**From:** [redacted]
**Sent:** Thursday, 3 February 2022 7:57 AM
**To:** Mental Health Select Committee
**Cc:** [redacted]
**Subject:** RE : INQUIRY INTO THE OPPORTUNITIES TO IMPROVE MENTAL HEALTH OUTCOMES FOR QUEENSLANDERS.

To the Mental Health Select Committee,

From

[redacted]

Greetings,

## Background

I am a 53 year old Medical Doctor who has been on the Disability Support Pension since 2001 for “mental Illness” since 2001.

My opinion has been formed by extensive experience with the Mental Health System, both personally and Professionally.

My own “mental illness”, can be traced back to being taken at birth from an underage woman at the RBWH.

The impact of which is well understood by empathic experts as described here, in a lecture on Adoption and Addiction.

https://www.youtube.com/watch?v=3e0-SsmOUJI&t=1293s

The above describes the emotional dysregulation which occurs from deep psychological damage around sense of identity, security and worth as a human being which comes from loss of primary attachment and security this bond with biologically related people, especially my birth Mother.

For the first few decades I managed this basically by what is described as fawning, (in a trauma based mind control sense). That is being extra “good” so I would be “liked”, and thus not abandoned again by adopted parents.

Even so I was physically and mentally abandoned ( ghosted) as punishment for perceived transgressions, the worst being dumped in the gutter Outside Valley Police aged 14, du ro a presumed pregnancy ( even though I was still a virgin), Even so rather than turn to drugs, I supported myself with week-end work and finished my junior certificate independent in a share house working on weekends to pay my way.

With the encouragement of a friends Mother I returned home, overcame socioeconomic bullying ( which led to a minor suicide attempt), and completed at Medical Degree at The University of Queensland without the support from parents that my peers seemed to enjoy.

During this time I had one major episode / breakdown, when I was excommunicated from adopted family after I failed to attend to my Mother’s emotional needs at her Mothers funeral as I was away sailing and wasn’t aware she “needed” me to comfort her ( my job as her “daughter”), and the purpose for which she adopted me ( daughter’s duties).

I recovered by taking a gap year, where I was able to travel and meet people who didn’t treat me as the lowest ( in family / society), and so recovering my sense of self and purpose was able to complete my degree and start work as an Intern at Ipswich Base Hospital.

By then I had been fully indoctrinated to believe in Modern Medicine, having done multiple rotations in Psychiatry at the RBWH and PAH, I also had been programmed with the standard beliefs about the inferiority of the “ mentally ill”, and the “safety and efficacy” of prescription psychiatric medications.

That is even though I knew that Valium was addictive and damaging, I really believed that taking Temazepam offered to me by ED staff, was an acceptable way to treat the nervous exhaustion which came from a year of intense experiences ( many deaths) and working 24/7 3x a week and an additional 2x 12 hrs in ED every second week-end.

Soon after a fellow intern ( [redacted]), was seeing me deteriorate and referred me to her consultant [redacted]
After failing to see I needed to stop the depressants ( benzodiazepines), and take a break, and sort out basics like eating and sleeping, [redacted] almost immediately diagnosed me with “depression”, and told me I would need SSRI antidepressants immediately.

In retrospect the effect was iatrogenic insanity, that is the intense increase in my serotonergic system made me manic. That is under the influence I made poor decisions especially re interpersonal relationships, confusing my SSRI “high” with real feelings, and so engaged with an abusive man but couldn’t feel it as my chemically hijacked brain was feeling that this was the best feeling I had ever had.

Thus even though I was well aware of the risks of illegal psychoactives, I couldn’t see the link between the SSRI’s and my impaired judgement and impulsive behaviour. Even so I changed work and managed to stop medication temporarily.

Having been labelled and drugged as having “mental illness”, meant I again turned to SSRIs when I was distressed ( my ex fiance threatened to burn my old colonial house while I was sleeping for breaking off the engagement after he punched me in the face).

In hindsight each time I took psychiatric medication I significantly deteriorated due to impaired thinking, that is my usual caution was replaced by manic optimism. At no point in my education or professional treatment was I warned that the medication could be the cause of my “personality” changes, such were dismissed as my “illness” and so I was further convinced that I needed to submit to psychiatric “treatment”.

This became a vicious cycle, especially after I became pregnant to a complete stranger under the influence of SSRI and alcohol, and he was able to use and abuse me as a “nutcase” who just needed to take more medication to cope with his cruel and selfish treatment.

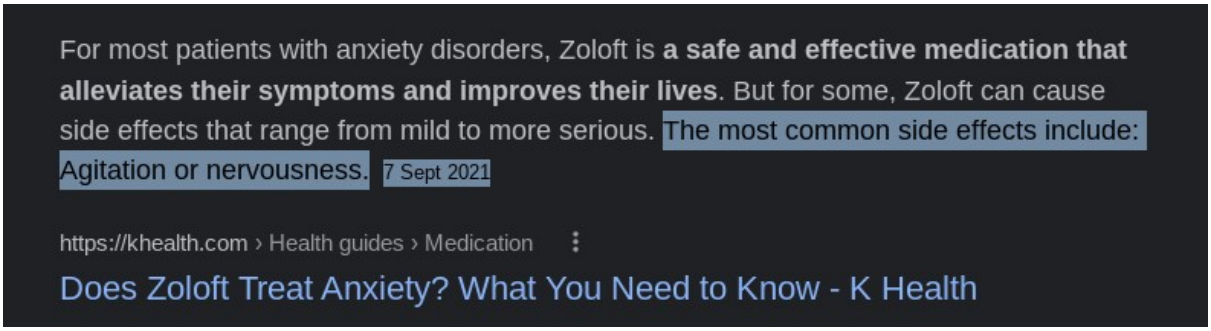
During this time I was still able to work up to 84 hrs a week doing nocturnal hospital medicine ( ED and inpatients ward call solo), and was able to see and treat many acutely serious medical emergencies, in full and call a consultant to present case for admission (8pm to 8am), without any of my medical or nursing colleagues thinking I was mentally impaired or incapable of such a position, indeed I was often asked back or offered to shift from locum to a more permanent position due to my capability and work ethic.

By this time I had agreed to pressure to marry my “baby Daddy” and was pregnant with his second child when I started as a solo GP in new rooms set up by a Terry White Chemist, and like every other GP in Ipswich attended an event organised by Pfizer to train GPs to push Zoloft, that is diagnose and treat depression.

This was at Hyatt Regency Sanctuary Cove ( all expenses paid luxury weekend away for almost every GP in Ipswich), where again I was educated to diagnose and treat “depression”, with zero mention of differential diagnosis ( eg genuine feelings of sadness), nor the risk of any adverse effects.

Convinced yet again that I was “depressed” ie sick not sad, I enthusiastically started Zoloft at double dose the same day, after a brief discussion with [redacted] who agreed to “treat” me. I recall a short time later presenting to IGH ED in a state of agitated insanity requiring admission, though no one was able to see that the new medication was responsible, and I was made to feel it was my mental illness.

Since then the starting dose has been halved due to adverse effects based on adrenergic effects, that increases anxiety / agitation.



However at the time this was not known / accepted and so I was made to feel even more insane as I couldn't control the drug induced emotional dysregulation.

After a month or so of insanity I suddenly stopped Zoloft and found myself crying uncontrollably during consultations as a GP, and realised that I had no short term memory after I couldn't recall what a patient had said to me earlier that day, indeed it took me several more years to realize that the Temazepam I needed to restart for the Zoloft induced agitation and insomnia was causing retrograde amnesia.

I had to sell my very busy General practice while I was incapacitated on psychiatric medication despite being very popular with patients, putting myself back into the hospital system where I was surrounded by Doctors and Nurses as a reality check on my clinical decision making, which seemed intact.

In my personal life the label of mental illness was used to belittle me, especially my husband, who used it to gain sympathy from family and friends who supprted him in dragging me down with some frankly nasty psychosexual abuse I was unable to express as I was simply deemed to be mental and in need of greater neurochemical intervention.

After a difficult second pregnancy and homelife, in desperation I called Doctors Health Advisory Service, where as usual I was sent back to Psychiatry, where I the chemical nature of my problems was again asserted and I was pressured back onto psychiatric medication, this time Effexor.

Again I became hyper stimulated ( Effexor XR is a SNRI as is cocaine, the difference is the medical version lasts 72 hrs and is dosed every 24, so stimulated non stop). At this point I was working full time GP/ Hospital Collarenebri as solo MO with 2 children under 2 and an abusive marriage, and the only help I was getting was [redacted] telling me I need a "mood stabiliser", so I was pressured to continue Effexor XR with additional Epilim, the Lithium then Zyprexa.

Again no link between the medical stimulants I was being told to take on top of near constant psychological abuse was made, and indeed my abuser was encouraging my diagnosis and drugging by gaslighting me to my treating Psychiatrist for his benefit.

Having seen and treated Lithium and Epilim toxicity as an ED MO, I declined to continue such, but couldn't object to Zyprexa as I was unaware of the damage done by such until I experienced it.

For me Zyprexa caused a complete loss of mental capacity, especially mathematical calculations which I had previously been able to "do in my head" for example simple multiplications, were suddenly impossible, and this caused me fear of making a mistake in an acute clinical setting which caused me to seek less responsibility by shifting to cosmetic medicine and skin cancer to compensate to my sudden loss of mental capacity.

Of course my abusive husband was very keen to keep me stupefied and would find ways to distress me enough to "need" a sedative after which he would ridicule and sexually abuse my sedated state.

I tried to get [redacted] to "talk to me" about my issues vs chemically modify my emotions, but found myself rebuffed by his claim that he was a Pharmacotherapist not a

psychotherapist, and so needed to be referred to [redacted], who had a 6 week wait for new patients.

During this time I suffered a prolonged suicidal psychosis from Effexor, which I sedated myself with painstop syrup. After 2 bottles of such I sought medical attention as I recognized my ruminations of suicides I attended medically was beginning to become an intention to plan my exit.

I first saw a 24 hr GP ( I was alone in Cairns having set up a skin cancer clinic there), who showed no interest and turfed me to CBH ED.

After presenting suicidal to Cairns Base Hospital, I was left waiting in intense distress for a psychiatric consult that never came, with a procedure trolly and so feeling abandoned, took a scalpel and tried to severe a vessel in the ED, which no one noticed. The cutting gave me enough endorphins to relieve my acute distress temporarily, however in the morning when I needed a review to tell me if I was sane enough to go to work I was rebuffed by the psychiatric registrar is busy to which I reacted badly/ violently, and was sedated on clonazepam then discharged to my abuser who was very angry that the goose that laid his golden eggs had tried to end the gravy train.

My discharge advice was to not stop the Effexor ( which now carries black box warnings re inducing suicidality in some jurisdictions, though such has been fought by the profession/ industry).

I was made to “apologise” for the suicide attempt by accepting another locum job ( while suicidal) to pay for my husband to have a ski holiday as an apology for trying to die. During this time I overdosed and sought emergency treatment at Canberra Base, where I was discharged to my abuser who was very good at pretending he cared for me to outsiders.

When I finally say [redacted] I was told to double the dose of Effexor, and on urging from my abusive husband I was also sedated on Zyprexa again, which left me feeling suicide was my only way to end the pain.

However the higher dose and strong benzodiazepine had me stimulated and disinhibited me enough to “escape” my abuser by driving to Nimbin. Here I was able to access cannabis, and calm down enough to eat and sleep properly while avoiding the constant psychological attacks my ex husband was expert at. I improved and was able to see reasons to live again.

I was also able to get some perspective on life free of constant personal attacks which enabled me to see that I needed to leave my marriage, however access to my children was used to pressure me to remain with my husband who pushed every painful button he could in the hope he could drive me to complete my suicide attempts which would give him the house I bought and paid for, the children and my life insurance.

At one point a neighbour called the Police and he tried to get them to take me for prolonged psychiatric institutionalisation against my will even though it was DV, he could play on my psychiatric diagnosis to shift the focus from abuse to mental illness.

Eventually I was able to end this relationship but faced financial and custodial extortion by a man confident I had no chance in a Family Court with his gaslighting and my psychiatric history.

I ended up on DSP after asking for 6 weeks sickness benefits from [redacted] who apparently wrote me off as totally and permanently incapacitated, even though I had not had a single complaint re my professional conduct.

After selling my home and giving my ex husband all the money and property he demanded in return for access to my children ( ie him withdrawing false accusations ) he broke this agreement and again using my “psychiatric history” and destabilising abuse to take full custody and remove my children from the country permanently, with my distress being seen as nothing but proof of my mental illness.

This gave me tim and peace of mind to consider my experience personally, as well as watching other very sober and stable members of my adopted family, (Father and Brother) be convinced that their sadness from abuse was also a form of mental illness, both taking Effexor and both quickly declining mentally.My Father [redacted] ended up suicidal , needing prolonged inpatient treatment for agiation and suicidality, getting ECT and Haldol, the later causing liver failure and hepatic encephaolopathy/ collapse and major brain injury. While my Brother [redacted] ended up in a violent altercation at work which ended his career as an air traffic controller with his boss smashing his head into his computer at work as I understand it.

My initial meeting with my Biological Mother was also just after an overdose while taking prescription antidepressants, which at the time reinforced the belief that I had inherited a genetic form of mental illness, although she too had been abused by psychiatry when seeking help for real emotions especially about her first child being forcibly removed, including prolonged physical restraint ie being tied to a bed.

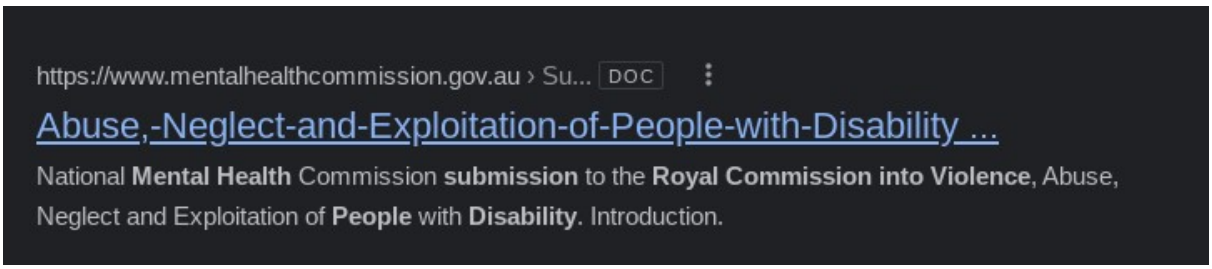
I my ED work I also met many suicidal people ( almost all were on psychiatric medication with access for enough to OD), though I deemed them to be inherently mentally ill as per my medical education, never considerring this to be due to medication.

It was only through my lived experience and meeting other survivors of psychiatry was I able to understand iatrogenic insanity, that is how medications can cause a deterioration in the psyche, which the system dismisses by gaslighting the injured.

Since then I have taken many hundreds indeed thousands of hours reading the biomedical research with keen interest and distress as I see the industry producing papers which downplay the adverse effects and hype the benefits using cheap tricks such as publication bias, short studies and selective criteria. For example any stimulant will increase a mood scale, and any tranquilliser will reduce signs of agitation or mania, by hacking the neurochemistry without dealing with the underlying psychological nature of the mental distress i.e. trauma.

In my opinion this is the reason that people with mental illness deteriorate, ie need more medication, hospitalisation and suffer adversely from both drug induced damage and societal exclusion and even predatory behaviour.

That is, as described in the Mental Health Commission's submission to the Royal Commission into Violence Against People With a Disability in their homes




With the MHC noting that disabled people are more vulnerable to violence

Australian Government
National Mental Health Commission

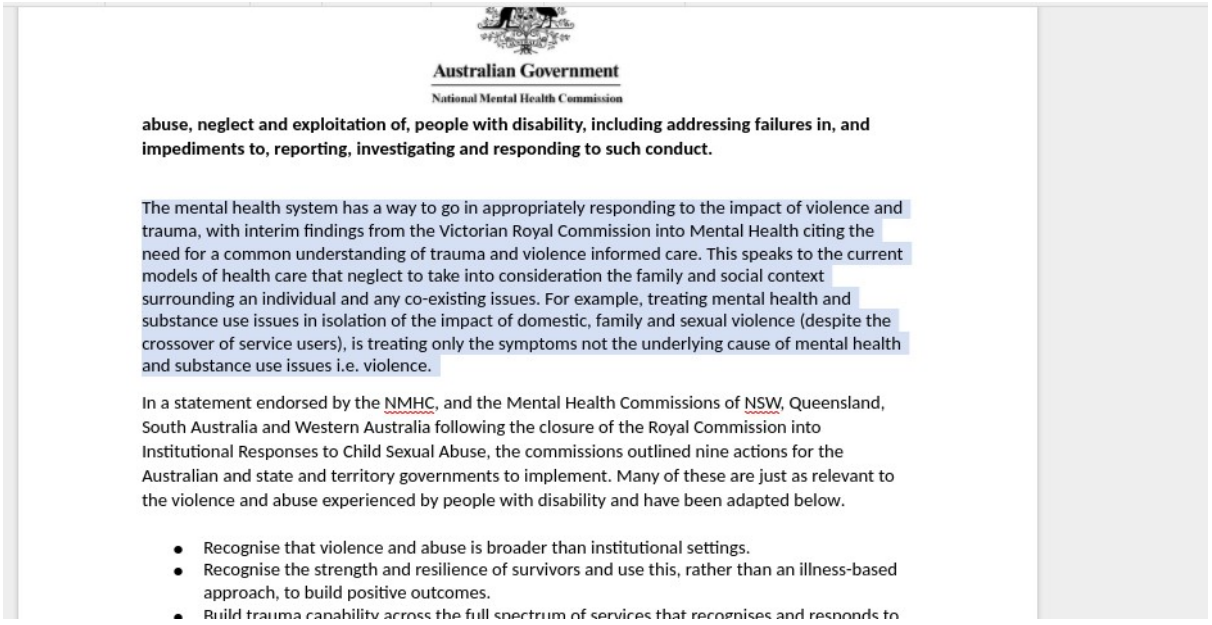
**National Mental Health Commission submission to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability**

**Introduction**

The National Mental Health Commission (NMHC) welcomes the opportunity to make a submission to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability.

Almost a third (32%) of adults with disability experience high/very high psychological distress, compared with 8% of adults without disability.

People with disability who have a mental health condition are likely to face additional challenges. Compared with other people with disability, those aged 10 and over who have a mental health issue are more likely to have experienced domestic and family violence (35% compared with 23%). People with disability experience a higher level of violence after the age of 15 (47%) compared to people without disability (36%).



Australian Government
National Mental Health Commission

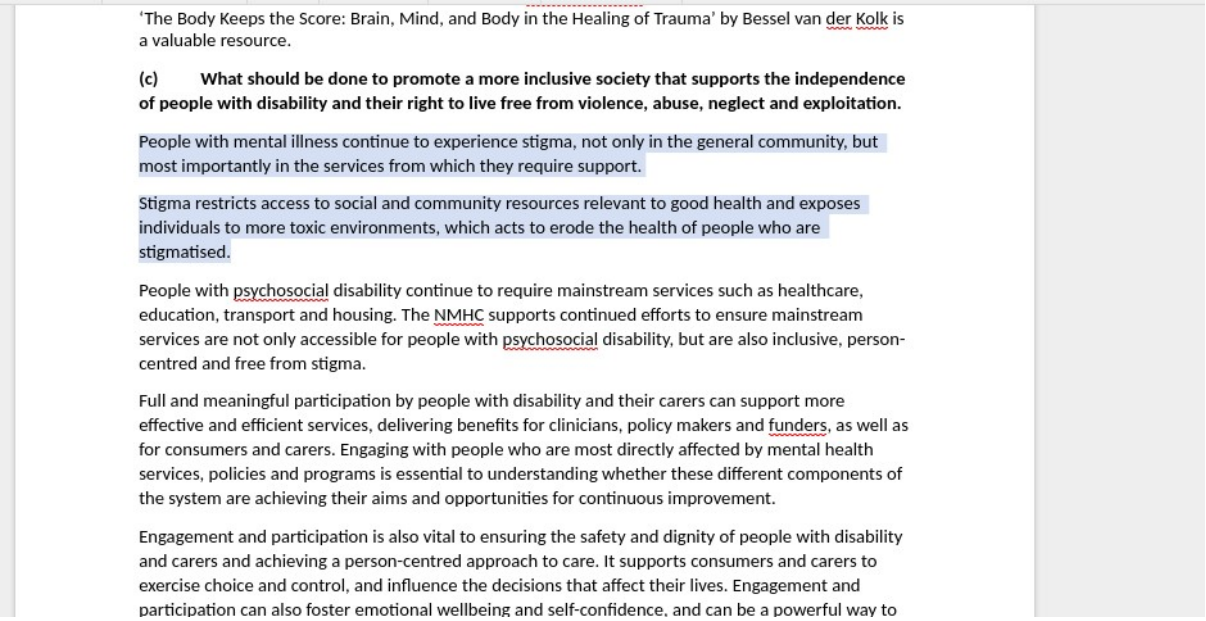
**abuse, neglect and exploitation of, people with disability, including addressing failures in, and impediments to, reporting, investigating and responding to such conduct.**

The mental health system has a way to go in appropriately responding to the impact of violence and trauma, with interim findings from the Victorian Royal Commission into Mental Health citing the need for a common understanding of trauma and violence informed care. This speaks to the current models of health care that neglect to take into consideration the family and social context surrounding an individual and any co-existing issues. For example, treating mental health and substance use issues in isolation of the impact of domestic, family and sexual violence (despite the crossover of service users), is treating only the symptoms not the underlying cause of mental health and substance use issues i.e. violence.

In a statement endorsed by the NMHC, and the Mental Health Commissions of NSW, Queensland, South Australia and Western Australia following the closure of the Royal Commission into Institutional Responses to Child Sexual Abuse, the commissions outlined nine actions for the Australian and state and territory governments to implement. Many of these are just as relevant to the violence and abuse experienced by people with disability and have been adapted below.

- Recognise that violence and abuse is broader than institutional settings.
- Recognise the strength and resilience of survivors and use this, rather than an illness-based approach, to build positive outcomes.
- Build trauma capability across the full spectrum of services that recognises and responds to

And



'The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma' by Bessel van der Kolk is a valuable resource.

**(c) What should be done to promote a more inclusive society that supports the independence of people with disability and their right to live free from violence, abuse, neglect and exploitation.**

People with mental illness continue to experience stigma, not only in the general community, but most importantly in the services from which they require support.

Stigma restricts access to social and community resources relevant to good health and exposes individuals to more toxic environments, which acts to erode the health of people who are stigmatised.

People with psychosocial disability continue to require mainstream services such as healthcare, education, transport and housing. The NMHC supports continued efforts to ensure mainstream services are not only accessible for people with psychosocial disability, but are also inclusive, person-centred and free from stigma.

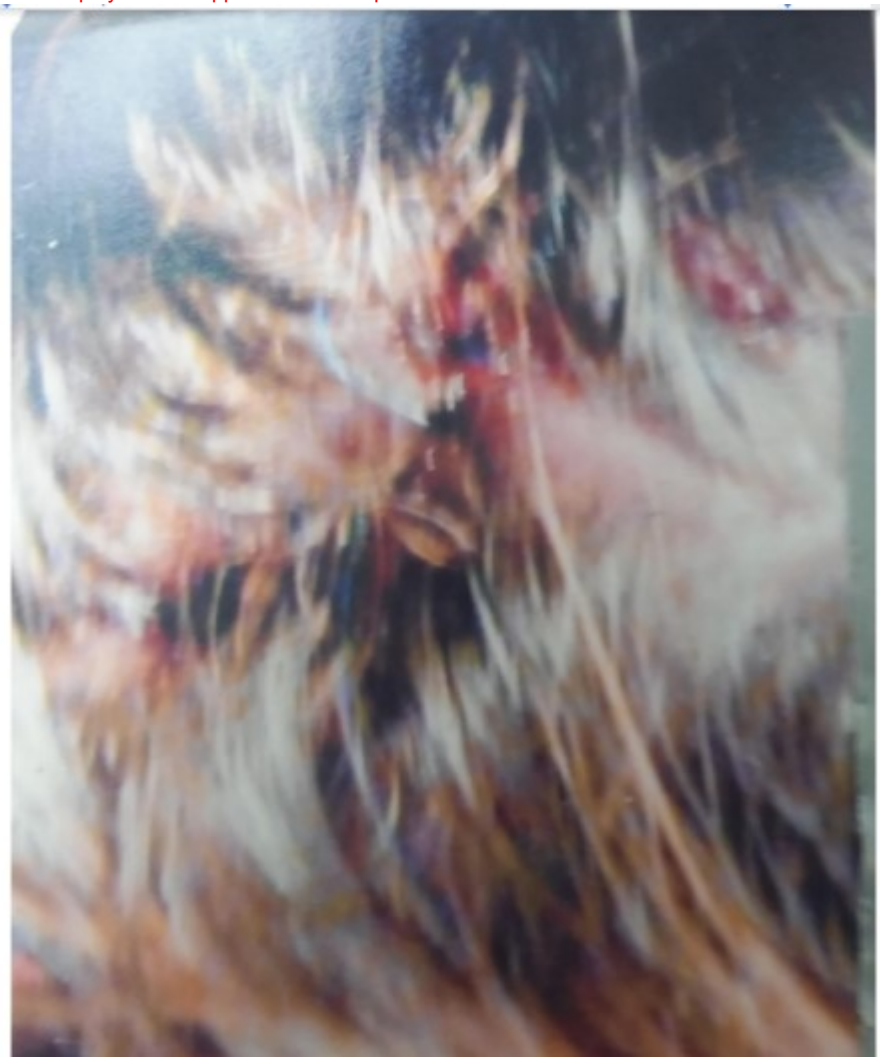
Full and meaningful participation by people with disability and their carers can support more effective and efficient services, delivering benefits for clinicians, policy makers and funders, as well as for consumers and carers. Engaging with people who are most directly affected by mental health services, policies and programs is essential to understanding whether these different components of the system are achieving their aims and opportunities for continuous improvement.

Engagement and participation is also vital to ensuring the safety and dignity of people with disability and carers and achieving a person-centred approach to care. It supports consumers and carers to exercise choice and control, and influence the decisions that affect their lives. Engagement and participation can also foster emotional wellbeing and self-confidence, and can be a powerful way to

Which my story illustrates.

Indeed even after I was very violently assaulted, my repeated attempts to get Justice were not only dismissed by Police on numerous occasions, but when I did try to take Court action myself after another incident, the RBWH psychiatry not only held me for 5 weeks against my will on forced drugging with chemicals I know to be addictive and damaging including Valium, Zyprexa Lithium, Epilim, Zyprexa, but denied my access to support services, and even my phone until I was able to obtain legal representation to defend an attempt to permanently chemically incapacitate me, and even take control of my finances via the Public Trustee until I was able to get such revoked by the MHRT.

During which time, not only was there no concern for the level of violence I experienced by a person still living in close proximity and stalking me at every opportunity.



Details here.

[redacted]

Note there is a hospital report, Police report, and video evidence of ongoing serious risks to my safety and mental well being, yet not a single member of RBWH or Metro North Mental Health were able to admit that I was suffering from trauma and real fear, instead dismissing me as psychotic and treating me as such.

Even with documentation of the assault, and how trauma Causes psychosis, via prolonged triggering of adrenergic system as automatic ( autonomic) predator threat response, not only was I unable to get the support needed for my personal physical safety, but the combination of being drugged, ridiculed and dumped by [redacted] ( as soon as MHRT ruled in my favour), left me markedly distressed and mentally inacpacitated from the experience, which cost at least $35000 5 week at $1000 a night) and probably more likely to be $50 000, to do nothing but despirit me and make me unable to even seek treatment from my local state mental health system for fear of more abuse and punishment.

Also as mentioned previously the inpatient “care” included placing me in a room with very violent people ( ice addicts straight off street, and ex prisoners with history of violence eg stabbing friend in the liver etc).

In addition to the certain politicians reported me to QFTAC for again seeking to remedy the Injustice I experienced by QPS, for which I was again called psychotic and pressured to take antipsychotic in 2016, which physically and mentally inacapitated me, while having to handle confrontations by the person who violently attacked me and multiple associates as per the above complaint, further impairing my recovery.

This abuse of power continued, with [redacted] apparently even failing to support my attempt tp get a restraining order from my attacker constantly banging on my walls, door and windows and making it impossible to do basic activities like grocery shopping without a standoff at reentry, something [redacted] dismissed as signs I was psychotic vs traumatised and in fear of my life.

In other words every contact with Psychiatry has damaged and impaired me, while the same dismisses my every concern as a form of psychosis.

With such labelling I have found it impossible to get community or legal support necessary for my physical safety and mental well being, which is both frustrating and disabling.

It seems the only option I have is to take a chemical and shut up as the abuses continues with threats of recurrent incarceration and forced drugging if I try to get appropriate action.

Even with multiple ongoing presentations in acute distress I cannot get any help from the RBWH but to drug and ridicule me.

I mean it took almost 10 years before any RBWH staff would even access my RBWH chart to check and see that I was indeed treated for a severe head injury in the ED of the same hospital. Ie was telling the truth, that is until then I was treated as if I was lying or delusional. Even so I was still treated as if I was some how responsible for the violence I experienced, and that my fear of another attack was unreasonable.

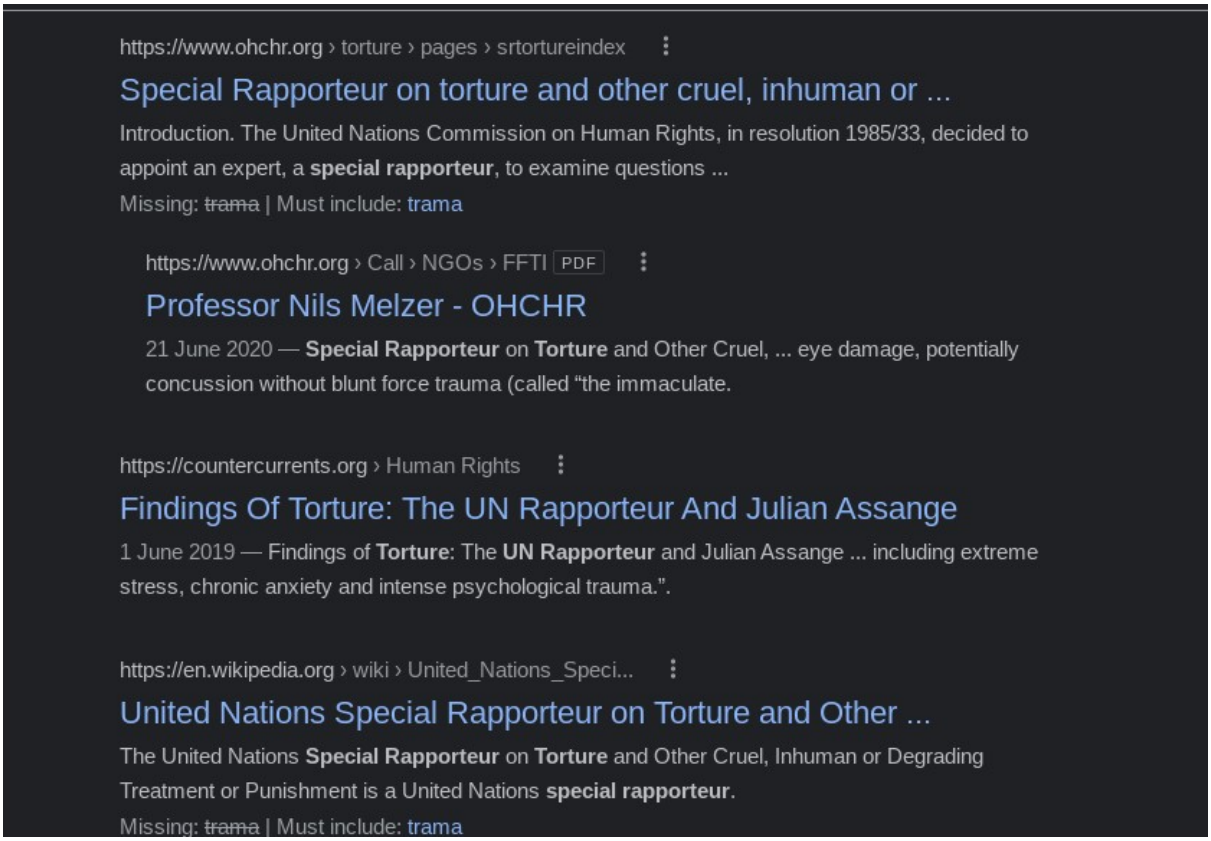
The perpetrator again attacked me March 2021, in the same way, grabbing my hair trying to drag me to the ground then hitting my head against the wall, trying to knock me out (again) while also strangling me then smothering my nose and mouth in an attempt to asphyxiate me while pinning me against a wall.

Soon after which I was held and drugged against me will for 3 weeks, with 3 teams of Consultant , Registrar and Intern all refusing to see the trauma or risk to my personal safety without proper legal action, which they all refused to support in any way.

The RBWH / MNMH also refused to follow the current Mental health act re involuntary treatment, believing that they just have to call me psychotic to deem me incapable of refusing involuntary treatment, even though the current Mental Health Act specifically describes that such can only occur if I don’t understand therapy well enough to consent. I am able to recite the MIMs full prescribing information re risks ( and get same from hospital pharmacist) to prove otherwise, but again I am ridiculed and dismissed, in the confident belief that every member of team will have their back against me and the false diagnosis they document against me.

In addition to this I have to repeat my trauma over and over to hospital staff in the ED, acute Psyche holding cell, 3 teams of consultants, student doctors, student nurses and allied staff , all of who are led to believe ( and respond to me as if) I am psychotic, retriggering me and depressing me along with heavy doses of depressants which leave me more traumatised and indeed meeting the criteria for torture.

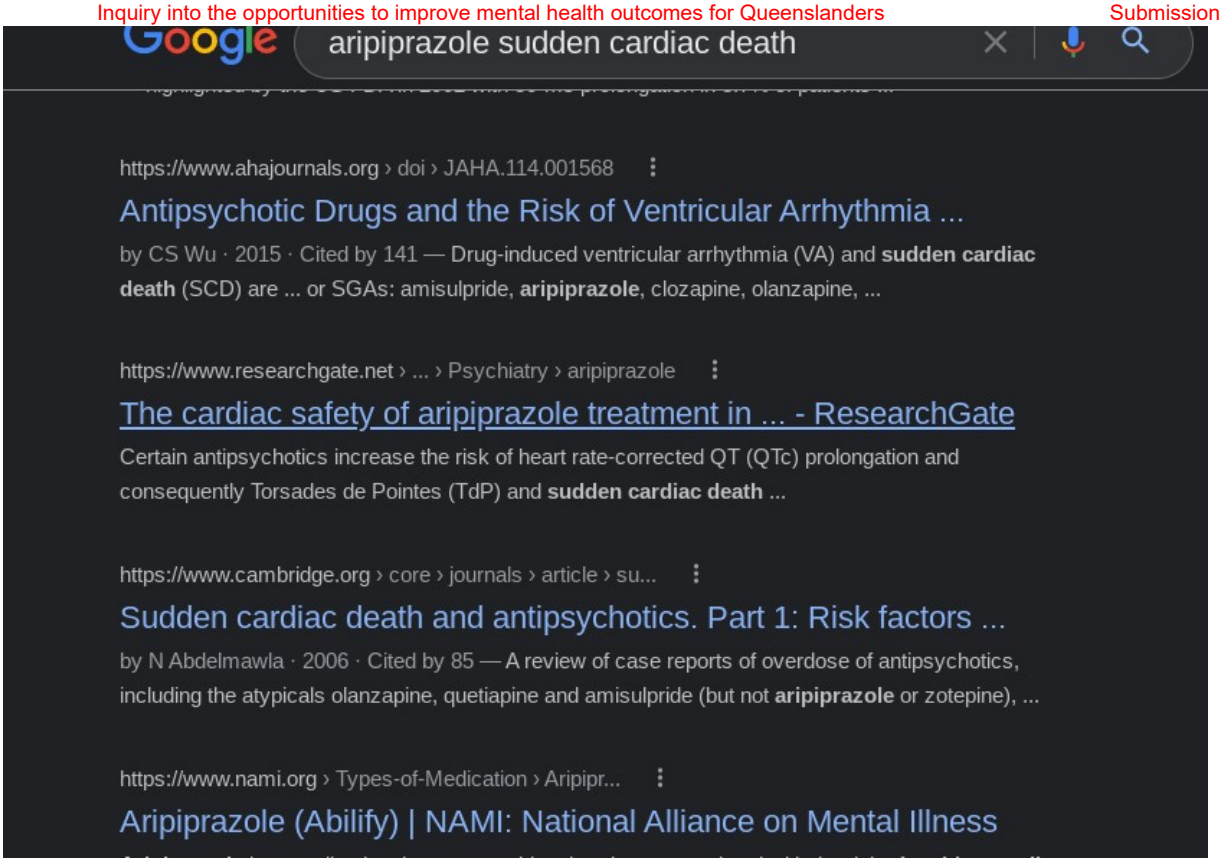
I note that there is not distinction between physical and mental torture at the UN, and that it is those bystanders enabling such which is the true trauma in terms of breaking the spirit re sense of helplessness.




And I would say that my treatment by RBWH is very much Cruel, human and degrading, and was followed by intense suicidal ideation DURING and AFTER Hospitalisation, which was dismissed by the phone helpline run by the MNMH team , kicking me back to the GP who had no information, and then was told I was suffering from Psychosis, vs traumatic abuse.

On top of this, the service is near impossible to access but for showing up for chemical prescription and monitoring for adverse effects such as  drug induced liver, kidney or immune system failure, or consequences of medications such as obesity, metabolic dysfunction and diabetes. Which I decline as an inappropriate therapy for violence and stalking.

I also object to a course of treatment capable of causing sudden cardiac death




As I live alone, the only way I'd be found after sudden death would be to smell my rotting corpse, but Psychiatry deems this acceptable forced therapy.

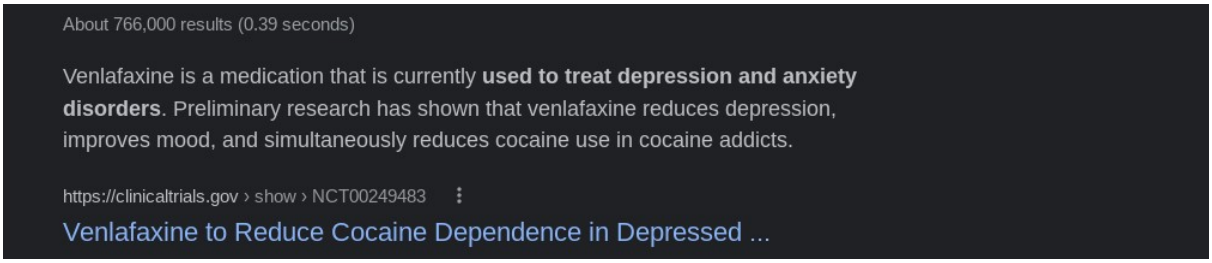
The other adverse affects of such chemical treatments on morbidity and mortality are equally dismissed by prescribing Psychiatrists who seem to know of no other way to help me, and refuse my repeated request to simply support my attempts to seek justice by acknowledging that I was violently attacked ( as per hospital records) and face real and ongoing fear as per videoed evidence.

It seems incomprehensible to me that any human being can be so callous, let alone a whole Mental Health System, But my own Medical education reminds me of the intense and inappropriate indoctrination of the psychiatric profession, I mean I can't even get a diagnosis of PTSD from these ignorant and heartless people, despite multiple desperate appeals for proper help.

Given this has been a destructive experience for me personally and professionally, with psychiatry trying to drug, punish and gaslight e at every opportunity I have to suggest that the entire system be replaced by one which sees the individual as a whole and addresses the real and actual causes of mental distress rather than perpetuate the abuse.

It is too easy to label and drug a person as mentally incapacitated and blame them for adverse reactions to chemicals which are basically the same as illegal hard drugs, ie SSRI and LSD/ ectsasy increase 5HT2A neuronal firing, and Effexor and Cocaine act on the serotninerguc and adrenergic systems as a stimulant, benzodiazepines act like alcohol on GABA and aripiprazole is another version of PCP ( the pip referring to piperizine), that is ups serotonin and blocks dopamine making a person high and fearless hence the name angel dust.

This is no co-incidence in my research into psychiatry there is a clear link between these substances often as a substitute for the same, hence benzodiazepines are used for alcohol withdrawal/substitution, Effexor for cocaine.

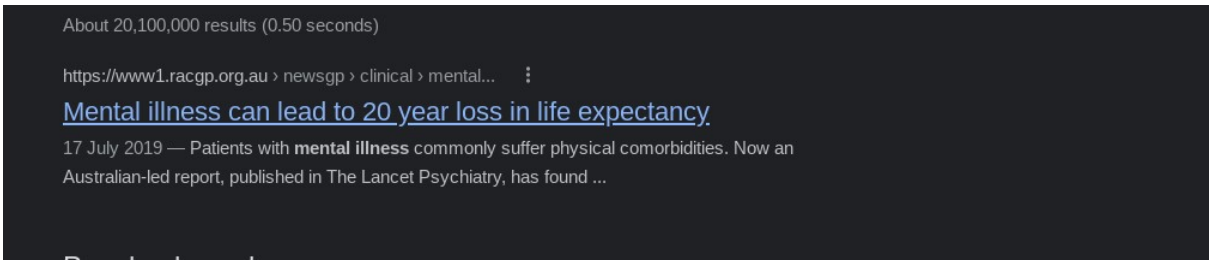



Like methadone for heroin, because neurochemically it is the same thing.

The problem is that Psychiatry pretends otherwise, that is while seeing the street version as a bad thing, will force the prescription version then deny the obvious bad reactions caused by the same, over and over, dismissing the deaths as due to underlying “mental illness” rather than the drug which pushed them over the edge.

In my opinion Psychiatric drugs are actually more damaging, because the Doctor deems it necessary to take a daily doe in perpetuity unlike street drugs which might be occasional or at least recognized as risky unlike psychiatric medications which are deemed necessary medical therapy, by those who get a fee for every repeat prescription as their bread and butter.

The damage done by psychitry is a 20 year loss of life expectancy on average




For a non illness which should not kill any one at all, based on a fiction that the person is inherently defective.

This misdiagnosis of trauma, leads to mistreatment and true insanity under the influence of strong psychoactives, especially in vulnerable people, such as survivors of childhoods that leave them with impaired sense of self esteem, body autonomy and even ability to assert boundaries to predators who see the mental illness tag as a way to get away with criminal levels of abuse knowing that the system will not support the victim.

**Recommendations.**

**The care of vulnerable people should be wholistic especially re personal safety, Justice, particularly if the abuser is in constant close proximity to the victim.**

**There needs to be real consequences for Doctors who fail to follow the Mental Health Act, Human Rights Convention and Convention on The Rights of People with a Disability, especially when such rights are expressed and denied by a closed ranks power heavy overpaid system of abuse.**

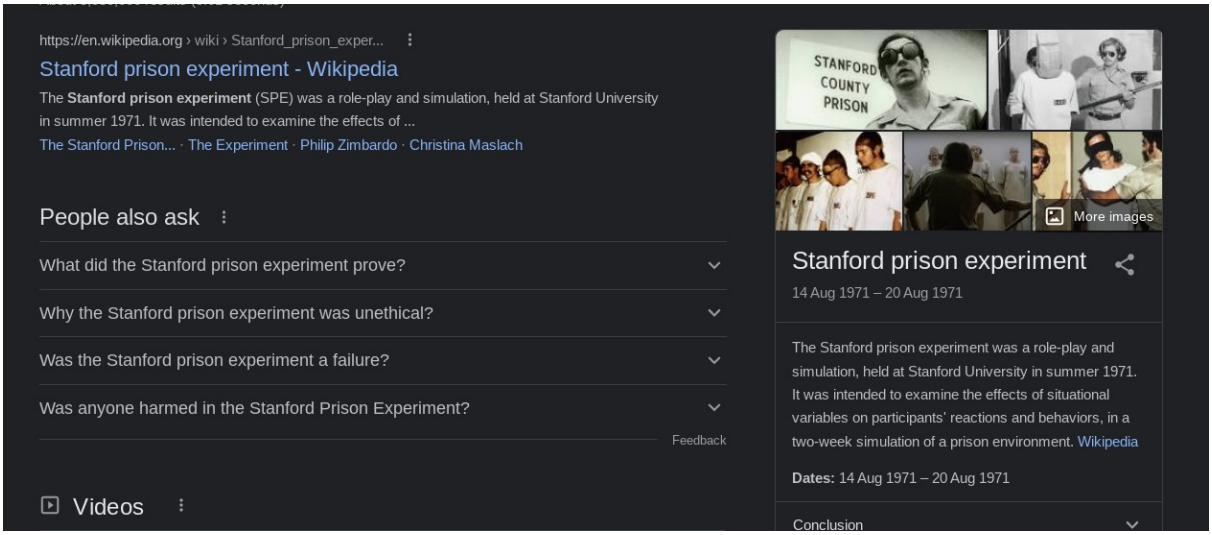
**I'd like to see real and actual public consequences for Psychiatrists who perpetuate abuse by drugging and holding people against their will.**

**I also think that vulnerable sedated women should not be in with a large number of violent people also drugged, and that state psychiatric wards should be sexually segregated after I had to fend off unwanted male attention ( coming into the shower) for which I was blamed "for letting him in my room" which had no way to lock the doors while I was in a bathroom.**

**In addition the whole psychiatric ward is inappropriate for acute distress, I mean a stressed animal gets a quiet warm place, but a psychiatric ward is cold, noisy and busy, repeatedly stressing the person from the time they are held with no idea of when they will be freed.**

**Psychiatry since inception has been abusive to warn others to comply, and is used to punish people into submission without the need for a proper hearing, just the very biased and self serving opinion of consultant psychiatrists who act like a law unto themselves.**

**Even in the 1970s the abuse of power by those deemed to be in control of others was demonstrated by the Stanford Prison experiment**




**And I'd suggest that it is even worse for those deemed mentally ill by people exhaulted to the unquestionable authority of consultant psychiatrist.**

**This is the last thing broken, belittled, traumatised abuse victims need for recovery, yet it is all that we can hope to get from Qld Health.**

**Perhaps for the deeply damaged NDIS might be an escape, but like me, many are rejected leaving thm no option but psychiatry.**

**Even psychology is focused on pathology, reliving trauma, vs recovery to normality.**

**This is very different in places such as Nimbin where people are free of psychiatry, and psychiatric diagnosis and drugging. Here I see people once disabled by psychiatric drugs and labels able to be seen without stigma and being put into a subhuman category by those paid by the state to do so as a matter of social control.**

**I have explained the mechanism of cannabis for PTSD at length, repeatedy to staff at RBWH, with evidence to support the same, but just like my viscous assault they chose to not see the truth which doesn't suit their indoctrination re the superiority of their hard drugs over a herb which does what no psyche medication can, which is reduce the predator threat response ( HPA / hypothalamic pituitary adrenal access) without mental and physical damage.**

The anxiolytic effects of Cannabidiol (**CBD**)
AW Zuardi, JA de Souza Crippa, JEC Hallak... - Handbook of **Cannabis** ..., 2017 - Elsevier
... **CBD** repeated treatment attenuated the long-lasting behavioral consequences evoked by **predator threats**, in a proposed animal model of ... This study showed that 600 mg of **CBD** attenuated fMRI **responses** during the recognition of fearful facial expressions, in the amygdala and ...
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Cannabinoids and post-traumatic stress disorder: Clinical and preclinical evidence for treatment and prevention
T Mizrachi Zer-Aviv, A Segev... - Behavioural ..., 2016 - ingentaconnect.com
... (ie PTSD diagnosis among trauma-exposed) is related to **cannabis** use disorder among trauma-exposed **cannabis** users (Kevorkian ... 1 week after **predator threat**, CB1 mRNA expression was downregulated in the PFC and amygdala, and suggested that **predator** exposure exerts ...
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**Something which properly educated Psychiatrists have known for many decades, led by Psychiatrist [redacted] who read the NIH database of cannabis research before forming the Society of Cannabis Clinicians and writing books and papers on the same ( which RBWH staff refuse to accept).**

https://norml.org › news › 2007/05/24 › norml-remem...
NORML Remembers Dr. Tod Mikuriya
24 May 2007 — In 1972, he published **Marijuana**: Medical Papers 1839 – 1972, a collection of essays documenting the historical use of medicinal **cannabis** in ...

http://www.beyondthc.com › THMCannabisPTSD PDF
Cannabis Eases Post-Traumatic Stress - O'Shaughnessy's
**Cannabis** modulates emotional reactivity, enabling people to ... depression with symptoms of **PTSD** (nightmares, ... By **Tod Mikuriya**, MD.
You've visited this page 4 times. Last visit: 13/06/21

https://beyondthc.com › remembering-tod-mikuriya-md
Remembering Tod Mikuriya, MD | O'Shaughnessy's
**Tod Mikuriya**, MD, who organized the group now known as the Society of ... **Cannabis** in the Treatment of **PTSD**, and **Cannabis** as a First-Line Treatment in ...

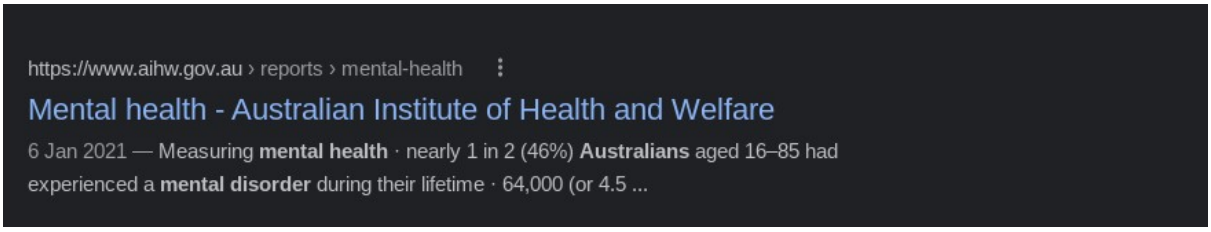
Thus not only does Qld Healtl via MNMH / RBWH fail to treat people according to Human Rights conventions and the Mental Health Act, with forced kidnap and drugging with dangerous substances they also punish people who try to access
A safer and more effective therapy.

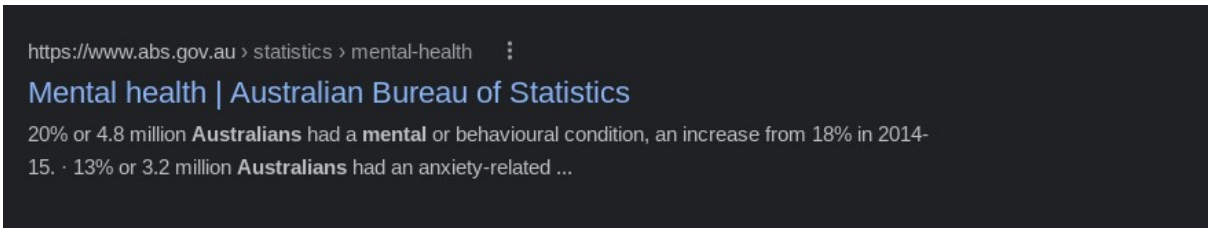
Indeed in my case they even go out of their way to cancel my legal TGA approved private access to prescriptions as additional “punishment” for exposing the failings of their systemic abuse of psychiatric patients with potentially lethal consequences, on top of the very poor quality of life which comes when you’re treated as psychotic no matter what evidence you produce.

It is lazy to let the system label and drug people inappropriately knowing the victims don’t stand a chance against a system which considered a diagnosis based on a personal opinion of people obviously abusing their power.

The mental decline of the country despite throwing more and more money into the psychiatric abyss should compel those with the power to make changes to take away the financial incentives to abuse people this way.

Especially since during this time it seems this high morbidity and mortality disease has doubled from 1 in 4 to nearly every second person.




This is a success for profiteering from human misery but a total failure for the injured victims.

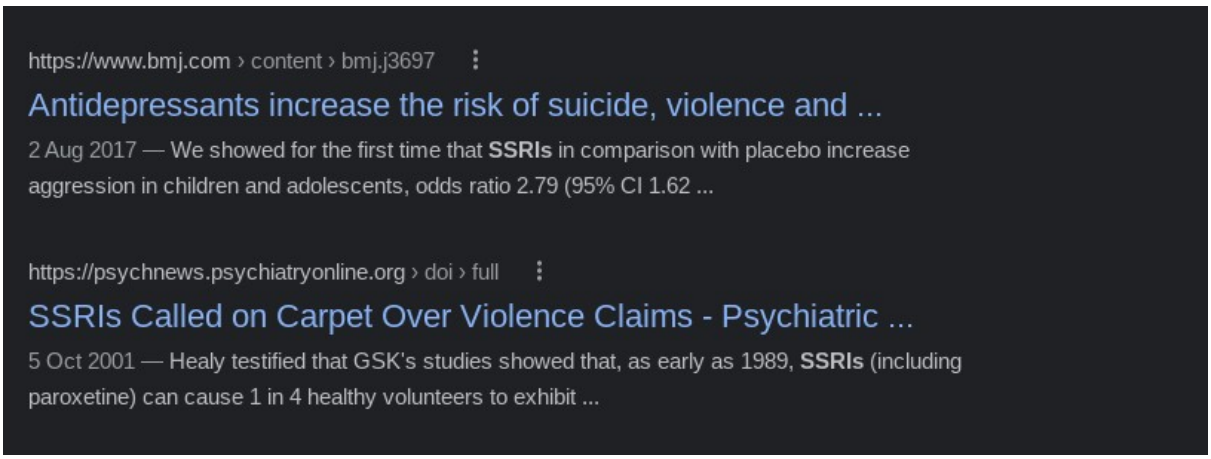
The state and federal Government can do much more for people labelled with mental illness, especially re access to Justice and Social support which doesn’t further traumatise, punish and torture them to disuade further contact.

There are various models of non chemical support on an international level, even simply the right to access cannabis for stress in a non judgemental or prohibitively expensive clinical setting with little social support from peers with lived experience ( excluded from

medical model unless deferent to all powerful psychiatric , in the take your pills like me sense).

Until the MHC recognises that Psychiatry is part of the problem and not the only solution, more and more people will lose their minds trying to cope with abuse under the influence of mind bending hard drugs, causing devastation to the individual and psychiatry as a whole.

If one has any doubts about the increase in violence in psychiatric treatment, one just has to see that in my student days only a few very hard cases were locked in wards like Rosemount, now all wards are locked, the patients i see had heavy concentrations of scars from cutting, and other signs of violence which are drug induced.




Of course for any independant clinician of standing to stand up against a billion dollar industry is overcome with intimidation and the many who are happy to take the pay to contradict them, but you don't need 12 years medical education to know that stimulants and drugs which impair inhibition are going to make a consumer high and reckless, my guess the indoctrination is in how to hold the line against the blatantly obvious.

Given that my own downfall came as a sober, medically educated adult, I feel for the children who have no idea why they are acting out their chemical hacking making them seem mad or bad, and set them on a path to psychiatric brain damage or jail due to drug induced inappropriate behaviour while being blamed for the same as mentally ill.

In recent years my involvement with many social media groups for people mistreated by psychiatry has only increased my understanding of the amount of damage being done by the present system.

The worst part of this delusion is that under the influence of uppers and tranquillisers one can't even see the discrepancy between the intoxicated version and reality.

I also note that there are no easy access support for suicidality but basically anonymous people on phone lines who tend to direct people into a medical system which may reject or harm them.

Trauma informed open access support centres with a social aspect that don't focus on the "insanity" is far better for the sense of self than a mental illness focus which like black magic conjures the incapacity when benefits psychiatry and the mental health system which gets many millions in reward for overt failure.

Making those who take the big $$$$ accountable for the damage done would be a start

**MENTAL HEALTH STAFF PROTECTED FROM LIABILITY IF THEY CAUSE HARM:** The current *Qld Mental Health Act* prevents anyone who has been harmed by a psychiatrist or mental health worker from civilly suing them, so protecting the perpetrator from civil liability. Instead liability is attached only to the State Government. The current amendments to the *Mental Health Act* before Parliament make this situation worse, adding in the chief psychiatrist as also being protected from civil liability. The chief csychiatrist approves such actions as, which restraint devices can be used in facilities and authorises each instance of mechanical restraint performed.[38] ***Recommendation:*** The Committee recommends Parliament further amend the *Qld Mental Health Act* to ensure no one is protected from civil liability for their acts that cause harm or death.

**LACK OF ACCOUNTABILITY:** Spending on mental health has increased 365.6% in 5 years and reached over $1.2 billion in 2018/19.[39]

Despite the huge increase in spending, the latest statistics reveal that results in Qld were appalling in 2018/19:

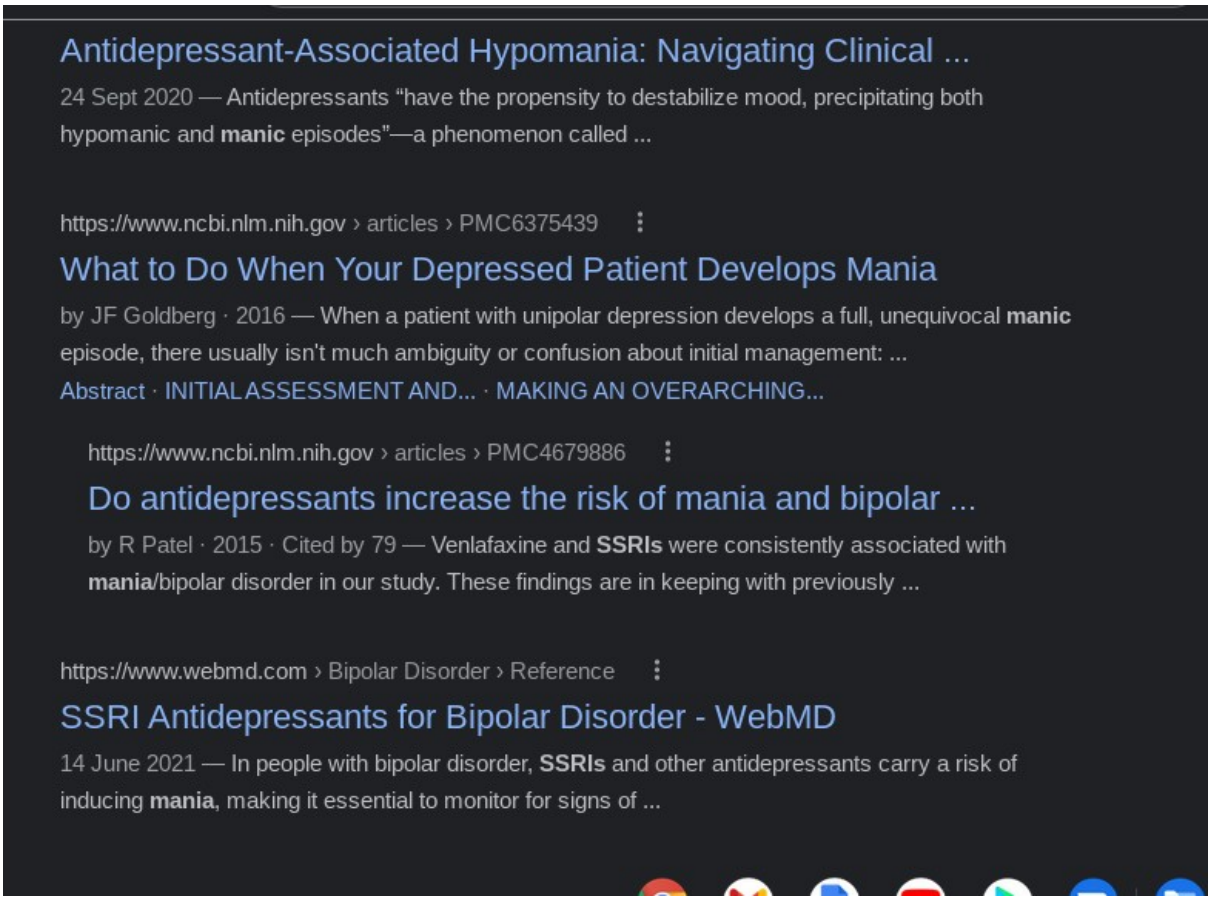
- **43.5% of children aged 0-17, discharged from a psychiatric ward/facility had not significantly improved.**
- **43.6% of children aged 0-17 discharged from community care did not significantly improve.**
- **61.36% of children aged 0-17 in ongoing outpatient community based care did not significantly improve.**
- **72.5 % of adults aged 18-64 years old in ongoing community based care did not significantly improve.**[40]

Putting services in place that support victims vs sens them back to abusers is essential.

In practical terms, last i looked the perrots florist next to Qld Health Opposite ED entrance to RBWH  was empty and might be a decent space to have a supportive mental health option which can help people not end up being drugged and destroyed by psychiatry, who can refer those in genuine need for impatient services, which would pay for itself in saved in patient costs.

There were very few inpatients I met while held in RBWH who couldn't be helped by ongoing community support, and probably a very many who need help to get off the chemicals which led to their need for hospitalisation in the first place, something psychiatry is not capable of doing.

I also think that all industry funding direct and indirect needs t be removed from Psychiatric research and education due to the profit motives skewing the facts, eg hiding the drug induced mania as a real disease to require additional medication, you van see this by the increase in people started on antidepressants and even EDHD meds that need tranquilizers, mood stabilisers and antipsychotics, a very familiar history to me, I heard from just about every person with serious mental illness I spoke to.


These people are not manic or psychotic, but labelling this chemical destruction of their mental state as a new diagnosis vs chemical intoxication makes a person much sicker and keeps the psychiatric industry grifting, not dissimilar to fire brigade lighting fires for more funding.

It's sick and the state needs to urgently take control of as ruthless and destructive medical subspecialty.

I am available for verbal submissions/ discussions on this issue.

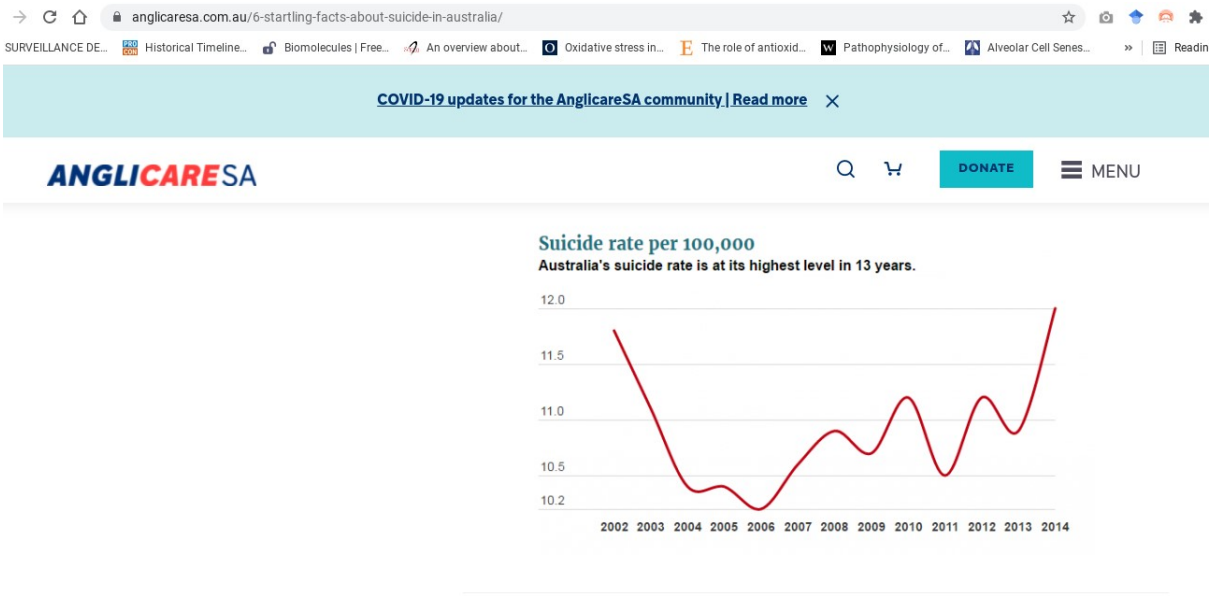
Best contact [redacted]

I am no longer intimidated by Psychiatry, or miseducated as are many of their stupified drugged victims.

Sincerely,

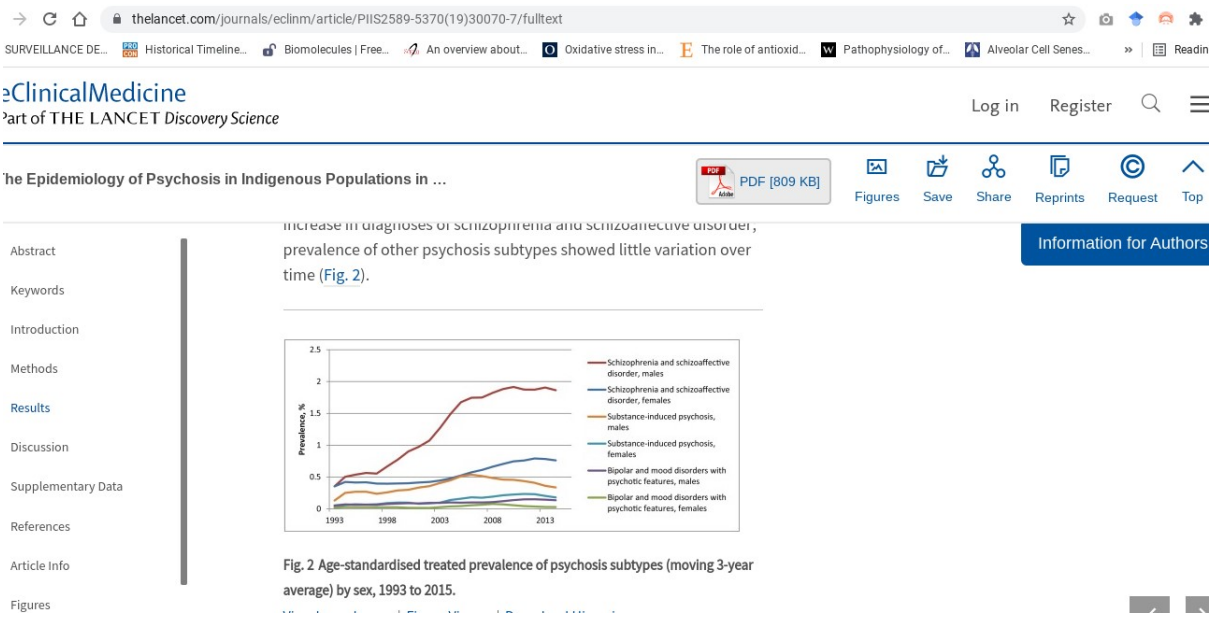
[redacted]

Note the drop was when balck box warnings re suicide came out, after which industry downplayed this and rates increased again



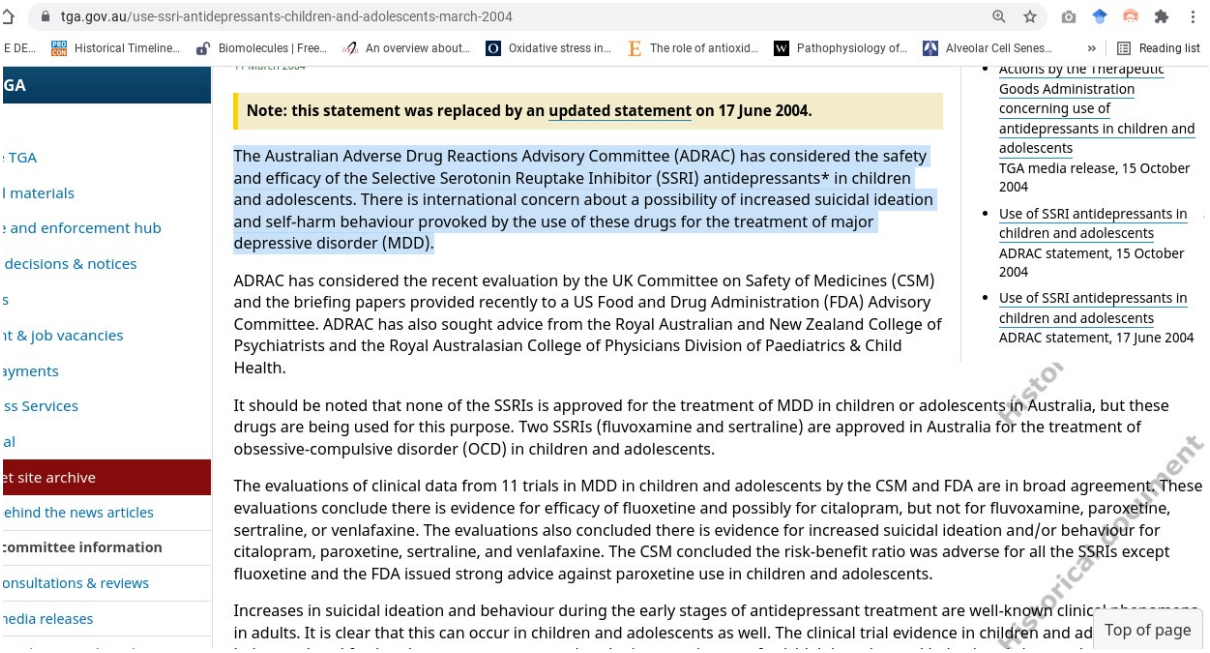

https://anglicaresa.com.au/6-startling-facts-about-suicide-in-australia/

Indigenous people especially affected, wrt schizophrenia, along with the SSRI roll out, given such a diagnosis is psychiatrist dependant, I wonder how many were medicated on propsychotics, ie SSRI / ADHD meds prior to diagnosis




Again sharp rise in 1996

Note this was once recognized by the TGA but under pressure was retracted

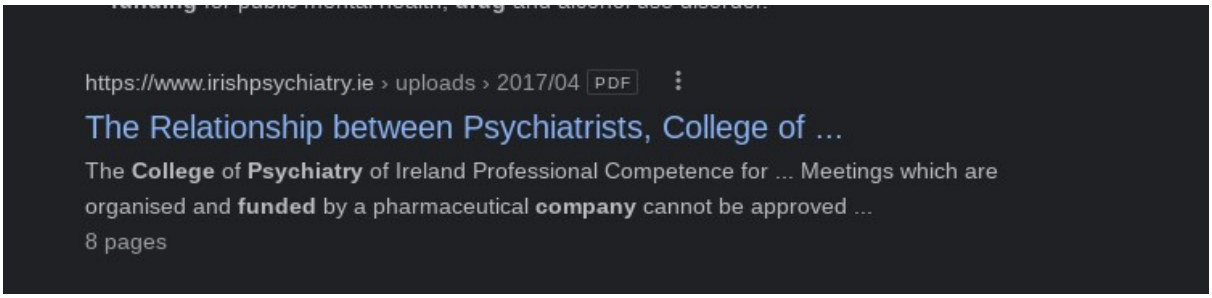



There is no magic change in the brain that ends at adolescence, just easier to blame preexisting illness in adults.

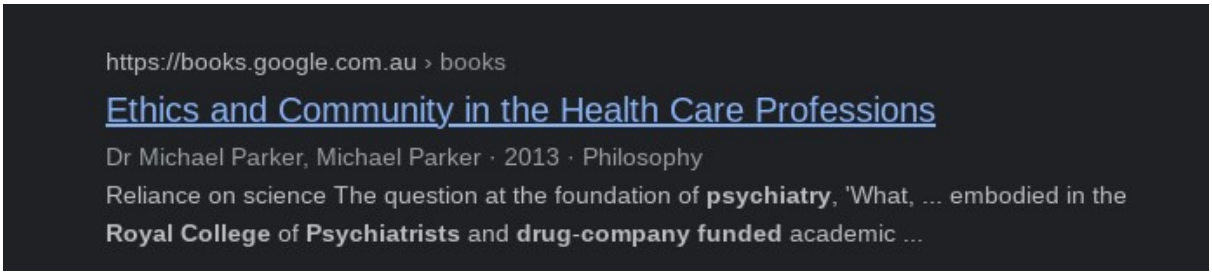
There is also much funding by bodies that counter this by the industry, especially the royal college of psychiatry who allows the industry to created the continuing medical education and pay psychiatrists to present the CME according to the script.

Indeed documents on Bipolar handed to me by [redacted] bearing RCNZCP logo admitted they were “sponsorred” ie paid for by drug companies, and notably made no mention of medical stimulants as the source of mania.

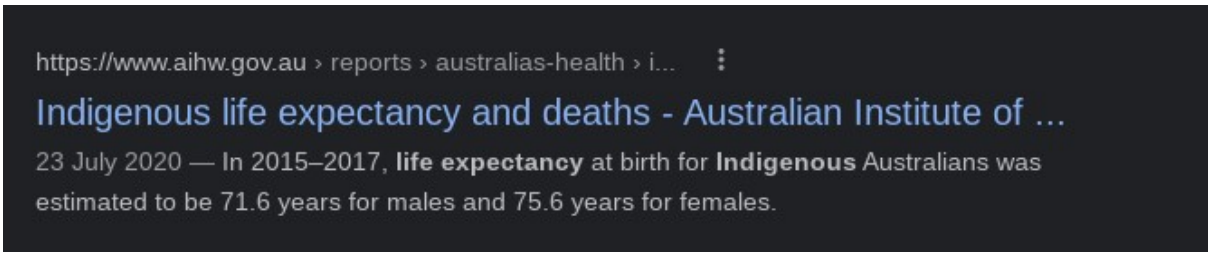
At least Ireland sees the issue and is proactive on this

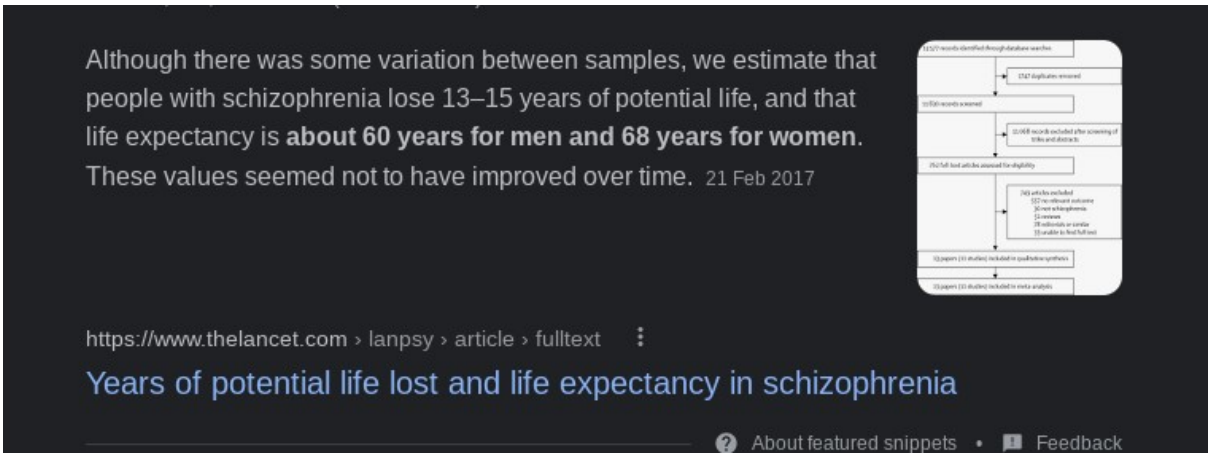



This corruption is a core issue




People dependant on money from industry calling others customers against their will and forcing them to swallow harmful substances must be addressed as should be proper pharmacovigilance.




The gap in life expectancy for people labelled schizophrenic is 10 years greater than Indigenous Australians, yet few know or care about what is being done with forced medicalization of trauma.

Indeed many seem to see the person as better off dead, which is a key to their mental wellbeing, and I've seen this personally when [redacted] confessed to me the woman I

watched throw herself in front of truck was a patient who complained about being suicidal to which she respinded " you don't have the guts", she did.

[redacted] bore no consequences for this.

The victims illness was blamed, even when on suicide inducing medication.

Defund psychiatry and watch mental illness rates drop as people are treated for their problems vs drugged into oblivion.