# SUBMISSION TO THE QLD PARLIAMENTARY MENTAL HEALTH SELECT COMMITTEE

## *Inquiry into the Opportunities to Improve Mental Health Outcomes for Queenslanders*

FROM THE AUSTRALIAN NATIONAL OFFICE OF THE INTERNATIONAL ORGANISATION, THE CITIZENS COMMISSION ON HUMAN RIGHTS (CCHR)

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# BACKGROUND OF THE CITIZENS COMMISSION ON HUMAN RIGHTS

The Citizens Commission on Human Rights (CCHR) is an international non-profit, non-political, non-religious organisation. CCHR was established in 1969 by the Church of Scientology and Professor of Psychiatry the late Dr Thomas Szasz, as an independent body to investigate and expose psychiatric violations of human rights and to clean up the field of mental health. CCHR offers a free public service to those harmed in the mental health system.

CCHR's mission is to eradicate abuses committed under the guise of mental health.

In Australia CCHR was instrumental in exposing the lethal drug and electroshock practice known as "deep sleep treatment" used at Chelmsford Private Psychiatric Hospital and achieving the NSW Royal Commission into Deep Sleep Treatment in 1988 as well as the government inquiry into psychiatric Ward 10B, at Townsville Hospital in 1990.

More recently CCHR has conducted education campaigns to protect children from the trauma of restraint and seclusion, sterilisation (including forced sterilisation) the harm of electroshock and brutality of psychosurgery in various states of Australia.

This included in Western Australia where a draft mental health bill proposed to allow children of any age, to be able to consent to sterilisation if a psychiatrist determined they had the "capacity to consent." No further consent was needed from anyone including parents or a Tribunal. CCHR launched an education campaign to inform parents and the general public including placing half page ads in the main and community newspapers, bulk mailings and many other actions.

As a result of CCHR, other concerned professionals and the general public, there was worldwide condemnation with over 1,000 submissions received by the WA Mental Health Commission. Not only was the proposal to allow children to consent to sterilisation dropped, but sterilisation was completely removed from the *WA Mental Health Act*.

Assisting victims harmed in the psychiatric system is a vital CCHR activity, as is continually protecting children and ensuring that parental consent is upheld.

CCHR continually takes extensive action to inform parents, professionals, public and governments about the potential dangers of psychotropic drugs for infants, toddlers and children. Every parent has a right to know how a diagnosis is made, be provided with all potential side effects of any psychiatric treatment suggested and be advised of alternatives, which too often does not happen. Fully informed consent is vital for any psychiatric treatment proposed.

Internationally, CCHR is responsible for many hundreds of reforms gained through testimony before legislative hearings, its own public inquiries into psychiatric abuse and its work with the media, law enforcement and public officials.

CCHR does not provide medical or legal advice but works closely with and supports medical doctors and medical practice. Medical drugs and scientific tests are essential for treating and curing disease but the same cannot be said of psychotropic drugs and psychiatric treatment.

If the Commission has any questions on this submission or requires further information please contact CCHR on [redacted] or [redacted]

# SUBMISSION

## Introduction

The Citizens Commission on Human Rights (CCHR) welcomes the opportunity to present this submission to the Mental Health Select Committee. This submission is fully referenced.

CCHR is sure that you would agree that there is nothing more valuable than protecting the most vulnerable members of society. With amendments to the *Qld Mental Health Act* already before parliament, the current mental health inquiry being undertaken by the Select Committee is of vital importance in relation to the *Qld Mental Health Act*. The mental health outcomes of Queenslanders will not improve without an overhaul of this act, not just the current proposed amendments to the law before Parliament. These amendments do not increase patient rights anywhere near to the level where they should be. They do not ban coercive practices such as restraint, seclusion and forced treatment.

The Committee is in a position to be able to take crucial action to help protect and save the lives of Queensland's most vulnerable. The Committee is in the position to recommend further changes to this law and to recommend that funding is not given for non-scientific programs that can harm.

In recent years, there has been a worldwide recognition of the damage that coercive psychiatric practices have caused and Queensland now has the opportunity to positively respond to the requisites for correcting this and to set precedents. This will involve challenges but CCHR believes it will rise to the occasion as Queenslanders know there is a dire need for change.

In this submission CCHR takes up and discusses the need for increasing safeguards in the *Qld Mental Health Act* to protect vulnerable children and adults. Our recommendations also draw from United Nations Conventions and the June 2021 World Health Organization's (WHO) *"Guidance on Community Mental Health Services: Promoting Person-Centered and Rights-Based Approaches."*

CCHR fully supports the absolute necessity of better healthcare for Qld children and adults but wants to also ensure that funding, which reached $1.26 billion in 2019/20 in Qld (a 51.8% increase since 2010/11)[1] is not going to be poured into a bottomless pit with consistently declining conditions for vulnerable children and adults. Australia's Productivity Commission stated in late 2019,

> *"Despite the rising expenditure on healthcare, there has been no clear indication that the mental health of the population has improved."* [2]

The current *Qld Mental Health Act* and harmful psychiatric treatments mandated by this law is exacerbating this situation as is the wasted money on non-scientific mental health screening of Qld children and adults and subsequent psychiatric "treatments." This screening can lead to children and adults being placed on potentially dangerous psychotropics which can lead to very damaging side effects, the child or adult not improving and subsequently more money is wasted. Most importantly however is that the child or adult does not receive the real help they need.

The Productivity Commission also pointed out that despite spending billions of dollars, countless hours of work by teachers, education professionals, doctors, nurses, specialists on early intervention and preventative measures – improvements in the mental health of children and young people have been limited.[3]

The latest mental health figures released in 2022 show that results in Qld were appalling in 2019/20:

- **42.6% of children aged 0-17, discharged from a Qld psychiatric ward/facility did not significantly improve.**
- **62.9% of children aged 0-17 in ongoing community care did not significantly improve.**
- **50.5% of patients did not have a positive experience from their admitted care to mental health services.**[4]

If psychiatric treatments and the *Qld Mental Health Act* were working there would be evidence of this in the dramatic reduction of children and adults requiring assistance.

Money cannot be continued to be poured into the current failing psychiatric system and treatments as outlined in the *Qld Mental Health Act* and current mental health programs with such poor results when there is a dire need for accountable and effective care. No other industry would be allowed such a poor performance for money invested. In contrast, money given to other areas of medicine shows noticeable progress, such as improving survival rates from cardiovascular disease over the past 20 years.[5]

## The Urgent Need for Law Changes

In June of 2021 the World Health Organization (WHO) issued its *Guidance on Community Mental Health Services: Promoting Person-Centered and Rights-Based Approaches.*

This guidance covers coercive psychiatric practices such as restraint, seclusion, forced electroshock and forced detainment and treatment that it says,

> "*are pervasive and are increasingly used in services in countries around the world, despite the lack of evidence that they offer any benefits, and the significant evidence that they lead to physical and psychological harm and even death." It points to the United Nations Convention on the Rights of Persons with Disabilities (CRPD) which in essence, calls for a ban on "forced hospitalization and forced treatment."*

Australia ratified the CRPD on 17 July 2008.[6]

The WHO report highlights the fact that coercive practices such as restraint, seclusion, involuntary commitment and treatment occur because,

> **"***they are mandated in the national [or state] laws of countries."*

**Despite the challenges to changing laws and treatment paradigms, WHO says,**

> ***"it is important for countries…to eliminate practices that restrict the right to legal capacity, such as involuntary admission and treatment."*** [7]

In a June 2021 interview with *Psychiatric Times*, former United Nations (UN) Special Rapporteur Dainius Pūras, M.D., also addressed the difficulty in achieving the *"elimination of all forced psychiatric confinement and treatment as the eventual ideal that we should aim at,"* which is vital in Queensland. Dr. Pūras forewarns that this may not be easy:

> *"I recognize the serious arguments of professionals who warn against a prohibition of forced treatment. They insist on retaining legal permission to treat individuals with serious mental health conditions involuntarily in exceptional circumstances in ways that preserve dignity and autonomy. However, these good intentions are failing."*
>
> ***"I suggest turning our thinking and action the other way around. Let us assume that each case of using non-consensual measures is a sign of systemic failure, and that our common goal is to liberate global mental healthcare from coercive practices.... If we do not move in this direction, arguments for coercion will continue to be used, and misused."*** [8]

We can learn from the U.S. where coercive psychiatric practices are the bedrock of its mental health system. The WHO guidance quote Thomas Insell, who was director of the U.S. National Institute of Mental Health (NIMH) from 2002 to 2015, and was candid in admitting that after spending more than $20 billion (US) on mental health research,

> *"I don't think we moved the needle in reducing suicide, reducing hospitalizations, improving recovery for the tens of millions of people who have mental illness."* [9]

Professors of psychiatry, Sashi P Sashidharan, and Benedetto Saraceno, former director of the WHO, discussed coercive psychiatry in an editorial published in the internationally acclaimed *British Medical Journal* in 2017:

> *"The rising trend is damaging for patients, unsupported by evidence, and must be reversed."* [10]

On 16 February 2013, the United Nations Special Rapporteur on Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, issued a report that focused on certain forms of abuse in health-care settings that may cross the threshold of mistreatment that is tantamount to torture or cruel inhuman or degrading treatment. This includes forced treatment—i.e., without consent. The report goes on to say that,

> *"deprivation of liberty on grounds of mental illness is unjustified if its basis is discrimination or prejudice against persons with disabilities...."* [11]

**Highlighting a major flaw in the current *Qld Mental Health Act* is this comparison: Under the *Qld Animal Care and Protection Act 2001*, if someone is cruel to an animal including injuring, wounding or terrifying the animal, it carries a maximum penalty of $275,700 or imprisonment for 3 years. Yet in stark contrast, if a psychiatrist or mental health worker ill-treats a psychiatric patient it carries a maximum penalty of only $27,570 or imprisonment for 2 years—significantly less than the penalty for being cruel to an animal.** [12]

The fact that Qld mental health patients are thought of as not worthy as the same protection under law as an animal has opened the door for mistreatment against those in the mental health system.

# *Diagnostic and Statistical Manual of Mental Disorders* Used to Involuntarily Detain and Treat is Not Based on Science

While mainstream medicine deals with diseases such as malaria, bronchitis, hepatitis and heart disease all which have exact, identifiable physical causes, psychiatry deals with "disorders." Disorders are names given to undesirable feelings and behaviour for which no exact physical causes have been isolated. These mental disorders are frequently referred to as "illnesses" or "diseases" but they are not the same thing. This difference sets psychiatry far apart from the usual practice of medicine.

Psychiatry's standard "diagnosis manual" used in Australia is the *Diagnostic and Statistical Manual of Mental Disorders (DSM).* It is certainly not a "standard" with its complete lack of scientific basis. A subjective diagnosis based on this manual or a checklist derived from it, can be the very basis for a child or adult being labelled and at risk of being prescribed potentially dangerous psychotropics as well as at risk of being involuntarily detained and treated against their will.

This manual itself covers the complete lack of scientific tests. Examples in *DSM-IV* and *DSM-5* of the lack of scientific tests for diagnosis include:

- ***DSM-IV* for schizophrenia**: "No laboratory findings have been identified that are diagnostic of schizophrenia." (p. 305)
- ***DSM-IV* for ADHD**: "No laboratory tests, neurological assessments or attentional assessments have been established as diagnostic in the clinical assessment of Attention Deficit/Hyperactivity Disorder." (pp. 88, 89)
- ***DSM-5* for ADHD**: "No biological marker is diagnostic for ADHD." (p.61)
- ***DSM-5* for schizophrenia**: "Currently there are no radiological, laboratory or psychometric tests for the disorder." (p.101)

For children aged 0-5 years old, "diagnosis" can be made using the *DSM* or it could be made using the *DC:0-5*, the *Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood* which also references the *DSM*. [13]

> *"There are no objective tests in psychiatry — no X-ray, laboratory, or exam finding that says definitively that someone does or does not have a mental disorder." "I mean, you just can't define it."* — Allen Frances psychiatrist and former *DSM-IV* Task Force Chairman.[14]
>
> "*Unlike physical illness, we can't rely on blood tests, brain scans or other biological tests. As a consequence of this lack of diagnostic accuracy, our field relies purely on observation."* — Bernard Baune, Professor & Head of Psychiatry at University of Adelaide.[15]
>
> *"There are no laboratory tests, such as blood tests or scans, to determine if you have ADHD."* — Royal Australian and New Zealand College of Psychiatrists.[16]
>
> *"Making lists of behaviours, applying medical-sounding labels to people who engage in them, then using the presence of those behaviours to prove they have the illness in*

> *question is scientifically meaningless. It tells us nothing about causes or solutions. It does, however, create the reassuring feeling that something medical is going on," —* John Read, former senior lecturer in psychology, Auckland University, New Zealand.[17]

None of the above means that children and adults don't have problems, they do and they can be severe. What it does mean is that unlike in normal medicine, a psychiatric "diagnosis" is completely subjective with no scientific basis to justify the prescribed psychiatric "treatment." The result of a subjective diagnosis for a patient who is at that time or in the future involuntarily detained, can be even more harmful and terrifying treatments such as restraint or even death.

**RECOMMENDATION:** The *DSM* and *DC:0-5* is eliminated from use in any diagnostic setting and replaced with standard, science based, medical testing that proves the existence of any alleged mental illness or mental disorder.

## Psychotropic Drugs

There have already been 70 psychotropic drug warnings issued by the Australian Government to warn of such risks as, aggression, increased blood pressure, hallucinations, suicide, heart problems, withdrawal symptoms and possible death.[18]

- **Seven of these drug warnings are to warn of suicidal behaviour linked to antidepressants, including one for the "ADHD" drug Strattera which is an antidepressant.**[19]
- **Australia's drug regulatory agency, the Therapeutic Goods Administration (TGA) has not approved any antidepressant for use in children under 18 years of age for depression.**[20]
- **Australia wide, by December 2019, there were 49,248 adverse drug reaction reports linked to antipsychotics and antidepressants, 1,907 of these were deaths.**[21]
- **Despite this, there were over 9 million psychiatric drug prescriptions written in Qld in 2019/20. This equates to a staggering 976,389 Qld children and adults on a psychiatric drug.**[22]
- **Over 35,500 of these are children, aged 0-17 on "ADHD" drugs. 81.5% of the "ADHD" drugs given to these 0-17 year olds are classed in the same category as cocaine, morphine and opium in Australia. Parents are not always told the above information at time of prescribing, violating their rights to be able to give fully informed consent for any treatment proposed for their child.**[23]

Child psychiatrist Dr Jon Jureidini from the University of Adelaide stated,

> *"Going down the 'diagnosis leads to medication pathway' is really dumbing down the whole process of understanding a child's behavior."* [24]

Weight gain is a common side effect for antipsychotics and can be severe. An Australian 13 year girl put on 45kg over a 6 month period while on Zyprexa and a 15 year old boy went from 60kg to 100 kg. He was also taking Zyprexa.[25]

Parents and patients are also not always informed that no one should stop taking or reduce the dose of any psychotropic drug without the advice and assistance of a competent medical doctor due to withdrawal syndrome/discontinuation symptoms– worsening of existing symptoms or not before experienced symptoms.

One of the key recommendations that arose from the Productivity Commission Inquiry into Mental Health was that the Australian Government should require that all mental health prescriptions include a clear and prominent statement saying that clinicians should have discussed possible side effects and proposed evidence based alternatives to psychiatric drugs prior to prescribing. This was proposed to "Start Now" but it has not. Implementations of this recommendation would greatly assist Qld parents and adults to be able to give fully informed consent and provide vital data to patients.[26]

Since 2008/09 suicides in young people have increased by almost 40% Australia wide, concurrent with the use of antidepressants increasing approximately 60% in young people.[27]

The Productivity Commission has advised that

> *"There has been no significant and sustained reduction in the death rate from suicide over the past decade, despite ongoing efforts to make suicide prevention more effective."*[28]

The mental health of Queenslanders cannot be improved without psychotropic drugs being investigated as a key reason for lack of positive outcomes.

**RECOMMENDATIONS:** The Committee conducting the inquiry recommends that the Federal Government implement immediately the recommendation before them since 2020, that all mental health prescriptions include a clear and prominent warning statement saying that their doctor should have discussed possible side effects and proposed evidence based alternatives to psychiatric drugs prior to prescribing. ♦ Psychiatric drugs are investigated by the Committee as a key reason for the failing Qld mental health system. ♦ The Committee recommends that for every child and adult suicide, autopsies need to include tests for the presence of psychiatric drugs at time of suicide (by methods other than drug poisoning). This will give a true picture of the harm these drugs cause. ♦ The Committee recommends that complaints to the Qld Health Ombudsman involving negligence or misconduct involving prescription practices that lead to death, should be required by law to be reported to police for criminal investigation.

# Mental Health Screening of Under 5 Year Olds

***"…kids are being diagnosed and labelled for just being kids"***

– Youth Affairs Network Queensland[29]

As if using a crystal ball, psychiatrists claim they can predict future mental illness. By using an arbitrary list of questions they state they can determine if a child is going to have or develop a "mental illness." It is not possible to determine future mental illness.

It is proposed that maternal and child nurses in community health services will expand existing physical checks to include mental health screening. They will refer the identified child for "final diagnosis" which will again be based on a subjective checklist – no scientific tests.[30]

State and Territory Governments are being asked to fund and implement this screening. The numbers of infants and toddlers on potentially dangerous mind-altering psychiatric drugs is set to greatly increase.

Australia already has 99,355 children aged 0-11 on a psychiatric drug, 2,522 of those aged 0-4 years old.[31]

- **As far as Queensland is concerned, there were a staggering 457,018 prescriptions for psychotropics written for 0-17 year olds in 2019-20. This equated to 60,743 children.**
- **1,530 of these prescriptions were for 0-4 year olds (583 children).**[32]

When New Zealand introduced mental health screening for 4 and 5 year olds, within 4 years prescriptions of antidepressants to 0-4 year olds increased by 140%.[33]

Psychiatry has already attempted to screen 3 year olds in the past between 2012 and 2015, with the expansion of a physical check called the Healthy Kids Check to include screening for "mental illness" of 3 year olds. The expanded check was scrapped in 2015 due to immense public criticism from the public and professionals.[34]

Symptoms from this Expanded Healthy Kids Check include: fidgety, easily distracted, acts as if driven by a motor and doesn't listen to rules.[35] All symptoms of "ADHD."

Queensland's peak body for the youth sector The Youth Affairs Network Queensland, state,

> ***"A wealth of medical and psycho-social evidence points to the deficits of the 'diagnostic criteria' presently used to diagnose 'ADHD' and the damaging side-effects of the stimulants prescribed to manage the 'disorder'."*** [36]

In May 2021, the Federal Government gave $0.5 million towards a mental health inquiry's recommendations to screen Australia's estimated 1.8 million children under 5 years of age for "mental illness" and "emerging mental illness."[37]

The Qld Government will be asked to provide funding and to implement screening of children aged 0-5 for "mental illness" and "emerging mental" illness.[38]

There is no doubt whatsoever that children can get depressed, sad, troubled, anxious or nervous or even act psychotic. The question though is simple ─ is this due to some "mental disease" that can be verified with scientific medical testing as one would verify cancer or a real medical condition? The answer of course is no.

The solution can't be more screening or more of the same failing "treatments" and programs for Qld children.

**RECOMMENDATIONS:** The Committee recommends that Qld Parliament does not implement mental health screening of 0-5 year olds and refuses to fund any such screening of Qld children. ♦ That any funding allocated for mental health screening be redirected into proven safe and workable solutions that offer real help to the most vulnerable members of our society – children.

## Restraint & Seclusion

Psychiatric restraint is psychiatric abuse and it violates basic human rights. The use of belts, harnesses, manacles, sheets, straps and bodily force are extremely traumatic and terrifying.

Restraint has a deep and lasting effect on someone who is already fragile and vulnerable. It is not therapeutic. Restraint can and does cause death.

There were 2 deaths by restraint reported to the Qld chief psychiatrist in 2018.[39]

Dr Minh Le Cong who worked for the Royal Flying Doctor Service in Qld, detailed specifics of 4 of the many restraint deaths that have occurred in Australia. Two of the deaths were linked to the excessive use of the benzodiazepine, midazolam as a chemical restraint. The third person who died was given the antipsychotic olanzapine and then midazolam and the fourth person was physically restrained and given midazolam.[40]

An involuntarily detained patient in Western Australia who repeatedly told staff restraining him to let him go and said, "*You are going to kill me,"* moments before he slumped to the ground and died. A post-mortem found significant bruising on his neck and that his death was consistent with cardiac arrhythmia during restraint.[41]

> "*When I was given treatment that involved being locked up, sedated [chemical restraint] and controlled, it was really like recreating my worst horrors and calling it treatment. Obviously it was about the least helpful thing that could have happened*," is how one Australian patient described restraint.[42]

It is well-known within psychiatric circles to have zero therapeutic benefits and instead can greatly increase trauma.[43]

Former National Mental Health Commissioner, the late Ms Jackie Crowe, stated in 2015,

> *"There is a lack of evidence internationally to support seclusion and restraint in mental health services. There is strong agreement that it is a human rights issue, that it has no therapeutic value, that it has resulted in emotional and physical harm…."* [44]

The June 2021 World Health Organisation's *Guidance on Community Mental Health Services* Guidance: *Promoting Person-Centered and Rights-Based Approaches* calls for an end to restraint and seclusion pointing to the United Nations Convention on the Rights of Persons with Disabilities (CRPD) stating,

> "*Several other rights of the CRPD, including Freedom from torture or cruel, inhuman or degrading treatment or punishment and Freedom from exploitation, violence and abuse, also prohibit coercive practices such as forced admission and treatment,* ***seclusion and restraint****, as well as the administering of antipsychotic medication, electroconvulsive therapy (ECT) and psychosurgery without informed consent."* [45]

The 2013 report issued by the United Nations Special Rapporteur on Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment states,

> *"Furthermore, deprivation of liberty that is based on the grounds of a disability and that inflicts severe pain or suffering falls under the scope of the Convention against Torture. In making such an assessment, factors such as fear and anxiety produced by indefinite detention, the infliction of forced medication or electroshock, the use of restraints and seclusion, the segregation from family and community, should be taken into account."* [46]
>
> *— Mr. Juan E Méndez*

A 2017 NSW review of restraint and seclusion in mental health facilities report stated,

> "*It is not unusual for staff to raise concerns that staff and consumer safety will be compromised if seclusion and/or restraint are reduced, but this concern is not supported by the weight of evidence."* [47]

Costs are also increased as the vulnerable child or adult does not recover due to increased trauma.

The philosophy behind restraint is an ingrained mentality and ongoing psychiatric legacy still in operation in 2022 from psychiatry's earliest days of the mental asylum in Bedlam, that the mentally ill are somehow lesser people and must be forced into abusive treatments.

- **In 2020/21 in Qld, there were 4,834 physical restraint events (bodily force).**
- **And a further 212 mechanical restraint (e.g. being tied to a bed) instances.**[48]
- **The use of psychiatric drugs to subdue (chemical restraint) is not reported.**
- **In addition there were 17,359 seclusions in Qld in 2020/21.**[49]

For decades there have been calls to eliminate restraint and seclusion. Both are not therapeutic, should be banned immediately, and not merely reduced.

Often when patients are treated abruptly, harshly and their opinions ignored, they become more fearful and aggressive. There are valid ways to calm and work with traumatised people that preclude the need for harsh and inhumane treatment.

**RECOMMENDATION**: The World Health Organisation's *Guidance on Community Mental Health Services: Promoting Person-Centered and Rights-Based* must be followed to end mechanical, physical and chemical restraint. These practices are criminal, must be banned and made a criminal offence with heavy criminal penalties for any violation of the restraint bans.

## Electroshock (ECT)

Electroshock, the application of hundreds of volts of electricity sent through the brain to create a grand mal seizure can cause severe harm.

Side effects of electroshock include brain damage, permanent memory loss, irregular heart rate and rhythm, bone fractures, dental or oral trauma, worsening of psychiatric symptoms, heart attack, stroke and death.[50] It is legal for use on children and adults including pregnant women and the elderly in Qld under the *Qld Mental Health Act*.

The World Health Organisation has stated, "There are no indications for the use of ECT on minors, and hence this should be prohibited through legislation.[51]

Claims that electroshock does not cause brain damage, ignore basic electrical science. When electricity is sent through the brain, it generates heat, increasing the temperature. Cells can suffer dysfunction, temporary injury, permanent damage or even cell death according to Dr. Ken Castleman, Ph.D., a biomedical engineer who has provided legal testimony in ECT device litigation.[52]

Australian judge, the late Justice John Slattery, overseeing the NSW Royal Commission into Deep Sleep Therapy (1988-1990) determined that ECT without patient consent or after obtaining consent by use of fraud and deceit commits "a trespass to the person" and is "responsible for an assault on them." [53]

So unwanted and torturous is ECT that one Australian woman forced to undergo electroshock said she has had security guards wheel her down to the treatment room holding her down so she didn't escape. *"I felt like I was being wheeled down to the gas chamber really,"* she said. She would even eat from stashed food to avoid the general anaesthetic and when staff found her food, she resorted to eating grass to avoid the electroshock.[54]

A 2010 literature review of ECT Studies on the efficacy of ECT concluded there is no evidence at all that it prevents suicide. It also found that there have been significant new findings confirming that brain damage, in the form of memory dysfunction, is common, persistent and significant and that it is related to ECT rather than depression. Further it stated,

> "*The continued use of ECT therefore represents a failure to introduce the ideals of evidence based medicine into psychiatry."* [55]

A second ECT literature review was published in 2017. It reviewed more than 90 ECT studies since 2009, which showed studies remain,

> *"methodologically flawed"* and *"Given the well-documented high risk of persistent memory dysfunction, the cost-benefit analysis for ECT remains so poor that its use cannot be scientifically, or ethically, justified."*

**The review also found that there is still no evidence that ECT is more effective than placebo for depression or suicide prevention.**[56]

A 2019 *Freedom of Information Act* request revealed that when the current electroshock machines were approved in Australia in 2004 and 2015, no medical studies proving safety and efficacy were required, provided or relied upon to make the decision to approve their use.[57]

Psychiatry admits it still doesn't know how ECT "works." Victoria's former Deputy Chief Psychiatrist Prof. Kuruvilla George, wrote in an ECT article,

> *"How does ECT work? This is the million dollar question and the first thing to state is that no one is certain."* [58]

Grandfather Gerard Helliar, was administered over 200 electroshocks. In 2018, Victorian coroner Mr White said there was no evidence that the involuntary ECT Mr Helliar endured could have provided him with any relief, and ECT instead imposed further pain, discomfort, stress and a sense of hopelessness. Mr Helliar's life support was turned off after he attempted suicide in a hospital's acute inpatient mental health unit. He had refused ECT and told his family and doctors that he hated the treatment and that it affected his memory.[59]

The World Health Organisation points out in their 2021 *Guidance on Community Mental Health Services: Promoting Person-Centered and Rights-Based Approaches,*

> *"Several other rights of the CRPD, including Freedom from torture or cruel, inhuman or degrading treatment or punishment and Freedom from exploitation, violence and abuse, also prohibit coercive practices such as forced admission and treatment, seclusion and restraint, as well as the administering of antipsychotic medication,* ***electroconvulsive therapy (ECT****) and psychosurgery* ***without consent."*** [60]

Forced electroshock is rife in Qld. Not only can children and adults be forced to have electroshock if they are involuntarily detained, but they can also be given "emergency electroshock" which means not even a Tribunal Hearing is held before the electroshock is given.

- **In 2020/21 there were 115 approved applications by the Qld Mental Health Tribunal to give "emergency electroshock."**[61]

As an example of how unprotected victims of electroshock are: The *Qld Mental Health Act* allows electroshock, despite provision for a maximum of $27,570 criminal fine or 2 years imprisonment for ill-treating a patient. Arguably, this happens every time ECT is administered.[62]

- **In 2018 there were 178 Medicare funded electroshocks given to 15-19 year olds in Qld, the highest of any Australian State or territory for this age group.**[63]

- **There were 10,995 Medicare funded electroshocks given to Queenslanders in 2020/21, again the highest in Australia and an increase of 29% in just 4 years.**[64]

**RECOMMENDATION**: Electroshock is torture not treatment and must be banned for all ages with severe criminal fines and prison terms for violation of the ban.

## Involuntary Treatment

The World Health Organisation's *Guidance on Community Mental Health Services: Promoting Person-Centered and Rights-Based Approaches* 2021, informs that coercive psychiatric practices, which include forced treatment, are used

> *"despite the lack of evidence that they offer any benefits, and the significant evidence that they lead to physical and psychological harm and even death," while "People who are subjected to coercive practices report feelings of dehumanization, disempowerment and being disrespected."* [65]

WHO further states:

> *"The stigmatizing attitudes and mindsets that exist among the general population, policy makers and others concerning people with psychosocial disabilities and mental health conditions–for example, that they are at risk of harming themselves or others, or that they need medical treatment to keep them safe–also leads to an over-emphasis on biomedical treatment options and a general acceptance of coercive practices such as involuntary admission and treatment or seclusion and restraint."* [66]

The United Nations Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment reported to the United Nations on abuse in health care settings, called upon all States to,

> *"…Impose an absolute ban on all forced and non-consensual medical interventions against persons with disabilities, including the non-consensual administration of psychosurgery, electroshock and mind-altering drugs such as neuroleptics [antipsychotics] for both long-and short-term application."* [67]

As mentioned, there have now been 70 psychotropic drug warnings issued by the Australian Government. These warn of such side effects as, aggression, akathisia (inability to remain motionless) increased blood pressure, diabetes, hallucinations, suicide, heart problems, withdrawal symptoms and possible death.[68]

Despite this Queenslanders are still being forced to take potentially dangerous psychotropics against their will without any need for parental or their consent, if they are on an involuntary treatment order or a community treatment order.

In Qld, a child or adult can be locked up in a psychiatric facility and forcibly treated, including with drugs, electroshock, restraint and seclusion without the consent of their parents or the patient. They can also be forced to have treatment in the community while at home. The Mental Health Tribunal must review the involuntary treatment authority within 28 days. Further reviews if the person remains on a treatment authority occur within 6 month intervals for a year and then within every 12 months. While the patient can also appeal their detainment, while they wait for their review they are treated against their will and there is no guarantee the patient will be allowed to go home after the review hearing.[69]

- **In 2020/21, there were 11,765 involuntary treatment authorities (inpatient and in the community) reviewed by the Mental Health Tribunal, only 119 of these were revoked.**[70]

- **In the same year, there were around 23,800 involuntary admissions to a psychiatric facility/ward.**[71]

In South Australia, anyone who has a mental health tribunal hearing regarding a request to end involuntary detainment or forced treatment in the community or to appeal to the Supreme Court, has the right to choose their own lawyer and it is paid for by the State government. Queenslanders do not have this same basic right.[72]

**The fact that the *Qld Mental Health Act* shows complete disregard for those forcibly treated under it must change. As stated previously, under the *Qld Animal Care and Protection Act 2001,* if someone is cruel to an animal including injuring, wounding or terrifying it, it carries a maximum penalty of $275,700 and imprisonment or imprisonment for 3 years. Yet in stark contrast, if a psychiatrist or mental health worker ill-treats a psychiatric patient it carries a penalty of only $27,570 or imprisonment for 2 years under the current *Qld Mental Health Act*—significantly less than the penalty for being cruel to an animal.** [73]

None of the other criminal fines contained in the act relating to "treatment" such as for performing electroshock, psychosurgery, restraint or seclusion outside the act, are over the maximum of $27,570, a pitiful financial deterrent when a patient could be forced to have electroshock or is restrained and could be permanently damaged for life or even die. With restraint and seclusion, there is only a fine, no prison term. All the criminal penalties must be increased.[74]

**RECOMMENDATIONS:** The World Health Organization's *Guidance on Community Mental Health Services: Promoting Person-Centered and Rights-Based Approaches* must be implemented and involuntary detainment and treatment eliminated with criminal fines and prison terms for any violations of these bans. ♦ Only a judge should have the right to detain someone and only with full legal representation for the person facing deprivation of liberty, paid for by the state. ♦ Criminal fines and prison terms must be dramatically increased for ill-treatment of a patient. ♦ All criminal fines and prison terms must be increased or added where they are related to patient treatment.

# Psychosurgery

Qld Parliament is commended for banning all forms of psychosurgery that involve cutting or burning the brain last time the *Qld Mental Health Act* was reviewed. However this ban does not go far enough.

All forms of psychosurgery including deep brain stimulation for mental illness are correctly banned in NSW and the NT for all age groups.[75]

In Qld deep brain stimulation (DBS) for "mental illness" a form of psychosurgery, has been re-named a "neurosurgical procedure" in an attempt by psychiatry to hide the true nature of this barbarity.

Legal for all ages in Qld, deep brain stimulation (DBS) involving electrodes being inserted into the brain sending an electrical current through it, can cause memory loss, irreversible brain damage, bleeding in the brain, coma and post-operative death.[76]

In 2014 the NSW Ministry of Health commissioned an investigation into the efficacy of DBS which concluded,

> *"There is insufficient evidence at this point in time to support the use of DBS as a clinical treatment for any psychiatric disorder."* [77]

There were 4 deep brain stimulations approved by the Qld Mental Health Tribunal in the last 3 years.[78]

**RECOMMENDATION:** All forms of psychosurgery including deep brain stimulation must be banned in the *Qld Mental Health Act* for all ages with high criminal fines and prison terms for violation of the law.

# Sexual Contact

Psychiatric facilities should be safe havens where there is no risk of harm. There are no provisions in the *Qld Mental Health Act* to protect children from being placed in adult wards or to protect women from being placed in male wards, placing both women and children at risk when placed in a psychiatric ward. Instead the act states, that minors "receive treatment and care separately from adults *if practicable*."[79]

To even consider exposing children to such an environment shows pitiful respect for them and leaves them open to physical and sexual abuse in an environment where there is insufficient supervision.

In 2020 *The Medical Journal of Australia* published an analysis that looked at sexual misconduct notifications/complaints to regulatory authorities for all 15 registered health professions in Australia between 2011-2016. It found that psychiatrists had the highest rate of notifications/complaints alleging a sexual relationship, sexual harassment or sexual assault.[80]

The *Qld Mental Health Act* does not mandate that alleged sexual assault of a child or adult by staff must be reported. Western Australia makes a start towards ensuring alleged sexual assault/sexual assualt is reported with a $6,000 fine for not reporting. This lack of safeguard needs to be rectified in Qld.

Australia's Productivity Commission recommended that, *"State and territory governments should provide child and adolescent mental health beds that are separate to adult mental health wards."*[81]

**RECOMMENDATIONS:** Children should never be placed in wards with adults and criminal fines and prison terms should be implemented for violations of this. ♦ The *Qld Mental Health Act* must mandate that men and women have separate wards. ♦ Criminal penalties must be added to the *Qld Mental Health Act* for failure to report alleged sexual assault/sexual assualt of a patient by staff.

## Patient Complaints about Psychiatry and Deaths

The devastating results from psychiatric "treatment" are clearly evidenced by the number of deaths, the increasing number of complaints in the Qld psychiatric system and the increasing number of side effects and deaths reported to the TGA for psychotropics.

The last thing anyone expects when their loved one goes into a psychiatric facility is for their loved one to die in the psychiatric hospital or soon after. Hospitals should be safe havens where children and adults receive care in a calm environment and recover.

**Data from a Right to Information request to Queensland Health for all Critical Incidents including deaths, reported to the chief psychiatrist for the 2018 calendar year revealed:**

- **161 deaths and a further 31 reported attempted suicides.**
- **Of the 161 deaths, there were 148 completed suicides, 2 deaths by restraint and 11 other deaths noted.**[82]

In December 2019, *The British Medical Journal* (*BMJ*), published a study titled, "Complaint risk among mental health practitioners compared with physical health practitioners: a retrospective cohort study of complaints to health regulators in Australia." [83]

This study was a comparison of the number of complaints received by Australian regulators for psychiatrists and psychologists compared to physicians and allied health practitioners. Regulators providing information were the Australian Health Practitioner Regulation Agency and NSW Health Professional Councils Authority.

An analysis was done of over 8,000 complaints lodged to regulators over 6 years (2011 to 2016). Findings of the study included:

- ***"Mental health practitioners had more than three times the risk of complaints about interpersonal behaviour, such as disrespect, discrimination, threats, or bullying, compared with physical health practitioners."***

- ***"In our study, mental health practitioners had three times the risk of complaint regarding sexual boundary breaches compared with physical health practitioners. High rates of concern about sexual misconduct by psychiatrists and psychologists are a consistent finding in previous studies of complaints, regulatory actions and self-reported behaviour."***

- ***"Psychiatrists were at increased risk of complaints regarding the prescribing of medicines. They are also more likely to prescribe medications to patients who may not have had the opportunity to exercise free and informed choice about their treatment."*** [84]

Mental health complaints to the Qld Health Ombudsman are reported in their annual reports. Below are the number of complaints:

| | **2014-15** | **2019-20** | **% Increase** |
|---|---|---|---|
| Mental health service | 61[85] | 496[86] | 713.1% |
| Psychologists | 70[87] | 243[88] | 247.1% |
| Psychiatrists | The number of complaints made against Qld psychiatrists is not reported. | | |

**By 1 December 2019, the TGA had received:**

- **21,593 adverse drug reaction reports linked to antidepressants, 637 of these deaths.**

- **27,655 adverse drug reaction reports linked to antipsychotics, 1,270 of these deaths.**

- **717 adverse drug reaction reports linked to ADHD drugs, 9 of these deaths.**[89]

**RECOMMENDATIONS:** The *Qld Mental Health Act* needs to mandate that every death in a psychiatric facility/ward is referred to police to be investigated for criminal culpability. ♦ *The Qld Mental Health Act* also needs to mandate that the total number of complaints made to all agencies and psychiatric facilities/wards for psychiatrists is publically reported along with a breakup of the type of complaint.

## Mental Health Staff Protected from Civil 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 to the State Government. The current amendments to the Qld *Mental Health Act* before Parliament make this situation worse, adding in the chief psychiatrist as also being protected from civil liability. The chief psychiatrist approves such actions as, which restraint devices can be used in facilities and authorises each instance of mechanical restraint performed.[90]

**RECOMMENDATION:** The *Qld Mental Health Act* needs to be changed so the perpetrator of the harm can also be sued by victims.

# Alternatives, Informed Consent: Providing Real Help

The WHO's *Guidance on Community Mental Health Services: Promoting Person-Centered and Rights-Based Approaches* covers how countries need to adopt a human rights approach as a governing principle, adopt person-centered conceptions of recovery, and embrace services that provide environmental and psychosocial supports for people struggling with mental health issues. The *Qld Mental Health Act* needs to be amended to reflect the WHO Guidance.

CCHR has long been an advocate for competent non-psychiatric medical evaluation of people with mental problems. Undiagnosed and untreated physical conditions can manifest as "psychiatric symptoms".

The California Department of *Mental Health Medical Evaluation Field Manual* states:

> *"Mental health professionals working within a mental health system have a professional and a legal obligation to recognize the presence of physical disease in their patients...physical diseases may cause a patient's mental disorder [or] may worsen a mental disorder…."* [91]

In general medicine the standard for informed consent includes communicating the nature of the diagnoses, the purpose of a proposed treatment or procedure, the risks and benefits of the proposed treatment. This includes the absolute necessity for competent medical supervision by a doctor when withdrawing from psychotropic drugs, and informing the patient of alternative treatments, so they can make an informed, educated choice.

Psychiatrists routinely do not inform patients of non-drug treatments, nor do they conduct thorough medical examinations to ensure that a person's problem does not stem from an untreated medical condition that is manifesting as a "psychiatric symptom."

They do not accurately inform patients of the nature of the diagnoses, which would require informing the patient that psychiatric diagnoses are completely subjective (based on behaviours only) and have no scientific/medical validity (no X-rays, brain scans, chemical imbalance tests to prove anyone has a mental disorder).

All patients should have what is called a "differential diagnosis." The doctor obtains a thorough history and conducts a complete physical exam, rules out all the possible problems that might cause a set of symptoms and explains any possible side effects of the recommended treatments.

There are numerous alternatives to psychiatric diagnoses and treatment, including standard medical care that does not require a stigmatising and subjective psychiatric label or a mind-

altering drug. Governments should endorse and fund non-drug treatments as alternatives to potentially dangerous psychotropic drugs and psychiatric treatments.

Children and adults have problems in life, and they need help with their problems. Is a child having problems at school because they need tutoring, has their eyesight and hearing been tested, are they getting enough sleep and exercise as well as eating properly? Are they having problems at home or school with peers or teachers or are they simply high IQ and bored?

If there are issues such as a child or adult being harmed at home or elsewhere, if they are being bullied or if they have an undiagnosed medical condition that is manifesting as "psychiatric symptoms," and if the cause is not found and rectified, the child or adult can be misdiagnosed as "mentally ill," potentially prescribed a psychotropic drug and subsequently in some cases, at the time of diagnosis or in the future, involuntarily detained. A psychotropic drug, electroshock or forced psychiatric treatment has never and will never solve problems in life.

The cause of the problem can greatly vary from child to child and adult to adult. A thorough investigation is vital.

For children and adults who are seriously unwell and need care, hospitals/wards need to be turned into places of proper care. They need access to medical assistance and tests, a safe and restful environment where they are not threatened with forced treatment so they can return home as happy and healthy children and adults.

Informed consent must be obtained in writing with all major risks represented to ensure it is documented the person has been given all facts. This would include:

- **The right to be provided the scientific/medical test confirming any alleged diagnosis and the right to refute any psychiatric diagnosis that cannot be medically confirmed.**
- **Full disclosure as to the risks of psychiatric treatments must be given.**
- **The right to be told of all available medical alternatives.**
- **The right to choose treatment of one's choice.**
- **That there are diverse opinions on the medical legitimacy of psychiatric diagnosis.**
- **Fully Informed consent would also include the information that the chemical imbalance in the brain causing their condition is not true: Informed consent includes unveiling the truth as to the myth that a chemical imbalance in the brain causes their problems. UK psychiatrist, Dr Joanne Moncrieff notes that telling patients their behaviour is the result of a chemical imbalance conveys.**

  *"the message that we are powerless to change ourselves or our situations. When things go wrong, it persuades us we need a pill to put them right. This approach may appeal to some people, and I am in no way disparaging those who chose to follow it. But it is important that everyone knows how little evidence there is to support it."*[92]

- **Patients must have the right to refuse psychotropic drugs documented by international drug regulatory agencies including Australia's Therapeutic Goods Administration, to be harmful and potentially deadly.**

- **Patients must have the right to refuse to undergo electroshock.**

Advance health directives are a key part of fully informed consent, yet they are not legally binding in the *Qld Mental Health Act.* They can currently be overridden by psychiatry as this act specifically covers when an advance health directive does not have to be followed- when the psychiatrist decides to ignore it."[93] They must be made legally binding for psychiatric treatment.

**RECOMMENDATIONS:** Mental health homes must be established to replace coercive psychiatric institutions and wards. These must have medical diagnostic equipment, which non-psychiatric doctors can use to thoroughly examine and test for all underlying physical problems manifesting as disturbed behaviour. The *Qld Mental Health Act* needs to be amended to ensure these thorough medical checks occur. The same needs to apply to anyone presenting with behavioural and emotional problems in all medical settings. Government funds should be channelled into this rather than abusive and coercive Qld psychiatric institutions and wards that have not proven to work. ♦ Advance Health Directives must be made legally binding for psychiatric treatment in the *Qld Mental Health Act*. ♦ Consent forms need to be re-written to ensure each person is given all the information they need to be able to give fully informed consent.

# RECOMMENDATIONS

1. The *DSM* and *DC:0-5* is eliminated from use in any diagnostic setting and replaced with standard, science based, medical testing that proves the existence of any alleged mental illness or mental disorder.

2. The Committee conducting the inquiry recommends that the Federal Government implement immediately the recommendation before them since 2020, that all mental health prescriptions include a clear and prominent warning statement saying that their doctor should have discussed possible side effects and proposed evidence based alternatives to psychiatric drugs prior to prescribing. ♦ Psychiatric drugs are investigated by the Committee as a key reason for the failing Qld mental health system. ♦ The Committee recommends that for every child and adult suicide, autopsies need to include tests for the presence of psychiatric drugs at time of suicide (by methods other than drug poisoning). This will give a true picture of the harm these drugs cause. ♦ The Committee recommends that complaints to the Qld Health Ombudsman involving negligence or misconduct involving prescription practices that lead to death, should be required by law to be reported to police for criminal investigation.

3. The Committee recommends that Qld Parliament does not implement mental health screening of 0-5 year olds and refuses to fund any such screening of Qld children. ♦ That any funding allocated for mental health screening be redirected into proven safe and workable solutions that offer real help to the most vulnerable members of our society – children.

4. The World Health Organisation's *Guidance on Community Mental Health Services: Promoting Person-Centered and Rights-Based* must be followed to end mechanical,

physical and chemical restraint. These practices are criminal, must be banned and made a criminal offence with heavy criminal penalties for any violation of the restraint bans.

5. Electroshock is torture not treatment and must be banned for all ages with severe criminal fines and prison terms for violation of the ban.

6. The World Health Organization's *Guidance on Community Mental Health Services: Promoting Person-Centered and Rights-Based Approaches* must be implemented and involuntary detainment and treatment eliminated with criminal fines and prison terms for any violations of these bans. ♦ Only a judge should have the right to detain someone and only with full legal representation for the person facing deprivation of liberty, paid for by the state. ♦ Criminal fines and prison terms must be dramatically increased for ill-treatment of a patient. ♦ All criminal fines and prison terms must be increased or added where they are related to patient treatment.

7. All forms of psychosurgery including deep brain stimulation must be banned in the *Qld Mental Health Act* for all ages with high criminal fines and prison terms for violation of the law.

8. Children should never be placed in wards with adults and criminal fines and prison terms should be implemented for violations of this. ♦ The *Qld Mental Health Act* must mandate that men and women have separate wards. ♦ Criminal penalties must be added to the Qld Mental Health Act for failure to report alleged sexual assault/sexual assault of a patient by staff.

9. The *Qld Mental Health Act* needs to mandate that every death in a psychiatric facility/ward is referred to police to be investigated for criminal culpability. ♦ *The Qld Mental Health Act* also needs to mandate that the total number of complaints made to all agencies and psychiatric facilities/wards for psychiatrists is publically reported along with a breakup of the type of complaint.

10. The *Qld Mental Health Act* needs to be changed so the perpetrator of the harm can also be sued by victims.

11. Mental health homes must be established to replace coercive psychiatric institutions and wards. These must have medical diagnostic equipment, which non-psychiatric doctors can use to thoroughly examine and test for all underlying physical problems manifesting as disturbed behaviour. The *Qld Mental Health Act* needs to be amended to ensure these thorough medical checks occur. The same needs to apply to anyone presenting with behavioural and emotional problems in all medical settings. Government funds should be channelled into this rather than abusive and coercive Qld psychiatric institutions and wards that have not proven to work. ♦ Advance Health Directives must be made legally binding for psychiatric treatment in the *Qld Mental Health Act*. ♦ Consent forms need to be re-written to ensure each person is given all the information they need to be able to give fully informed consent.

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