

## Health and Ambulance Services Committee

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**From:** Heidi [REDACTED]  
**Sent:** Friday, 16 October 2015 6:44 PM  
**To:** Health and Ambulance Services Committee  
**Subject:** Feedback on NEW QUEENSLAND MENTAL HEALTH DRAFT BILLS

**Categories:** Regd, Printed

To:  
Research Director, Health and Ambulance Services Committee, Parliament House, George Street, Brisbane Qld 4000.

Dear Research Director:

I am a concerned Western Australian who has noticed that your government is following in the WA State Government's shameful footsteps of trying to pass a Mental Health bill that is steeped in fear and ignorance about the mind.

Fortunately, sanity mostly prevailed on the subject in our state, and our Health Department is now seeing long-overdue but most welcome reform being promised in the field of Mental Health as of this very moment. Of course, the reality of reform has yet to prove itself, but the commitment and process has definitely begun. I wish to suggest to you that you skip echoing the shameful part of that journey and cut directly to the 21st-century reform steps. Let me briefly outline why.

A modern Mental Health bill:

1. Should not blatantly ignore today's rightful demand for evidence-based practice:

\* ECT

Per WHO: "There are no indications for the use of ECT on minors, and hence this should be prohibited through legislation."

\* Deep-Brain Stimulation

DBS is NOT an approved mental health treatment in Australia, per the Sax Institute's 2014 conclusion: "There is insufficient evidence at this point in time to support the use of DBS as a clinical treatment for any psychiatric disorder."

\* DSM V

One of the few true statements in this publication is that it admits there are no laboratory tests for ADHD or schizophrenia. The collaborators on this book are just guessing (to put it nicely), and the tragic joke is on the patient.

2. Should demand accountability of those in positions of caring for others:

\* If an increased mental health budget results in an increased number

of mental health service complaints and an ever-increasing number of people being labelled as "mentally ill" (as I understand happened in Queensland - happens everywhere, doesn't it?), then the bill should specify that Mental Health funding must, must, must produce a statistically-proven, more ethical & sane society or it will be slashed in proportion to the cost of its failure to do so.

\* There must be mandatory reporting of sexual abuse and meaningful criminal fines in place to ensure alleged sexual assault of patients by a mental health worker or another patient are reported, and are swiftly assigned just and proper penalties.

3. Should lead humanity out of bedlam with strict adherence to human rights:

Parents must always be given right of consent (or refusal) for any mental health practice, be it labelling, detention, or the more barbaric extremes such as ECT, psychosurgery and experimental drugging - which are themselves already severe violations of the person's right to preservation of the organ most necessary for expression of sanity - the brain.

4. Should not support or condone obvious signs that those in charge of child & adolescent mental health may need their Working With Children checks re-checked and likely revoked:

- \* Urges to electroshock children
- \* Urges to drill into their skulls
- \* Urges to strip-search them
- \* Urges to kidnap them & pretend their parents don't exist
- \* Strong urges to resist discipline for unleashing these urges on

children.

These are what both bills are actually revealing. It's alarming, saddening, and shameful to me as an Australian.

Why don't you take a leaf out of our book in WA, but introduce reform before you have to have an investigation? You could do worse - a lot worse, if the truth be faced - than at least holding off on the bills until you see how our reform pans out in real results.

Yours faithfully,

Heidi Ross

(I work in a Medical Library, and also deliver personal consultancy to individuals. I have formerly been a teacher and a counsellor.)