

DISCUSSION PAPER

**REVIEW OF MENTAL HEALTH ACT 2000
DRAFT: MENTAL HEALTH BILL 2015**

VICTIMS OF CRIME AND THE MENTAL HEALTH ACT

**SUBMISSION: RECOMMENDING CHANGES TO THE MENTAL
HEALTH ACT**

SUBMISSION DATE: 26 JUNE 2015

NAME: DENNIS DENNING

ADDRESS: [REDACTED]

PHONE: [REDACTED]

DRAFT OF MENTAL HEALTH BILL 2015

Well another review of the Mental Health Act is to take place again. Will there be more confusion in interpreting the new act when more pages are added?

My son and I became victims of a crime in 1996 and our attacker was classed as not being responsible for his actions. So we were treated like mushrooms and never given any information about our rights,

I sent in a submission in 2013 with the following remarks when the LNP was in government.

'In general I support this Bill. I think it is innovative in many areas. However, I think at some future time we need to look at that issue that I raised as it relates to the criminal law.'

Source: Hansard: Mental Health Bill 2000 (18th May 2000) Page 1227.

Is this a prophetic statement/? Well that was the last paragraph of a speech made by a member of parliament when debating the Mental Health Bill 2000. Guess who was the politician? It was the present Health Minister, the Honourable Mr Lawrence Springborg.

Mental patient attacks staff (Courier Mail 21 Nov, 2009)

"Opposition health spokesman Mark McArdle said Queensland Health had failed in its duty of care to protect workers and called for an independent, inquiry of security at all mental health units. "These types of assaults are occurring on a daily basis," he said."

Has security now improved at the Park. Will the present government through legislation safe guard the staff and public from violent offenders?

The above statements I have found to be interesting I previously put a submission in 1999 of what changes should be made to the Mental Health Act and attended a meeting with Paul Mullen and Karlyn Chettleburgh in 2002 and in 2006 met with Brendan Butler.

In the Mental Health Act some things have changed for the better for the victims of a crime and their family members. But there are some areas where there still needs improvement for victims of a crime and their family members.

I put forward the following recommendations:

Alleged

Remove the word '**alleged**' from the Mental Health Act. I find that sections of the act which for example says: "if the applicant is a parent or guardian of a direct victim of an alleged offence allegedly committed by the patient - the direct victim" to be wrong. Was that an alleged offence when my son and I were left with horrific injuries when the person tried to kill us? That person was arrested then found to be of unsound mind at the time of the offence. How can he be the alleged offender when he committed the crime?

Minimum Detention

The Mental Health Court judge to have the power to impose a minimum period of detention in a secure hospital for those who have committed a violent offence (e.g.: murder- 15 years; attempted murder-7-10 years; etc).

The following amendment was put forward when the Mental Health Bill 2000 was before the parliament in 2000.

"Miss SIMPSON (2.48 p.m.): I move the following amendment—

"At page 162, after line 17—

insert—

'(4A) A forensic order (Mental Health Court) may state a minimum period for the patient's detention in an authorised mental health service under the order.'

This amendment to clause 288 arises from our belief that there should be provision in this Bill for a minimum period for a patient's detention in an authorised mental health service under the order. The coalition seeks to provide the judicial power for the court to set a minimum period for treatment in an authorised mental health service. This is as a result of our consultation with health professionals and the community. Sometimes surprisingly short periods of treatment are provided for forensic order-type patients within the mental health services and a matter of months later they are granted leave to go out into the community, be it for treatment or for other reasons. Quite rightly, the community is concerned about people who have committed horrendous crimes being quickly rehabilitated back into the community, sometimes in only a matter of months or less than a year. This has raised the question of whether this is appropriate not only for the safety of the community but also for the best interests of the patient. Given that these patients have committed serious offences and given that high levels of treatment are necessary, it begs the question: how is it possible to rehabilitate within relatively short periods people who have committed these horrendous crimes and then let them back into the community? Unfortunately, the experience has been that there is a need for a provision in the legislation such that an appropriate Mental Health Court, with due weight being given to the evidence before it, can decide whether there should be a minimum period of detention in a mental health facility for treatment. We are still talking about providing a place of treatment for a person suffering a serious mental health problem and which has resulted in serious offences occurring. However, we seek to ensure that the treatment is provided appropriately at a mental health service at the order of the Mental Health Court. This is not an issue of mandatory sentencing, it is about providing the judge with the power to determine a minimum period of treatment. Obviously, there are still provisions under this Bill such that patients can be treated for longer than that in a mental health service. That is well outlined. However, quite rightly, concerns have been expressed that sometimes people who have committed serious offences have been let back into the community for community-based treatment or undefined forms of treatment or leave within a relatively short time. Those concerns are understandable."

Source: Hansard: Mental Health Bill 2000 (30th May 2000) Page 1343-1344.

It will be interesting to see how the present government now approaches the issue of minimum time spent in a secure mental health facility for those who have committed a violent crime.

Forensic Order

I believe that a forensic order should be confirmed on the offender for the rest of their natural life (murder, or other dangerous offences). Then the victim would be able to move on instead of having a review of the offender's mental state every six months. The offender would have to abide by any regulations imposed on them.

Non violent offenders or those considered to be a danger to themselves can have their forensic order reviewed every six months.

The Mental Health Court judge to be the only person who can enforce or revoke the forensic order. Appeals for or against Mental Health Court judge decisions can be heard in the Appeals Court.

The Mental Health Review Tribunal members to sign a statutory declaration stating their reasons when recommending that a forensic order is to stay or be revoked.

Limited Community Treatment

Limited community treatment to be limited to visits to medical centres and other facilities for treatment. The offender must be escorted at all times.

Notification orders:

The victim of a crime or the family member of the victim should be allowed information about how the offender is progressing in their treatment.

Counselling

Counselling sessions should be made available under the act for the victims of a crime and the close family members of the victim. Automatic referrals to be sent to the relevant departments.

QHVSS

The Queensland Health Victim Support Service should be incorporated into the Mental Health Act.

See recommendations by Mr Brendan Butler about victims of crime in his report: Review of the Queensland Mental Health Act 2000 Final Report - December 2006.

Below is a copy of a letter I sent after my meeting with Mr Brendan Butler

*Review of the Queensland
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DISCUSSION PAPER
September 2006*

To whom it may concern,

I will not answer all the questions and will give you a summary of what I believe will happen in the future.

After becoming an unfortunate victim of a crime where the person who tried to kill my son and I was found to be of unsound mind, I have put forward my views in 1997, 1998, 1999, 2000, 2002 and 7 August 2006 about how the victims of a crime are treated.

I believe that the government will only do something for victims and their families when one of their own experiences some catastrophic event such as when a forensic patient is out on a shopping trip (LCT). I wish to draw to your attention of a case that has recently been heard in the Mental Health Court. [REDACTED]

In 1995 he was formally diagnosed with an intellectual disability and later was tested in January 2006 which supported a diagnosis of mild intellectual disability. He was out on an escorted shopping trip (LCT) when he committed a crime. Under the dumb laws in Queensland he will be back on LCT where I believe he will eventually kill this time.

As I believe there is a bias towards the offender of a crime which relates to the Mental Health Act, it appears to me that the politicians and people who work under the MHA 2000 really don't care about the victims of a crime (or their families).

When the report is presented to the government it will be stored away and will be ignored by politicians until the next stuff up in the system occurs.

The following points I will put forward.

- 1. Because the judge of the Mental Health Court does not have the power to set terms to detain a person in a secure hospital, I believe that a forensic order should be confirmed on the offender for the rest of their natural life. Then the victim would be able to move on instead of having a review of the offender's mental state every six months. The offender would have to abide by any regulations imposed on them.*
- 2. The victims of a crime under the MHA2000 should have the same rights as the victims of crime under COVA. But that idea was ignored when it was discussed before with some politicians in 1999.*

I have written submissions and met with 4 Health ministers and the same old line is told about how we will fix things up. I don't believe anything that politicians or their spin doctors tell me anymore. I wish to thank Mr. Brendan Butler for his courteous manner when I met with him on 7 August 2006 to put forward my views on the MHA2000.

*Yours sincerely,
Dennis Denning
26/10/2006.*

I will now wait to see what the present government will do to make changes to the Mental Health Act.

Yours sincerely,

Dennis Denning
23/06/2015

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REVIEW OF MENTAL HEALTH ACT 2000

VICTIMS OF CRIME AND THE MENTAL HEALTH ACT

**SUBMISSION: RECOMMENDING CHANGES TO THE MENTAL
HEALTH ACT**

SUBMISSION DATE: 23 AUGUST 2013

NAME: DENNIS DENNING

[REDACTED]

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The above statements I have found to be interesting I previously put a submission in 1999 of what changes should be made to the Mental Health Act and attended a meeting with Paul Mullen and Karlyn Chettleburgh in 2002 and in 2006 met with Brendan Butler.

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I put forward the following recommendations:

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SUBMISSION: RECOMMENDING CHANGES TO THE MENTAL HEALTH ACT

SUBMISSION DATE: 23 RD APRIL 1999

NAME: DENNIS DENNING



**Submission Paper
Victims of Crime and the Mental Health Act
Recommending changes to the Mental Health Act**

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THE ROLE OF VICTIMS IN PROCEEDINGS UNDER THE MHA

Should victims of crime have a role in proceedings under the mental health act?

Answer: Yes.

A person who has suffered as a victim of a crime should be entitled to their say in a court system irrespective of whether their attacker was of unsound mind at the time of the offence.

On page 22 (paragraph 2 & 3) of the discussion paper there is an interesting discussion regarding victims. "If detention to the mental health system is perceived to be on the basis of punishment rather than the patient's level of dangerousness and need for treatment, offenders with a genuine mental illness will be discouraged from co-operating where the issue of their mental state is raised and from seeking effective treatment. This may lead to greater numbers of offenders with an untreated mental illness in the community".

My answer to the above statement is as follows:

1. If my attacker was found to be of unsound mind and didn't know what he was doing at the time he attacked my son and I, how come his family didn't notice his behaviour patterns the day before he attacked us?
2. Why didn't they get him help for his so-called mental illness?
3. Why didn't he seek help for his mental illness?
4. How many people who plan to murder a person will come forward before the event to seek treatment for their mental illness?

"A possible negative consequence of recognising victims as having a role in the proceedings arises if that role continues a "link" or "connection" between victim and offender where it serves no appropriate purpose (such as protection). This could lead to the perception that the two have a continuing role in each other's future life. If this perception is acted upon, there is a potential for adverse consequences, which may be difficult for all concerned to predict".

My answers to the above statement is as follows:

1. What is meant by the word 'link'?
2. What is meant by the word 'connection'?
3. Why can't a victim/or their families have a role in proceedings where their life has been violated by their attacker?
4. As a victim I do not want any link or connection with my attacker.
5. You never get told when your attacker is allowed leave, so you never get any protection.
6. As a victim, my attacker will not have a continuing role in my future life unless he came back to harm me again.
7. The sentence 'if this perception is acted upon, there is a potential for adverse consequences, which may be difficult for all concerned to predict' makes interesting reading. What is meant by adverse consequences? Does it mean that the offender could re-offend? Is there a potential consequence that victims/or their families might fight for justice or take the law into their own hands?
8. Instead of a possible negative consequence of recognising victims having a role, how about recognising a positive role for victims under the mental health act? Maybe we can see justice done by allowing victims the same rights as those under the criminal law.

What meaning should be ascribed to the word "victim" in any role for victims of crime within the mental health?

Answer:

Where section 5 of the Criminal Offence Victims Act determines who is a victim for the purposes of that act, a clause could be added to cover victims of a crime where the offender comes under the Mental Health Act.

The following clause could be added:

(d) Suffered harm because of a crime committed by a person considered to suffer a mental illness. The victim shall have the right to pursue through the courts all legal avenues as other victims.

PROCEDURES OF THE MENTAL HEALTH TRIBUNAL

MENTAL HEALTH TRIBUNAL

The Mental Health Tribunal should be replaced with a Mental Health Court and the following suggestions I will put forward:

1. The president of the court should be a Supreme Court judge and he/she should have two other judges as vice presidents. This would alleviate the pressure on the president if he/she were unable to preside in court due to unforeseen circumstances.
2. All evidence from both sides should be presented to the court.
3. All persons who assess the mental capacity of the offender should be made to take the stand and answer questions from the crown and the defendants counsel.
4. The court should have a jury of 12 people to decide if the offender is fit to stand trial
5. If the person is unfit for trial, then the offender should be placed in a security hospital and if they were charged with a violent offence, will not be granted leave until they have served at least 80% of what would be a normal sentence for a person in the prison system.
6. If the offender is fit for trial, the trial should proceed as soon as possible (within one month).
7. When the trial is to commence a new jury should be selected to make a decision.

Coherence of Proceedings.

That problem about noise levels and the public gallery being filled during MHT hearings is interesting. My son and I were never told by any person that our attacker was to go to a hearing and be found of unsound mind. If the public can be allowed to talk during proceedings then it shows what circus MHT proceedings are all about. Maybe fining a person for contempt of the court if they don't keep quiet during procedures?

Legislative procedures can easily be passed to ensure as I have stated previously: the Mental Health Tribunal is changed to a Mental Health Court, with full powers as the Supreme Court.

Listing of Matters

Where there is only approximately five sitting weeks per year, and its caseload is high, what is stopping an administrator in the courts increasing the sitting weeks? Maybe have a sitting week at the start of each month? That way any complex matters involving violent offenders can be resolved for all parties concerned at the start of the week. Minor offences (non-violent) can be heard in the middle of the week.

INCLUSION OF INPUT OF VICTIMS IN DETERMINATION

Evidence from victims from my experience was probably never taken into consideration when our attacker was allowed leave only months after he committed the offence. We were never asked to give our version of what happen to us at a MHT hearing or at a PRT hearing. We were completely ignored. Corrupt justice is what I call it, and no decency towards a victim for not telling them that their attacker is allowed leave. Does complete secrecy still prevail at the present moment?

As a victim of a crime and having dealt with the PRT, I will put forward the following suggestions:

In the discussion paper "capacity to increase the membership of panels;" there should be community input from members of the general public in certain circumstances. In no circumstances should a person who has committed a serious offence such as murder, attempted murder, rape or other violent offences ever be considered eligible for leave until they have served the equivalent time that a person serves in the prison system.

Section 36 mental health act page 57

Review of patient detained as restricted patient under this part

In clause (b), the patient review tribunal bases its decision on whether or not a person is granted leave. The following words are ambiguous and the politicians who allowed this section to become law must have been smoking substances not available in Queensland at the time.

(b) The patient shall not be released, including on leave of absence, unless a tribunal has found that the patient can be released having regard to the interest of the patient's own welfare and the protection of other persons;

This section does not make a clear definition as to the "protection of other persons."

The patient review tribunal does not have to explain what is the protection of other persons. They ignore the victims concern when a violent offender is allowed out on leave.

Suggestion:

Maybe the clause should have the following words;

The patient shall not be released, including on leave of absence, if the patient has committed the following offences;

Murder;

Attempted murder;

Rape and deprivation of a person's liberty;

Robbery with violence;

Where a person has committed a less serious offence (non-violent), the patient can apply to be released, including on leave, if a tribunal has found that the patient's own welfare and the protection of other person's can be guaranteed.

The Patient Review Tribunal does not have the decency at the present time to inform a victim or their families when and where there attacker is when granted leave. Another reason why this act is offender friendly. Any decisions by the patient review tribunal should be forwarded to the crown law office and to the victims and/or their families so as they have an equal opportunity to appeal the tribunals decision. As the act stands at the moment an offender has the right to legal representation but as usual the victim does not exist under the present act.

MENTAL HEALTH REGULATION 1985.

The following part of this act on page 19 needs to be reviewed so as to determine who could grant leave.

Section 25. **Grant of leave of absence by director.**

25. (1) subject to the act, the director, with the approval of the minister, may grant leave of absence from time to time to a person charged with an indictable offence-

(a) who has been admitted to a hospital for treatment of mental illness under section 29b,29c,31, or 43 of the act; and

(b) in respect of whom the governor in council has not ordered that the patient-

(1) be not further proceeded against for the offence; or

(2) Be tried for the offence with which the person is charged.

(2) Where the patient was removed from a prison under section 43 of the act, the director shall not grant leave of absence under subsection (1) without the concurrence of the chief executive of the commission.

The amendment to this clause could read as follows:

(1) subject to the act, the director shall not grant leave of absence to a person charged with an indictable offence-

Section 26 Power of Director to Revoke Leave Of Absence.

In this section the director at any time if the director thinks fit, may revoke leave of absence granted to a person. The words "at any time if the director thinks fit", what does that mean or what criteria does the director use when making a decision to grant leave.

As previously stated, the director should not be allowed to grant leave to a person who has been charged with an indictable offence. Leave should be granted to non-violent offenders if they show that they have been rehabilitated.

Assessment of Victim Input

To ensure that all information before the MHC and PRT is entirely accurate, I would think that an appropriate method is a signed statutory declaration signed by the person or persons presenting their evidence. This method might be a bit old fashioned for some people. Maybe a bit of old fashioned analytic skills wouldn't go astray either. It used to be called common sense.

Input via Written Statement Supplied by the Prosecution

A victim should be able to provide to the prosecution a statement of all the events that can be recalled at that time. Upon completion a statutory declaration could be signed.

Input as-of-right via Direct Written Statement

A victim should also be able to provide to the relevant tribunals a direct written statement of all the events that can be recalled at that time.

On page 31 of the discussion paper (paragraph 3.), 'the disadvantage in this approach is that such statements may have the effect of contributing to the detention of a patient on the grounds other than his or her mental state, dangerousness and need for treatment. A further practical disadvantage is that the forum into which a statement is first introduced under this model (the MHT) is the most appropriate one to be able to assess a statement, but not to apply that assessment to the question of release or leave applications (which is primarily the role of the PRT)' makes interesting reading.

What can be a disadvantage if statements by victims are submitted? Is it because it might expose the real offender?

So what, if a violent offender is detained on grounds other than his or her mental state, dangerousness and need for treatment. If a person has committed a violent crime then the victim should have the right to write a statement and get free legal aid just as their attacker gets.

"Unless mentally ill people are involved in crimes, they are not criminals".

Mr. Wayne Goss, MLA (Salisbury), speaking in parliament (29-8-84 (4.00pm)) when debating the Mental Health Act, Criminal Code and Health Act Amendment Bill, p320, paragraph 8, 2nd sentence.

"It requires a fair degree of mental ability to plan a murder".

Dr Phil Harker, psychologist at the Griffith University faculty of Education.

Source: Courier Mail, 9-1-99, "Fatal Relations"-journalist Jane Fynes-Clinton.

Input at Discretion of MHT and PRT

All evidence from victims and witnesses should be received by the relevant tribunals and thoroughly examined. If members of the relevant tribunals cannot digest the evidence, then they shouldn't be in the job.

NOTIFICATION OF RELEASE AND LEAVE DETERMINATIONS

As I have stated previously, a person who has committed a violent offence should serve the equivalent time 'for the offence and then be given leave. Once the person is back into the community, he or she should still be monitored to control their symptoms.

At the present moment as a victim you get treated like a piece of garbage or a typical mushroom (kept in the dark and fed bullshit by politicians and bureaucrats).

If the Queensland Corrective Services Commission operates a concerned person's register, then that model could be placed in the Mental Health Act. As suggested, the PRT could oversee and administer the operation of the register. There shouldn't be any difficulty in the practical operation of such a register, providing there is competent people in charge. If not, sack the incompetent and find some person to do the job properly.

A victim should be told where the offender is when on leave and the duration of leave. If you know when your attacker is on leave, you don't need to worry about 'connection', because you know not to venture near where they live or hope they don't come near you.

As a victim there is no need to be told what sort of treatment (drugs etc.) the offender is receiving, but should be able to appeal the decision of the PRT when leave is proposed.

A concerned person's register could be set up along the lines as shown on page 35 of the discussion paper. Those six points would just about cover the set up of the register.

Method of Notification

The PRT could notify victims in advance in the following ways:

- Telephone call
- Meeting with victim/family.
- Written explanation (two weeks) before the offender gets leave.

EXPERT WITNESSES

As I was never told that my attacker's case was to be presented to the MHT, I had no understanding of how the tribunal works. My son and I were made into mushrooms by the political process.

I have made a previous suggestion that the MHT be changed into the Mental Health Court. All witnesses (experts included) should be open to cross examination in the courtroom. It would help eliminate any collusion within the psychiatric profession.

Question 34. Is there a lack of confidence in the objectivity of expert witnesses before the MHT?

Answer: Because the MHT is not a court, then I would say that any testimony by the expert witnesses who are not cross-examined would leave me with no confidence in the proceedings.

I will answer question 35 in the following ways:

Where people not familiar with forensic psychiatry experience difficulty in understanding expert testimony, it could be easily solved as happens in other professions by stripping the jargon so that laymen can easily understand.

A good example:

Law v Fact

Dr J.R.Forbes, of Queensland University's Law Department, notes in AMPLA bulletin Vol. 10 (3): 'Many "matters of law" are really no more than opinions on points of common sense which, if stripped of jargon, would be perfectly accessible to laymen, and which could well be better answered if they were.'

Source: Trial by Voodoo, author Evan Whitton, pages 31.

If there is only a small number of qualified forensic psychiatrists in Queensland, then the government of the day better get its finger out and contact the universities to see if people want to enter the profession.

In answering questions 36 & 37 I put forward the following comments:

I have stated previously that a Mental Health Court should be set up where the victim, witnesses and evidence is put forward and examined and sworn under oath or affirmation. The jury is to decide whether or not the offender is fit to stand trial or detained in a prison/hospital.

My emphasis that expert witnesses should be cross-examined cannot be ignored. During the debate of the Mental Health Bill on 12 th march 1974, the Hon Dr. Scott-Young (Townsville), when talking about setting up the appeals tribunals, made the following comments:

‘ Having said that, I must comment on some of my fellow medical practitioners. Those to whom I am referring now are a different breed of people from the one to which I belong. They are psychiatrists and I am a surgeon, and I think that some of their reports on cases referred to them appear to be given after a rather superficial and general examination of the patient. Often they do not go into his social and civil history, and frequently their reports are made without giving a thought to the safety of the public. They present symptoms as excuses for crime, and they also overlook the fact that the public, not only the patient, must be protected.

I consider that the psychiatrists or physician-psychiatrists who serve on review tribunals should be given additional training in law. It is essential that they understand the law as it applies under the Criminal Code and the various other penal codes. Too often they think of the patient only as a patient, not as a part of the community.

I have also noticed that some psychiatrists seem to have difficulty in deciding whether a patient is fit to be punished, or whether he is unfit to plead because of diminished responsibility. There seems to be a considerable area in such matters in which they cannot make up their minds.’

Source: Hansard, debate on ‘Mental Health Bill’, page 2835.

Another example of why there is a need for a MHC.

Speaking in parliament about the setting up of the MHT, Mr. T Gygar (Stafford) (4.40 p m.), made the following comments:

‘The tribunal will be comprised of a judge and two assessors. What is the role of these assessors? Why are they needed? Before the abolition of the death penalty, a judge of the Supreme Court could make life-or-death decisions. He can make commercial decisions of such import as to ruin or destroy lives. He does not need two accountants to advise him about company frauds or two social workers to advise him about the rights and wrongs of civil litigation. Why does a supreme court judge who, sitting alone, has the power to handle everything else need two people whispering in his ear and giving him secret evidence, which is not open to publication, testing or cross-examination, to tell him, “Judge, that is what you ought to do.” Who cares what was said in the body of the court? Who cares what was tested in cross-examination?

I had thought that our legal system-our system of justice-had progressed beyond the stage when anonymous figures could whisper in the ears of judges and change decisions of courts of law, yet the bill introduces them. It was a good idea; I acknowledge that; I can see why psychiatrists would say that judges need expert help and that judges need friends of court. However, if they need friends of court, let them stand in the court and openly display their wares, say what they believe, having those beliefs tested and heard in the open. It was a good idea but one which, upon reflection, I am sure the Minister will not want and will eventually be forced to change. If the Minister had taken a little longer with the legislation and listened a little harder, he would have changed them’.

Source: Hansard, ‘Mental Health Act, Criminal Code and Health Act Amendment Bill’, 29-8-1984, Page 329.

AVAILABILITY OF INFORMATION

There is a need for improved availability of information on the mental health act. The entire process from attack to sentence from a legal and mental health process i.e. what are the rights and responsibilities of all parties involved.

Information in the form of a booklet could be made available to the following organizations:

- Police stations
- Victims of crime groups
- Parliamentary electoral offices

A video could be made available on request from the relevant government department. The government internet site could also be used.

SUMMARY

I have put forward for discussion some of the problems within the Mental Health Act that my son and I have encountered which for us has denied us natural justice. I don't want to ever experience or hear of any more people suffering from the patronizing way in which governments and their bureaucracies treat people. I would hope that there is to be punishment for offenders who commit a criminal act whether or not they have a mental illness.

Another example of how inconsistent the Mental Health Act is used can be given by examples of two cases over twenty years apart. I draw your attention to what was said by Mr. Casey (Mackay) (12.47 p.m.) in parliament debating the Mental Health Bill 1974.

'My next point relates to detention. I know of the case of a person who appeared in court for assaulting a magistrate. He became mixed up in his mind because he had been fined by the magistrate for a minor traffic offence. Later, while walking along the main street of a provincial city, he met the magistrate, hit him on the nose and there and then flattened him. The next day he appeared in court and was sentenced to six months' imprisonment. A request was made that he receive psychiatric care. Twelve-and-a-half or 13 years later he is still in Wolston Park. I am assured by psychiatrists that he is fit to go back into the community and that he has been for some years. Unfortunately, however, he is a bachelor. He had one brother, who cannot be located, and nobody else wants to accept responsibility for rehabilitating him back into the community, or helping or supporting him. This points up the need for a rehabilitation centre to fill the gap.'

Source: Hansard: Mental Health Bill (14 th March 1974) Page 2884.

The next example is what happened to my son and I. Our attacker was considered as being of unsound mind when he used a machete to attack us at our home. He was charged with two attempted murders, grievous bodily harm, carrying a concealed weapon and other offences. But guess what, he walks out on leave approximately 10 months after the event.

There you have inconsistent rulings within the law. What if our attacker had done that to a magistrate, a politician or a top bureaucrat would the patient review tribunal been so lenient? Remember, one person punched a magistrate and got put away for a long time. Our attacker used a machete, which left us bleeding to death. Some justice that is when you are let down by the so-called system called justice and mental health.

On conclusion there are sections of the mental health act that need looking at in relation to people who have committed violent offences.

Mental Health Tribunal to replaced with full powers of a court, (Mental Health Court).

Section36 to be redrafted as suggested previously.

Section 29. (1) Page 39

Entry of not guilty plea by court order where accused mentally ill. This section should be changed.

Where accused is classed as mentally ill and evidence shows they have committed the offence and have pleaded guilty, a conviction for the offence should be recorded. In Queensland if you are asked by a police officer to

provide a roadside breath test and refuse, you are automatically charged as being guilty under the transport act. Why should anyone be allowed leniency when they carried out a crime with the excuse from social workers and psychiatrists that they didn't know what they were doing at the time?

Mental Health Regulation 1985. Page 19

Section 25. (1) Grant of leave of absence by Director

Section 26. Power of Director to revoke leave of absence.

There are other sections of the acts, which need to be reviewed; this will have to be addressed by all politicians, because it will be their responsibility to fix up this mess. If anyone ignores what I have suggested or doesn't want to discuss the issues with me so be it. A couple of journalists are interested in what I have to say.

Dennis Denning



When the report is presented to the government it will be stored away and will be ignored by politicians until the next stuff up in the system occurs.

The following points I will put forward.

- 1. Because the judge of the Mental Health Court does not have the power to set terms to detain a person in a secure hospital, I believe that a forensic order should be confirmed on the offender for the rest of their natural life. Then the victim would be able to move on instead of having a review of the offender's mental state every six months. The offender would have to abide by any regulations imposed on them.*
- 2. The victims of a crime under the MHA2000 should have the same rights as the victims of crime under COVA. But that idea was ignored when it was discussed before with some politicians in 1999.*

I have written submissions and met with 4 Health ministers and the same old line is told about how we will fix things up. I don't believe anything that politicians or their spin doctors tell me anymore. I wish to thank Mr. Brendan Butler for his courteous manner when I met with him on 7 August 2006 to put forward my views on the MHA2000.

*Yours sincerely,
Dennis Denning
26/10/2006.*

I will now wait to see what the present government will do to make changes to the Mental Health Act.

Yours sincerely,

Dennis Denning
23/08/2013