Victorian Royal Commission into Victoria's Mental Health System

Submission by [redacted]

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I am thankful for the opportunity to provide a further submission to add to my earlier two submissions in the hope it will be helpfully relevant to the work of the Royal Commission.

The earlier submissions were:

a) with the assistance of the Royal Commission's secretariat, accessing from the Australian Parliament's Senate, the submissions made by my wife, [redacted], and myself, to the Senate Select Committee on Mental Health in October 2005 (Submissions 317 and 317A). We were invited to present our submissions to a Public Hearing of the Senate Select Committee on 28th October 2005 at the Federal Parliament. I have included the Senate Select Committee's draft transcript document of the Public Hearing in my most recent submission. Submission 317 has sourced relevant reference material; and

b) the presentation of documents relating to a 1999 presentation I made to 7th NSW Rural Mental Health Conference about my personal history with the use of orthomolecular therapy; some personal testing results, and information about issues related to foods and chemicals, and nutrition therapy.

The matters I have submitted for the consideration of the Royal Commission are in keeping with the objectives outlined in the Terms of Conditions (ToR) provided by the Governor. I was diagnosed in 1972/73 as having symptoms associated with schizophrenia, obsessive compulsive disorder and homophobia I have presented information about my personal mental health history and the methodologies that were important in my personal recovery, after much change in my lifestyle.

The approaches I applied successfully, with motivation and discipline, and with the wonderful support of, at least, my wife [redacted] are relevant to all the ToR points 1, 2, 3, 4 and 5.

As for ToR point 6, there is the the salient factor of the role of COAG in advocating and supporting public funding options for medical research that relate to mental health. There are various public agencies and protocols relating to the acceptance of prevention and treatment intervention strategies and therapies.

Does the Fifth National Mental Health & Suicide Prevention Plan provide any encouragement to the Governments of the jurisdictions in the Federal Commonwealth of Australia to allocate financial resources for publicly funded clinical trials? If so, would the Victorian Government be willing to take up within COAG the progress made in accepting the effects of food and chemical intolerances on mental health symptoms, ways and means of testing and assessing such intolerances that lead to intervention strategies.

Moreover, if a connection is realised, the possibilities of leading to recognising the importance of a vital preventive health strategy!! And, with important consequences for Governments, Medicare, private health insurance bodies, and pharmaceutical companies. There would be positives for population health, including for people in youth justice centres and adult corrective services.

Consider this aspect. The probable creation of new employment opportunities for where medical expertise, pathologists , clinical ecologists, and other trained support staff would be required for conducting tests and assisting individuals, with appropriate recovery an intervention methodologies to achieve optimal health outcomes. And, always, taking account of the human rights of all people when being assessed and treated for food and chemical intolerances in a health care service that is available to all people.

INTRODUCTION

As previously mentioned, I am grateful to the Victorian Government for establishing this important Royal Commission into the mental health matters as specified in the Victorian Governor's Terms of Reference.

[redacted] and I would be very pleased if the Royal Commissioners were able, and willing, to allocate time to read the submissions, and the transcript of the presentation, made to the Senate Select Committee on Mental Health in October 2005. As well, the information provided in my second submission included my presentation to the 1999 NSW Rural Mental Health Conference that may also assist the Royal Commission's consideration of what I have personally found in having successful outcome. The information may also be of interest to the Royal Commission's Expert Advisory Committee.

I have noted that the Governor has indicated, under the heading "*Conduct of the Inquiry*", that the Royal Commission may consider it appropriate to have regard to the Federal Government's *Productivity Commission's Review*. I have made a brief submission to the *Productivity Commission's Review into Mental Health* which is available online as a public submission.

PERSONAL BACKGROUND

I was born in Melbourne in 1939. After attending Melbourne High School between 1953-1956, I was employed by the Victorian Division of Commonwealth Oil Refineries/British Petroleum (BP) as a trainee junior executive.However, in 1961 I resigned my position with BP to commence a Bachelor of Arts Degree (with Psychology & Philosophy as my majors) and Presbyterian Church theological studies at Ormond Theological Hall. I was granted "leave of absence" from my theological studies in 1967 to join the Commonwealth Public Service [redacted] and I moved to Canberra in 1968 where we lived until moving to Kyneton in 2004.

[redacted] and I had married in 1964, and had two daughters (born 1966 & 1968), with another daughter being born in Canberra in 1971 ([redacted] died in 1996 due to cancer). [redacted] had completed a Science Degree at Melbourne University, with majors in bacteriology and biochemistry. She was employed as a bacteriologist in Melbourne with the Royal Women's Hospital between 1962-1966. In Canberra, when our children were all attending school, [redacted] was employed between 1977-1998 at the Australian National University's Research School of Biological Studies researching bacterial nodulation of legumes.

I was diagnosed, in the summer of 1972/1973, by a Canberra psychiatrist, with symptoms of schizophrenia, obsessive compulsive disorder and homophobia. I was placed on the psychiatric medications of stelazine, largactil & cogentin and granted sick leave for three/four weeks before returning to my workplace. I often slept - very unusual for me! And withdrew from social interaction - most unusual!! Gradually, slowly, my health and confidence improved to the point where I rejoined my work colleagues and even resumed playing cricket (my club & team mates were wonderful!).

During my Commonwealth Public Service employment, with different departments, post 1972/1973, my broad experience was, in the main, appreciated. There had been a personal confidence about my health and wellbeing in my interactions with other people, whether my departmental colleagues, Ministers, Heads of Departments, senior officers, and members of inter-governmental working groups.

With regard to my PBS medications, during the '70s largactil was removed from my medication therapy, however there were times, when I had an irregular usage of the prescribed stelazine. [redacted] realised, when researching further about this medication, that I should have been taking it daily. Conversations with my psychiatrist indicated that if my health was improving and stable, the amount of the stelazine dosage could be reduced but the medication was to be taken daily. In view of my working, social and community life, he considered stelazine was a most suitable medication as I could consume alcohol, if I so wished. It was in the summer of 1983/1984 that I decided to abstain from alcohol products. Indeed I have not had a beer since that time, while I recommenced drinking wine (occasionally) a decade later!

In 1981, I was promoted from the Federal Office of Local Government (Department of Environment, Housing & Community Development) to the Department of Transport to work for the Australian Organising Committee Secretariat for a significant international roads congress - the French based Permanent International Association of Road Congresses (PIARC). It was to be hosted by the Governments of the Federal Commonwealth of Australia at the Sydney Opera House between 8th-15th October 1983, as well as having pre and post Congress tours arranged for the visiting international delegates, spouses, families & friends.

It was a joy to be working on such an event in the Departmental workplace, and with others at the inter-governmental meetings, especially those personnel employed by the New South Wales Roads Authority, and others contracted to organise the tours and interpreter services. French and English were the two mandatory languages applicable to PIARC Congresses, but other interpreter services were helpful to many of the 2,500 delegates, plus spouses and families, and friends. About 5,000 people were associated with the Congress in one way or another.

Before the Congress commenced, I was feeling fine and confident about my personal health and wellbeing. Moving to Sydney for the Congress created some issues for me.

In early 1983, there were evident side effects from my medications, including weight gain and tardive dyskenesia (facial grimmacing; shaking hands). I decided, after discussion with [redacted], that because of the side effects, that I phase out the stelazine slowly, to minimise withdrawl effects, until I was ready to do without the medication.

Also, at this time, [redacted] had become more aware, due to the health of [redacted], of the deleterious effects of food and chemical intolerance, after an allergist, and another medical practitioner, had conducted tests upon [redacted] considered that, arising out of [redacted]s tests, there was further knowledge gained that should be helpful to myself. [redacted] thought there was benefit in focussing on food and chemical intolerances, while addressing one's diet and nutritional balance, and dedicating a greater priority to my exercise program. At this stage I had ceased taking the stelazine.

Conflict situations occurred in the workplace after the completion of my Congress work in October 1983. I had enjoyed the working environment in the Secretariat, but found the workplace in the Department uncomfortably difficult post the completion of the Congress. It saddened me.

Meanwhile, in my cricket administration life, I had been elected as President of the A.C.T. Cricket Association (ACTCA) for 1983/1984, at time when the Prime Minister, the Hon.Bob Hawke, decided to recommence the Prime Minister's XI matches against international touring sides. He asked the ACTCA to organise the 1983/84 match against the West Indies, in cooperation with Cricket Australia and the Department of Prime Minister & Cabinet. It was a very successful event and assured the continuation of the PM'sXI matches against touring teams while he was PM, at least! Cricket was a sporting genre that he treasured.

However, at the same time, there was a very close connection (relationship) between tobacco companies and sporting authorities. I had been concerned about this connection for various health and ethical reasons. I had been transparent about where I stood before accepting the nomination as President. When further evidence was announced during my term that confirmed the risks of tobacco to human health I called upon the ACTCA executive committee and clubs to consider their views on the future of the ACTCA receiving tobacco sponsorship. It was decided that the ACTCA , and other cricket associations, should continue to receive tobacco sponsorship. I resigned my position as the ACTCA President. It was a difficult situation. I realised that I should have not accepted the nomination as President knowing the strong support of Cricket Australia, and its State & Territory jurisdictions, to accept tobacco sponsorship. But there was a desire from many to get me to nominate as no other ("so called") suitable candidate wished to challenge the existing long term President. Whatever, life moved on, and I became a cricket umpire in the ACTCA tournament, where I played cricket, and been an administrator (including President for several years), for the Woden District Cricket Club from 1968/1969 - 1982/1983.

Following the above decision, I was invited by the ACT Australian Medical Association Tobacco Task Force, led by Dr Alan Shroot, to consider joining its community public awareness group, *Canberra Action on Smoking & Health* (Canberra ASH). I accepted and served as an office bearer

until I left the ACT in 2004 to return to Victoria. I received an Honorary Life Membership Award. I had been aware of the concerns of the medical authorities about the number of people diagnosed with a mental illness who were tobacco smokers; many addicted to tobacco products. Also, many of them being continually exposed to the chemical particles et al of tobacco smoke.

Following the conclusion of my work in October 1983 on the international roads congress, I was allocated to other duties in the Department of Transport. I was not happy in the workplace for various reasons. It led to conflict situations that made it difficult for myself and two or three of my work colleagues. Included comments about how much time I may be expected to give to my ACTCA Presidential duties. After I resigned the office in 1984 that concern went away for them and myself! Other concerns included the working environment creating circumstances that inter-related with my personal health and wellbeing and causing issues for me about my workplace physical location (quite unsatisfactory circumstances), the type of work provided and the expectations by a couple of senior officers as to what was expected of me. These concerns were ever present during 1984. It was not a satisfying environment. In late 1984, the Department of Transport made a submission to the Commonwealth Public Officer (CMO) about my situation that included feedback from my work colleagues and senior officers. I was invited to provide a submission to the CMO.

Following a recommendation to the Department of Transport by the Commonwealth Medical Officer, that I was unfit for continued employment and should be retired on the grounds of invalidity, I was served with a retirement notice from the Australian Public Service pursuant to the *Commonwealth Employees (Redeployment and Retirement) Act 1979* , with effect from the expiration of 19th April 1985.

There were particular concerns about the effects of my health on my work performance, and my behaviour and inter-personal relations with my work colleagues. And, a concern that I had decided to apply a different medical intervention that did not include prescribed psychiatric medications. I was informed by the Commissioner for Superannuation that I was eligible for an invalidity retirement pension under the provisions of the *Superannuation Act 1976*.

It was most heartening, but humbling, to receive a kind, generous letter in May 1985 from the Secretary to the Department of Transport, Rae M.Taylor, thanking me for my loyal and valued contribution to the Public Service, and the Department of Transport, since 1968. He was familiar with my work, between 1968-1972, on Papua New Guinea social, cultural and community development in the Federal Department of Territories, where he had also been employed in the Economic Division. He mentioned that, since joining Transport in 1981, my contribution, notably in regard to PIARC, had been greatly appreciated. He believed that in the tradition of my old school I had “Honour(ed) the Work”. He was sorry that my retirement was due to ill health and hoped that my health would improve to enjoy life. He indicated that I would be missed by my friends and colleagues throughout the Department, and joined them in wishing myself and my family much happiness for the future.

POST-RETIREMENT FROM THE COMMONWEALTH PUBLIC SERVICE

The resulting changes in my life created, not unexpectedly, several issues for myself & [redacted] our daughters, and our extended families.

At the age of 45 years, I was now on a reduced income, and under the provisions in place at the time, I was required to inform the Commissioner annually of income received from other employment. Such income would reduce the amount of my pension. In more recent years this provision has not applied.

I have had no other paid employment since my invalidity retirement since 1985.

The Commonwealth Superannuation Corporation (CSC) calculates any adjustments to its pensions, twice a year (January & July) with a formula that applies use of an index inline with the Consumer Price Index (CPI) that is determined by the Australian Bureau of Statistics.Often any change is minimal! There have been numerous representations made to Government about the minimal change to the pensions received due to the low CPI which, it is claimed, have not reflected

the increased cost of living. With no satisfactory responses from the Federal Government to the representations made by the Superannuation Commonwealth Officers Association (SCOA), about the unsatisfactory protocols in place about the value of the pensions due to the dependence upon the CPI index, the SCOA membership has agreed to cease its operations. We do not wish to complain about our personal situation, however t***here are issues surrounding the value of the CSC pensions for many recipients of Commonwealth Superannuation Scheme invalidity pensions.*** Since moving to Victoria in 2014, my wife and I have been eligible to receive a part aged pension, for which we are both very grateful.

POST RETIREMENT APPLICATION OF THE ALTERNATIVE MEDICAL INTERVENTION STRATEGY - [redacted] WORKING TOGETHER !

The documentation provided to the Royal Commission in my first and second submissions will assist an understanding of the methodology applied. For instance, note

- submissions 317 & 317A by [redacted] and myself to the *Federal Senate Select Committee on Mental Health* in October 2005

- the presentation that [redacted] and I made at the *1999 New South Wales Rural Mental Health Conference.* It includes reference to the use of food challenges and the rotary diversified diet. I made a similar presentation at the *World Federation for Mental Health & Australian National Association for Mental Health Oceania Conference* in 1998 in Hobart.

- extracts of personal medical history relating to testing, including hair tissue mineral analysis, cytotoxic allergy testing, my use of supplementary nutrients, including an extract of my record when using the nutrients…date & time, how many. (*N.B. the extract should have been placed with the other supplementary nutrients information. I apologise for my mistake).*

- the reference material offered in support of my Senate Select Committee submission, the New South Wales Rural Mental Health Conference and my Victorian Royal Commission submissions.

Post my retirement, I embarked on implementing a medical approach known as “orthomolecular medicine” and/or “orthomolecular psychiatry” , with much discipline and attention given to addressing food and chemical intolerances, via fasting and single food challenges, in accord with the methodology of Arthur F.Coca M.D., formerly a Medical Director of *Lederle Laboratories*, one of the largest international pharmaceutical houses. He was the Honorary President of the *American Association of Immunologists* and the founder and first editor of the *Journal of Immunology*. He taught at the *University of Pennsylvania* (Cornell) and the Post-Graduate Medical School at *Colombia University.*

Before commencing single food challenges, using Coca’s “pulse-dietary system”, I had a five day fast, with use of water over that time. I also did road cycling as my major exercise.

Coca explained in his monograph “*The Pulse Test - Easy Allergy Detection*” that the “pulse-dietary system”, a special diagnostic art, is based on a simple, easily -proven premise; that the pulse -rate is often accelerated by foods and other substances ; that the reason the pulse is accelerated is because a person’s system is allergic to that which is making the pulse race; and that life-spoiling and life-shortening conditions such as migraine, eczema, epilepsy, diabetes, and hypertension may be caused by the persons continuing to expose themselves to those foods or substances to which they are allergic.

During my single food challenges of two hours, I monitored my pulse, mood and feelings, with the pre-test pulse recorded, and the post-test pulse recorded immediately at the conclusion of the two hours. The pulse rate was also monitored post the two hour test for another couple of hours. [redacted] and I discerned that, based on Coca’s research, if there was a 15 pulse points differential between the beginning of the test and the conclusion, there was the conclusion that the food suggested a disturbance to the immune system (an allergic reaction) and a possible factor in affecting my mental health wellbeing.

I conducted several food challenges to assist the way forward to applying a rotary diversified diet that I was hoping - optimistically - would lead me to a dietary and nutritional strategy that would be important to achieving optimal mental health outcomes.

The Senate Select Committee information provides information relevant to my personal disciplined approach that assisted immensely in overcoming the symptoms that I experienced, and so have a better and more productive life for myself , wife and family, and others, including in and for the community and Church. Well I recall, Robyn Williams wonderful popular song, "Better Man".

I have also provided a copy of my presentation made to the ***ACT Conference on The Rights of Mental Health Consumers,*** which was included in the publication "*Rites of Passage: The Rights of Mental Health Consumers (Ginninderra Press, Charnwood ACT 1999. ISBN 1 74027 000 2). My presentation was titled "****Our Right to Choose from a Range of Therapies : Conventional or Alternative".***

COMMENTS ABOUT MY MEDICAL INTERVENTION & ORTHOMOLECULAR PSYCHIATRY

In the documents I have provided in my submission to the Royal Commission, there is the 2008 RANZCP document titled "***Orthomolecular Psychiatry***". This document has been challenged over the years. It includes reference, at paragraph to a 1999 study by Kevin Vaughan & Nathaniel McConaghy that failed to demonstrate any therapeutic effect of a megavitamin and dietary treatment of schizophrenia. I have submitted with my submission a copy of the Vaughan & McConaghy study report and comments made by my wife and Dr Chris Reading. I hope that the docos are readable. There has little been transparently obvious about the RANZP position now about the orthomolecular issues in the treatment of mental illness, or assisting as a diagnostic tool.

Re definitions or descriptions of the word "*orthomolecular*", Linus Pauling PhD, who is referred to in paragraph 1 in the RANZCP document, described "orthomolecular" in 1968 as " *the provision of the optimum molecular environment for the mind, especially the optimum concentrations of substances normally in the mind.*" (Source: the late Dr Chris Reading, NSW Psychiatrist et al).

For lay person's, "orthomolecular" refers to "*the right molecule*"; "*each and every cell has all all the nutrients that they need*" and "*all the waste products are removed effectively*."

The Royal Commission may be interested in Dr Reading's comments about the RANZCP document. Note the Senate submission; also other documents I have submitted.

I submit that there is much to consider about the relevance of the intervention strategy for inclusion in Australia's medical, health and justice systems, and generally for assisting the achievement of optimal population health outcomes in Victoria, and Australian's Federal Commonwealth.

What is needed is public knowledge of the acceptance or otherwise - in Australia in 2019/2020 - by the accredited medical and health authorities of the matters I have raised in my submissions over the years about the orthomolecular practices when assessing the role of the immune system in population health and wellbeing. And if not accepted, why?

For years it has been said and written, that there needs to be more research and clinical trials before the "orthomolecular" approach to be accepted within the Australian medical system. So what progress has been made?

The Senate Select Committee's Final Report in 2006 recommended more research was required for investigating alternative treatments. Questions arise, such as:

> *- what Federal funding has been allocated for mental health research since the tabling of the Committee's report?*
>
> *- what proportion of research funding has been allocated to alternative treatments or therapies?*

- since the Select Committee's Final Report, has the Australian Government indicated any priority for the orthomolecular approaches in the allocation of Federal funding to the National Health & Medical Research Council ?

- what account is being taken by the medical accrediting authorities of the role of food and chemical intolerances, the dietary issues resulting from food allergies and chemical intolerance, the importance of a balanced nutritional diet that may include a need for supplementary nutrients?

If there is the need for further clinical trials to accept the use and principles of "orthomolecular medicine" or "orthomolecular psychiatry", who has the responsibility for doing these clinical trials to enable the acceptance of the medical procedures in the Australian health system?

In March 1998, Dr Harvey Whiteford, Director of Mental Health, the Federal Department of Health and Family Services, wrote to me advising that

"Clinical research trials are usually established by clinicians with the support of the Health Authority in which they work, or by pharmaceutical companies and may be funded through the National Health and Medical Research Council. Guidelines for these trials are usually approved by an appropriately constituted ethics committee."

I have attached Dr Whiteford's letter. Note his reference to the 1998 National Mental Health Strategy being unlikely to involved in directly funding trials in the area of the RANZCP position paper #24 relating to "Orthomolecular Psychiatry".

Would the Royal Commission be willing to investigate and report upon the acceptance or otherwise by medical and health authorities, when considering a diagnosis of mental health symptoms, the importance of pathology testing and other testing (e.g.hair trace mineral analysis, 'turn off" chemical desensitisation processes, cytotoxic allergy testing)?

I recall a conversation with the late Dr Chris Reading when he emphasised the importance, for instance, of pathology tests when discerning a diagnosis for people presenting with behavioural problems and mental health symptoms. He had been challenged by public medical authorities as to the number of pathology tests he was requiring of his clients.

There would be much to be gained in improving Australia's mental health "system" IF governments, medical accrediting authorities and Medicare could accept the efficacy of the orthomolecular approach. After all, would it not be relevant in helping to diagnose the causes of symptoms that may relate to a suspected mental illness "classification?

Consider in the Victorian and Australian prison systems and youth justice centres. Are there possibilities, not being offered for various reasons, of testing adult and youth offenders for any signs of chemical toxins (e.g. heavy metals) and food intolerance? Are there any ethical and legal protocols that prevent testing to occur, which has the admirable intent to improve the health and wellbeing of those cast as "criminals" in the Victorian and Australian prisons and youth justice centres?

It is my view that if corrective institutions were providing medical and health services that were aiming to assist the future life of prisoners, that would be perceived as an important strategy for the creating awareness about factors that should be beneficial for their future life in community. Of course, there is the need for the individual to understand the benefits of applying what was learnt about the issues I have raised on serving their time in prison or the youth justice centre.

I hope that the Royal Commission may note some documents I have included in my earlier submission that relate to behaviour that has caused people to perform anti-social, criminal, actions. Note, too, the historical case histories quoted by Alexander Schauss M.A. in his monograph, "*Diet, Crime and Delinquency" (Parker House, Berkeley, California, Revised 1981. ISBN 0-939764-00-8).* He was a former Director, American Institute for BioSocial Research who was described in the monograph as "*being in the forefront of research in biochemical an environmental effects on deviant behaviour.*"

Pleasingly, there appears to have been some “medical and health wisdom”, in Australia, that is taking account of the role of the immune system in assessing mental health symptoms. For instance, the work of William J.Walsh PhD (walshinstitute.org) in his collaborative work with Queensland’s *Bio-Balance Health Association* (biobalance.org.au).

Also the research work of Assoc.Prof.Jacka an the team at Geelong’s Deakin University in Victoria has been doing good work on the relationship between foods, chemical and mental health

What are the positions of the organizations that address Australian medical and health standards about the use of orthomolecular approaches, including any ethical and legal issues in the use of the orthomolecular approaches for assisting the recovery of people diagnosed with a mental illness?

What of the positions of the *Royal Australian & New Zealand College of Psychiatrists,* the *Medicare* governing authority, the *Therapeutic Goods Administration* and other accrediting authorities.

And what might be the position of the Australasian College of Nutrition and Environmental Medicine (ACNEM) Fellows on the various matters before the Royal Commission in its work? Including, of course, the biochemical and environmental issues associated with the orthomolecular matters that [redacted] and myself have raised. Note my comment below re Professor Ian Brigthope’s opinions about the ortthomolecular and nutritional approach.

I have noted ACNEM’s response to the *Medical Board of Australia’s* concerns about alternative therapies, including harm caused, and the need for additional safeguards to ensure patient safety. The Medical Board, which oversees the regulation of all doctors, according to an ABC News online report (7th July) by Elicia Kennedy, “*is considering options for clearer rules around complementary and unconventional medicine, as well as emerging treatments.*“ Also, according to the ABC online report, “*more than two thirds of Australian consumers report using complementary medicines, spending up top $3.5 billion gradually*.”

The ABC online report indicated that Nadine Perlen, an ACNEM board member, said “*doctors were blind sided by the report”* and that potentially she would “n*ot be allowed to recommend vitamins or minerals to patients.*” Dr. Perlen is quoted as being “*a qualified GP working in general practice, who integrates knowledge of nutrition and biochemistry and gastrointestinal health”*.

On 15th June, the ACNEM President, Dr Ron Ehrlich, circulated the official response of the ACNEM Board to the Medical Board’s proposals. It supports option 1 of gthe regulation - “*that all doctors should follow one code of conduct and one set of guidelines for all Good Medical Practice*.”

ACNEM strongly opposed the definitions put forward by the Medical Board “*complementary and unconventional median and emerging treatments” a these are “clearly very different and highly variable areas of practice.”*

ACNEM maintains that “*Nutritional and Environmental Medicine (NEM) and Lifestyle Medicine (LM) are becoming conventional medicine and ACNEM welcomes further discussions to support the Medical Board of Australia (MBA) in improving on guidelines for patient safety and definitions of practice."*

The MBA consultation process, and the ACNEM responses, are very relevant to the matters raised in the McIver submissions regarding the approaches to achieving my improved health and wellbeing, due to the role of complementary medicine, with various tests and food challenges, to assist my diet and nutritional levels, and alternative treatment therapies, including the use of supplementary nutrients.

It’s relevant to mention that the Royal Commission may consider reviewing the annual data being presented about the National Mental Health Strategy in annual reports. For instance, information about Federal outlays on PBS prescribed drugs. The changes in reporting the National Mental Health Strategies data is disappointing. It was most helpful, for instance, in earlier National Mental Health Reports to read the Federal outlays on PBS prescribed psychiatric drugs. I recommend that the Royal Commission obtain copies of the earlier National Mental Health Reports.

Re the efficacy or otherwise of supplementary nutrients.

Issues continue about the efficacy and importance of supplementary nutrients and, therefore, their inclusion and acceptance in Australia's health system. With the medical judgment that the "efficacy" of supplementary nutrients are still to be proven mean that consumers of supplementary nutrients would continue to pay the Federal Government's Goods & Services Tax for their purchasers. What of the position of the Therapeutic Goods Administration about the medical standards for the sale of supplementary nutrients?

There are some prominent medical and health spokespersons (e.g. Professor Dwyer, UNSW) who do not accept the use of supplementary nutrients in addressing medical intervention strategies. Dwyer has made public statements that, in his view, supplementary nutrients are a waste of personal outlays as supplementary nutrients go straight through the body to the toilet system! What is the basis of this claim? What clinical evidence can he provide to support his position?

There are documents that I have provided that address the importance of the nutrient intake for optimal population health. Including, allowing for individual differences, the use of supplementary nutrients. ACNEM Fellows may have information to share with the Royal Commission. I recall Professor Ian Brighthope, a former ACNEM President, as a General Practitioner using approaches akin to the orthomolecular medicine. Apart from his consultancy work, the Prof. has his own business, *Nutrition Care (*nutritioncare.com.au*). A*re there several good reasons for the Royal Commissioners and the Expert Panel to chat with him?

COMMUNITY MENTAL HEALTH SERVICE & WORK - any lessons or relevance for Victoria?

Post my 1972/73 diagnosis, [redacted] and I became associated with an evolving A.C.T. families, carers and consumers community group that was concerned about multiple mental health issues affecting family members and friends. It sought to provide support and advocacy, including sharing information about several matters. It was helpful for all involved. Mental health services and accommodation, especially supportive accommodation models and respite care, were regular conversation items.

An A.C.T. community organization - the Barton Housing Co-operative - was a significant contributor to the evolving A.C.T. mental health community organisations, that also included the Canberra Schizophrenia Fellowship (CSF), the Mental Health Foundation A.C.T. (MHFACT) and the Manic Depression Disorder Group. My wife and I joined the CSF and MHFACT. There were members of the Co-operative who had children diagnosed with a mental illness, including schizophrenia, who perceived the importance of the Co-operative's objectives in the providing accommodation infrastructure et al within the services of community mental health organizations.

The Barton Housing Co-operative's provision of houses, was an essential contribution to the operations of the Mental Health Foundation's *Friendship House* service. It complemented public accommodation services (including available public hospital beds) for people with a mental illness.

In 1996, there was the tragic death of Warren I'Anson, a member of the MHFACT and a member of the Friendship House support team. Federal Police broke through the door of his flat and fatally shot Warren when he had a knife in his hand during an episode. Warren had been diagnosed with schizophrenia symptoms and had recovered well enough to be doing voluntary work for the Friendship House residents and other work for MHFACT. Afterward, the ACT Government, with Kate Carnell as Chief Minister, provided an ACT Government house as a respite house for inclusion within the MHFACT Friendship House service. The respite house was formally opened by Brian Burdekin AO, former Federal Human Rights Commissioner of Australia (1986-1994).

While in Canberra I did a significant amount of voluntary community work for the mental health organizations, moreso post my retirement. It was good for me to be "out and about" serving, and helping where I could and where I was needed.

I was an office bearer for the CSF, the MHFACT and the Barton Housing Friendship House service . In due course, the organisations collaborated much more closely with the formation of a Mental Health Resource, that also included the Manic Depression Group (later BiPolar Support Group). The groups convened regular formal meetings with an agenda, sometimes with guest speakers and a special focussed discussion on issues of concerns.

The CSF, MHFACT & BiPolar Group had their particular concerns and focus while also acknowledging the desirability of working collaboratively together. It was hoped that the agreement to establish the Mental Health Resource would assist relationships and harmony. Also, there was the possible bonus of assisting coordination with the ACT Health Authority and the ACT Government generally.

The CSF also had a weekly gathering of members, and interested others, considering Serenity themes for health and wellbeing. It was very active during the time when Schizophrenia Awareness Week in May was a regular event in the calendar.

The CSF conducted a Schizophrenia Walkathon of 10kms each year to raise awareness, of course, but to also raise funds for mental health research into schizophrenia. I was well supported in my personal annual Walkathon sponsorship endeavours for 10 years. I raised over $10,000 and received recognition from the CSF Board with an award presented by Dr David Copolov, the Director of the then Victorian Mental Health Research Institute. That former Institute is now a part of the Howard Florey Institute of Neuroscience and Mental Health. There was an irony about Dr Copolov presenting me with award as he and the late Dr Chris Reading (a prominent NSW psychiatrist) were often in conflict about the merits and efficacy of ""orthomolecular psychiatry". Most present at the time were aware of my position about the merits of the orthomolecular approach [redacted] and I are supporters of the Florey Institute's work.

The MHFACT had its important role for the mental health groups with its Friendship House focus. It saw its role to be across the needs of all "consumers" diagnosed with different mental illness symptoms. Sometimes there was a need to "tread carefully" in its relationship with the CSF when considering issues and concerns about "consumers" diagnosed with schizophrenia. Always an interest by the CSF and BiPolar Group in the operations of the Friendship House and the role of the Barton Housing Co-operative.

Brian I'Anson, a magnificent advocate for those diagnosed with a mental illness, was the President of the MHFACT, and a shareholder & Board Member of the Barton Housing Co-operative, and the father of Warren and his sister, who also had a mental illness. He did considerable advocacy work in ACT and national mental health forums. Inter alia, he was a founding member of the Australian Psychiatric Disability Group that did so much to engage Governments et al in prioritising the needs of the mentally ill, including addressing various legislative issues of import to mental health community organizations.

Conflicts could arise between some folk in the different groups about emphasis, priorities, agendas. There was a close connection between the A.C.T. Government mental health agency and the groups. The need for a coordinated approach between the mental health consumer groups was seen as important when advocating different matters to the A.C.T Government and/or the A.C.T Health Authority.

One of the most creative innovative partnerships in which the ACT Health Authority, the CSF and the other community mental health groups and general community members interested in mental health matters, including human dignity and employment opportunities, was the establishment of a cafe/eatery in the ground floor of the ACT Health Authority. It was a splendid innovation. Our daughter, [redacted], was employed in that project. It improved her self esteem immeasurably, as it did the others involved in the project.

When the former Royal Canberra Hospital at Acton, adjacent to Lake Burley Griffin, became vacant, the Mental Health Resource and other community organisations were allocated temporary tenancy until another venue became available. In due course the hospital site became the place for the National Museum of Australia.

However, when the former Holder Secondary College (in Weston Creek) was deemed surplus to requirements, this infrastructure was provided to community organisations that were providing health services for and to the community. The Mental Health Resource was granted tenancy at this precinct. It was renamed "The Grant Cameron Community Centre". It serves as a template for the jurisdictions when government infrastructure becomes surplus to requirements, such as former education precincts in Victoria (e.g. Kyneton's former Baynton Street primary school; a Beaufort educational precinct).

I commend to the Royal Commission the desirability of considering the need for suitable administrative accommodation for mental health community organizations. The Kyneton District Town Square Co-operative Ltd has been advocating, during the Victorian Government's consultation process, its vision and business case for community management of the Baynton Street primary school, which includes encouraging community organisations to become tenants of the building. Note online information at www.kynetononline.org

In the Macedon Ranges there is the PS My Family Matters community organisation and the Macedon Ranges Suicide Prevention Action Group. They may need encouragement to establish an administrative office in the former Kyneton school from different perspectives, not only the financial reality with tenancy agreements etc.

ACCOMMODATION ISSUES

Bendigo Health's Kyneton Community Mental Health Services finds its critical needs are the requirement for (supportive) accommodation options for their clients. This is also the case for clients of Cobaw Community Health Services. There are difficulties in finding accommodation around Kyneton district. This means assessing the availability of accommodation in other locations, including Bendigo. It's not entirely convenient to access accommodation available in Bendigo (via Haven or other providers). Transport becomes an issue to get clients to other destinations.

I know that Cobaw would welcome more options in Kyneton district, if possible, for transitional accommodation for survivors of domestic violence. Cobaw provide wonderful support to their clients needing accommodation however there're occasions when it is difficult to do secure accommodation around Kyneton & district.

It is noticeable that the Victorian Government announced in 2018, prior to the Victorian election, that it had allocated $2B for a social housing development grant process. The Government's objective news to enter into partnerships with Local Government, community housing organizations, churches and property developers et al interested in developing social housing projects in Victoria. Note the Victorian Government online information at:

https://dhhs.vic.gov.au/victorian-social-housing-growth-fund

In conversations with the Macedon Ranges Shire Council it was evident that, while the Council was interested in the Government's proposals there was little the Council could contribute in partnership with the Government due to Council's lack of funds to purchase housing or land for new infrastructure. The Council had no land itself to develop social housing or integrated housing. Its approach was as a planning authority consulting with property developers and property and land holders about building and construction proposals etc.

I have proposed to the Council that it enter into conversations with the Victorian Government, and the owners of Organs Coaches Kyneton (DonRic Group), to assess the possibility of "win win" outcomes, with the DonRicGroup moving its operations, from what is a significant township land precinct suitable for residential development, to other commercially zoned land in Kyneton. If that was achieved, then the land i\upon which DonRic Group operates would open up the opportunity for the Council and the Victorian Government to enter into negotiations about the Government's willingness to develop integrated housing, including social housing, in the Kyneton township.

If this occurred it would create new opportunities for the community mental health and health organisations to negotiate with the Victorian Government and the Council about the possibilities of developing partnerships - with agreed tenancy agreements - to secure accommodation for their

clients, as required. There are many residents, or prospective residents, on low incomes who have had difficulty securing accommodation that they can afford. There is as a shortage of housing stock.

Issues continue about the inclusion of people with mental illnesses in the National Disability Insurance Strategy. If people with a mental illness are not being accepted within the NDIS this creates issues of what alternative accommodation and services are available to them.

Th allocation of financial resources to community housing agencies has been of significant concern since the “deinstutionalisation” policies agreed by the Federal, State and Territories jurisdictions.

Since the *Report of the National inquiry into the Human Rights of People with Mental Illness* (AGPS Canberra 1993) it has been a continuing policy concern for all our Federal jurisdictions in providing public resources for housing the poor, the disadvantaged, people with a disabilities, including those with psychiatric disabilities, and others with special needs.

The human rights and dignity of all people with few financial resources remains a high priority for our governments.

There are issues that also relate to the United Nations Covenants and Resolutions of which Governments need reminding. It is important that such matters be brought to their attention.

It is often the case that the Australian Government has taken the view that the Parliament has instituted legislation that covers the UN Covenants and Resolutions. Indeed this has been an argument used against creating a Bill of Rights in Australia because of our legislature covering such issues that may be converged in a Bill of Rights.

CONCLUSION

I have offered a mix of views and opinions, and shared my experience in some areas.

Importantly, though, I would hope that my personal mental health history with the use of the approaches applied may interest the Royal Commission in its work.

May the Royal Commission be tolerant of not doing further editing in view of my running out of time before the clock strikes midnight!

Thank you again for the support provided by the Royal Commission’s secretariat in the submission process.

Thank you for the Victorian Government establishing the Royal Commission.

Best wishes to the Royal Commissioners and their support staff!

[redacted]

[redacted]

[redacted]

eM: [redacted]

T: [redacted]

M: [redacted]