

Submission  
No 153

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

**Name:** Name suppressed

**Date Received:** 3 October 2023

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Partially  
Confidential

“Hi team I was referred to you by the office of Cate Faehrmann as they don't assist with matters of police malfeasance. Apologies the account below is long winded I've exhausted my capacity to reconstitute this in a more digestible form.

At the time I voiced to the police that there is no harm minimisation framework in place, the policing isn't trauma informed and no support systems in place for psychosocially disabled people who are injured by police during these incidents. I'm also concerned that other people with psychosocial illness have been taunted by police and their threat response has been a physical or verbal outburst which results in police violence and in some cases death.

Treating people who are suicidal like they are criminals is not an appropriate intervention. Treating people who aren't suicidal like they are is a waste of public resources and ultimately sabotages that persons capacity to achieve the outcomes required to function.

I'm neurodivergent with a number of ongoing psychosocial challenges. In the wake of a workplace injury in 2019 I struggle with customer service and organisational interactions, I'm homeless and socially isolated.

On Saturday evening I had a particularly difficult interaction with Ubercarshare which cost me substantial time and energy. I made a seven minute video where I detailed why the interaction was stressful and then at the end I gave an ill advised notion that I was feeling suicidal and that I should check into the psych ward. This is a condition that I have to manage regularly as evinced by me identifying the risk in the footage. However the following evening I was due to stay in a hotel so I went and slept on it. The following day I unplugged and didn't read any emails to avoid stress and tried to focus on constructive things I could do to resolve the ideation.

On Monday I finally locked in an intake for the PICS program at Onedoor which would have provided me ongoing mental health support through a mental health nurse and peer worker trained to deal with psychosocial disability. Late Monday evening the police phoned and asked what was happening. I explained and then I was told I had to report to the station as I'd been reported as a missing person. I told him I needed to sleep in my hotel because I couldn't deal with any police disruption. On a whim I changed my mind on my way to the Supermarket. In the station I divulged that I manage this stuff regularly but I'd organised the intake with PICS so I'd be receiving ongoing support from trained people. In response I was detained under section 22c of the mental health act. I was surrounded by 5 cops, interrogated and searched. I asked a number of lucid questions pertaining to my rights which were either not answered or answered insufficiently. I first asked the lead officer if it was mandated that he detain me under the circumstances and he said it was. I disputed that and told him that he had the discretion to deploy 22c so on what basis did he do so. He cited the video I'd made 2 days earlier, however

he did not see the video. He also ignored the manner in which I presented, the fact that I chose to present, and the steps I'd taken to address my condition.

During the detention his senior was taunting me trying to provoke an exaggerated response and I basically said I haven't been aggressive and I'm not going to be aggressive. I'm very aware you tase members of my cohort to death during welfare checks.' When I arrived at the hospital the nurses identified that I had no symptoms and the psychiatric registrar concurred with this assessment. They couldn't treat me for suicidal ideation because there was no suicidal ideation. However at 3.40 am the registrar had a conversation with the senior psychiatric clinician and recommended that I be discharged. The senior psychiatrist who was off site overruled that decision and decided to continue my detention until 7.30 to 'support me' in the wake of being incorrectly sectioned by the police. I can't overstate the compounding impacts of this decision.

I've been sleeping on couches and in garages for months. Rather than release me to go and sleep in my hotel room they trapped me even though they'd identified there was no grounds to do so and in that timeframe i dissociated and began to exhibit signs of my first ever psychotic episode. Sleep deprivation is torture and I cannot fathom the decision of the senior psych to subject me to that, nor his unavailability to respond to the consequences of that decision.

I was unable to attend the intake for the PICS program and in the intervening week i've been very dysfunctional. I can never seek help again from a mental health service again because my trust has been so thoroughly violated by both the police and the hospital. I phoned the police to see what support was available and the answer was none. Police standards have not responded to my emails and police staff at Surry Hills refused to connect me with the duty manager to discuss the incident. My risk factors are exacerbated and my supports are now reduced in the wake of the incident. The relevant Labor ministers have been unresponsive.”