

Supplementary
Submission
No 20a

**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 am concerned that by writing and sharing our experience with mental health treatment and services, that the Government will ignore all the information and make changes that lead to more heartache and misery for the people entrapped in the crooked system we have now. If you want to make changes for the better than don't listen to the crap that the health professionals serve up. They only want to future proof their own incomes. Since COVID this has become priority number One. They want an increasing number of people who are using the public system. Just turn the TV on they are brainwashing people to believe that if they are having a bad day and are anxious, you need to seek help for a mental illness. So many people are swallowing this advertising. The pharmaceutical companies are probably paying the media to keep putting this message out there. Then these people are being prescribed psych medication for what would turn out to be a temporary anxious event, that at worst would be fixed by a talk to a psychologist who does not prescribe medications.

Make no mistake, the public system is an industry. People who were earning \$50,000 a year at Woolworths or some other job. If they become a mental health worker, their incomes increase to \$100,000 or more. So they don't want to run out of Clients and have to return to their previous incomes. Everyone is scratching everybody's back. The first base is to get a client on a medication. They know these meds are very difficult if not impossible to get off after a few months on them. As time passes the meds change, each time a stronger med is introduced. Then they start a second med. So now there is 2. The background of the person is investigated, questions are asked. If there's certain things that can identify that a person could be turned into A CLIENT FOR LIFE, such as a sole parent family or maybe a family with substance abuse. To clarify our situation I am a Male sole parent, neither myself or my daughter, drink alcohol, have never smoked and will never take illicit substances. The indicator that made us a target is because I am a Male sole parent, who lives and cares for his daughter who is 44yoa. I have been subjected to every insult that a Gaslighting group of specialists can lay their tongues to. I think it is blatantly obvious the object was to break up my family to gain sole access to their chosen client.

After 25 years of insults where am I ?. I believe I am well qualified to present a detailed submission based on facts and Lived Experiences. There is a formula that they use to guarantee they secure a client. After changing the meds several times, they are able to then use those meds to progress to their ultimate goal. But they need a relapse to go to the next level. This is easy if the person is already in a MHU for a med adjustment. They reduce the main medication to a much lower dose, they don't tell the person. In a couple of days the withdrawal symptoms cause the expected distress. Then a nurse says we will just "Pop You Onto Clozapine". Then without any further consultation they start that process. Guidelines are ignored the parent left out of the discussion. This is their desired outcome. Client for Life. Firstly Clopine is started, then NDIS is applied for by social worker, once granted, then a Guardianship Order is applied for, the parent is given a negative character reference on the application by social worker. The public guardian is the desired guardian. Then they start looking for a Group Home to place the client in after they bust up the family. A CTO is then put in place. If the person ends up in a group home because they manipulate the guardian to order the person to live there. The group home operator then promptly applies for a Financial Mgmt Order and the person loses control over all their finances.

The group home has everything redirected to their own bank accounts. This is barbaric and Draconian and is taking mental health back to the darkest days of Morrisset, Callan Park, James Fletcher etc. It's all about keeping the money flowing. The first steps to fixing the issues are. Number 1. If a person wants to seek treatment under a private Psychiatrist and a CTO is in place or other order, then the public treating team cannot refuse or obstruct the transfer. If the person is on Clopine then they should be able to present at any hospital that has a clinic and be able to get the medication without fear of reprisal from the clinic they usually get it from. Clopine is like having a chemical ball and chain around their ankles. Every month they have to be seen at a clinic. This would allow people to enjoy some travelling or holidays. These 2 things are simple and can be fixed by end of September 23. It's the Stigma of being labelled as being a mental health patients.

You can't expect to be treated the same as someone who doesn't have it. Most of the people who are being labelled are more stable mentally than those enforcing the rules. The next thing is that orders are simply too easy to get. If one family member especially a parent, carer, designated or principal carer opposes the order and they live with their loved one. Then the order should Not be Granted. After all this parent, carer knows their child better than any health professionals. It must be noted that in most MHU,s Dr,s change regularly. We have had no less than 25 different psychiatrists. Each one has a different approach. ATM we have one who is hard wired to applying for CTO,s. This one will move on soon also. So to get continuity of care we must change to the private sector. Somehow we will meet the cost and I feel that the stigma will lift and we can both start to rebuild our lives away from the public system. So to support my claims I have to request that you access some cases that have been listed publically Online. Google. Karen Allen and John Greville Whistleblowers Coffs Harbour. Google. Preventable Death of Jamie Byrne Coffs Harbour MHU. Google. Guardianship Abuse and A Current Affair read top site find Marilyn's Story. Chris Minns also deserves a mention, Guardianship Orders are the same as Wards of the State.

He is currently the proud owner of at least 20,000 people on GO,s. This year also one building in Gladesville will pump out at least 8,000 CTO,s on Civil patients. This is overalllicating of orders. They simply grant all applications. It has been proven CTO,s don't prevent a Relapse. Also only 14% are deemed justified. Google the Annual Report Summary for MHRT NSW 2022. Note the numbers of employees and the number of people who had their status reversed from Involuntary to Voluntary again. You will see that they refuse to return a person to a voluntary status, the number that were given a voluntary status last year was Zero. I feel CTO,s are being used to expose people on them to the horrible outcome that can be imposed on a person on a CTO, that is the use of compulsory forced injection of medications. Administering meds by Depot. Slam Dunk. Checkmate. Patients for life. Family destroyed. Total surrender. So if a person can avoid being Entrapped in this system also their families, then they should be allowed to access medications at any hospital clinic they should be allowed to transfer to a private Psychiatrist. CTO,s must be lifted on request of parent, carers. Anyone who is in the community and is a patient must have the same rights and freedoms of the rest of society. Without fear of breaching any orders. It's interesting and proper to note that the Private Psychiatrists refrain from the Restrictive practices of the public system. Their patients rights are upheld. The public system will scream, but you can fix the issues I raised in One Day. I hope others have raised the same issues.