

**APPLICATION FOR LEAVE TO APPEAR AT A HEARING OF THE PRODUCTIVITY
COMMISSION INQUIRY INTO THE ROLE OF IMPROVING MENTAL
HEALTH TO SUPPORT ECONOMIC PARTICIPATION AND
ENHANCING PRODUCTIVITY AND ECONOMIC GROWTH.**

SUBMISSION APPLICATION 28 November 2019

I seek leave to appear before this critical Productivity Commission Inquiry into mental health because I have a direct and substantial interest in the subject of inquiry, as I am a pro bono court advocate for various vulnerable persons massively harmed by fraudulent psychiatry. Recent Advocate Cases are:

1. Advocated for, sought, arranged VCAT MHT Appeal Case H372/2019 '[MHT Involuntary Treatment Order appeal case APPLICANT LVA \(VCAT Suppression Order\)](#)
2. Advocated for, sought, arranged and won VCAT Ann Said Guardianship case [2 August 2017 – G79860/00](#)
3. [Garth Daniels' UN case](#) having been granted leave to act for Garth in [Victoria Supreme Court Injunctive Relief case S CI 2016 01521](#). Subsequently won guardianship QCAT case for Garth.

I am currently Authorised Personal Advocate for Applicant VLA et al and I wish to have the hearing acknowledge the mass-harm done to vulnerable people by psychiatrists conducting deliberate fraudulent diagnoses for personal financial reward, that have most destructive negative impacts (the Productivity Commission formally cites) violating in the following specific areas:

IMPACTS:

Psychiatrists conducting deliberate fraudulent diagnoses (shown under) for personal financial reward have a massive negative, destructive and death impacts on the lives of vulnerable people in the following specific Productivity Commission cited areas:

- the effectiveness of current programs and initiatives across all jurisdictions to improve mental health, suicide prevention and participation, including by governments, employers and professional groups;
- the current investment in mental health delivering value for money and the best outcomes for individuals, their families, society and the economy;
- the outcomes of mental health policies and investment on participation, productivity and economic growth over the long term.
- 3,100 deaths from suicide in 2017, 86% are caused by lethal, neurotoxic psychotropic drugs most early deaths of psychiatrists' patients ([80,000 per annum](#)) are NOT due to physical health conditions. Coroners NEVER show the lethal neurotoxins causing these drug-reaction suicide deaths which is shown on the manufacturer's black-box warnings. The 26 November 2019 Productivity Commission Jacki Spinks suicide testimony by her mother shows Jackie's cause of death was Zoloft, the Coroner states death from a suicide jump!
- significant stigma and discrimination around mental ill-health, particularly compared with physical illness.

- . [Adjunct Professor, Dartmouth College Patricia E. Deegan](#) Clinical Psychologist: states: “psychiatrists dehumanize and depersonalize to the point of spirit breaking, destroying social justice and the right to humane treatment and rehabilitation”.

There can be no more destructive negative impact force done to any human than having them forcibly removed from their own home by psychiatrists’ deliberate money-driven fraudulent diagnoses and arbitrarily detained and forced into toxic drugging and treatment orders.

These psychiatrists now [annually KILL 80,000 Australians](#) and massively harm hundreds of thousands more by forcing deliberate fraudulent diagnoses.

The reasons for these deliberate fraudulent psychiatric diagnoses are that there is a massive financial-corruption incentive paid to psychiatrists and other players, where just the Top 10 Big-Pharma corporations alone are a [\\$1.4TRILLION-DOLLAR killing-maiming juggernaut](#) bribing the psychiatrists for fraudulent diagnoses and paying them directly and indirectly with massive financial and other tangible and intangible rewards.

My focus is on these widespread deliberate fraudulent diagnoses made solely for money and career gain.

[Redact] alone, one of Australia’s most heavily internationally (QUOTE: “disease-mongering”) criticised psychiatrists, brags on his CV he has taken \$12 million dollars from Big-Pharma corporations to push destructive psychiatric psychotropic neurotoxins that [now KILL 80,000 Australians per annum](#).

There is a MASSIVE conflict of interest inherent in the racketeering psychiatry paradigm whereby a vast financial gain in two direct areas falls directly to psychiatrists and other players to deliberately fraudulently diagnose non-existing mental-health-disorders for massive financial rewards, they are:

- Vast direct salary, funding a cabal of corrupt-racketeering in psychiatrists, social-workers, nurses, hospitals etc. taking money to force brutal cruel, inhuman and degrading torture. A clear violation of our [Australian ratified UN CRPD](#).
- Vast direct financial transactions flowing to hospitals, clinicians, researchers, universities etc. for uploading and sale of drug-trials impacts data on persons FORCED to take psychotropic neurotoxin poisons for forced human-experimentation [drug-trials-programs publications](#). These bogus forced human experimentation programs DIRECTLY benefit the careers of these fraudulent psychiatrist-racketeering players by direct payment and career-enhancing drug-trials-programs data publications that deliver promotions, career progressions, tenures and paid notoriety.

The specific money-driven diagnoses deliberate fraud is monumentally widespread, where psychiatrists are empowered by ALL Australian Mental Health Acts to make whimsical-unsupported SPECIFIC bogus diagnoses of (non-existing) mental-illness and cite the following fraud statements with no reference-definition whatsoever, or any evidence whatsoever to support the fraudulent diagnosis claim.

These frauds mainly are the following statements:

- The diagnosed person is a danger to her/himself or others
- The diagnosed person is at risk of deterioration
- The diagnosed person does not have the capacity to accept-understand his-her mental illness
- The person is thought-disordered

There are massive amounts of fraud statements all across Australian psychiatry such as this and the Lancet study shows no evidence is given in as much as [50% of fraudulent diagnoses](#).

I will talk to this massive malpractice fraud and link it to each of the **Recent Advocate Cases** 1. 2. and 3. Cited above.

Further research demonstrably shows that not only are these fraudulent undocumented, unsupported non evidence-based assessments violation of legal, civil rights and are medical criminal malpractice; but even solid probability-based assessments of risk have NO VALIDITY!

- [Large, Singh et al 2010](#), **Psychiatrists conclude that risk assessments are not a reliable indicators of absolute risk and containing no predictive validity.**
- [Large, Matthew UNSW](#) **an empirically based risk assessment can only be framed in terms of probability theory and risk assessment in mental health can be partially understood as resulting from the limitations of probability theory.**
- [Muldar R, Newton-Howes G, Coid W](#), **The futility of risk prediction in psychiatry, risk categorisation is potentially harmful**

The purpose of my approach is to show this widespread corrupt money-driven non-evidence based fraud results in immediate forced involuntary detention and forced treatments that starts a whirlwind of money flows to the corrupt psychiatrists and benefactors of this fraud and massive death and misery to our most vulnerable who have no mental illness. This cycle of death and morbidity commences with fraudulent, unsupported, undocumented, non-evidence based lies about a person's risk to themselves and others and/or capacity to understand what is being brutally done to them.

The first destructive impact is they are IMMEDIATELY forced from their home and locked in an involuntary ward and destructive drug treatment that now results in 80,000 Australians per year being killed in this horrific system. This loss of home and place is the factor that causes them to unravel and leads to death-rates 26 years earlier than people not brutalised by psychiatrists. It is utterly puerile to attempt to describe the obvious massive productivity loss, human loss, death, morbidity and sorrow caused by the financially bribery corrupted Australian psychiatric racket.

It is an anathema to civil decency and civil society for the Productivity Commission to recommend ANY additional psychiatric and/or psychiatric nursing to be increased as it has. These profoundly destructive forces are causing pandemic-scale death and morbidity with psychotropic neurotoxins.

Best regards

Glenn Floyd

Personal Advocate

Convenor Abolish Psychiatry Party www.glennfloyd.org