

Submission
No 20

**INQUIRY INTO EQUITY, ACCESSIBILITY AND
APPROPRIATE DELIVERY OF OUTPATIENT AND
COMMUNITY MENTAL HEALTH CARE IN NEW SOUTH
WALES**

Name: Name suppressed

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Partially
Confidential

I feel I am well qualified to speak out about the public mental health system. I have a family member who became unwell 25 years ago. I am also a male sole parent. I became a sole parent of a 3 year old son and 18 month old daughter in 1981, when their mother chose a different lifestyle. I have to say that being a Male sole parent, also made me a target for some of the vindictive practices that exist in the public system. I have observed that at times there's more staff then patients. So is this why they target certain people, with the intention of breaking up a family, in order to groom a client for life. A male sole parent family is a prime target. I have been subjected to some of the most incidious gaslighting attacks lasting for years. I believe they tried to drive me away. That way they end up owning the client and they have control over their own jobs and futures.

There's a lot of lifetime patients in the system, who could be living a productive life without medications, if they would have been steered towards counselling, rather than what happens, by going straight for the psych drugs. My loved one caught a virus at work. She went to outpatients ED and was administered heavy medication straight away. By the time I found out they had locked her in a mental health unit. The virus disappeared, now we have a medication dependency to psych drugs. We are trying to address this, but the treating team never admits fault. This is another use for the long suffering sole parent. All blame, All fault, All accountability is directed to the parent. To add even more insult and sieze even more control, the treating team are hard wired to lodging applications for Guardianship and Community Treatment Orders. These orders can be manipulated by the team to return people to hospital. Even if the person is completely recovered.

It's all about keeping the wheels of the MHU,s wagon turning. If people are getting better than numbers decrease and less staff is required. CTO,s are effective for Forensic Patients, who want to return to the community. For those who are not experiencing symptoms who are being put on CTO,s they are being Labelled and Stigmatized. I believe it's for the same reason. Google. Annual Report Summary for MHRT NSW 2022. You will note that there's 2 different types of people on CTO,s. Forensic and Civil. Note how many Civil patients were put on orders in 2022. It's equal or greater than the population of some large towns in NSW. Increasing every year. Then note the staffing details in 2022. There's 40 Lawyers, 52 Psychiatrists, 47 Others including many Judges. The financial details also show it,s an industry and not a service. Also note they all operate from one building. It's very difficult to have a CTO ended. The tribunal can sit on the same person 4 times per year.

I think it's obvious that the unneeded orders granted could be as high as 86% . Once labelled it only requires a minor breach and the shackles are tightened. This could be simply because a person visited family some distance away and postponed an appointment. So who are the big winners. It's obvious, the Pharmaceutical companies, the Dr,s and mental health staff. The NDIS has been turned into a tool that can be used to plug the holes these orders create. Google. Cost of NDIS 2022. Then Google. How much did unpaid carers save the taxpayers in 2022. I believe it was \$77.9 BILLION. Twice the NDIS expenses. I have been a full time live in Unpaid carer since 2004. I was 48 when I committed to the task, I am now 69. I am one of thousands. We love our family members and there is no end date. We will not be driven away. Gaslighting is a very destructive weapon in the tool box of a mental health professional. They

can and do subject the untrained and unwary to this torment. They use CTO,s and other orders such as guardianship orders in a way that contradicts the guidelines and rules that apply to granting the orders.

I believe the MHRT is treating the system as a cash cow. If allowed to keep operating unchecked the numbers of people on orders will equal some of our large cities. The answer is to listen more to the family and carers and if they oppose an order, then it should not automatically be granted. Also if a person is on an order and also Clopine and wants to visit family or travel around Australia, then they should be allowed to do so without breaching the order. They are not criminals. Clopine should be more easily accessible to people on it, without running the risk of having the police arrest and return the person to a specific area. Now you understand how the CTO, scan and are manipulated. Once a person is identified and targeted as a p client for life, then that MHU does not like to let the client go elsewhere. They lose their constitutional rights of Autonomy and Independence and Freedom. Clopine is being used as a means of control, because a patient needs monthly blood tests and can only get the mads from a nominated clinic.

Most hospitals in Aust have Clopine clinics the rules need to immediately be changed to allow people who travel away to present at any hospital clinic, do a blood test and have the Clopine dispensed by the hospital pharmacy and not have to return, sometimes over a 1000 KMs to the nominated clinic. They can be contacted and their should be no issues from that clinic. This problem can be fixed before end of September 23. If they don't fix it then the whole system is not about the well-being of patients, but is about control of numbers and money. The government wants us to vote YES at the referendum, to recognise first nations people under the Constitution. OK. But what about all the people who have mental health issues, who are having their Constitutional Rights and Human Rights totally trashed by Professionals who have no hesitation to implementing, barbaric, draconian practices.

What are they saying, "No One Left Behind". It's just that for the public mental health system to thrive, then there has to be a large percentage of Failure. Failure can be orchestrated. What's more important making the mortgage payments or keeping enough clients to ensure everyone keeps their jobs. The system thrives on failure. No mental health worker is going to admit that there are tools they use to initiate failure in some clients. They do. Then they blame the chosen scapegoat, the parent,carer, the sole parent has no support.

I trust my submission is not taken out of context. I feel that giving health professionals more power will only make a broken system worse. It's time to listen to some of these brilliant, intelligent, resilient individuals who have devoted lifetimes to supporting vulnerable, defenceless loved ones.

I have several professional documents that prove that everything from the diagnosis to the present day treatment plan is probably not correct or justified. But under an order they can enforce even a total incorrect treatment.