

The report suggests to me that improving Mental Health and Treatment is going to be very costly exercise; and this is at a time when we are only on the low end of an exponential climate change affect curve, so it's going to get a lot worse and more stressful. Climate change is going to keep sucking more and more out of Australia's budget. Does this mean that Australia needs a sugar tax to help fund mental health? I think so and think that sugar is **partially** (only partially) to blame. It will become evident further on in this response that since my initial submission my view on sugar has become more negative.

I feel the biggest beneficiaries from the report will be psychiatry, psychiatrists and the drug companies; that is not to say that nobody else will in anyway benefit. There is a mention of having plenty of psychologists and not enough psychiatrists without any recognition that there are two different types of psychiatrists: mainstream and progressive, with the most obvious difference between the two being that mainstream like to very quickly prescribe medication day one interview one, and progressive not so quick to not at all.

There are references to the psychiatric drugs being causal in poor physical health but nothing on how to go about reducing the consumption of these drugs; no indication of any desire to get people already on psychiatry medication off it. The more psychiatrists needed logic in report will surely result in more psychiatric drugs consumed therefore more physical health problems. Psychiatrists prescribing drugs with negative side-effects on health then palming the patient off onto the GP's to manage the negative side-effects they caused is unlikely to help and more likely to make situation worse. GP's will likely prescribe a drug/s to mask the psychiatric drugs side-effects; then when more side-effects appear from latest prescribed drugs then prescribe even more drugs and so on and so on.

More psychiatrists has to mean more human rights violations and the words "human rights" doesn't even get a mention in the report. My experienced driven opinion with psychiatrists is that we have too many mainstream with not enough progressive; therefore importing/training more to be, will result in an increase in the scrips written. I am concerned of the child wellness screening mentality that the report contains. I believe that medication will be prescribed on the just in case it's needed, logic. I believe child wellness screening will lead to an increase in scrips written to children and in many cases scrips will be written without looking at or understanding the impact of the child's diet; and when a change in diet would be far more beneficial. Furthermore, the child's true diet can only be known if it gets conveyed as such as there has to be a possibility that the diet is fudged for the better when reported. The below 'A Current Affair' segment shows that diet change can be far better and safer than medication; it is a seven year old on prescribed Prozac!

[https://www.youtube.com/watch?v=5ZW4\\_TpiNWw](https://www.youtube.com/watch?v=5ZW4_TpiNWw)

(Girl became 'fascinated' with death after starting medication | A Current Affair)

On Page 121 with major contributor risk factors it could have been recognized that both "lack of sleep" and "diet" are also major when it comes to risk factors. There is plenty of evidence out there on the lack of sleep with psychical and mental health and I won't put in any 'reference links' in. There are qualified mental health professionals that believe that diet is extremely important, just

two e.g.'s: Psychiatrist Dr Georgia Ede; and Professor Julia Rucklidge who is director of the Mental Health and Nutrition Research Group at University of Canterbury New Zealand.

Dr Georgia Ede has an impressive list of credentials and the below link is presentation by her.

<https://www.youtube.com/watch?v=TXIVfwJ6RQU>

Dr. Georgia Ede - 'Our Descent into Madness: Modern Diets and the Global Mental Health Crisis'

As you can see by the above lecture, progressive psychiatrist Dr Georgia Ede strongly believes that diet, and in particular sugar, is far bigger factor than what the mainstream psychiatrists think.

The report contained some very brief notations of more research therefore nothing specific on my proposal in Submission 358 which was: "I strongly believe funding should be made available for a study on fasting as treatment for Mental Disorders, and the patient's microbiome should be studied in this study". Since the Draft Report was released I have looked around online further and I have provided some of what I have found.

One thing I have noticed when admitted to a Mental facility was an excessive amount of sugar put into coffee/tea by most patients but not me as I put no sugar; some wouldn't bother using a teaspoon to put the sugar in their cups and would put the empty cup in the sugar container and scoop up an extreme amount of sugar. I had often wondered if there was any link between sugar and mental illness. A Japanese study has linked diet (a sugary and high GI one) to Schizophrenia.

The Japanese study on Diet and Schizophrenia:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4411018/>

(Dietary patterns and schizophrenia: a comparison with healthy controls)

In this study diets were grouped into two groups; being either a vegetable diet or cereal diet, with the cereal diet being higher sugar. In this article it is written under Conclusion: "We hypothesized that a dietary pattern comprising high amounts of vegetables would be associated with a lower risk of schizophrenia. However, no evident association was observed between 'vegetable' dietary pattern. By contrast, the 'cereal' dietary pattern, which was characterized by a high consumption of rice, bread and confectioneries and positively correlated with the intake of fats and proteins, was associated with schizophrenia. This result may provide clues regarding the pathogenesis of schizophrenia and the prevention of metabolic syndrome in schizophrenia patients. This article is the first to describe a study of dietary patterns and schizophrenia."

It was known in the late 1800's that insulin resistance was associated with some people with mental illness. The below two articles are from "JAMA Psychiatry" and are on insulin resistance and schizophrenia.

<https://www.healio.com/psychiatry/schizophrenia/news/online/%7B63ea4151-1e82-45bf-8d14-ad32654c626e%7D/abnormal-insulin-levels-found-in-first-episode-schizophrenia>

(Abnormal insulin levels found in first-episode schizophrenia) July 27, 2017

<https://www.healio.com/psychiatry/schizophrenia/news/online/%7B35b4a107-45e0-4ddf-865a-42e358914569%7D/insulin-resistance-a-hallmark-of-schizophrenia>

(Insulin resistance a 'hallmark' of schizophrenia) April 4, 2019

My online Submission 358 had in it references to claims that fasting has successfully treated schizophrenia in some people. I have since also found references to the Ketogenic (Keto) Diet also successfully treating schizophrenia.

The below are some article links on this unbelievable phenomenon:

<https://www.ketonutrition.org/blog/2019/1/21/the-ketogenic-diet-for-schizophrenia>

(The Ketogenic Diet for Schizophrenia) January 21, 2019

<https://www.psychologytoday.com/au/blog/advancing-psychiatry/201904/chronic-schizophrenia-put-remission-without-medication>

(Chronic Schizophrenia Put Into Remission Without Medication) Apr 06, 2019

<https://www.psychologytoday.com/au/blog/diagnosis-diet/201709/low-carbohydrate-diet-superior-antipsychotic-medications>

(Low-Carbohydrate Diet: Superior to Antipsychotic Medications?) Sep 29, 2017

I concede that this keto diet treatment has only been tried on a very small number of people. If diet can cure schizophrenia in some people as outlined in above articles then doesn't this mean that diet is probably causal in those same people suffering schizophrenia and that they were genetically predisposed to becoming schizophrenia with too much sugar consumption? Not everyone that consumes a lot of sugar develops schizophrenia but are some people genetically predisposed to?

Furthermore both fasting and keto diet can cure type 2 diabetes; Dr Jason Fung has been curing diabetics with various combinations of fasting/intermittent fasting/keto diet, with the "various combinations" being tailored to the patient's ability to stick to the treatment. Mainstream medicine has been very slow to adopt this cure. There are numerous lectures and podcasts by Dr Jason Fung on youtube on insulin resistance, type 2 diabetes, fasting, and the theory behind why type 2 diabetes develops and why fasting/keto diet works so well in treatment; I have only included one that is in two parts. Dr Jason Fung's treatments are exactly the same treatments for schizophrenia as per described in links I have provided in this submission and Submission 358, hence why a diabetes treatment is here as in link below:

<https://www.youtube.com/watch?v=ZEr9AjjL3No>

Dr Jason Fung - Insulin toxicity and how to treat Type 2 Diabetes Mellitus

<https://www.youtube.com/watch?v=jRlJfhrYbmM>

Dr Jason Fung - Novel management of diabetes and insulin resistance

The above two links are from a lecture by Dr Jason Fung done parts over two days, hence the two different links.

Just listening to one of Dr Jason Fung's presentations on curing diabetics should turn anyone who doesn't believe diabetes can actually be cured into a believer. The fact that diabetics, a disease of insulin resistance can be cured by fasting/keto diet adds weight to that it can also cure schizophrenia because "Insulin resistance a 'hallmark' of schizophrenia" (as per explained in a previous, in this submission article)

Alzheimer's disease has also become called type 3 diabetics; will there become a time in future when schizophrenia is also called type (N) diabetics with the '(N)' being the next available not used number at that time? I think very possible.

In my online Submission 358 I supplied link to news article titled "How white blood cells hold the key to understanding schizophrenia"; and in this article it is written 'Using new molecular techniques, Professor Cyndi Shannon Weickert showed a particular type of immune cell was causing inflammation in the brain.' and also written 'Those who were suffering psychosis had double the level of inflammation compared to patients who were not psychotic at the time of testing.'

Sugar and high processed carbohydrates are known to cause inflammation.

In my online Submission 358 I brought up the fact that scientists have started to refer to your microbiome (gut bacteria) as your second brain and I provided (in that Submission 358) a number of articles linking gut health to mental health. I also wrote in Submission 358 that "I strongly believe funding should be made available for a study on fasting as treatment for Mental Disorders, and the patient's microbiome should be studied in this study." Now I strongly believe that the ketogenic diet also should also be studied in regard to curing mental illness.

In this below article it is written: "They found that patients with schizophrenia had less diverse gut microbiomes than patients without schizophrenia, the researchers report. The microbiomes from schizophrenia patients also harbored unique kinds of bacteria. They were so distinct, in fact, that the researchers were able to tell patients with schizophrenia apart from healthy controls based just on the bacteria in their guts."

<https://www.discovermagazine.com/health/researchers-find-further-evidence-that-schizophrenia-is-connected-to-our-guts>

Researchers Find Further Evidence That Schizophrenia is Connected to Our Guts

Well ones diet plays a role in determining ones microbiome combination; a sugary diet feeds the not so friendly to health bacteria allowing them to thrive.

On Page 117 under "Definition of key terms" and for "Mental illness or mental disorder" it is written "It is diagnosed according to standardised criteria." In the real world this is not true as a mental illness or disorder is not diagnosed according to standardised criteria; it would be fairer to say that it is a "bastardised" not "standardised", criteria. For this "standardised criteria" to be true then all patients would get the same diagnosis by one and all psychiatrists and this doesn't happen. If this was true then it would be no problem for the person doing diagnosis to record how the patient

satisfies the criteria and this does not happen. Not using the criteria is a huge (as well as accuracy of recorded data) factor in wrong diagnosis being made. I have written to and informed a previous NSW Minister for Mental Health on this matter and I didn't get a response on the issue. I have also detailed this problem to the Productivity Commission in one of my writings submitted as In-Confidence material. There is no indication in the report that the use of neither "diagnostic criteria" nor "psychiatry interviews being audio/video recorded", is even being considered to be implemented. These are both vital to the quality of data collected, the diagnosis and human rights; a person can be given damaging to health drugs, or worse, electric shock treatment because of what a psychiatrist/s says/writes about a person.

One of the best ways for me to explain how not using a "standardised criteria" effects the quality of the diagnosis is to get someone else to do it. In the below link (for Documentary: Abuse in Psychiatry) at timeframe 1.15:50 is a segment where somebody as an undercover patient goes to different psychiatrists complaining of the same life problems to all. If a "standardised criteria" is used then the same diagnosis should be given by all psychiatrists yet that doesn't happen in below link; however team psychiatry does quickly manage to agree on the same medications to get the "undercover patient" addicted to.

<https://www.youtube.com/watch?v=PWKUujRXTc0> (Abuse in Psychiatry)

Staying on this "It is diagnosed according to standardised criteria" theme: the report is big on areas where it could expand on due to the system being by nature lacking in these areas; but very small in areas where the lacking is due to in some way to the mental health qualified people working in the system. There are a couple of very small notations to improving the quality of the collected data nothing really on how, and nothing on the wrong diagnosis given factor. The best way to improve both the data and diagnosis quality would be to audio/video record psychiatry interviews as this would motivate psychiatrists to try to improve their note-taking and diagnosing. In fact wrong diagnosis doesn't even get a mention or any recognition that it can and does happen. I do assume that the "wrong diagnosis" has been quietly coupled with, and hidden under the umbrella of quality of data collected. I believe "wrong diagnosis" should get its own specific mention in the report. The court system acknowledges that it is not perfect and sometimes it gets it wrong and an innocent person goes to jail; they acknowledge this because innocent people sometimes get released as such. Psychiatry should be able to acknowledge that it also is not perfect and it sometimes gives a wrong diagnosis.

The whole three issues (diagnostic criteria, data quality and wrong diagnosis) are closely linked to each other. The "diagnostic criteria" that supposedly is used but isn't, along with recorded "data quality" affects the "diagnosis quality" so to improve the "diagnosis quality", the use of the "diagnostic criteria" needs to be enforced along with greatly improving the collected "data quality". Having psychiatry to patient interviews properly recorded using audio/video along with enforcing the use of the diagnostic criteria would greatly improve the quality of diagnosis and data collected which all becomes the person's medical history.

When a false confession by a suspect is extracted by police and the whole interview is audio/video recorded then it can later be shown that it was in fact a false confession. The same should apply to psychiatry: if all the psychiatry interviews are audio/video recorded and if there is a wrong diagnosis

then it can be later shown that the false diagnosis was extracted from the psychiatrist's head, not the patient's head. There are many other benefits than just this.

On Page 150 is description of "Personality disorders" and some examples of them. It also states "have an onset in adolescence or early adulthood". I was suddenly wrongly diagnosed with "Personality Disorder, Unspecified" at age 53yo and at a time that I had been in front of psychiatrists in other years previous to this resulting in other previous wrong diagnosis when I had only ever felt depressed. One would have to assume that if mental disorders were "diagnosed to a standardised criteria" then I would have been previously diagnosed Personality Disorder and that the psychiatrist that finally gave this diagnosis would have been able to specify exactly which PD instead of just recording "unspecified". At the moment I don't know if I'm Narcissist PD? If I'm Obsessive-Compulsive PD? If I'm Borderline PD? Or if I'm another one of the possibilities or even if I have multiple PD's controlling me. It's like not knowing if I'm Arthur or Martha.

The report is written to suggest that not enough legal representation (P34, P641) is the main reason that a Mental Health Inquiry will order a person that shouldn't be detained, detained and drugged against their will; and same for electric shock treatment called electroconvulsive therapy to make the torture treatment, not therapy, sound humane. Nobody should be given ECT period. I believe that the Mental Health Inquiries being a human rights violation problem runs far deeper than just advocacy and legal representation and is not limited to: the quality of the diagnosis and the recorded data on the patient; the fact that the patient isn't allowed to see this data (including specifically Report to Magistrate) on them under the guise that this information may in some way cause harm; and just being a psychiatrist means that the magistrate views the person as a highly credible witness with very high standard of integrity and morals, and views the mentally charged as somebody that is delusional, and who knows what else, therefore anything they say is not credible.

In a real court a charged person who also has a 'maybe mental illness factor' attached to a crime has a 'professional witness psychiatrist' for the prosecution as well as defence with the magistrate deciding which is speaking truth when they don't agree which is often the case; in a Mental Health Inquiry you have a person charged with being mentally ill by a psychiatrist who is also the prosecutor and the same psychiatrist is also the professional witness with the accused mentally ill only finding out the psychiatrist prosecutor's evidence on them and in front of the magistrate. What this means is that the process is only as fair as the combined effort of the magistrate and psychiatrist let it be, so if combined they want to run the hearing as a min-kangaroo court then they can because there is nobody to stop them.

On Page 129 third full paragraph down it written "clinical care attempts to treat the mental illness"; this is not true as clinical care does not attempt to treat anything, and only attempts to mask or manage mental illness symptoms with medication.

In fact Page 368 is closer to the truth and contradicts what written on Page 129. Psychiatrists are considered to be the best of all the mental health workers and there is no mention of 'treat the mental illness' only 'management of mental illness'. On Page 368 under "Psychiatrists" it written "Psychiatrists are medical practitioners specialising in the diagnosis and **management** of mental illness using **psychological** and **medical** treatments."; nothing about '**treat the mental illness**' and only '**management of mental illness**'. From my experience I have never met one that uses "**psychological**" treatments only "**psychological threats**" and "**psychical torture**"; like e.g.: "If you

refuse the injection you will be held down and given it" which is a psychological (and of course psychical) threat; and their only **medical treatment** is just drugs that are **psychical torture**.

The Draft Report has explanations on some different "Types of Mental Illness" starting on Page 147. The explanation on delusions has been watered down somewhat from the DSM explanation; so much that it currently means that anyone who doesn't believe that there is a human factor to the accelerating climate change is delusional so therefore can be drugged because under the Mental Health Act delusions alone is enough to be antipsychotic drugged. The climate deniers won't like this so maybe it should be changed in line with DSM. It says Page 149 that "delusions are fixed beliefs which are **not amendable to change in light of conflicting evidence**." The real world truth is that a person is deemed delusional if any qualified "Mental Health Professional" deems this, hence why I'm delusional.

I did not see anything in regard to improving the complaint system in the report. NSW, so I assume all states, runs a fractured complaint system in regard to mental health. Information from complaints should be being used to improve the mental health system. If State Governments were interested in using the complaints in a positive way to improve care then they would have just one contact that all complaints are submitted to. Complaints have to be in writing and some patients lack the English skills to write a complaint.

One mental health facility admission theoretically could have complaints submitted to a number of different organizations. The patient could have had contact with police to do with the admission before even getting in the door of the mental health facility; some patients are transported to the mental health facility by police. This means that a complaint on police could be warranted and it would go to Police. The patient is given a Legal Aid Solicitor to help them defend themselves in a Mental Health Tribunal against the allegations made by the psychiatrists; a patient theoretically could have a complaint on their solicitor and this complaint would go to Legal Aid. Other complaints to do with treatment depending on their nature go to either Privacy Commission or The HCCC. The Privacy Commission can rule that your valid complaint is frivolous; then fine the complainant money for wasting their time with the frivolous complaint. The **HCCC** is actually the **Health Care Cover-up Commission**; staff there even conveyed this fact to me in conversation; just not directly but indirectly. I had a number of complaints submitted that were at various different stages (mostly finished) in assessment and HCCC called me into their office for a meeting with them regarding the complaints. During meeting staff had warned me more than once with words like that "I could submit more complaints to them if I like but they would all get the same result"; when in fact all complaints finished had a result of being let slide in favour of the perpetrator. Therefore this is an indirect admission by HCCC that they are actually Health Care Cover-up Commission.

This so-far is four different complaint organizations that complaints could have to go to for one mental facility admission but for all I know there could be more; I did say that it is a fractured complaint system. The Magistrate presiding over the Mental Health Inquiry will more than likely run their session as a Mini-Kangaroo Court like mine did, therefore the magistrate deserves a complain. I don't know who this complaint would go to, probably to The Mental Health Review Tribunal for them to investigate themselves; where this complaint would actually be best to go to I think would be The United Nations as running Mental Health Inquiry as a Mini-Kangaroo Court is a human rights abuse issue. Then there is a Social Worker assigned to a patient whilst they admitted. This Social

Worker can decide to write a Report to Magistrate for Mental Health Inquiry on the patient with recommendations on patient's treatment that they are not qualified to make including if they should be detained against will; and in this report the Social Worker can decide to put factually wrong information in the report and choose not to have the decency to show the patient their factually wrong report nor even tell the patient they even wrote a report. In this case it has to mean that the Social Worker deserves a complaint being submitted against them; I got no idea who to but I do know that whoever it is that they will let the complaint slide in favour of the Social Worker.

There is at least four different places one admission can have complaints go to, probably five with the MHRT and if social worker complaint doesn't go to HCCC or Privacy Commission then there be six. Some with mental illness are on the Disability Pension; this suggests that they are disadvantaged so why not make the complaint system easier for them? Why not employ people who are there to actually access complaints on their actual merits? Why not have one body that all complaints (even against police) with anything to do with Mental Health treatment are submitted to and to oversee the complaint. And why not run the complaint system in a way that helps the Government recognise where they can improve the Mental Health System? The public servants who get a job for a government complaints organisation will understand what complaint outcome is expected from them even if they aren't specifically told; a scientist who is recruited and paid by the sugar industry to do a study on health and sugar knows what outcome is expected by virtue of who recruited and is paying them to do the study.

The NSW Government (so I assume all) running the mental health treatment complaint system the way they do is actually damaging to ones Mental Health due to the stress the patient feels with 'nobody is listening to them' factor; and this is on top of the fact that it normal the patient gets this 'nobody is listening to them' feeling when speaking with the psychiatrists. This below news article backs up what I just said; that the complaints system damages ones mental health. A person whose partner doesn't listen to them dies earlier due to stress.

<https://www.msn.com/en-au/lifestyle/familyandrelationships/living-with-a-partner-who-doesnt-listen-could-make-you-more-likely-to-die-early-because-you-struggle-to-cope-with-stress/ar-BBTUBzc?li=AA2FZ8I&ocid=mailsignout>