

Health and Ambulance Services Committee

From: Linda Vij [REDACTED]
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To: Health and Ambulance Services Committee
Cc: [REDACTED]
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To Research Director
Health and Ambulance Services Committee
Parliament House, George St
Brisbane QLD 4000

Submission on the Review of Mental Health Bills

Dear Director

Re: Formal Submission Relating To Highly Dangerous Mental Health Laws Proposed in Queensland

There are two bills, with very similar contents that would severely violate international human rights instruments (due to agendas heavily pursued through health authorities by the burgeoning mental health industry). I comment due to close linkage of mental health laws across jurisdictions.

ECT

Children with developing brains should never have ECT. Proposals that mentally ill minors, not old enough to drink or marry or get a tattoo can "consent" to ECT as part of a decision making process are obscene.

Psychiatrists constantly lie to or grossly mislead patients about efficacy and effects of even severe treatments. WA psychiatrist, Paul Skerritt, falsely suggested on Radio National that ECT does not cause brain damage, despite human autopsies early as 1942 showing related pin point hemorrhaging (and a host of later evidence). Effects neurologists frankly admit resemble those of other closed head injuries but specifically include:

- Traumatic stress and poor mental acuity/memory, often permanent, causing despair (ECT causes at least as many suicides as it stops)
- Vascular damage (heart attacks and strokes)
- Trebling of blood pressure in the brain, and its swelling against the skull, causing bruises, with further swelling)
- Erosion of the blood brain barrier (increasing toxicity of drugs and waste products to the brain ever after, a serious long term health risk)
- Emergence of spontaneous epilepsy (ECT simulates a series of grand mal seizures)
- Fat literally melting in the brain

We must ban ECT outright or at least for children, the aged and the pregnant. The modern version of ECT features stronger current for longer periods each time than in the ECT epidemic of the 1950's. The US Food and Drug Administration still regards shock machines as scientifically unproven.

Public funding of shock treatment is highest in Queensland of all the states. Continuance of ECT is failure of psychiatry to adopt evidence based medicine (Ref: John Reed and Richard Bentall, "The Effectiveness of Electroconvulsive Therapy, A Literature Review, *Epidemiologia e Pschiatra Sociale* 19 April 2010).

The World Health Organization advocates banning of ECT for minors. WA has banned it for children under 14. ECT originated in Italy where it is now largely restricted. ECT is totally banned in Sicily.

Please see p.52, 92. 354. 355 of the Government Mental Health Bill 2015 (GMHB) and p. 49, 170, 171, 318, 319, 320 of the Opposition Mental Health Recovery Model Bill (OMHRMB).

Psychosurgery

Proposals to call it "neurosurgery" are abhorrent and highly misleading. Deep Brain Stimulation (DBS) in the psychiatric context is electrodes surgically implanted to deliver a variation of ECT long term. The pacemaker alone, costs around \$16,000. It is a highly experimental form of psychosurgery causing:

- Hypertension
- Vascular damage (heart attacks and strokes)
- Brain swelling and hemorrhages
- Epilepsy
- Breathing problems
- Insomnia
- Speech impediment
- Falls associated with loss of faculties to balance
- Infection and other side effects due to the invasive surgery
- Sides effects (including coma and sudden death) due to random changes in the modulation or positioning of electrodes
- Cognitive impairment, including memory loss
- Depression, suicidality, hallucinations, hyper-sexuality and mania

All forms of psychosurgery, including DBS must be banned to protect fundamental human rights and dignity.

All forms of psychosurgery are totally banned in NSW and the NT. None are allowed for children under 16 in WA and SA. DBS was recently reviewed in NSW in 2014 by the NSW Ministry of Health and so remains banned due to an unacceptably high rate of related suicidality in psychiatric patients.

DBS, even for patients with grim neurological conditions such as advanced Parkinson's disease remains problematic due to physical and mental effects. The mental effects seem to considerably worse when DBS is used for psychiatric reasons, possibly due to a synergy with existing mental states. DBS is not an approved psychiatric treatment in Australia.

Please see p. 45, 46, 289, 292, 297 of GMHB and p. 43, 44, 261, 264, 268, 269 of OMHRMB.

Children and Assaults in Psychiatric Wards

Minors placed with adults can be sexually abused, bullying and violence. Minors must not be placed with adults in psychiatric wards as would be allowed under both bills. There must be mandatory reporting of all suspected cases of sexual abuse and assaults of minors and adults. Parliaments must learn from the current national Royal Commission into sexual abuse of children in institutional settings.

Rights to Proper Medical Examinations and Holistic Care

Full physical tests must be done on all detained patients and voluntarily hospitalized patients to determine if any supposed psychiatric symptoms relate to underlying physical illnesses, as international studies have consistently shown that for over half of all psychiatric patients, underlying physical conditions are the root cause of supposed psychiatric symptoms.

Sane Australia cites recent studies giving figures as high as 90 percent. It shows urgent need for better procedures for detailed physical investigations before any intrusive psychiatric treatment, and also for periodic review of patients' physical state. California took this tack in the 1990's and *made real savings* in its broad health budget.

Treatment options must be holistic, including expanded access to natural medicine including orthomolecular or nutritional treatments. There is a wealth of international research indicating that correcting nutritional imbalances in psychiatric patients improves outcomes. Mental health laws and procedures urgently need updating to facilitate necessary physical examinations and reviews of patients and access to genuine holistic care.

Psychiatrists, though technically qualified as medical practitioners, lack clinical practice in detecting and treating actual physical illnesses. Many psychiatrists are *failed medical students*, who take psychiatry as an "easier option". I heard a psychiatrist openly admit on Radio National she had only once opened the standard text, *Gray's Anatomy*.

The American Psychiatric Association's Diagnostic and Statistical Manual says psychiatry is at best an emerging science. Mental illnesses/disorders are based on subjectively interpreted symptoms, not objective confirmation such as laboratory tests. Mental illnesses are defined by a highly politicized method of voting at conferences rather than scientific analysis. Psychiatry is notorious for exponentially increasing definitions of mental illness.

Informed Consent

Laws need to be strengthened to ban delivery of treatments without adequate explanation of the true side effects to patients and/or guardians. There must be severe penalties for breaches, review of documentary procedures.

Other Consent Issues, Detention Issues and Appeal Issues

As psychiatric diagnosis is highly subjective, legislation must not deem patient acceptance or dismissal of a diagnosis as indicative of general capacity or incapacity to consent to treatments or as a basis for forced detention. Please see p. 88, 305 of the Diagnostic and Statistical Manual of Mental Disorders.

Doctors or health professionals must not be able to force minors into psychiatric care against wishes of parents or guardians, without a court order. To prevent conflicts of interest, families and patients contesting treatments must have the right to a state funded lawyer not appointed by the court passing judgment.

Laws must ensure mental health professionals should be allowed to testify before tribunals but never to sit on tribunals, as it violates separation of the powers of the executive and the judiciary, and denies patients and families the equity under due process they are entitled to under international human rights instruments.

Please see p. 52, 53, 54 of GMHB and p. 49, 50, 51 of OMHRMB

Off-Label Prescription

Psychiatrists indulge heavily in off-label prescription of drugs for conditions or patient cohorts/age groups not endorsed by manufacturers. As psychiatric drugs are generally heavy and psychiatric patients are vulnerable citizens, off-label prescription of psychiatric drugs must be banned, especially for minors.

Detention and Forced Treatments

Current processes allow heavy drugs as part of general treatment for mental illnesses/disorder – even before appeals are heard. Legislation must be reformed to ensure minimal traumatic impact on patients during a period of initial assessment. Please note, in general medicine, doctors cannot force treatments without court sanction. As well as causing trauma (which can be lasting) heavy drugging can cause a stupor which prejudices court defense when patients contest treatment plans.

In 2013, The United Nations Special Rapporteur on Torture and Other Cruel Humane and Degrading Treatments issued a report calling for a total ban on forced ECT, and other forced treatments, including mind altering drugs for people suffering mental illness or other disabilities. *Queensland should be deeply concerned its current and proposed legislation permits significant contravention of the UN Convention on Torture.* New Zealand has reviewed mental health laws as relates to the convention.

Penalties for Psychiatric Abuse

It is utterly obscene that under both bills, penalties for psychiatric abuse (including highly injurious treatments) are drastically lower than those set for abuses under the Queensland Animal Care and Protection Act. Psychiatric patients are not worth less than animals.

Please see p.191,193, 415 of GMBH and p. 170, 172, 376 of OMHRMB.

Psychiatric Drugs

Facts are emerging about their capacity to actually *create* short and long term mental disturbances, physical addictions and injuries including neurological damage – which can even cause a permanent neurological agitation. To me, this perhaps sums it up – schizophrenia patients are ten times more likely to do serious violence and murders than average. On the eve of antipsychotic drugs being introduced, these patients were slightly *less* likely to be violent when at large, than average Australian or US citizen. Psychiatric drugs cause nutritional deficiencies which may exacerbate mental symptoms if used long term.

The Future

In WA, recognized deaths from psychiatric treatments now beat the road toll. In NSW more criminals with a history of violence are being released on drugs known to cause violent outbursts in some users (a dangerous synergy).

We have a record ratio of people on psychiatric disability pensions. We are one of the most over drugged nations – with prescribers of psychiatric drugs now targeting children as young as two years old. The number of Australian children now subjected to damaging psychiatric treatments far exceeds those lost in the Stolen Generation.

The psychiatric industry has co-opted schools and creches as de facto clinics, charged to “identify” mental illness/disorders – a buzzword for unlicensed psychiatry. Our comparative educational outcomes under this duress, continue to drop internationally.

Australia largely ignores findings at Sweden’s Karolinska Institute that restoring nutritional balance is the crux of treating the starvation tipping point known as anorexia nervosa, and that psychiatric drugs are likely to impede relevant therapy.

There is a drastic shortage of orthomolecular psychiatrists to treat nutritional imbalances that aggravate mental symptoms. Apart from exacerbating nutritional deficiencies, psychiatric drugs themselves even increase risk of osteoporosis.

The ratio of people deemed mentally ill, and especially on a chronic basis, has almost doubled since 2009 in Queensland. It should be noted that forced psychiatric treatments have the least positive outcomes. We are pouring more and more money into mental health for worse and worse outcomes. Something must "give".

Expansion of a rapacious psychiatric industry is feeding into social and even economic decline (as in rendering more people unfit to work and causing a blow-out in health budgets). It is predicted Australia will lose its AAA credit rating in around 3 years. If it comes to pass, there are dire consequences for our collective future.

Summary of Recommendations

- Ban ECT totally or at least for children, pregnant women and the elderly
- Psychosurgery must be totally banned
- Update the appeals process to make it fast, fair and transparent (especially, with only impartial judges/magistrates deciding forced treatments; and specific treatments including the harshest drugs, not being applied by force or against parental wishes before court sanction)
- Make mental health professionals accountable for informed consent, under mental health laws and introduce procedures for declaring all commercial conflicts of interest regarding prescriptions of all kinds.
- Ban off Label prescription for psychiatric drugs, especially for children under 18
- Tighten definition of mental illness/disorder for purpose of forced treatments and the purpose of pleadings in the justice system
- Introduce laws and protocols to ensure full and regular physical examinations of all patients slated for forced treatments, and increase their access to natural medicine
- Introduce specific and detailed training on the effects of nutritional deficits on human behavior in training for general medicine, psychiatry and psychology
- Introduce laws to restore integrity of schools and creches against their use as catchments for the psychiatric system
- Forbid enforced psychiatric testing on children on any arbitrary basis in Queensland including "social, emotional and behavioral testing" being part of medical testing related to provision of Centrelink Benefits
- Fully implement the Karolinska Institute's nutritional approach to anorexia nervosa.
- Hold a Royal Commission into psychiatric abuse in Queensland

My advice bears in mind experience as a psychiatric carer. Please be brave enough to make an honest review of a highly disturbing situation. My views can be made public.

Kind Regards

Linda Vij
16 October 2015