

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

SUB: 0002.0030.0120

Name

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

"I think the stigma is aggravated by the imposition of involuntary treatments. Where the patient is involuntary a second opinion should be required and desired. You cannot properly treat a mental disease or malady against the will of the patient without damage to the psyche. The act of locking a person up for an action that a third party intuitively is rife with potential for abuse. Incarceration is just another name for imprisonment. How could there not be stigma and discrimination when told a person has been imprisoned? Get better staff. A bunch of mainly fools holding down a patient who was not struggling and laughing as he is injected is not medical intervention, it is thuggery and abuse. Injecting a dangerous anti-psychotic in a dose double that of the MIMS recommendation is professional negligence. A doctor who attempts a conversation with a person in a visiting room and attempts to deceive the person who calls him out by recognition of the deception, and then later authorised the incarceration of the person he intended to deceive is too dull-minded to be a psychiatrist, he is better left to treat foot diseases,."

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

"First make sure if you are going to imprison people that there is food and water available. Water is necessary in the sub-tropical heat of [REDACTED] Mental Health centre. When I complained that there was no water available I was directed to the coke machine. A patient warned me not to ask, my question apparently was the cause of the assault in the answers to the question in the first box. However the hospital facilities were comfortable but almost anything would have been an improvement in my living conditions. See submission 1040 under my name with the banking and finance services industry. "

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

"I think generally the current regime is more patient-focused, but the causes of mental health problems are expanding faster than the capacity to deal with them. This will inevitably cause a crisis. Patrick McGorry is right whatever you spend on youth mental health prevention in particular will come back to the community magnified in positive effect. It's a "no-brainer". Crisis housing with intelligent management and subtle interventions always works. Caring is the one thing that is never unfashionable. "

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

"Mental health is defined on physiological, psychological and cultural spectrums. It is nebulous without a centre of gravity. It is as much an invention of the human mind as mathematics is. It is a ghost of an idea and as impossible to encompass in one mind as the whole of mathematics would

be, because these things are constantly evolving and not always independently. So you first have to have a deep understanding of the cultural viewpoint of any mind and that's just the beginning... But what will never improve without linking services is the abortion of wasted labor expended by care givers advocating for help that continually hides behind jurisdiction, and the privacy laws. Privacy laws are for protecting people from poor mental health not denying help for them. Mgood for ost of the cases should come back to Centrelink as the primary source of income for most pensioners. I have now met more bureaucrats than is good for any ones mental health and I have to say that satisfactory outcomes can be very hard to find when services are not linked. Fobbing off to NGO's is just passing the buck. "

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

"Wow. Really.; Well if I was a young aboriginal lawyer I' be getting a class action together and trying to reclaim all of my property lost or stolen and then I would seek exemplary remedy paid on the basis of a levy on the property of the current owners, Now if that ever happened my guess is it would be hard to find a depressed aboriginal in Victoria. Wealth is good for mental health. Poor is left outside the door.. If you are talking about communities of refuge from an invasion I'd say that was a healthy reponse to an unhealthy situation. Generally the cultures and opportunities of country towns revolve around a few live wires, encourage them in their ideas, support community initiatives with help and grants, create a network of communities. No one should feel isolated with the internet. Services recognise this, ther'es a lot of wisdom on the web, but you find spiders too. "

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

"Anything that can be done should be done. I consider my life a hymn to negligence. But I also know many people have helped me albeit a bit too late to be effective. I see with hindsight what a gauchely ignorant person I was. I knew life could be better, I had the brain to make it better, but I was without knowledge of the most basic mores. Consequently I spent a lot of life stepping on toes. I have a maths degree, but not a certificate from form (v). I was too smart a kid not to be educated. I used to wonder when my school mates cried after a bad school report what worried them. My parents had little education I studied all the right subjects in the wrong sequence without any guidance except curiosity...and I think I'm getting the hang of it now. There is a great movie by Peter Bogdanovich called the last picture show. It's worthy of Shakespeare and it's a metaphor for small and dying communities all over the world... perspective sometimes is the only solution. . "

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

"If you can find a good peer support worker give them a free iphone and imac, pay their power bills and buy them a great end of the day meal every night, telephone them twice a week to let them know your available to ease their pain and send them a gift card every week Care givers risk a battery run down every day, If they can find camaraderie in the service that is probably the best retention device and of course you can try money. I think a life lived well is the source of much compassion. I'd be looking for wags, not too dissapointed ex anythings and people older than when I started to learn but not as old as I am now. . "

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

"public well funded community centres have always been ,and will always be, the best places for vulnerable people to improve their social and economic participation. Where there is a demand or a need that is unfilled , fill it, subsidise it ... make it work "

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

step up the education gears. Some responses from lower level staff are far from acceptatble in any work place

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

The well being of the cause of your concern is the beginninng and the end for any caregiver. any success will depend on this

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

N/A

A few weeks before my property was burnt down earlier this year, I requested the relocation of the person cared for. Not only was my request refused, but the mental health worker I was speaking to hung up on me. I had discovered that a person I had reason to be wary of was illegally occupying my property at the invitation of the person I was a carer for. Both people had threatened arson on multiple occasions. I had "warned off" the unwanted guest several times.

The [REDACTED] Mental Health "service" were fully informed and advised of my misgivings as to the unsuitability and inadequacy of the accommodation and its shortcomings. Several requests for relocation were ignored. Officers of the trust had inspected the property but refused to inspect the damage on one of their visits, although the younger of the two said a claim could be made the senior officer was non-committal, and uncooperative. I had planned to upgrade the property but shelved that plan when substantial and costly damages were the outcome of a clumsy intervention by [REDACTED].

Furthermore there are important matters of fact that are grounds for a criminal investigation as to motive for the crime of arson. There are witnessed suspicious activities uninvestigated by the police.

I consider the person I cared for was as much the victim of this alleged crime as me. He lost his own home, a property left to him by his mother because of the negligence and mismanagement of his affairs by his case managers in the mental health department and the state trustees.

I believe now that there are serious questions as to the reasons for the presence of the person I cared for in my early years in Ballarat and that this may have been contrived by persons unknown, but connected to a long and chronic abuse of me that resulted in the events which are the substance of submission 1040 in my name Ian Harrison, to the Financial services Royal Commission of 2018.

I now have had a long and unfortunate acquaintance with mental health services in this country. I have a personal experience through familiarity with the mid 1950's version of mental health services in Ballarat as the child of a patient. The old mental hospital was mismanaged, inefficient and widely known by many for the 'rorrts' of kitchen and supply staff. The best thing it ever did was close down. As a child I visited this "hellhole" and fully understand the fear of it in its victims. Some of its practices have survived in the "new" facility.

I will not bore you with the details of my childhood experience except to say that they caused me to be excluded from anything like a normal life. When my secondary school peers and teachers went on a fortnight excursion in the Ovens Valley and Bright, I was alone in the library of an empty school, except, for the caretaker, as a consequence of being unable to pay the necessary fees. I have only turned my mind to the humiliating poverty that excluded me so often from events that required a parental contribution that we could not afford. I have the memory of my mother showing me the bank books of my father after he was wrestled out of the house by six policemen. A far too common scene in my childhood, but one I became accustomed to. Those bankbooks I now realize were of an amount in value of a substantial home by Ballarat standards. I doubt few labourers of my father's age would have had the savings I witnessed at that time. The money was surrendered by my mother to the Department of Social Security which apparently spent it all on our care in my primary school years. My mother was trusting, law abiding and gullible. She was the victim of a fraud by a local AMP agent which I alerted her

to as a teenager and I suspect the exhaustion of my father's savings was a similar event. By the time he was released back into our lives the loss of savings would not have helped his chronic health problems. I have myself lost two homes by negligence, professional misconduct and what the Financial Services Royal Commission describes as "unconscionable" conduct. I know the strength my father needed to "endure the unendurable".

As a footnote to my father's treatment, electroconvulsive therapies and drugs and pills administered over more than two decades and accelerated his physical decline, a new young doctor advised him to throw all the pills away. He took that wise young man's advice and in the last year or two of his life regained something of a recognizable personality, too late I'm afraid to undo all the damage done by ignorance and the power and pretensions of medicine to expertise that is often procedurally damaging, and more often without efficacy.

While a school student in years 8 to 10 I worked selling Melbourne 'Heralds' and other papers after school on the street corners of Ballarat and saved more than sixty pounds in less than two years working the streets 26 hours a week in the cold of Ballarat winters. The headmaster of my school came to my home in years nine and ten to talk my parents out of allowing me to leave school, for although I was not a well behaved child, virtually parentless, I was one of the best students often topping many subjects, math's, art and always English. I left selling heralds when a man I now realise was one of the local pedophile members of the Christian Brothers approached me and made an unsuccessful attempt at intimacy. That incident saw me leave my job. The street after dark is not a great place for school 'kids'. I cannot recall living the sort of comfortable life the sum of money saved by my father should have guaranteed.

.Although the person I cared for was his own worst enemy, many of his complaints would be regarded as rational expectations by the public. He has often been allowed to survive without adequate funding, sometimes receiving no income for months at a time even though my advocacy on his behalf reached the ears of Cent relink, they would not contact the trust to release his funds; For more than three months on multiple occasions he relied on the generosity of myself and others for food and clothing. His case worker, arranging a new bank account for his pension did not confirm the opt in requirement for disability pensioners which led to fee charges of seven dollars fifty cents per week for a pension payment of less than three hundred dollars in total per week. When he complained he was banned by the bank manager for being aggressive. I think given the attitude of the Royal commission into banking and financial services that this experience was a defamation of character by entrapment. Surely this should not be an opt in choice by major banks but a mandatory 'no fees for all pensioners' Many disability pensioners do not have the resources or pathways to resolutions of conflict and are often blamed for situations caused by the ignorance and poor behavior of others. They will always lose the debates on fault, and that is probably the major psychological underpinning of stigma, the "appearance" of always being in the wrong.

I visited the bank and spoke to the parties involved in his being banned. Privacy laws were as usual invoked to prevent any information to be released. My opinion of the incident is that he was in the right in his complaint and those who behaved as if they were blameless had actually caused this incident

which without extending my argument here may well have been the key aggravating incident in the loss of my home.

Human life is best serviced by the fair and equitable distribution of scarce resources. Community mental health requires it. Mothers know that all their children are different and have a need for attention to their differences. That's what makes being a good mother harder than it looks.

The only solution to ignorance is learning. I now live in a country city and within an easy days walk I could cover the radius of a circle which encloses close to a quarter of a million people. It is winter, and the nights are cold, there are people living rough, not as many as some say but many more than there should be. Our society licenses the halls of fun and drug addiction to the maximum hours of service, while public libraries are kept to business hours, a strange choice for a society which tenders much of its' more lucrative health management partnerships to NGO's. A greater concentration on the public library is a far better tonic for mental health than the almost manic production of vacuous pastimes and exploitive industries our marketing economy requires. Could they not at least be allowed to compete for those people who have no means and/or no desire to enjoy those supplied but still have the same human desire for diversion and companionship but at least could find a warm and quiet place for rest, recreation and a possible rising of the spirit?

I notice my local gaming venue has a large costly space where your children may be abandoned while you gamble away their inheritance. If venues licenced by government can expand social damage they may cause by marketing , surely the cost of correction can be borne by them through a direct levy supplying public buildings like refuges and recreation centres and libraries. That they could afford it goes without saying. Unfocussed affluence is a disease best avoided by preventative medicine. Pushing the cost of remedy back onto the cause of the damage is the first step in its resolution

Both deceased parents of the person I cared for were mental health nurses. He apparently lost control of his residence to a drug addict and his family. After many complaints by me and much advocacy in which I was led to believe that he was receiving only fifty dollars a week of his pension while living on the street, I managed to convince the authorities that a pensioner should receive at least the better half of his pension each week just to survive. Eventually, after many visits to the trustees they sent two police a locksmith and a lawyer to eject the nonpaying tenant, changed the locks under the watchful gaze of the officers and then apparently and unbelievably, gave the keys back to the ejected defaulter who immediately took up residence again with his wife and children. How much did this cost? What purpose was served? Who paid for it but the victim and the tax payer? This is way past Don Quixote for futility and silliness. After the owner paid for the cleaning up of his damaged property it was eventually sold at least \$40,000 under market value. His case and cause for remedy were similar to mine

In my own case the loss of my insured first Sydney home with harbour views appears to have been a considered and contrived fraud. Although I made many complaints to all the resources of help and aid for health complainants described in the NSW Legal Handbook, the only responses were personal attempts at explaining away professional misconduct of these responses only two were documented out of scores. But these matters are uninvestigated to my knowledge, and in another state, and relate to the

loss of my first home caused by the failure of Sun Alliance Insurance to honor a contract sold to me by the litigant and agent for the defaulting insurer, the NSW Teachers Credit Union.

There is much more to my story but it does not belong in this document. I think I have an almost unique experience of chronic abuse, physical and psychological, negligence in investigation and prevention of the corruption of legislative intent by the very behaviors they were designed to end. Rarely have I seen a Commission so much on the side of David as this one is, I wish it well in its purpose and I make these suggestions.

(i) Give much thought to diminish the power of medical "experts" in matters of imposed therapies, especially those treatments that are not unanimously considered safe. By that I do not mean ignoring the diagnosis, but removing the power of decision in relation to confinement and treatments, from the physician. The medical care of mental patients has a long and embarrassingly inaccurate diagnostic and cure rate. Medicine itself has Mengele, Shipman, and in the same century gave a Nobel prize to a man who probably still holds the record for lobotomies in front of Vlad the impaler and Genghis Khan. When I was a young man an Australian Doctor was the "World Expert" on deep sleep therapy. After the death of several patients under his care he suicided when it became obvious to him that his therapies were the cause of their demise. His irrational response supports the argument of this paragraph. I have not read MIMS for several years now since I was locked up and treated for a benign public protest at losing my first home. I considered the arrest wrongful, The behavior of the Centrelink manager who stalked me in the street after recording my conversation illegally in order to track me for his police mate, who had me locked up to prevent me standing in the state election as I had told the sitting member and others. There are at least three or four offences in this matter alone. When i informed him of the history of this witnessed event the Centrelink officer who recently cancelled the carer allowance when I told him my house was burnt down virtually called me a liar, saying he did not believe it happened. He only has to talk to anyone who was there at the time to find out that it did.

Dr. Harry Shipman who murdered at least a couple of hundred people was regarded by his contemporaries as sane, rational and kindly. Most of the guidelines and parameters of psychiatry and psychotherapeutics in MIMS have been imposed by patient inspired scientific research than expert practitioner activity. If a rotational council of three or four 'professional and friend(s) 'type' decision makers were behind well-argued and questioned therapeutic decisions in consultation with a fully informed patient I am sure better co-operation and outcomes would become apparent in the subject and move a gradual shift of focus from an involuntary patient/victim to voluntary participating client would lead to a community response driven less by fear and more by understanding. Compulsory Incarceration has similar negative connotations that loss of control has on attitudinal responses and the runaway conclusions of those who witness them.

The allegations made to me. I'm still waiting for the arson detectives to return and complete their investigation.

There are many clients of the mental health department who require a more adventurous experience of their mental health needs. Many of them when not in psychosis are high performing individuals with a

malady they recognise and cope with "looser" accommodation criteria. Requirements would often suit their lifestyles and give them a chance of a more fulfilled life in a society which excludes their participation by default. Many large buildings suitable for use as intercity migratory hostels could be run on lower budgets and a greater mix of clientele with respect to their psychological needs as judged by their caring friends and professionals. If welfare outcomes were driven more by concern for the goals of the patient than the physicians ticking of bureaucratic boxes there could be better outcomes for both. Some people have such an exhausting struggle with their illness that just the simplest but stable accommodation is sufficient for their needs. For a recovering addict a half, third or quarter wage is better than no income at all. We need to supply necessary interventions without regard to the prohibitive costs the economy imposes by inventing a system of lower payments for retired worker volunteers, a lesser economic standard because it is better that half a service exists at a quarter the cost than no service fully insured. It is the character of our economic system that the unproductive insurance industry is the barrier to the proper direction of services, this forces the fall back to NGO partnerships that I suspect are rorted in the broad scheme of matching ambition with cutting corners for efficiency's sake, and then the reality of delivering the contract while seeing the greater global need for the money. I can understand the dilemmas, but the excuses are irrational.

I am heartened by the fact that nearly all of the worst privations I suffered as the child of a disabled parent are seen now as historical anomalies. But against that is the larger non participatory parenting of so many children that was not present just after the war in mid twentieth century Australia. I hope this commission will focus upon the educational needs of the growing information imbalance that can create the techno poor in one parent families where the cost of data to the poor creates an information imbalance and a probable vacuum of knowledge which degrades and diminishes the potential of vulnerable children and their future contribution to society

An increase has been muted in the news of very recent days in relation to new internet content payments. We must not allow the megalomania of a few monopolistic entities like Apple Microsoft, Google and Facebook and what is left over of the greatest single initiative since Menzies and the Ord scheme to impose by default an exploitive value system on a free society. Access to free data is the greatest enhancer and leveler of all. It will save democracy from the shrill fearful voices. An informed population will not be bullied into ignorance or controlled by the nonsensical cultures of vested interests as in the past. This royal Commission can play an important part in ensuring participatory pathways and sources of data by encouraging the use of hubs of learning experiences such as electronic libraries and the widest distribution of knowledge without borders or barriers. I have spent the last third of my life in actions that ensure the widest possible access to knowledge. It is the greatest connection that people of all nations, creeds and colour have. It reflects and demonstrates our shared experiences. The internet is up there with the book, the printing press and the wheel. Damming its resources to create winners and losers would be a U-turn in evolution and send us back to the jungle. Start shifting the experience of schools to libraries as hubs of learning and an eventual whole of life experience on tap for all citizens; Leave the doors open even later than the pubs and the casinos and their socially tolerated manias, and maybe when the community venue is the temple of the people again we can finally wave goodbye to the disparity of wealth and irrational behavior which has been the history of most of the conflicts of

empires, empowers and their economic delusions and ambitions.

References: Nixon, Chechesceau, (Mr and Mrs), A. Hitler, Louis(xiv), Senator McCarthy, Bernie Madoff, The us senators and congressmen who voted against their most hallowed belief that the loser pays when they compensated all but the victims of the global financial crisis they caused, etc. etc. etc....

When I first started my modest campaign an Australian scientist or academic was attempting to patent "junk" genes as he described them, and there were many voicing legal opinions supporting him. Fortunately the wide availability of discordant voices in the scientific community argued against the validity of his claim. His was probably the best attempt since Nelson Bunker Hunt tried to corner the silver market...The enormous fraudulent cost to the community of such a patent could have imposed a brake upon therapies and research that must never be allowed on simple economic grounds...Legal judgments bridge a special spectrum of irrationality which only supports the argument for a check on medical opinion. Hospitals and health systems are buckling under the incessant demands of health care and cannot afford the expensive markets of exclusionary costs for exploitive genetic patents. One such patent already adds millions to the treatment of cancers in this country alone.

As to whatever the cost is for whatever demand and supply imposes, the solution is simple. Reintroduce death taxes and gift duties. Such a tax cannot impose a brake on productivity or research. It cannot harm the dead tax-payer. Nor should it enhance the life chances of some individual, or inhibit the productivity of the same person because (s)he shares half of his or her parents genes. They have already inherited a comfortable start in life, I can see that a soft landing may require some cushioning but beyond that the use of the immortal corporation to house the accidental unearned wealth of an untaxed inheritance is bankrupt, socially vacuous, morally unfair and legally unnecessary. It leaves us with leaders that carry in excess the genes of fraudsters and criminals, and grants undue influence upon the culture to the gene for greed and indifference.

The only effect this moronic policy had on Australia was an invasion of US citizens avoiding tax liabilities in their new and old countries and a shift from victoria to Queensland for a decade or so of every local criminal and tax cheat. This outcome inspired by a one term, one issue State Senator in 1976 WA, inspired Joe the chook feeder to declare without his treasurers approval, but not his wife's', that death taxation was dead in Queensland at a time when most leading politicians in that state were the corrupt detritus of a gerrymander. The police chief was elevated to the bag man of brothels and casinos and another senior politician had a standing account with the TAB of more than a couple of million dollars. One tap on the shoulder was cancelled by the queen and probably a couple of others should have been. But the residual outcome after the Royal Commission into Queensland's police force was that Australia alone in the developed civilized world had no form of real wealth taxes and ever since the lowest income earners are by far the greatest source of the burden of protecting the wealth of the wealthiest. If that "ain't " schizophrenia i don't know what is!

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