

## Form submissions

A number of submissions (39) were received that follow a set form. The submissions are substantially the same. Text of the form submission is provided below, followed by a table identifying submission authors and numbers.

## Form submission text

The Queensland Mental Health Act has been under review since mid-2013. There are now 2 draft bills (the Government's and the Opposition's). Both have been presented in Parliament and both are now with the Health and Ambulance Services Parliamentary Committee (HASPC) who called for public feedback on both draft bills on the 1st October 2015. The HASPC is considering both bills together and they will then report back to Parliament on the proposed drafts in November 2015. Both bills are the same or similar in key areas, it is not known which bill will become the final one. Below are areas of grave concern which need to be changed in both bills:

**ELECTROSHOCK OF CHILDREN (ECT):** ECT is the brutal application of hundreds of volts of electricity to the head, potentially causing brain damage, memory loss and sometimes death. **The World Health Organization stated, "There are no indications for the use of ECT on minors, and hence this should be prohibited through legislation."** Sicily banned ECT completely in October 2013. Western Australia recently banned the use of ECT on children under 14 years of age.

In both draft bills, any child (under 18 and voluntarily admitted) considered to have the "capacity to consent," can consent to ECT and the psychiatrist then applies to the Mental Health Review Tribunal (MHRT) for final approval. No parental consent is needed at any stage. ECT can also be given to involuntarily detained children of any age, if a psychiatrist applies to the MHRT for consent to perform ECT – again no parental consent is needed. The new bill also allows for the use of "emergency electroshock" on children. In 2014/15, Medicare funded 9,911 electroshocks in Qld (the highest in Australia) up from 6,642 in 2009/10, a staggering 49% increase. 126 "emergency electroshocks" were given in 2013/14. **Electroshock must be made illegal for use on children, pregnant women and the elderly immediately. It should never be given to involuntary patients without their fully informed consent.** [p.52,192,354,355 of Government's Mental Health Bill 2015 (GMHB) & p.49,170,171,318,319,320 of Opposition's Mental Health Recovery Model Bill (OMHRMB)]

**PSYCHOSURGERY OF CHILDREN:** All forms of psychosurgery are correctly banned in NSW and the NT for all age groups. SA and WA have banned all forms for children under 16. It is proposed to ban the forms of psychosurgery involving cutting and burning the brain in Qld in both draft bills, but to allow deep brain stimulation (DBS) psychosurgery for all ages. In DBS, a hole is drilled into the head to implant electrodes through which an electrical current surges from a pacemaker like device inserted under the skin in the chest. DBS can cause irreversible brain damage, seizures, memory loss, suicide and post-operative death. DBS is NOT an approved mental health treatment in Australia.

**In 2014, NSW Ministry of Health commissioned the Sax Institute to investigate the clinical efficacy of DBS. The conclusion of this investigation was: "There is insufficient evidence at this point in time to support the use of DBS as a clinical treatment for any psychiatric disorder." Consequently all forms of psychosurgery remained banned in NSW.** It is proposed in both draft bills that if a child is considered to have the "capacity to consent," parental consent is not needed at any stage including at a Tribunal who gives the final approval for DBS. It is also proposed to re-name psychosurgery-DBS as a "neurosurgical procedure." They are not the same and this is an attempt to hide the true nature of this experimental practice. Neurosurgery is an operation to rectify a scientifically diagnosed medical condition. Psychosurgery-DBS is performed to change behaviour and the psychiatric

diagnosis that leads to the psychosurgery is not based on any scientific test. **Psychosurgery must not be re-named as a “neurosurgical procedure.” All psychosurgery disguised as a “neurosurgical procedure” including deep brain stimulation must be completely banned.** [p.52,190,193,355,356 of GMHB & p.49,172,321,322 of OMHRMB]

**CHILDREN PLACED IN PSYCHIATRIC WARDS WITH ADULTS AND SEXUAL ABUSE:** Both draft bills do not rule out children being held in wards with adults. Both draft bills also retain the ability for involuntarily detained children to be strip-searched. Additionally there is no mandatory reporting of sexual abuse or criminal fines in place to ensure reporting of alleged sexual assault of patients by a mental health worker or another patient. **The law must be amended to ensure that children are not placed in adult wards and to ensure mandatory reporting of alleged sexual abuse to police.** [p.45,46,289,291,292,296,297 of GMHB & p.43,44,261,263,264,268,269 of OMHRMB]

**CRIMINAL FINES AND PRISON TERMS FOR HARM CAUSED BY PSYCHIATRIC TREATMENT:** Criminal fines and prison terms are only \$11,780 (100 penalty units\*) or 1 year imprisonment for performing electroshock and deep brain stimulation outside the law in the Opposition’s draft bill. Ill-treatment of a patient carries the same penalty. The Government’s new draft bill has doubled the Opposition’s fines and prison terms. In comparison the Qld Animal Care and Protection Act, has a fine of \$235,600 (2,000 penalty units\*) or 3 years imprisonment for causing pain to, abusing, terrifying or worrying an animal. **All criminal fines and imprisonment terms must be increased in any new bill.** [p.170,172,376, of OMHRMB & p.191,193,415 of GMHB] \* As of 1 July 2015 one penalty unit is \$117.80.

**INVOLUNTARY COMMITMENT OF CHILDREN & ADULTS:** Children and adults can be placed on a “treatment authority” which means they can be involuntarily detained and treated in a psychiatric institution or be required by law to receive psychiatric drugs/treatment at home. This can include forced drugging, restraint, seclusion and electroshock. Parental consent is not needed for involuntary treatment. 6,495 orders for involuntary detainment were made in 2013/14. **APPEALS:** Parents can appeal their child’s detention. There is no guarantee that this appeal will result in the child being able to return home. **Parents/guardians should always be able to consent to their child’s treatment unless they have a legal order preventing them access. Only a judge or magistrate should have the right to detain someone and only with full legal representation of their choice for the person facing deprivation of liberty, paid for by the State.** [p.53, 54, of GMHB & p.50,51 of OMHRMB]

**CAPACITY TO CONSENT:** In both draft bills, for someone to be considered to have the “capacity to consent” to psychiatric treatment, they must recognise/understand they are “mentally ill.” If they disagree they are mentally ill, they are considered not to have the capacity to consent and could be involuntarily detained. A diagnosis is based on “checklists” and arbitrary opinions of psychiatrists. The main psychiatric manual used in Australia to diagnose psychiatric disorders itself states for example, that there are no laboratory tests for ADHD or Schizophrenia. Medical studies prove that undiagnosed physical conditions can manifest as psychiatric symptoms and this clause will lead to even more people correctly saying they are not mentally ill and subsequently being forcibly drugged and treated for something they do not have. **Involuntary treatment must not occur just because a person does not recognise they are mentally ill. Full physical tests must be done to determine if their “psychiatric symptoms” are caused by an undiagnosed physical condition.** [p.52 of GMHB & p.49 of OMHRMB, Diagnostic and Statistical Manual of Mental Disorders (DSMIV) p.88,305]

**ACCOUNTABILITY FOR MONEY SPENT:** The Qld mental health budget has exploded 42% since 2009/10, up from \$809,996,000 to \$1,152,117,000 in 2014/15. Yet there has been a 65% increase in mental health service complaints between 2009/10 and 2011/12. If the funds spent were actually helping people this would be evidenced by decreasing numbers of complaints and people labelled as “mentally ill.”

**ALTERNATIVES:** There is no doubt that some children who are troubled require special care. But they should be given holistic, humane care that improves their condition. Institutions should be safe

havens where children and adults 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. 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. With proper medical treatment and real help people can lead healthier, happier lives.

## Submitter name and number

Sub #	Submitter
003	Glen Stewart
007	Julieanne Hupalo
015	Quentin Chen
016	Faye Lan
019	Manfred Franz Schirnhofner
021	Bart Nettle
025	Darryl Burnside
029	James Davey
031	Pinchung Pan
034	Meng-Lung Yang
035	Sung Ming-Yen
036	Eli Lee
037	Tsai Linda
038	Baiyen Tsai
039	Ivonne Fang
040	Wen Lin
041	Douglas Hsu
042	Ann Lu
043	Evelyn Wang
044	May Liu
045	Jen Chou
046	Allyssa Lin
048	Randi Lin
050	Sasa Gason
054	Bryan Hu
055	Royee Tung
057	Renee Fang
058	Tania Lee

<b>Sub #</b>	<b>Submitter</b>
<b>061</b>	Kevin Lin
<b>063</b>	Archee Riddell
<b>064</b>	Ken Yao
<b>065</b>	Nai Chiao Chen
<b>066</b>	Wenda Moore
<b>067</b>	Lin Yu-sho
<b>068</b>	I-Horng Tsay
<b>069</b>	Iona Kentwell – Peta Fowler
<b>070</b>	Karen (No Surname Identified)
<b>071</b>	Albert (No Surname Identified)
<b>072</b>	Janelle Bonato