

Submission to MENTAL HEALTH SELECT COMMITTEE

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The aim of this submission is to make recommendations to improve the mental health services to Queenslanders. A real case study is utilised to shine light upon some of the shocking issues which remain unresolved within the mental health sector.

1. I write this submission not only as a Clinician who has practiced for over 40 years in both government and non-government settings (see endorsements), but as a victim of assault in the workplace. Some of the learnings from my case have serious implications for psychiatrists who work with wealthy, violent offenders.
2. Requirement for better 'outcomes' research which examines patient progress under particular counsellors, psychiatrists, organisations and mental health providers. With multiple millions provided by government under MEDICARE, the current knowledge on expenditure vs outcomes deserves better scrutiny. I provide a case study in this submission that examines a patient who has been under the treatment of the same psychiatrist for over 30 years. Despite running a multi-million dollar empire, this patient's criminal conduct and violent abusive behaviour toward women has deteriorated under this psychiatrist. I outline recommendations so that government expenditure on mental health within Qld should be driven by '*outcomes and accountability measures*', particularly with psychiatrists who have managed to avoid robust scrutiny of their interventions in comparison to treatments provided by clinical psychologists and counsellors. The time has come for psychiatrist to implement '*brief solution focussed therapies*' and to accept that when patients fail to make progress under their treatment, that those patients should be referred on to mental health practitioners who achieve positive and long duration behavioural and cognitive shifts within such patients.
3. Issue of ineffective interventions by psychiatrists. The multimillionaire who assaulted me had been receiving decades of 'help' from Psychiatrist [REDACTED]. When patients continue to beat women, to hack their computers to place trackers on their car, to legally intimidate and hire investigators to stalk them when they go overseas, I would assert that the therapy provided was ineffective and an unethical use of government money. A special review panel of successful and diversely trained clinicians should be set up to locally review such psychiatrists.

4. Supervision when decades of therapy have failed. There is a need for Psychiatrists who make little or no progress with their violent patients to involve themselves frequently with other counsellors and psychiatrists to ensure that they are providing the best treatments possible to reduce the harm caused by these violent patients. I do not believe that practicing psychiatrist [REDACTED] has engaged in such 'supervision'. The consequences of his failures on the lives of assaulted women are immeasurable. (see Annexure 2 copied below)
5. Boundary setting. It has not been made clear to some psychiatrists in Qld that it is unethical to develop close personal and business relationships with your patients. [REDACTED] was paid cash sums by his patient [REDACTED] he was appointed to [REDACTED] Charity Board; [REDACTED] legal fees were paid by his patient [REDACTED] expenses relating to the publication of [REDACTED] [REDACTED] books were paid for by his patient [REDACTED]. Such a lack of boundary setting can only lead to poor outcomes and a lack of progress for the patient, as well as bringing the mental health sector into disrepute.
6. Psychiatrists must honour ethical conduct as well as the laws and regulations demanded by their profession otherwise Queenslanders will have no faith or trust in seeking mental health support. Psychiatrists have a moral, professional, legal and ethical obligation to tell the truth in legal documents. [REDACTED] met with [REDACTED] defacto, [REDACTED], after she was beaten by [REDACTED] and his two sons ([REDACTED]). She was beaten by [REDACTED] [REDACTED] while lawyer [REDACTED] watched and [REDACTED] stood guard at the gate of [REDACTED] home. Despite [REDACTED] outlining to [REDACTED] the viciousness of the beating, and despite police taking 21 photographs of her injuries, [REDACTED] wrote in a police statement that "[REDACTED] is a man of good moral character who would never physically assault a woman". The training and re-education available for Psychiatrists such as [REDACTED] is seriously lacking.
7. Mental Health Units should not be funded by a millionaire family who have a history of beating and assaulting women as is the case with the [REDACTED] funded by [REDACTED]. Their crimes against women and children are outlined in Annexure 2 copied below. WE would not tolerate a drug lord funding a drug rehabilitation centre. Nor should we tolerate known violent offender funding the [REDACTED] which treats the very patients who are often in attendance because they have been abused and violated.
8. No [REDACTED] should be engaged in watching a woman being viciously beaten then fail to report such a crime to police. The Qld public has a right to know that those who head up our mental health facilities are committed to honouring the law and that they are passionate about the rights of abused people to be kept safe. Multimillionaire mining magnate [REDACTED], while he was [REDACTED], stood guard at the gate of [REDACTED] home while [REDACTED] viciously beat her. When [REDACTED] tried to escape via the front door, she reported that [REDACTED] saw [REDACTED] with his hands around her neck strangling her but [REDACTED] instead of helping, drove off. Police took 21 photographs of her beaten body and a doctor's report on her injuries was prepared. [REDACTED] was happy to take the kudos of bringing the [REDACTED]

millions into the [REDACTED] ...just as long as he kept quiet about what the [REDACTED] men do to women and children. See Annexure 2.

9. We need a better system for dealing with Psychiatrists who are dishonest and swayed by powerful wealthy patients. Psychiatrists in Qld have a moral, professional, legal and ethical obligation to tell the truth in their interviews with police. [REDACTED] lied in a police interview with police officer [REDACTED] about his patient's ([REDACTED]) whereabouts on the evening of the reported sexual assault of [REDACTED]. Only when his lies were proven to be false by multiple people did [REDACTED] recant his lies to police. [REDACTED] continues to treat mental health patients in Brisbane!
10. Better accountability required for MEDICARE payments. Psychiatrists in Qld must not bring debt to the Qld government by setting up false dates of birth for their patients and/or multiple dates of birth for the same patient. This practice allows for double dipping into MEDICARE. [REDACTED] kept two dates of birth for his patient [REDACTED]. I attach copies of records where a false date of birth was sent out to numerous doctors with whom [REDACTED] consulted. Such a practice brings harm to the mental health sector and harm to the government. (See Annexure 1 copied below).
11. Diagnosing 'attached spirits' as responsible for schizophrenia must be condemned in Qld. I now raise the concern about schizophrenic patients who are caused greater harm in their lives when psychiatrists teach that schizophrenia is due to '*attached spirits talking to the patient*' which is seen as totally acceptable. I refer you to the attached publications of [REDACTED] supporting this very serious alert for patient safety. In Qld we allow the most heinous beliefs of psychiatrists to intrude into the rooms and minds of patients and the government continues to allow these medieval relics to continue to practice. (See Annexure 3 copied below).
12. Better anti-discrimination training is required for psychiatrists who publish that homosexuality is evil and akin to bestiality. I once again provide evidence that [REDACTED] has published this appalling doctrine. We call for the sacking of the Citipointe school principal but the Qld government has failed to call for the deregistration of [REDACTED]. It is critical that when Psychiatrists fail to be committed to the 'reduction of harm' principle, that such practice be made public.
13. Exorcism must not be an accepted therapy used in Qld. Psychiatrists do great harm to patients' feeling of safety and trust when the psychiatric profession publishes that they are able to treat schizophrenia and homosexuality by using exorcism and removing attached souls from their patients. I provide evidence that [REDACTED] has published such claims and that such unacceptable practices still occur in Qld.
14. Failure to stand against such practices and publications by a psychiatrist who continues to treat patients in Brisbane would be negligent and an abuse of the Public Interest legislation.