

Sydney Treatment Alternatives Advocacy Group, est. 2015.

Staag's Brief Submission to the Productivity Commission.

Staag simply advocates that there be compliance on the part of the NSW Mental Health system with its section 68 (e) of the NSW Mental Health Act in that “People with a mental illness or mental disorder should be provided with appropriate information about treatment, **treatment alternatives** and treatment effects”, given that section 195 is void, and has been since 2010, due to its offending the Federal Competition and Consumer Act of 2010.

At the moment there is universal systematic breach in the moribund, dark- ages mental health system which excludes treatment alternatives that are in competition to non-evidence based chemical medication and its anti-competitive commission system rewarding those who prescribe them.

(The writer says “non evidence based” because I have been in the mental health system since 1984 as a supplier of treatment alternatives and in all that time the Department has never been able to produce to me any evidence, testimonials, papers or studies to show that their chemical medications work to any degree more than the placebo effect to cure patients. Hence it can be safely assumed that after 35 years there are none and the only motivation for their use is pecuniary reward and convenience in breach of section 68 (d) of the MHA).

Staag has consistently advocated for compliance for four years and met with ambivalence, resistance, intransigence even, by the NSW Department of Mental Health in that they are adamant that they will not comply with the provision of “appropriate information about ... treatment alternatives” for mental health, let alone the actual provision of any as alternatives to placebo chemical medication.

We also call for the introduction of say ten to fifteen treatment alternatives in mental health and a breaking of the iron-fisted grip of pharmaceutical placebo grade so called 'treatments' for the mental illness. So far our call for compliance and provision have fallen on deaf ears and we have been privately invited by a spokesman for the Department to sue as he said the Department will only take notice of an adverse court judgment.

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Staag has commissioned the compilation of six separate lists of treatment alternatives by professionals who have an understanding of what such treatment alternatives that should be provided might be. We have asked the Department to make these six lists available for clients and practitioners to evaluate and choose from them but the Department has refused to provide the information even though it can be done on the internet and intranet for virtually no cost. Hence once again we are meeting with pecuniary motivations and considerations.

We provide these lists to you so can see the lists from which about ten to fifteen treatment alternatives may be made available.

Staag would like to see a steering committee that oversees the provision of the appropriate information and the introduction of a range of about ten to fifteen treatment alternatives from the lists for people wishing for alternatives and freedom from psychotropic medication which, at best, has only a hit and miss placebo effect of say 30% to 35%.

We advocate that mental health should come out of the dark ages into the digital age and that the various mental health departments around the country embrace the more proven and well attested digital medication in deference to chemical medication in the interests of competition which can only benefit the patients.

We advocate for an integrative approach where a number of treatment alternatives be combined to achieve recovery ends for clients so that clients may be able to move on and not be caught in the inflexible morass of tendentious dark age mental health systems, as they now are, and be able to move on with their lives rather than be kept for antiquated so-called professionals with little life experience to be in sinecures.

Staag believes there can be absolutely no reform in the current mental health field without the introduction of treatment alternatives as collated by Staag and the iron fist of chemical medication and psychiatrists be replaced with more results based modalities. Without treatment alternatives being introduced and made available nothing is ever going to change in mental health provision.

We welcome the enquiry by the Productivity Commission as perhaps now there may be some advancement in mental health provision which is under the dominance of pharmaceutical companies and career psychiatrists interested in “keeping the numbers up” and maintaining the status quo and seeing few escape and that people are not cured as their products, in most cases, do not work and oft times offend sections 85 of the NSW Mental Health Act and, in a number of cases, sections 39 and 41 of the NSW Crimes Act, which concerns poisoning offences. We have found that the police will not act to enforce the law in the the latter sections 39 and 41 regards which is an area of great concern.

There cannot be advancement and productivity in mental health without the introduction of a range of effective treatment alternatives in competition with the unlawful (anti-legislative) monopoly of ineffectual obsolete chemical medication.

We believe people only improve with the passage of time and change in circumstance and the application of empirically based and demonstrable treatment alternatives.

Staag's reasonable desire is that, as said, there be provided about ten to fifteen, maybe

even twenty, treatment alternatives of the some 100 put forward for consideration. Their provision does not have to cost much nor be expensive as may be the case as in the corrupting chemical medication regime. It should be possible to introduce them inexpensively and with an eye to productivity and efficacy and recovery in a person's life. There is no justifiable argument for refusing to introduce a good number of the treatment alternatives in mental health, as in for example sheet two (the one with the images) to break the unlawful anti-competitive obfusticational monopoly that now prevails.

Mental health, as it now is, is a stagnant morass, a swamp of parasites and alligators in which nothing changes and we need to drain the swamp and get rid of the alligators and dinosaurs that live in it so that people may enjoy some of the wonderful and exciting treatment alternatives that are now being denied them.

When a good number of treatment alternatives start to become provided in accord with compliance it will, at last, be a new day in mental health.

The six lists, highlighting list two.
Tanya Davies summary of meeting.
First Pru Goward letter

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Author of list two (the colour one with the images)