Productivity Commission
"Improving Mental Health"

THE KILLING ZONE

Author: Patrick O'Connor - Severe Mental Illness Survivor
Severe Mental Illness brings suffering, Suffering brings Suicide, Suicide is the Devil living amongst us.
To stop Suicides you have to stop the Suffering, to stop the Suffering, you must first understand the place that evil and the desperate fight.
THE KILLING ZONE
THE KILLING ZONE

AUSTRALIAN'S WITH
SEVERE MENTAL ILLNESS
THE KILLING ZONE
AUSTRALIAN'S WITH SEVERE MENTAL ILLNESS

2,000,000

THE NUMBER OF AUSTRALIANS WHO ARE CLASSIFIED AS
HAVING A SEVERE OR MODERATE MENTAL ILLNESS
THE KILLING ZONE
AUSTRALIAN'S WITH SEVERE MENTAL ILLNESS

1 THERAPY SESSION
EVERY 36 DAYS

URGENT MEDICAL CARE WILL NEVER SAVE LIVES, IF THOSE LIVES CANNOT BE ASSESSED MEDICALLY URGENTLY.

BETTER ACCESS PROGRAM PROVIDES PEOPLE WITH 10 PARTLY SUBSIDISED PSYCHOLOGY SESSIONS EACH YEAR
THE KILLING ZONE
AUSTRALIAN'S WITH SEVERE MENTAL ILLNESS

40% OF ALL SUFFERER'S DO NOT RESPOND TO MEDICATION.

THEY SUFFER THE FULL IMPACT OF THEIR MENTAL ILLNESS WITHOUT ANY RELIEF DAY AFTER DAY AFTER DAY.
TO TRICK OR TREAT

Finding a medication that provides relief is a trial and error process. Current medications take 4 weeks to reveal any potential benefits, if at all.

"For patients with difficult-to-treat depression, an algorithmic management approach with steps that include increasing the antidepressant dose, switching antidepressants, augmenting with a nonantidepressant treatment and combining antidepressants improves the chance of patient recovery."
MEDICATION SIDE EFFECTS

CURRENT MENTAL ILLNESS MEDICATION HAS SIGNIFICANT SIDE EFFECTS. IN MANY Instances these side effects negate the benefits of the medication.

NAUSEA OR GASTROINTESTINAL PAIN
ACTIVATION/RESTLESSNESS
SEXUAL DYSFUNCTION
HEADACHES
DIZZINESS
EXCESSIVE DROWSINESS
INSOMNIA
SWEATING AND DRY MOUTH
INCREASED BLEEDING
CARDIOVASCULAR DISEASE
OBESITY
SEDATION
STRANGE DREAMS
ANXIETY
SUICIDAL THOUGHTS
THE KILLING ZONE
AUSTRALIAN'S WITH SEVERE MENTAL ILLNESS

800,000 AUSTRALIAN'S HAVE NOT 1 BUT 2 OR MORE MENTAL ILLNESS CONDITIONS

IMAGINE THE DAILY BATTLE FOR THE PEOPLE WHO YOU ARE LIVING WITH MULTIPLE MENTAL ILLNESS CONDITIONS. IMAGINE THE SUFFERING THAT THEY ENDURE IF THE MEDICATION PROVIDES NO RELIEF. IMAGINE WHAT THEY HAVE TO DO TO STAY MOTIVATED TO PUSH THROUGH THE SUFFERING EVERY SINGLE DAY!
80% OF SUICIDE DEATHS HAVE CO-MORBIDITIES

IN 2017, APPROXIMATELY 80.0% OF INTENTIONAL SELF-HARM DEATHS HAD CO-MORBIDITIES MENTIONED AS CONTRIBUTING FACTORS TO DEATH. THAT MEANS THAT HAD 2 HEALTH ISSUES THAT AFFECTED THESE LIVES.

METABOLIC SYNDROME IS ASSOCIATED WITH AN INCREASED RISK OF CARDIOVASCULAR DISEASE AND DIABETES, IS A POTENTIAL SIDE EFFECT OF PRESCRIBED ANTIPSYCHOTIC MEDICATIONS
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AUSTRALIAN'S WITH SEVERE MENTAL ILLNESS

UP TO 23 YEARS SHORTER LIFE EXPECTANCY

LIFE EXPECTANCY FOR THE SEVERELY MENTALLY ILL IS 14 - 23 YEARS SHORTER THAN AUSTRALIAN'S WHO DO NOT HAVE A MENTAL ILLNESS.
"CONSUMERS ARE VERY CLEAR THAT THE BIGGEST PRIORITY ARE THE HEALTH PROBLEMS THAT ARE CAUSED BY PSYCHIATRIC TREATMENT (MEDICATION), THE HEALTH PROBLEMS WE WOULDN'T HAVE IF WE HADN'T BEEN TO YOUR SERVICES, LIKE OBESITY, DIABETES, CARDIOVASCULAR DISEASE, MOVEMENT DISORDERS AND TOO MUCH MORE.

WE HAVE THE RIGHT TO KNOW IF A TREATMENT WILL SHORTEN OUR LIVES, EVEN IF YOU FORCE US TO TAKE IT. LEAVING US IN THE DARK MEANS THAT TOO MANY PEOPLE NEVER GET THE CHANCE TO TRY AND IMPROVE THEIR HEALTH.

IF WE ARE EVER GOING TO MAKE A DIFFERENCE IN THE PHYSICAL HEALTH OF CONSUMERS, IT STARTS WITH THE PRESCRIBING PRACTICES OF PSYCHIATRISTS."

VICTORIAN MENTAL ILLNESS AWARENESS COUNCIL (VMIA) CEO - MAGGIE TOKO APRIL 2019
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AUSTRALIAN'S WITH SEVERE MENTAL ILLNESS

SUICIDE

74% OF LIVES LOST TO SUICIDE HAD A MENTAL ILLNESS.
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IMAGINE THE DEGREE OF SUFFERING THAT MAKES DEATH THE ONLY OPTION THEY SEE CAN STOP THE PAIN.
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AUSTRALIAN'S WITH SEVERE MENTAL ILLNESS

SUICIDE

64% OF PEOPLE WHO ATTEMPT SUICIDE VISIT A DOCTOR IN THE MONTH BEFORE THEIR ATTEMPT.

38% OF PEOPLE WHO ATTEMPT SUICIDE VISIT A DOCTOR IN THE WEEK BEFORE THEIR ATTEMPT.

PEOPLE WITH HOPE FOR THE FUTURE DO NOT END THEIR OWN LIVES. PEOPLE WHO SUFFER WITH NO RELIEF ARE THE VULNERABLE PEOPLE THAT NEED URGENT TREATMENTS.
THE KILLING ZONE

A FATAL PRESCRIPTION
THE KILLING ZONE
AUSTRALIAN'S WITH SEVERE MENTAL ILLNESS

To stop Suicides we have to not only stop the suffering, but we need to give people a life worth living.
"To win a battle that has never been won, you need to do things that have never been done."

Patrick O'Connor - Mental Illness Survivor
QUALITY OF LIFE — EQUALITY IN LIFE

Mental health and wellbeing is a basic human right often denied to many in our community. People living with mental illness have poorer physical health, yet they receive less and lower quality health care than the rest of the population – and die younger. People with psychosis die between 14 and 23 years earlier than the general population.

Collectively we are committing to change this situation as it must not continue.

Person centred design principles require a holistic and inclusive approach, focused on the mental, physical, social and emotional wellbeing of the individual, families, and the community more broadly. Effective health promotion, prevention, early intervention and a continuous focus on recovery, with quality physical and mental health care, will help people living with mental illness live healthy, contributing lives, both socially and economically.

If you know the side effects of the medication is a significant cause of the shorter life expectancy, then how do you ignore improving medication in the plan to fix the issue?
THE KILLING ZONE
AUSTRALIAN'S WITH SEVERE MENTAL ILLNESS

WHY ARE WE FAILING TO SAVE LIVES?
2016 REVIEW - SCOPE

1797 studies, including 23 systematic reviews, 12 meta-analyses, 40 randomised controlled trials (RCTs), 67 cohort trials, and 22 ecological or population-based investigations.

2016 REVIEW FINDINGS - SUPPORTING

...restricting access to lethal means in prevention of suicide ... and hot-spots for suicide by jumping. School-based awareness programmes. The anti-suicidal effects of clozapine and lithium have been substantiated, but might be less specific than previously thought. Effective pharmacological and psychological treatments of depression are important in prevention.

2016 REVIEW FINDINGS - INCONCLUSIVE

Insufficient evidence exists to assess the possible benefits for suicide prevention in...media guidelines....and internet and helpline support.

THE BENEFITS OF PHARMACOLOGICAL STRATEGIES ARE GLOBALLY ACKNOWLEDGED VS THE BENEFITS OF OTHER INTERVENTIONS
"Most Australians may not know treatments with prescribed psychiatric drugs may lead to worse physical health. There are increased risks for some specific treatments such as antipsychotics and for those with underlying vulnerabilities such as diabetes."

"This can mean that the antipsychotic medications that are prescribed to manage severe mental illnesses such as schizophrenia, contribute to the risk of having severe physical illnesses. The decision for people to take medications to improve their mental health, is made with the knowledge that their physical health and quality of life will suffer."

**THEY HAVE BEEN AWARE OF THIS SIGNIFICANT CAUSE OF SUFFERING SINCE 2012, YET NOTHING HAS BEEN DONE SINCE THAT TIME!**
Fifth National Mental Health and Suicide Prevention Plan, 2018

Progress Report

There is not a single part of this document, that aims to improve the area of mental illness medication. Yet it is called a suicide prevention plan?
NOT A SINGLE STRATEGIC ACTION ON IMPROVING THE MEDICATION ON THE PBS!

ACTUALLY THE PBS ISN'T MENTIONED ONCE.
"In an Australian first, leading mental health and suicide prevention organisations are joining forces to support the general public to talk openly about suicide with their friends and family in a bid to save more lives."

WE CAN'T JUST KEEP TELLING PEOPLE TO SEEK HELP, WE HAVE TO GIVE THEM HELP WORTH GETTING.
On Monday, experts, community leaders, including representatives of the Commonwealth, state and territory governments, came together to discuss NEW approaches in tackling Australia’s suicide rate. I called this summit after the release of the latest data from the Australian Bureau of Statistics on causes of death in Australia. The figures released by the ABS were deeply concerning. Figures showed that 3128 people took their own lives in 2017, an increase of 9.1 per cent from 2016.”

AS A RESULT OF THE SUMMIT, THREE KEY RECOMMENDATIONS WHERE MADE:

- Suicide prevention to be elevated to being a whole-of-government issue and a COAG priority.
- Establish a national system for timely collection and communication of statistics and information on self-harm and suicide to help communities across the country respond early to emerging problems.
- The need for Primary Health Networks (PHNs) to be strengthened to deliver evidence based, demographically appropriate supports in their local communities.

Our "NEW" response to suicide is to get better at counting the deaths? None of those "NEW" approaches will help people in the killing zone today!
"National Mental Health Commission chair, Lucy Brogden, said the summit provided much-needed clarity and a way forward, while also providing a powerful reminder of why this task is so important."

**AT WHAT POINT DOES THE FAILURE TO ACT RESULT IN ACCOUNTABILITY?**
Estimated number of people (adults and children) in each group based on their mental health over the 12 months up to 31 March 2018. People were categorised as having a mental illness (mild, moderate or severe) if they had an episode of mental illness within the 12-month period. They were categorised as being at-risk if they had emerging symptoms of a mental illness within the 12-month period, or an episode of mental illness before the 12-month period, or were children of parents with a mental illness.

**Source:** Productivity Commission

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**WHY GO ON THIS TRIP?**

The National Mental Health Plan must provide high quality care to ALL Australians

**IF AN ACTION DOES NOT DIRECTLY IMPACT THE SUFFERERS WHO LIVE IN THE KILLING ZONE, THEN IT CANNOT BE LISTED AS A CRITICAL SUICIDE PREVENTION MEASURE!**
The plan needs to be completely reviewed. A clear priority list of actions that directly benefit people in the killing zone need to be implemented.
THE PLAN NEEDS TO HAVE A FAR GREATER INPUT AND SIGN OFF FROM THOSE WHO SUFFERERS WHO LIVE IN THE KILLING ZONE.
The launch of Prozac in the 1980's was the last major deployment of new medications in Australia. In the USA the Government has provided "Fast Track" drug research into Severe Mental Illnesses, recognising the need for urgent medication innovations.

The first 2 new drugs have already hit the US Market. However you will not find any information on Australian Mental Health websites, they like to pretend these announcements didn't happen.

The problem is that these are the new breed of Mental Health Medications, which is long overdue, but these companies now have a registered patent and a virtual monopoly in the near future.
THE NEW BREED OF MEDICATION IN THE USA

Treatment Resistant Depression (TRD)

5th March 2019

SPRAVATO™ by Janssen - $70,000 AUD a year treatment cost

Janssen Announces U.S. FDA Approval of SPRAVATO™ (esketamine) CIll Nasal Spray for Adults with Treatment-Resistant Depression (TRD) Who Have Cycled Through Multiple Treatments Without Relief

Post-Partum Depression (PPN)

19th March 2019

ZULRESSO™ by Sage Therapeutics - $50,000 AUD 3 day (one off) treatment

Sage Therapeutics Announces FDA Approval of ZULRESSO™ (brexanolone) Injection, the First and Only Treatment Specifically Indicated for Postpartum Depression | Sage Therapeutics, Inc.

The Investor Relations website contains information about Sage Therapeutics, Inc.'s business for stockholders, potential investors, and financial analysts.
THE NEW BREED OF MEDICATION IN THE USA

Why are these medications such a big deal?

These 3 conditions are amongst the hardest to treat, and according to the World Health Organisation, MDD is the largest cause of disability worldwide. ABS Causes of Death (2017) reported Mood disorders (including depression) was reported in 43% of all suicides. This is the big league when it comes to the fight against mental illness. In fact they are regarded by the FDA as mental illnesses needing urgent medication innovations, so these 3 drugs enjoyed a fast track assessment process.
FDA Panel member Felipe Jain, a Harvard Medical School psychiatrist, said he believes the Sage drugs may be a “game changer” given the limited treatment options currently available.

“This is what hope looks like,”
I asked for the commission's view on these 2 new breakthrough medication's available in the U.S.A., for the treatment of severe mental illness.

I was told the commission was not aware of these developments and referred me to the minister for health.

https://www.linkedin.com/pulse/obviously-going-happen-patrick-o-connor/
Hi Karla

Thanks for your time today. Here is the article.

[https://www.linkedin.com/pulse/obviously-going-happen-patrick-o-connor](https://www.linkedin.com/pulse/obviously-going-happen-patrick-o-connor)

By way of context, I have offered $ of my personal wealth to a number of the leading mental health advocacy groups. This was to run trials utilising different tools that exist overseas, to assess the potential use in Australia. If they worked, I offered an additional $ to implement them in high need areas as a “working trial” if you like. No strings!

These doctors in the USA who saved me, feel it’s my duty to give other sufferer’s the option to have these treatments too. All these organisations took a pass. My observation is that nobody really wants to own the R & D space. That’s as polite as I can be. I would appreciate the opportunity to have a coffee with Lucy, I’ve long been a fan of her work. All I want is for someone to explain to me why treatments that I get are not required here because we have other options. Obviously we don’t.

Last year I took on the Life Insurance Industry and won. I am man of significant financial wealth, determination and a deep sense of attachment to those still suffering. I want to move and live my life, but right now, I have to fight a battle that should not even have to be fought.

Happy to chat further

Patrick O'Connor
04 0770 2070
Dear Patrick

Thank you for your call and email below.

As discussed, I have forwarded your enquiry to the Australian Government Department of Health (email: news@health.gov.au, phone: 02 6289 7400).

Unfortunately our Chair, Lucy Brogden is unavailable to meet with you, but we trust your concerns will be addressed by the Department of Health.

Yours sincerely

Karla

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THE REFUSAL TO
PRIORITISE FINDING
BETTER MEDICATION
TREATMENTS IS THE
SINGLE BIGGEST CAUSE
OF THE MENTAL
HEALTH CARE CRISIS.
To stop Suicides we have to stop the Suffering, to stop the Suffering, we need new Mental Illness weapons to kill it.

THE KILLING ZONE
AUSTRALIAN’S WITH SEVERE MENTAL ILLNESS
CANCER KILLS.
MENTAL ILLNESS KILLS.

We don't "manage" Cancer, we kill it!
We have to stop "managing" Mental Illnesses and start killing them!

To kill them we need new treatments,
because the ones we have now just kill the sufferer's not the illness.
IN THE FIGHT AGAINST MENTAL ILLNESS, WE ARE GETTING KILLED, LITERALLY. IT IS TIME FOR NEW IDEAS AND NEW LEADERSHIP. IT IS TIME FOR THE SUFFERERS TO HAVE A GREATER SAY.
THE KILLING ZONE
AUSTRALIAN’S WITH SEVERE MENTAL ILLNESS

LIFE FOR THE SEVERELY MENTALLY ILL IS LITERALLY HELL ON EARTH. IT IS NOT A LIFE WE WANT TO LIVE. WE SURVIVE, WE DO NOT LIVE. NOT A SINGLE ONE OF US WANTS THIS OVER DEATH.
THE KILLING ZONE
AUSTRALIAN'S WITH SEVERE MENTAL ILLNESS

The current national mental health & suicide prevention plan doesn't give sufferers hope for the future. They have no hope for new treatments, because the national plan has said they don't think the sufferers need them.

When hope is gone. The fight is over.
THE KILLING ZONE
AUSTRALIAN'S WITH SEVERE MENTAL ILLNESS

INSTEAD OF MEASURING SUCCESS BY THE LIVES SAVED, WE NEED TO MEASURE IT BY THE QUALITY OF LIFE THEY GET TO LIVE.

UNLESS WE APPLY THAT MEASUREMENT TO MENTAL ILLNESS, WE WILL NEVER WIN THIS FIGHT!
"Trying to stop suicide without better medication is like trying to put out a house fire without water. You can try but people will keep dying because you won't try something new."

Patrick O'Connor - Mental Illness Survivor
Patrick is a former Financial Services Executive.

He now shares his experiences in successfully treating his Severe Mental Illnesses and other co-morbid conditions.

Patrick has extensive lived experience with treatments in Australia and others not currently available in Australia.

He has shared his story with various Mental Health Groups & Government enquiries since 2012.