdf
- ¹² Western Australia Mental Health Act 2014, p 182, 183.
- ¹³ Farrah Tomazin, "Sexual abuse in Victoria's mental health wards is bad and getting worse," The Age, 11 Dec 2017. <https://www.theage.com.au/national/victoria/sexual-abuse-in-victorias-mental-wards-is-bad-and-getting-worse-20171211-h02kcx.html>
- ¹⁴ "A tenth of therapists crossing the sex lines," Sydney Morning Herald, 29 Nov. 2007.
- ¹⁵ Kenneth S.Pope, Chapter 6 edited by Judith Worwell, Sex between Therapists and Clients, Academic Press, Oct 2001. <https://kspope.com/sexiss/sexencyc.php>
- ¹⁶ Chris Glorioso and Tom Burke, "After I-Team Investigation, Lawmakers Pass Bill to Close Therapist Sex Abuse Loophole," New York Live, June 21. <https://www.nbcnewyork.com/news/local/Sex-Abuse-Loophole-Closed-Assembly-Lawmakers--159867655.html>; "New York State Law, Penal Law, Sex offences; definitions of terms S 130.(10), S.130.05, S. 130.55. <http://ypdcrime.com/penal.law/article130.htm#p130.05>
- ¹⁷ South Australia Mental Health Act 2009, Part 7, Division 2, Neurosurgery; Northern Territory Mental Health and Related Services Act, Part 9, Division 1; NSW Mental Health Act 2007, Clause 83; Western Australia Mental Health Act 2014, p.153; Queensland Mental Health Act 2016, p.195.
- ¹⁸ Prof. Paul Fitzgerald, Dr Rebecca Segrave, "Deep Brain Stimulation in mental health: review of evidence for clinical efficacy," NSW Ministry of Health, NSW Government Information (Public Access) request number PA 15/70. Please contact the NSW Ministry of Health (quoting the request number) or CCHR for a copy.
- ¹⁹ Victorian Mental Health Act 2014, as at 1 March 2019, s68, s69, s70, s100 & s102.
- ²⁰ Mental Health Tribunal 2017-18 Annual Report, July 2018, p.26. <http://www.mht.vic.gov.au/wp-content/uploads/2019/03/MHT-2017-2018-Annual-Report.pdf>
- ²¹ Tasmania Mental Health Act 2013, s124 (2); South Australia Mental Health Act 2009, s43; NSW Mental Health Act 2007, No 8, s83; Queensland Mental Health Act, s 238, s241; Northern Territory of Australia Mental Health and Related Services Act, 2002, s. 58 (2); Western Australia Mental Health Act 2014, s 206; Australian Capital Territory Mental Health Act 2015, s152.
- ²² Sarah Farnsworth, "Hundreds of patients forced to have ECT in Victoria without legal representation," ABC News, 21 Nov.2016. <https://www.abc.net.au/news/2016-11-20/patients-forced-to-have-ect-without-legal-representation/8030996>
- ²³ Made up of: 9,484 "treatments" funded by Medicare when it was given privately. Plus another 13,281 in public facilities; Freedom of Information Request to Department of Human Services (DOHS), FOI 1150 Document 1, Unpublished Medicare Statistics, Department of Health, 3 June 2019; Statistics generated on Medicare Australia website using MBS item codes: 14224 for electroconvulsive therapy, Click on "Item By Patient Demographic Reports." https://www.medicareaustralia.gov.au/statistics/mbs_item.shtml Of this Medicare funded total some may have received electroshock in public facilities if they elected to receive it privately in a public facility; Victorian Chief Psychiatrist's annual report 2017-18, pp. 19,2 0. <https://www2.health.vic.gov.au/about/key-staff/chief-psychiatrist/annual-reports>
- ²⁴ Victorian Chief Psychiatrist's annual report 2012-13 and 2013-14, pp 34,36. <https://www2.health.vic.gov.au/about/key-staff/chief-psychiatrist/annual-reports>
- ²⁵ Victorian Chief Psychiatrist's annual report 2017-18, p.15. <https://www2.health.vic.gov.au/about/key-staff/chief-psychiatrist/annual-reports>
- ²⁶ John Reed and Richard Bentall, "The effectiveness of electroconvulsive therapy: A literature review," Epidemiologiae Psichiatria Sociale, 19 April, 2010, pages 333 to 347.
- ²⁷ Mr. Juan E Méndez, Special Rapporteur on Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, 22nd session of the Human Rights Council Agenda Item 3, 4 March 2013, Geneva.

- ²⁸ Western Australia Mental Health Act 2014, s 194, p. 145; Australian Capital Territory Mental Health Act 2015, s147, p. 178.
- ²⁹ Electroshock, Sicily has abolished the practice," *Living In Sicily – Vardag På Sicilien*, 6 October, 2013. <http://livinginsicily.eu/tag/ban/>; Zeljko Spiric, Zvezdana Stojanovic, Radomir Samardzic, Srdjan Milovanovic, Gabor Gazdag & Nadja P. Maric, "Electroconvulsive therapy practice in Serbia today," *Psychiatria Danubina*, 2014; Vol. 26, No. 1, pp 66-69.
- ³⁰ Victorian Mental Health Act 2014, as at 1 March 2019, s90, s68, s69, s70, s92, s94, s96, s98.
- ³¹ WHO Resource Book on Mental Health, Human Rights and Legislation, World Health Organisation, 2005, p. 64.
- ³² Electroshock, Sicily has abolished the practice," *Living In Sicily – Vardag På Sicilien*, 6 October, 2013. <http://livinginsicily.eu/tag/ban/>; Zeljko Spiric, Zvezdana Stojanovic, Radomir Samardzic, Srdjan Milovanovic, Gabor Gazdag & Nadja P. Maric, "Electroconvulsive therapy practice in Serbia today," *Psychiatria Danubina*, 2014; Vol. 26, No. 1, pp 66-69.
- ³³ Mental Health Review Tribunal 2017-18 Annual Report, 19 July 2018, pp.12, 16. <https://www.mht.vic.gov.au/wp-content/uploads/2019/03/MHT-2017-2018-Annual-Report.pdf>; South Australia Mental Health Act 2009, s 84.
- ³⁴ Sarah Farnsworth, "Hundreds of patients forced to have ECT in Victoria without legal representation, ABC News, 21 Nov.2016. <https://www.abc.net.au/news/2016-11-20/patients-forced-to-have-ect-without-legal-representation/8030996>
- ³⁵ Aisha Dow, "Grandfather forced to undergo ECT before 'preventable death,'" *The Age*, 19 April 2018. <https://www.theage.com.au/national/victoria/grandfather-forced-to-undergo-ect-before-preventable-death-20180418-p4zacy.html>
- ³⁶ "Orders for forced 'shock therapy' breached human rights of schizophrenia patients, court rules," ABC News, 1 Nov 2018. <https://www.abc.net.au/news/2018-11-01/human-rights-must-be-upheld-forced-shock-ect-therapy-court-rules/10454750> Supreme Court of Victoria at Melbourne Common Law Division Judicial Review and Appeals List, SCI, 2017 02464, PBU V Mental Health Tribunal and Melbourne Health, NIE V Mental Health Tribunal and Bendigo Health, 1 Nov 2018. <http://aucc.sirsidynix.net.au/Judgments/VSC/2018/T0564.pdf>
- ³⁷ "Mental Health and Human Rights," United Nations Human Rights Council, 39th session; 10–28 Sept. 2018, https://www.ohchr.org/Documents/Issues/MentalHealth/A_HRC_39_36_EN.pdf.
- ³⁸ Dr. Kuruvilla George, "Effective ECT," *Australian Doctor*, 5 November 2014.
- ³⁹ Dr. John Breeding, author of *Wildest Colts Make the Best Horses*, "Think They Don't Electroshock People Anymore? Think Again—Even toddlers and pregnant women are being shocked," 24 Jan, 2010.
- ⁴⁰ "Memory and ECT: From Polarization to Reconciliation," Editorial. *The Journal of ECT*, Vol 16, No.2, 2000, pp.87-96.
- ⁴¹ "Mental Health Services in Australia, Restrictive practices, Table RP.5: Restraint rate, public sector acute mental health hospital services, states and territories, 2015-16 to 2017-18," Australian Institute of Health and Welfare, 22 March 2019. <https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/restrictive-practices/restraint>
- ⁴² Mental Health Services in Australia, Restrictive practices, Table RP.2: Seclusion data for public sector acute mental health hospital services, states and territories, 2008-09 to 2017-18," Australian Institute of Health and Welfare, 22 March 2019. <https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/restrictive-practices/restraint>
- ⁴³ "Table PBS.2: Patients dispensed with mental health related prescriptions by type of medication prescribed and prescribing practitioner, states and territories, 2016-17," Mental Health Services in Australia, Mental Health related prescriptions, Australian Government, Australian Institute of Health and Welfare. Download this Excel spreadsheet under the first blue bar graphs on webpage. <https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/mental-health-related-prescriptions/prescriptions>; Table PBS.7: Patients dispensed with mental health related prescriptions by type of medication prescribed and prescribing medical practitioner, states and territories, 2013-14," Mental Health Services in Australia, Mental Health related prescriptions, Australian Government, Australian Institute of Health and Welfare.
- ⁴⁴ <http://cchr.org.au/wp-content/uploads/2018/10/Australian-government-warnings-on-psychotropic-drugs-180801.pdf>
- ⁴⁵ Therapeutic Goods Administration Database of Adverse Event Notifications-Medicines, List of reports generated for each antidepressant, antipsychotic & ADHD drug as of 15/12/2017 and added manually. <https://www.tga.gov.au/database-adverse-event-notifications-daen>
- ⁴⁶ Therapeutic Goods Administration Database of Adverse Event Notifications-Medicines, List of reports generated for each antidepressant, antipsychotic & ADHD drug as of 15/12/2017 and added manually. <https://www.tga.gov.au/database-adverse-event-notifications-daen>
- ⁴⁷ Jon Jureidini, "Systematic checks can avert crisis from adverse drug reactions," *The Weekend Australian*, 1-2 April 2006.
- ⁴⁸ Report 1 A for Antidepressants, Number of unique patients by patient age group and patient state for antidepressant items supplied 1 January 2015 to 31 December 2015, Request Number: M15329, Department of Human Services Strategic Information Division, Information Services Branch. <http://cchr.org.au/wp-content/uploads/2016/08/Numbers-on-Antidepressants-30-May-2016.pdf>; Report 2 A for antipsychotics, Number of unique patients by patient age group and patient state for antipsychotic items supplied 1 January 2015 to 31 December 2015, Request Number: M15329, Department of Human Services Strategic Information Division, Information Services Branch. <http://cchr.org.au/wp-content/uploads/2016/08/Numbers-on-Antipsychotics-30-May-2016.pdf>
- ⁴⁹ "Victoria's Mental Health Services Annual Report 2017-18," Victoria State Government, Health and Human Services, October 2018, p.43. <https://www2.health.vic.gov.au/-/media/health/files/collections/annual-reports/m/mental-health-services-annual-report-2017-18.pdf?la=en&hash=9A002E3E14738001A85BF846FB49DBA016F065A4>
- ⁵⁰ "Mental Health Tribunal 2017-2018 Annual Report," 19 July 2018, p. 17. <https://www.mht.vic.gov.au/wp-content/uploads/2019/03/MHT-2017-2018-Annual-Report.pdf>
- ⁵¹ C. Doran, "Christopher Doran: Valuing mental health," *Medical Journal of Australia Insight*, 29 July 2013; "Report of the National Review of Mental Health Programs and Services Summary," Australian Government National Mental Health Commission, 30 November 2014, p.8; *Obsessive Hope Disorder: Reflections on 30 years of mental health reform in Australia and visions for the future*, Synopsis, Key Findings, J. Mendoza, A. Bresnan, S. Rosenberg, A. Elison, Y. Gilbert, P. Long, K. Wilson & J. Hopkins, 2013.
- ⁵² "Getting it done Victorian budget 16/17, Service Delivery, Budget Paper No.3, 2016", State of Victoria, p. 217; "Service Delivery 2018-19," presented by Tim Pallas MP, Treasurer of the State of Victoria, Budget Paper No. 3, p. 226. <https://s3-ap-southeast-2.amazonaws.com/budgetfiles201819.budget.vic.gov.au/2018-19+State+Budget++Service+Delivery.pdf>
- ⁵³ "Mental Health Complaints Commissioner, Annual Report 2018," p. 1; "Mental Health Complaints Commissioner, Annual Report 2017," p.16; Mental Health Complaints Commissioner, Annual Report 2017," p.16; Mental Health Complaints Commissioner, Annual Report 2014-15," p.31; <https://www.mhcc.vic.gov.au/resources/publications>
- ⁵⁴ Mental Health Management, table 13A.34, Part E, Chapter 13, Mental Health Management, Report on Government Services 2019, Australian Government, Productivity Commission, 30 Jan 2019. <https://www.pc.gov.au/research/ongoing/report-on-government-services/2019/health/mental-health-management/rogs-2019-part-e-chapter13.pdf>

⁵⁵ *Mental Health Management, table 13A.62, Part E, Chapter 13, Mental Health Management, Report on Government Services 2019, Australian Government, Productivity Commission, 30 Jan 2019.* <https://www.pc.gov.au/research/ongoing/report-on-government-services/2019/health/mental-health-management/rogs-2019-part-e-chapter13.pdf>

⁵⁶ *Cardiovascular disease: most deaths and highest costs, but situation improving, Australian Institute of Health and Welfare,* <https://www.aihw.gov.au/news-media/media-releases/2011/2011-mar/cardiovascular-disease-most-deaths-and-highest-co>

⁵⁷ *Psychiatry's main diagnosis manual used in Australia the Diagnostic and Statistical Manual of Mental Disorders itself states this. As of 25 March 2019, MBS is still using DSM-IV, PBS uses DSM-5. Examples in the DSM manuals include: DSM-IV for Schizophrenia, "No laboratory findings have been identified that are diagnostic of schizophrenia," p 305; DSM-IV for ADHD, "No laboratory tests, neurological assessments or attentional assessments have been established as diagnostic in the clinical assessment of Attention Deficit/Hyperactivity Disorder," pp. 88,89; DSM-5 for ADHD, "No biological marker is diagnostic for ADHD", p. 61; DSM-5 for schizophrenia, "Currently there are no radiological, laboratory or psychometric tests for the disorder," p. 101.*