



Productivity Commission – Mental Health Draft Report

Contribution from - Victims of Psychiatrists

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by Ms Initially NO

Organiser for Victims of Psychiatrists

Organisation: Victims of Psychiatrists

Victims of Psychiatrists (VOP), is a collective of people who have been subjected to forced psychiatry, who [petition and rally](#) for the [right to refuse](#) psychiatrists. Our group intersects with a number of oppressed, marginalised, disenfranchised people, including people who have [allergies to petroleum-based substances in Therapeutic Goods](#).

Introduction

To read the Draft Report, Victims of Psychiatrists have to find and replace the hate-speech, because Mental Health jargon used by our society to attempt to justify the persecution and torture Victims of Psychiatrists, causes a barrier in being able to read such a document. Mental Health hate-speech is a threatening reminder of previous violations upon our people, and gets in the way of doing the job.

This hate-speech also gets in the way of workplace productivity, for those who have been subjected to forced psychiatry. Rolling out more Mental Health associated propaganda in workplaces will only make that worse.

Mental Health propaganda ignores obvious workplace hazards that cause difficulties, which often get put into the unhelpful category of 'mental health issues' – most especially the accumulation of toxins in the airspace, primarily caused by personal products and poor ventilation. To expand Mental Health training into workplaces, and yet not look at any kind of air quality control, is dangerous, violating and not economically sound.

How wasteful of resources to place Mental Health issues on people who are suffering from prolonged exposure to poor air quality! What a dangerous thing to do to expose such a person to even more toxic airspaces in hospitals and exert coercion and force upon a person to take chemicals that they already have a sensitivity to – psychiatric drugs that carry a warning of drowsiness, and inability to operate heavy machinery or drive, are NOT going to contribute to a person's productivity at a workplace, where better air quality, and better regulation of fragranced products would've done so.

Human research that deploys 'emergency medicine' and 'intention to treat' as reasons to forcibly experiment on Victims of Psychiatrists is outrageous. This exploitation to then be put into profit and loss statements in the same way that laboratory animals are financially costed – only with humans the idea is that they might also be put to work by other means, and therefore cost even less while being exploited for human research, and that the victims of this exploitation are the cause of any costs the organisation incurs, including staff wages.

It must be recognised that the people held in servitude to psychiatrists, who are held by force, who are not paid, who are being violently exploited by the Mental Health system – are the economic boon: unpaid laboratory specimens, that are not permitted to leave. And that's a disgusting thing for a democracy to allow.

To look upon the people being forcibly exploited and cited as economic 'burdens' is a misnomer. With the \$130 billion loss to tax-payers; and the career destroying, life-destroying loss to the people subjected to forced psychiatry; and the obvious profiteering of Mental Health Personnel



who get permitted to hold Victims of Psychiatrists in bondage, as unpaid forced human laboratory specimens – it's obvious who really is the economic 'burden' here.

Yet here we have in the Draft Report – profit and loss statements that put forth the spin that the economic burden are the people being violently and cruelly exploited for human research. That is victim-blame and character assassination. Not only that, it is not an unusual tactic in an exploitation racket, it's historically common to all exploitation rackets.

I've noticed that much of the submissions to the Productivity Commission are about industries that wish to expand, through government grants. I ask for strong scrutiny of the industries that are asking for that, particularly those companies that force their products, procedures and programs on people, that utilise government legislation to deny people the right to refuse. Also, for those companies that use coercion to get people to do their programs, or voluntary work at their services in exchange for perhaps a little bit of mercy from the maltreating Mental Health team, scrutiny on them as well please.

Victims of Psychiatrists have had their livelihoods stolen by the Mental Health industry, and the government that legislates and invests in this, at a point of vulnerability when we were lured in by the idea of talking things through with a psychiatrist, or psychologist – and when we were maltreated, the Mental Health Personnel just would not allow us to walk free, took away our independency, destroyed our careers, then while torturing us with their products and procedures – demanded we agree with everything that the psychiatrists dictated, that the products that retarded our intellect, physical abilities and creativity, that also disfigured our attractiveness, destroyed our fertility – were something benevolent that we had to agree we needed, or we'd never be free from arbitrary detention in the toxic psychiatric ward. And we found if we kept trying to tell the truth – psychiatrists would increase their torturous products, procedures and programs, then tell us that putting us to sleep 22 hours a day, with forced neurotoxins, made us 'better'.

An expansion of Mental Health associated industries, is not economically viable or ethically suitable to a democracy. I'd like to see these industries survive when people have the right to refuse. That would be good test of true need, competition, and productivity, and their insulting charitable status, claiming the 'need' for the violence they inflict upon us.

Response to draft recommendations & requests

Terms & acronyms used in this Draft Report response

VOP – Victims of Psychiatrists

MCS – Multiple Chemical Sensitivity

The Draft Report – Productivity Commission Mental Health Draft Report

Main topics covered

- Mental Health in the workplace: hates-speech & MCS
- Issues relating to access to justice, and other services and support
- Mental Health Workforce & unethical forced human research

The cost of persecution

3.1

A government that doesn't allow the right to refuse Mental Health maltreatments – is a government that is allowing for the exploitation of its people, by International Pharmaceutical Companies at horrifically high rates.

Look at forced psychiatry, recognise it has all the hallmarks of persecution, and think about the cost of that. Causing mass suffering of Australian people – that's what really has to be considered. The spin on the profits, the guise of charity and the burden status in propaganda of the people being exploited. The cost of the invalidation, of those VOP who are being violated by forced psychiatry. The cost of subsidising an industry whose 'consumer' isn't wanting the service, or the product, procedure – is irreparable damage to economic reputation, damage to Australians exploited, and a Mental Health industry bloated by tax-payer funding of those Mental Health companies that violently exploit our people.

To look upon the people being forcibly exploited as economic 'burdens' is a misnomer. Look at economic profit and loss:

- Cost to Victims of Psychiatrists – diminished well-being from injuries and death caused by continuous forced psychiatric maltreatments is irreparable, life-disabling, an horrific forced servitude to an industry that doesn't represent us or support us to thrive, but claims to, and the consequent losses of potential income, career, family, status and recognition of contribution to the economy, and life.
- Cost to tax-payers – \$130 billion pa
- Profit to violating Mental Health Personnel at least \$130 billion pa – psychiatrists get paid by tax-payers and are on average in the 5th highest wage bracket, psychiatrists and their companies also get subsidised by pharmaceutical industries, and claim charitable status, where taxation for their organisations gets an easy write off, they also get paid for writing up VOP, and speaking about VOP. Mental Health Personnel get paid a guaranteed wage, plus some, win-win for them, AND, they get to forcibly obtain their clientele. Mental Health Personnel profit, but it is an unlawful unethical profiteering, which is why Mental Health Personnel are the cost, the burden. They obtain their wages by the deception, that their organisations and staff are wanted, by [excluding the voice of VOP](#).

Access to consensual support

5.9

There is no 'access to the right level of care' in a system that [denies Australians the right to refuse Mental Health maltreatments](#), there is only bribery, corruption, the lies of propaganda, silencing and violent exploitation; and psychiatrists who lead a highly unproductive life of vice, at the tax-payers' expense.

People at various points of their life will need support (shelter, food, basic respect and validation after violation) and societies have long wanted to deliver that support, but have regularly been curtailed by fraudulent industries, confidence tricksters, that claim to be something they are not – whose sole aim is to make a profit at the expense of people when they're most vulnerable.



When support is not wanted, that is violence, that is preying on a vulnerable person. And when a person accesses support, finds it useful at first, until they are maltreated, then want to leave that service, but are told they cannot – that's not support, but it's exactly what forced psychiatry is. Forced psychiatry is long-term, pre-meditated battery of VOP. VOP are not in a coma, they do not have bleeding in their brain from a knock to their head that needs urgent medical attention – they are simply people that Mental Health Personnel think they can exploit, because they seem vulnerable enough to not be able to put up a legal fight. Then, procedures like electro-convulsive torture are used on VOP, to cause brain haemorrhage, and thereby make VOP even more vulnerable and easily exploited.

And what are VOP, too good at being Samaritans to make money? VOP are being persecuted for exploitation, they are very productive people, regularly denied financial gain for their work, due to the protection of psychiatrists' vile, cruel exploitation racket. VOP don't want to be propping up those psychiatrists who claim tax-payers' money said to be for 'care' and 'support', when psychiatrists use that money to subject VOP to vile, cruel forced human experimentation. Nor do VOP want to focus on endless reviews, reports and community consultations of the exploitation racket that includes legislated forced/ coerced Mental Health maltreatments – but we have to, because we need the right to refuse this Mental Health shop.

It is the Productivity Commissions obligation to examine this massive burden on Australian communities and taxpayers caused by psychiatry, when examining the effect of Mental Health maltreatments on people's ability to participate in and prosper in the community and workplace, and the effects it has more generally on our economy and productivity.

Online support that is too controlling is not supportive of VOP

6.1

Privacy breaches regarding Mental Health Personnel using online posts on social-media cited as reason to subject a person to forced orders – are already an issue. This kind of monitoring of personal interactions must not be included in online support.

Online support must not include use of [experimental monitoring](#)/ controlling equipment, [tracking](#), or [intrusive control measures on a person](#), [subversive measures](#), [inaudible/ invisible Radio Frequencies](#), without their fully informed consent (and it would be highly unusual for a person to consent to this kind of intrusive 'intervention'). Although the idea of developing equipment this way, through vulnerable people, might seem to the unethical Mental Health organisation, to be an easy way to test what works and doesn't – it's an extreme intrusion, often includes pain to the person, and privacy breach to do so, and fraudulent to claim such experiments are 'support' and 'help'.

The right to refuse Mental Health Personnel

7.1

Without the right to refuse Mental Health maltreatments, any expanding of bed-based services into rural communities is a further encroachment on human rights, expansion of the exploitation racket, anti-competition and cannot claim to be based on the 'needs' of VOP. Recognise –

- that the corrupt use of Emergency Powers by Mental Health Personnel, is systematically in violation of social and political rights such as: the right to opinion, or political voice, that form part of State/ Territory Mental Health Acts.
- that use of Emergency powers to force people into psychiatrists' beds is a breach of the United Nations Convention on the Rights of Persons with Disabilities, Australia has signed and ratified.



- that forcing people who have a sensitivity to petroleum-based substances, into a hospital with space (toxic cleaning products clinging to linen on beds etc) that harms and does not help. As for the forcing chemicals into a person with 'intention to treat' or 'emergency research' – that is very harmful to VOP who already have a known allergy to these toxic chemicals, it will also be harmful to those people who will develop a sensitivity through being forcibly subjected to psychiatrists' neurotoxins.

8.1

[Tying people to beds](#) in Emergency because the person has previously been persecuted by psychiatrists must be recognised as a violation. A vicious [DSM](#) slur in a person's file should not be considered a reason for that to happen.

Better regulation of toxic products approved by the Therapeutic Goods Administration and used to 'clean' in Emergency must be recognised – particularly for VOP, who have been subjected to too much of these petroleum-based products and become sensitised or allergic.

No one should be forcibly subjected to psychiatrists' products, procedures, programs, or their beds. Forced psychiatry must be abolished.

10.2

Linking service providers financially can mean that people are declined a service that they need, because they refuse a service they do not want.

10.3

Funding linking of Mental Health services – to a primary treatment clinician – will mean more financial motivation and ways for a clinician to deny or coerce particular products, procedures or programs, that VOP do not want.

11.1

Who is determining need for Mental Health/ eugenics-based services? The Mental Health Personnel /eugenicists. That's wrong. Eugenicists/ Mental Health Personnel need to be stripped of ALL tax-payer funding and their vile, cruel exploitation racket thoroughly investigated and exposed.

11.2

Why should tax-payers fork out for an increase in psychiatrists – when tax-payers don't have the right to refuse psychiatrists? VOP don't want to pay for psychiatrists. VOP would prefer more state-funded legal aid, so VOP could combat the issue of corruption, and abuse of emergency powers by psychiatrists, as well as unethical forced human research.

VOP who are currently being violated, all too often, are denied legal assistance to stop psychiatrists violently exploiting them, due to funding issues as well as the propagated idea that challenging forced psychiatry is a career loss for a lawyer. Similarly there is the same issue propagated amongst parliamentary Legislative Council Members. VOP want justice, not more funding of perpetrating psychiatrists, that silence not only VOP, but anyone who fears their career potential will be destroyed if they support VOP in gaining freedom from the exploitation that is forced psychiatry.

11.3

VOP don't want any increase in psychiatric nurses – psychiatric nurses are those who are employed to hold VOP down and stick needles full of neurotoxins into us, tie us to beds, and write us up in the most vilifying, non-sensing manner, cobble anything we say into their psychobabble, in attempt to justify

their violations. To what ethical economic purpose are tax-payers going to justify increasing the workforce of human rights violators?

11.4

The peer workforce doesn't really exist as supportive to VOP, until forced psychiatry is stopped. They exist as turncoats, that we cannot trust, because they support those who perpetrate against us, who pay them to play a role, to gain our trust – and many times that trust is betrayed. That said, it makes sense, for tax-payers, to buy inexpensive labour, such as the Peer Workforce are, instead of paying for psychiatrists.

11.6

To VOP 'Mental Health specialisation as a career option' reads as – 'Eugenic specialisation as a career option.' That's not something to promote – it's something to shut down and make reparations for. It's something to give VOP the right to refuse.

11.5

It is important that harms caused by all prescription medicines are fully understood by GPs. However, this is unlikely to happen, unless GPs, were incorruptible by pharmaceutical reps, were mandated to read all warnings to the patient, or have one of their staff do this, or a robot recording along with written potential harms and warnings. Psychiatrists do not do this – so why would GPs? And psychiatrists force their products on people, despite a person doing due diligence and informing themselves.

Accessing Income

14.2

Incentives for Disability Support Pension recipients seems a pro-active way for VOP to escape forced psychiatry and gain independent income and living circumstances, from welfare. Note that it takes up to two years for long-acting neuroleptic injections to leave a person's body. And people will still be suffering from effects of forced psychiatry long after that.

14.3

Subjecting a person to forced psychiatry, then allowing another industry to exploit VOP through 'income support schemes' – is secondary exploitation of people whose skills and abilities are being violently and cruelly destroyed by the exploiting psychiatrists. Compensation should be paid by the exploiting psychiatrists and the VOP permitted time to be able to explore the renewal of their skills, and develop new ones to meet the needs of society and the permanent disability and disfigurement of their person, after the violent, cruel psychiatrists' exploitations.

Income Protection Support should be part of reparations, a way of the community saying they were sorry for allowing psychiatrists to exploit VOP for human research. Even so, Income Protection Support, is likely to be full of racketeers out for their own gain, to subsidise their sub-standard business.

Accessing Housing

15.2

Stable housing that is not linked with Mental Health organisations is an important provision. Housing that links with Mental Health Services is liable to be intrusive, threatening and exploitative, due to financial gain to be had in forcing/ coercing a person to be part of Mental Health services.

Access to Justice

16.2

There's a need for equality before the law. VOP should not be punished any more or less than anyone else for the same crime. VOP certainly should not be punished for speaking out against, or reporting crime, or being unable to clearly articulate the suffering they've been subjected via violent crime. Or being persecuted by Mental Health Personnel, after attempting suicide directly after being violated (whether or not they were able to clearly articulate the details).

16.4

While the Health Department is exploiting people and the justice department standing by doing nothing to investigate it – combining Health-justice is unlikely to give provision to stop the violent exploitation of VOP.

16.6

For there to be justice, there needs to be the right to refuse psychiatrists and legal representation when those rights are violated.

Until forced psychiatry is abolished more funding for legal representation is something desperately wanted by VOP but all too often denied Legal Aid, due to funding issues, [most particularly in Victoria](#).

Victorians are also subjected to Mental Health Tribunals that are systematically a compliance test, to check if VOP are going to adhere to psychiatric doctrine, be praising of psychiatrists' products, procedures and programs, and submit willingly to anything the psychiatrists says, or demands.

[Victoria's Mental Health Act has Section 4.2](#), that means psychiatrists should not be forcing themselves on people whose politics and opinion is a criticism and a refusal of psychiatrists. Nor should the Mental Health Tribunals be rubber-stamping the psychiatrists' forced orders on people, when psychiatrists' reasons for a forced order – are to do with politics and opinion, which should include criticising psychiatric practices, demanding the right to refuse psychiatrists' products, and conscientious objection to psychiatrists' products. Politics and opinion should not be medicalised, just because psychiatrists' may find criticism of their practices 'seriously disturbing'.

The want for abolition of forced psychiatry, antipsychiatry, the right to refuse psychiatrists – is not something that should ever be medicalised and subjected to a forced psychiatric order. People must be allowed to criticise psychiatrists, without being labelled 'dangerous' for doing so. To not allow criticism of psychiatrists is very dangerous, and this practice has meant access to justice for VOP in Australia is at an all-time low.

16.7

Non-legal Advocacy services can be useful for situations, but must not be an interpretation of what a person says, but rather quote VOP in write up, and check with VOP to make sure the paraphrasing is correct, or the danger is that non-legal advocacy can act as more support for psychiatrists, and worse than useless for VOP.

There is a needs for more pro-active, validating advocacy for VOP, that actually supports VOP in their human rights, freedom of expression, opinion, politics and dignity for more than is currently tax-payer funded.

VOP should not be forced or coerced to submit to psychiatrists, or told by non-legal advocacy that there's not much choice, but to go along with what the maltreating team demands. Or have to put up

with toxic Personal Products, from such non-legal advocacy, when a person has indicated they have a sensitivity to these fragranced products.

Eugenics-style screening of children is utterly destructive

17.1

Perinatal eugenics – people must recognise how disgusting this is, to take a life that young and exploit it for human research. How horrible! So many young lives ruined this way – and no justice.

Children are still being harmed by [badly regulated products](#). This is something the government should be focusing on.

17.2

The Mental Health system is a violator, an exploiter, a persecutor – it wrecks lives. No, don't let psychiatrists have access to violate more children, by force or coercion.

Hate-speech that's what Mental Health terminology is

Encroachments on learning & freedom of expression

18.2

The infiltration of Mental Health into Universities as 'mandatory' is a further attack on VOP who are University lecturers. To subject tutors or their students to the hate-speech of Mental Health jargon is to further deny and upset those who are most violated by this system of vile, cruel forced psychiatry.

When freedom of expression is denied, innovation dies, and the economy loses out to places where people have more freedom to think, and challenge Mental Health propaganda.

Air quality in workplaces & grievance issues

19.2

Allowing for 'personal care' that doesn't need a medical certificate is a good idea given that chemical sensitivity is a reason to avoid clinics that usually have air-quality issues, and VOP are often sensitive to chemicals in Personal Products, Sanitizers, Air Fresheners and Cleaning Products used in clinics, and may well be shunted to Mental Health Personnel due to reactions to these chemicals.

If a person recognises that air-pollution in their workplace is an issue for them, and fears bullying that could involve Mental Health hate-speech (that goes unrecognised in the Draft Report) – then consulting with an advocate that has a good understanding of MCS, or legal representative, would be better than the person suffering from poor air-quality being exacerbated by colleagues who purposely wear more toxic Personal Products, and use Mental Health accusations ie: 'I'm concerned about your Mental Health', 'you don't seem to be in a good place at the moment', or 'I think you should see a psychiatrist for your condition.'

To have authorities in an organisation comparing toxins to 'fragrant food' or 'flatulence' when a formal grievance is issued, or to be told to 'just take some medication' (which people suffering from chemical sensitivities are also sensitive to) is further bullying and harm, especially when it comes from the Human Resources Department, after grievance has been issued.

Should a person's physical and cognitive reactions to air quality be shunted into the 'Mental Health Issue' tag, forced or coerced drugs for a person with MCS is disastrous, sometimes fatal, certainly will not assist in returning to work. So, it is essential that advocacy is also considered to be Personal Care/ Leave, especially during this era where medical clinics are one of the worst places for people with MCS

to enter, also one of the worst places for people who suffer workplace difficulties from the hate-speech in Mental Health jargon.

Don't destroy Australian livelihood, by funding Mental Health in the workplace

19.4

Allowing for the funding of coercive or forced psychiatry, that VOP have been severely harmed by, financially and/ or socially disenfranchised through, is wrong. Too many employees have had their careers destroyed by forced/ coerced psychiatric maltreatments – that do not enable a swift return to work, instead destroy their skills, memory, physical abilities and attractive qualities.

Psychiatric drugs are life-disabling and disfiguring and similarly are other products and procedures that psychiatrists trial on people.

What is needed is the right to refuse mental health maltreatments, at a legislative level in all States/ Territories, even then, people could be led into a trap of trying psychiatrists products and procedures that damage them irreparably and blame the role of Workers Compensation in rubber stamping these damaging products/ procedures.

19.3

Allowing incentives for Mental Health jargon to be implemented in workplaces will mean VOP are having to work through more hate-speech in more workplaces that wouldn't otherwise be used so readily.

19.5

Consider how disseminating Mental Health jargon (hate-speech) sounds to a VOP, recognise the Human Rights Movement – when we say the term –

- 'Mental illness/ Mental ill-health' this is best substituted for the word 'persecution' to recognise where VOP are coming from, because for VOP that's what those terms do – persecute in the most invasive cruel ways for the duration of their life.
- 'Mental Health' is best substituted for the word 'eugenics' so that people recognise VOP see Mental Health as an Association, a group of organisations, that violently exploited them, and the history of the Mental Health Association is directly linked to eugenics ideology, and hasn't stopped being so. It is not a term to use for humans that do not follow this doctrine, and certainly not for VOP who are violated by Mental Health Personnel.
- And to recognise that 'interventions' that have a Mental Health/ Eugenics terminology base are a continuous reminder of the violations inflicted through those terms, the persecution and exploitation of VOP that is still destroying lives, and financially ballooning Mental Health Personnel, whom Australians still don't have the right to refuse.

Social exclusion: a problem of therapeutic goods regulation, and hate-speech

20.1

Social exclusion for people with MCS (see p193, [Anne Steinemann, Prevalence and effects of multiple chemical sensitivities in Australia](#)) must not be seen through the lens of Mental Health organisations, because that's not helpful or the reality.

Cognitive issues occur for people because of poor air quality in most closed spaces, and spending time with people who wear fumes that cause suffering, is not something people want to subject themselves to, nor should they be chastised by psychiatrists, and subjected to forced psychiatry, because therapeutic goods, as well as cosmetics are so poorly regulated in Australia, that they cause suffering



to [over a million Australians](#). That some Australians, don't know what is causing this suffering, or are misdirected to Mental Health Services, is a further frustration that is damaging Australia's workforce, and giving Mental Health Services a fraudulent, but lucrative means to exist.

Social Exclusion is also exacerbated by Mental Health jargon for VOP and other oppressed, marginalised people, that often end up being subjected to forced psychiatry, after these terms-of-abuse are used on them – in schools, workplaces, and in government official reports, such as the this paper is responding to.

To give an example of how Mental Health jargon, in the Draft Report, p93, affects VOP, substituted words to elucidate the meaning of this hate-speech replace the Mental Health jargon –

Recognise that terminology that is propagated as benevolent by Mental Health organisations, comes across the opposite to those who have been violated through forced psychiatry, or whose families have been subjected to such. To continue to name people as 'poor' who could not complete secondary school due to eugenics-based hate-speech in textbooks causing outrage, suffering and frustration, due to the language being used for cruel exploitation, which persecutes people on the basis of racist ideology – isn't supportive, or benevolent, rather further victim-blaming. For VOP who might also have this additional persecution/ oppression of generations through 'interventions' and 'protection' that is violent exploitation – it makes for extremely difficult reading. The words swim before the eyes.

To read this Draft report, VOP have to be pro-active replace all these hate-speech terms into what we recognise those words and phrases are, not what they are purported to be by the exploiting Mental Health Personnel, but how they are used on VOP, to harm us.

Currently anti-stigma campaigns are about promoting Mental Health products

While Australians still don't have the right to refuse forced psychiatry, anti-stigma campaigns are primarily about promoting Mental Health products, procedures, programs, beds and the disinformation involved in this. Anti-stigma campaigns are about making sure that Mental Health products are not questioned, and the makers or the peddlers of these products are not shamed for the horrific harm caused to VOP from being forced/ coerced to take these products.

For the population to recognise the scars of forced psychiatry that disfigure a person even when they're no longer forced to suffer the drugs or procedures – they have to also recognise that this disfiguring is not hallmarks of 'mentality' or 'disease' or a psychiatrist's vicious DSM slur – but rather the hallmarks of a person who has, or is being tortured by psychiatrists' products, procedures and programs.

VOP will never be National Ambassadors for Mental Health/ Eugenics, if VOP do that, they're turncoats to their people and cannot be trusted. VOP are ambassadors that can speak about the vile, cruel

exploitation racket that is mental health and how that is harming the Australian economy and how personally it has harmed us. VOP are the 1st person point-of-view of what it is like to be exploited for the capital growth of Mental Health-based organisations, and persecuted against for speaking the truth about this exploitation.

To trial such an anti-stigma campaign – it would have to include a repeal of legislated forced psychiatry. It is forced psychiatry, their products marking people with disfigurements, the persecution of people via mental health terminology, that hate-speech that contains threats and violations that are carried through on millions of Australians each year – that is the stigma.

Forced psychiatric maltreatments cause suicide

People must be encouraged to lawsuit psychiatrists for their violations, rather than being left to despair when being forcibly exploited by Mental Health Personnel – exploitation that leaves a person feeling they are better off dead than being further exploited forcibly for human research. The endless physical pain inflicted by authorities, the disfiguring, the life-disabling, retarding effects of psychiatrists' products and procedures! And VOP are told that they will have to suffer this the reset of their life. And then to know the perpetrating psychiatrists get to profit from these violations, receive government wages, grants, awards... Then VOP often have no one in society to speak about this with, surrounded by people who repeat the mental health propaganda – in all its vile hate-speech that victim-blames and nonsenses the person being violently destroyed by Mental Health Personnel.

Give people the right to refuse the Mental Health shop and the means to launch litigation against forced/ coerced Mental Health products, and up to 86% of suicide will cease (p2, [Psychiatric Drugs & Suicides in Sweden 2007, A report based on data from the National Board of Health and Welfare, By Janne Larsson](#)).

There never will be zero suicide, but by removing forced psychiatry, there will be a substantial reduction in people suffering from being persecuted by psychiatric authorities-gone-wrong.

A strategy to retrain Health Professionals in anti-stigma will only make sense after Australians are granted the right to refuse Mental Health products, procedures, programs and those 'beds' that Mental Health Personnel purport that VOP are wanting to get into. What an utter lie in the face of all those [millions of Australians forcibly ordered in those beds](#).

Funding for housing must be separate from Mental Health organisations

24.3

Funding for housing must not be linked to Mental Health services, that harass people to be a consumer of mental health products, procedures or programs. People who need housing assistance, need just that, and the right to live without being harassed by personnel that are unhelpful and harmful to them.

Housing groups should not find it easy to force psychiatry on a person, so that the person will be signed up for a disability pension, and the housing rent easily extracted before anything else. It is a scandal that this is happening, and has been happening for way too long.

For a psychiatrist to refuse to sign a disability pension for a person who refuses to take their products – is another issue, also scandalous.



For psychiatric services to be linked to housing services, as well as welfare services, causes this problem.

To give people decent housing, without exploitative conditions on that, is to protect the economy of tourism (people like visiting places where the people, all the people are healthy and happy) and enable people to be thriving members of the community, as well as prevent growth of parasites and viruses. The micro cosmos that preys on people whom are made vulnerable by violent exploitation through Mental Health products, crowded housing, violence, threats, torture (forced psychiatry is recognised as torture) and persecution – the micro cosmos grows strong in those circumstances enough to attack people outside the disenfranchised people being violated by psychiatrists.

Statistics on VOP must not be biased

25.1

There is concern that statistical surveys will form part of the funding of human research violations, when there is no right to refuse persecuting Mental Health Personnel, no right to refuse Mental Health services, and no means to speak out against persecuting Mental Health Personnel or persecuting carers, without fearing further, more horrific persecution.

[ABS statistics](#) has proven helpful in correlating death from people taking psychiatric drugs, and there is much reason in taking non-biased data, that can show flaws and corruption in death certificate write-up that doesn't include psychiatric drugs in the cause of death, where tobacco/ alcohol/ narcotics would've been included, should they have had the same fatal impact that psychiatric drugs do, that isn't included.

When suicide statistics, contain a not fully recognised homicide by psychiatrists

25.4

Suicide statistics are meaningless without the right to refuse psychiatrists products. The statistics become perverted by the idea of effects of psychiatrists' products being called 'symptoms of the disease' by psychiatrists, who likely know very well what they're doing, when they fudge these statistics in write-ups that include pharmaceutical funding and fringe benefits, that can elude taxation.

When justice is lacking for people being violated by 'interventions', when toxic products are badly regulated by the Therapeutic Goods Administration, and fill closed spaces causing people to suffer, who have no idea that it is air quality causing them to suffer – then they're subjected to forced/ coerced mental health, and further suffering results. This is just one example of utter denial of the true reasons for suicide, and how Mental Health Personnel will turn suicide into a call for more government handouts for 'beds' – while VOP still don't have the right to refuse these 'beds'.

Forced human experimentation is not economically acceptable in a democracy

25.9

Within the Mental Health system, while people still don't have the right to refuse 'intention to treat', 'emergency' research and trials that use data from 'audits' that involve forced products or procedures – this must be considered a violation of the Federal Responsible Research Code – 8.2. It is not ethical to forcibly exploit people in this manner. And to challenge even one of these research papers, takes a lot of time and effort for the person being exploited, whose skills, physical abilities, intellectual abilities, and stamina is severely hampered by the effects of the psychiatric drugs. And freedom of Information is regularly declined people who are on a Treatment Order, and the Statute of Limitations is set at around 3 years.

For coercion to take part in a trial of a drug that is provisionally being marketed to stop drooling, or weight-gain, diabetes, cardio condition, Tardive Dyskinesia, Dystonia... caused by forced psychiatric drugs – also must be considered a clear violation of 8.2 of the Responsible Research Code.

Causing a condition in a human-being via a forced Mental Health product or procedure – then trialling a product/ procedure on a person is unethical, and the lucrative profits from this diabolical forced human experimentation must not be a reason to allow it.

When a pharmaceutical company boasts of profits – [\\$8 for every dollar invested in cardiovascular research](#), and, Australians are being forcibly subjected to psychiatric drugs that list cardio conditions as a potential side-effect – this really isn't an area that a democratic, ethically-sound Government should be funding or allowing for the legislative forcing of. It is an area government should be policing, not only for people whose livelihoods and contributions to the economy are being curtailed, in unethical irresponsible human research, but also for economic reasons related to our environment (a violation of 8.3 of the Responsible Research Code) and because people should be permitted the right to refuse, the right to conscientious objection to:

- Unwanted synthetic chemicals forced into Australians by Mental Health Personnel, that cannot be removed from waste water, thereby polluting our rivers, our river-life, our drinking water, our food supply... at high toxic levels that would never occur if people had the right to refuse Mental Health maltreatments.
- CO₂ emissions from pharmaceutical industries Australians don't have the right to refuse due to legislated forced psychiatry.
- Plastics from pharmaceutical companies that Australians don't have the right to refuse because of legislated forced psychiatry.
- Toxic 'hygiene' routines involving hazardous badly regulated personal products that people feel obliged to buy into due to the threat of forced psychiatry – products that destroy coral reefs, cause asthma, allergies, migraines, cognitive difficulties, emotional upset, inability to work to full potential and social isolation.

With human research, being inflicted by force through the loopholes in Mental Health legislation, there must be no more expanding of this violation. Australian people must have the right to know, the right to choose, and the right to refuse. There must be no more abuse of emergency powers to forcibly exploit people for this lucrative cruel experimentation, through use of 'data' and the signing off by psychiatrists for [Section 42T certificates](#), so that this lucrative research can be conducted on VOP.

No [find and connect](#) for VOP yet, who have been forcibly subjected to Medical Experiments, from 1970s into the millennium.

Resources

- ↓ *Multiple Chemical Sensitivity: Real or Psychological?*
<https://return2health.com.au/articles/multiple-chemical-sensitivity-real-psychological>
- ↓ *Prevalence and effects of multiple chemical sensitivities in Australia*, Anne Stienemann
<https://www.sciencedirect.com/science/article/pii/S2211335518300457>
- ↓ *The correlation between mental health and multiple chemical sensitivity: a survey study in Japanese workers*, Xiaoyi Cui et al,
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4597346/>
- ↓ *Are mental health treatment orders out of order?*, Wayne Weavell
<https://pursuit.unimelb.edu.au/articles/are-mental-health-treatment-orders-out-of-order>

- ↓ *Psychiatric Drugs & Suicides in Sweden 2007*, By Janne Larsson
[http://psychrights.org/articles/Swedish2007PsychDrugsSuicideStudy\(JLarsson\).pdf](http://psychrights.org/articles/Swedish2007PsychDrugsSuicideStudy(JLarsson).pdf)
- ↓ \$8 for every dollar invested boast for human research that could involve VOP who have cardio issues induced by forced psychiatric products
<https://twitter.com/GreenlandRohan/status/938269485294936064>
- ↓ *Section 42 T Certificates* Office of the Public Advocate
<https://www.peninsulahealth.org.au/wp-content/uploads/section42certificate.pdf?fbclid=IwAR0oYrURt-qx2GV6SKSR-hVOtzcRu91amsx0G18BvQGphRZQ64-mR9QA>
- ↓ Forced human research examples in Australia:
 - <https://bmcpsychiatry.biomedcentral.com/articles/10.1186/1471-244X-12-25?fbclid=IwAR1d6DQrO8hLg4pds8fz5cCbfakQ5exEgEhizRAOnuyQN4JH2w4YfnyM5e8>
 - https://www.australianclinicaltrials.gov.au/anzctr/trial/ACTRN12609000317291?fbclid=IwAR1jUAmc5xarLYRX5auo_mVzZrHEILOI2Z_5noX5MfJzQnZB0jyNVMo5tY4
 - <https://www.pubfacts.com/detail/31545088/Clozapine-rechallenge-in-a-patient-with-clozapine-induced-hepatitis>
 - https://www.researchgate.net/scientific-contributions/45694321_Jennifer_Dakis?fbclid=IwAR0C7i8CRjCx4UaPi4QJXYNPBTZ3co5u9tbz6nCPctob1eEFHmpJew5N0Hc
 - <https://research.monash.edu/en/publications/management-of-schizophrenia?fbclid=IwAR3yVvLbDTsLVre4fSTQVogBd0fTovXfqtYHid1FKwdYtwxkU1qeguU1rc>
 - <https://research.monash.edu/en/publications/aripiprazole-long-acting-injection-promising-but-more-evidence-ne>
 - https://www.sciencedirect.com/science/article/abs/pii/S0920996417307090?fbclid=IwAR3eO2idua5qJZMEyqzRQHhEiG9q6SspdkAvvXbSnhSEfwUDXV1_k0yWkks&via%3Dihub
 - ACTRN12608000173392 <https://www.drugs.com/sfx/fluoxetine-side-effects.html>
 - ...