

CRPD Pre-Sessional Working Group of the Committee on the Rights of Persons with Disabilities

AUSTRALIAN ALTERNATIVE REPORT FROM **VICTIMS OF PSYCHIATRISTS**

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Introduction

As one of many victims of psychiatrists in Australia, that has been subjected to forced psychiatry, while communicating refusal of psychiatrists' products, procedures and programs in a number of ways, including verbal and written, I have been robbed of my skills, abilities, livelihood, health, career potential, fertility, ability to travel and social freedoms (that are now difficult due to psychiatric drug induced chemical sensitivity to petroleum-based products). The lack of justice, the invalidation, the denial and refusal of the Australian government to stop the violent abuses of State/ Territory Mental Health legislation, also sits as a continuing threat to liberty, security, and the basic human rights of freedom from torture.

That psychiatrists called what they did to me and so many others to be 'health' just makes for more commercial jargon, the double-speak on the term health, turning the meaning of words into a product, that contains nothing healthy about it, yet carries that label fraudulently.

I do not want to engage in doublespeak. I want the obvious and fearless truth to be recognised.

I initiated Victims of Psychiatrists, as a group of people who want the right to refuse medical treatment and experimentation in Australia. We are people that have been subjected to forced psychiatry, or are an ally to people who have suffered forced psychiatry, and support the need to abolish forced psychiatry and allow the people who have lived-experience of forced Mental Health maltreatments, to be the leading voices in the organisation.

Victims of Psychiatrists has organised a number of street protests, and speak outs for Victims of Psychiatrists (VOP) since 2015.

The denial of the fact forced psychiatry is a massive human rights violation by our government, the labelling of us as 'consumers' or 'users' or 'patients' means that legally we are being denied a social understanding in mainstream media as people being denied human rights, and the recognition for justice needing to occur (namely for forced psychiatry to be abolished and swift reparations to proceed.)

Victims of Psychiatrists connect with those issues we are being silenced on, which are not only speaking out against forced/ coerced psychiatry, but also speaking about issues such as, violence, corruption pollution (that when mentioned by a person who is financially/ socially disenfranchised are subjected to forced psychiatry.)

Website

www.victimsofpsychiatrists.com and social media pages.

Petitions

I have petitioned parliament on issues that are disabling, that are being silenced by forced psychiatry:

Federal

- To stop psychiatric abuse and gain an apology for it every having occurred
- https://www.change.org/p/senator-the-hon-george-brandis-qc-stop-psychiatric-abuse-and-gain-an-apology-for-it-ever-having-occurred/w?source_location=petition_show
- Abolish forced psychiatry, Federal Government e-petition EN0422
- To stop putting propylene glycol in our food, air & everything
https://www.change.org/p/the-hon-susan-ley-mp-stop-putting-propylene-glycol-in-our-food-air-medicine/dashboard?source_location=user_profile_started
- Regulation of toxic fumes accumulating in closed spaces, Federal Government e-petition EN0359

State (Victoria)

- For Victoria's Royal Commission into Mental Health to not include psychiatrists in chairing & advisory positions <https://www.communityrun.org/petitions/royal-commission-into-mental-health-must-not-include-mcgorry>
- No psychiatrists in the Victorian Royal Commission into Mental Health, Victorian Government e-petition 96
- Repeal the Mental Health Act (Vic) Vic government e-petition 67
- Reduce human exposure to toxic substances (Vic) Vic government e-petition 63

Sent reports in 2019:

- Victorian Royal Commission into Mental Health
http://www.initiallyno.com/assets/r_2ux0j2e61vc8w51_a.pdf
- Federal Productivity Commission (Mental Health)
http://www.initiallyno.com/assets/australian-productivity-commission_in_web.pdf
- Responses to the guideline questions posed at part 5.1 of consultation paper
http://www.victimsofpsychiatrists.com/assets/responseopcat_web.pdf
- Petition response to Health Minister
http://www.victimsofpsychiatrists.com/assets/greg-hunt_11-03-17.pdf

My blogs

Not a Chemical Imbalance since 2012 - current: www.notachemicalimbalance.blogspot.com

I connect and blog with Absolute Prohibition of Forced Treatment & Commitment
absoluteprohibition.org

As well as www.psychvictims.com

Community Events

I organised a Fume Free Space and Victims of Psychiatry friendly poetry session twice a month, West Word Poetry 2012-2018

Executive summary

This Alternative Report is from Victims of Psychiatrists, an Australian based organisation, set up voluntarily to give a platform for people who are and have been subjected to forced psychiatry/ mental health maltreatments, in order to be validated, recognised, connect with each other and lobby for our human rights.

Victims of Psychiatrists recognise that Australia is not meeting purpose, definitions, principles and obligations under the CRPD particularly of sectors of the community likely to be subjected to forced psychiatry through legislative force, which is in of itself a very obvious violation of obligations needed to implement the CRPD.

1. We recognise how painful, disabling, disfiguring and destructive to life forced/ coerced psychiatry is under Australian laws, the need for forced psychiatry to stop and reparations to start.
2. We also recognise that victims of psychiatrists are being denied political rights, such as voting rights by the psychiatrists who violate them, and how unlawful that is for Australia to legislate.
3. Those in our community who are sensitivity to toxic substances (a number of people suffer this directly because of substances in forced psychiatric injections) are being ignored and mentally-illed. The common petroleum-based substances in Personal Products, accumulate in closed spaces, such that those disabled by these substances are being denied work, recreation, and transport, and access to justice.
4. Discriminatory factors of legislated forced psychiatry shut down the conversations needed to regulate toxins in closed spaces, as well as conversations about other forms of pollution such as radio frequencies and the harmful effects. This is invalidating, silencing and threatening to those who are disabled by these invisible pollutants, is devastating to those who die due to continued forced psychiatry.
5. We recognise how necessary the right to refuse psychiatrists is, and that psychiatric force and coercion must be abolished, in order to curb bullying and prejudices (including racism against 1st Nations people, homophobia and sexism) because

exploiters and violators of one kind are powerful and utilise government authorities to exert their power further, to silence their victims' cries.

Specific articles of the CRPD addressed in this report

Articles 1-6, 8, 9, 12, 13, 14, 15, 16, 21, 29 and 31 of the CRPD and their implementation in Australia – issues and recommendations are addressed in this report, from the perspective of Victims of Psychiatrists, and those who fear the threat of forced psychiatry for asserting their human rights.

Main reasons for concern & recommendations

Article 1-6: Equality and non-discrimination

Disability discrimination is about stopping discrimination based on actual, perceived and accused disability. This is what the CRPD obliges Australia to do, most especially at a legislative level. Mental Health Acts in each State/ Territory are unlawfully discriminating against people accused of disability by psychiatrists. The victims of psychiatrists (VOP) do not readily have financial or social contacts to stop the violent legislated discrimination and disabling inflicted by forced psychiatry.

Contrary to the Australian Government's propagated claims of legislated equality and non-discrimination, the Disability Discrimination Act (DDA) allows for:

- Unlawful discrimination of people who refuse forced psychiatry who are then subjected to arbitrary detention and forced drugging and other psychiatric procedures
- Unlawful experimental medico-scientific experimentation by force under the psychiatric authorities involved. VOP are held in servitude, our bodies and abilities subjected to extreme harm, and internal organs overworked, aged and disfigured rapidly by the forced psychiatric drugs and procedures.
- Unlawful discrimination of people harmed by toxins in Personal Products in the workplace, as well as hospitals, transport and other necessary closed spaces, being subjected to forced psychiatry.
- Unlawful discrimination of people subjected to electronic interference, that are disenfranchised, and when speak of this, are subjected to forced psychiatry.

The disabling and disfiguring effects of forced psychiatry cause a person to be further oppressed, disenfranchised, and held in servitude by these State/ Territory violations – and the DDA will not intervene to stop this through the Australian Human Rights Council (AHRC), due to forced psychiatry not being paid employment, even though the exploitation of people for human research is profitable for mental health personnel. State human rights

legislation such as the Victorian Charter of Human Rights, is also ineffectual, not having legislative power over Statute Law, such as forced psychiatry is given under the Victorian Mental Health Act 2014.

Whether a person had a disability before being subjected to forced psychiatry isn't the issue here. The Australian state/ territory discriminates on the basis of disability by having legislation that allows arbitrary detention and forced medical treatments and research without consent under emergency powers set out in state/ territory mental health acts, and that is specifically discriminating on the basis of disability, that the psychiatrist accuses the person of having.

Disability discrimination is about stopping discrimination based on real, actual, perceived and accused disability. Australia has a history of accusing groups of people of disability and subjecting them to exploitation because of that accusation, and Australia has not stopped doing that via the State/Territory MH legislation, rather expanded to include more of the population. It is an unabated continuation of eugenics-era lobbying from 133 years ago. This political persecution via the idea of 'protection' of those psychiatry accuse of not being able to give informed consent to treatment must stop. It is outrageous discrimination, legislated discrimination utilising the medicalisation of people, for exploitation and political control. Exploitation regularly uses terms of 'protection' to justify persecution and violation, when what is being protected are vast sums of money made from exploiting people against their will, whose livelihood, fertility, and ability to thrive are being destroyed by forced psychiatry.

Discrimination by any other name is still discrimination. And dressing up the idea of violent exploitation being help and care, and necessary is not reasonable legislation, not lawful legislation, it is violent, exploitative, discriminatory legislation and the vilifying and victim-blaming propaganda (Mental Health literacy) that is funded by the government, is part of that unlawful exploitative discrimination, silencing, indoctrinating and persecution of people labelled and accused of disability.

Recommendations

1. Recognise the General Obligations of the CRPD, particularly 4b and the need to abolish all legislation, that discriminates on the basis of accused disability and forces psychiatric and mental health products, procedures and programs on Australian citizens, residents and visitors.
2. Forced human research should be considered a servitude/ slavery offense committed via the state/ territory Mental Health Acts, and subjected to Federal Government pressure to repeal legislation that allows forced psychiatry.
3. Federal police investigation and prosecution via 8.2 of [AUSTRALIAN CODE FOR THE RESPONSIBLE CONDUCT OF RESEARCH NHMRC](#) breaches, via legislated forced psychiatry, should be looked into.

Article 8: Awareness Raising

Media campaigns in Australia to promote Mental Health Association/ Psychiatric services industry products and programs – do not promote understanding of persons being disabled by forced psychiatry, the opposite is true. These media campaigns are a vilifications, denigration, and invalidation of people disabled by psychiatrist' treatments.

People, as a society have to sort out and make sense of the people screaming to be heard who get dismissed through psychiatrists' labelling them for exploitative purposes.

Victims of psychiatrists need to be heard – the number of deaths by heart attack, diabetes, cancer and suicide that are likely to be related to forced/ coerced psychiatric treatments – are not being fully given acknowledgement in statistics, due to those writing the statistics having medical ties.

Recognition is a must for – people maimed by forced/ coerced psychiatry; people subjected to forced psychiatry, that were attempting to speak out against psychiatrists, pollution, or other forms of organised crime and corruption; and the people who have died due to forced/ coerced psychiatry.

Recommendations

1. The cobbling and conflating of persons subjected to an involuntary treatment order and 'offenders', really needs to be stopped, at a legislative level. It is unjust and harmful.
2. Forced Mental Health needs to be abolished and recognised as unjust and harmful.
3. Victims of psychiatrists must be not only be allowed to speak of the violations they have suffered from legislated forced psychiatry, but recognised and promoted to speak out against the violence and exploitation of the Mental Health legislation, without companies and employees suffering strictures from government, and other vested interests in silencing the truth.

Article 9: Accessibility

The terms 'assistance' and 'accessibility' are being misused to include the use of forced psychiatry, clearly against a person's wishes. It isn't possible to 'compulsory assist' – the term 'compulsory' belies the idea of 'assistance' and allows for unlawful corrupt establishments to thrive in the guise of 'assisting' people by force.

Supported decision making, as a method to assist persons with disabilities to exercise their right to make their own decisions, cannot exist while there is still legislated forced psychiatry. People being forcibly subjected to psychiatric treatments are vocal and very articulate in their objections to psychiatric maltreatments, so it is not for want of ability to communicate refusal that they are ignored.

Subjecting a person to detention because of disability and forcing psychiatric products on a person because of alleged cognitive, or said MH impairments is unlawful, even if psychiatric conditions were found to be irrefutable under challenge in a court of law. It is still unlawful under the CRPD to subject a person to detention and treatments on the basis of cognitive/ MH impairments.

There is no ensuring of the rights of persons, by the Australian Government, who are disabled by petro-chemicals in Personal Products and other fumes that hospitals use to sterilise their space, and are also contained in the neurotoxins used to forcibly inject into a person made involuntary under Mental Health (MH) legislation. Legislated forced psychiatry denies the rights of people with Multiple Chemical Sensitivity (MCS) and subjects them to undue harm through forced psychiatry.

The Australian government does not provide access to work and community spaces (such as transport, housing, work and social spaces, such as Courts of Law) that are fume free and increasing numbers of people who are sensitive/ allergic to the toxins in Personal Products, fragranced products, that lack regulation are being disabled when attempting to access necessary or obligatory spaces.

Recommendations

1. Reduce human exposure to toxic substances by stricter regulations, labelling of known human toxins (especially petroleum-based) accumulating in closed spaces, ie Personal Products/ Cleaning Products/ Air Fresheners, in workplaces (that do not utilise safety equipment), or places that people frequent, and products brought into these spaces, as well as medicines.
2. Installing measurement devices for air quality and rules regarding the toxic products, as well as awareness campaigns for public knowledge.
3. All assistance and access to services must be entirely the person's choice, and the right to refuse MH treatments/ products/ procedures/ services must be allowed.

Article 12: Equal recognition before the law

Equality before the law cannot exist while there is legislated forced/ coerced psychiatric or Mental Health treatments. The utilisation of force on the basis of disability belies equality, it is oppressive, it is persecuting, it is disenfranchising and exploitative of people for the profit of psychiatrists and mental health coterie.

People in Australia are being disabled of their abilities by psychiatrists under the state/ territory mental health legislation and then given no way of challenging this violence inflicted on their person.

State/ Territory legislation doesn't consider the rights of people being subjected to Mental Health legislation. Victoria, for instance, had 13 thousand forced orders last year that meant people being subjected to arbitrary detention and forced drugging and other psychiatric

procedures (including 700 people subjected forcibly to ECT). None of these people were given equal recognition before the law, they were:

- Arbitrarily detained on the basis of disability discrimination.
- Less than 10% had access to legal representation
- Subjected to forced drugs and other psychiatric procedures.
- Were told they must agree this treatment was for their own good, and that the psychiatric labelling was accurate, or would continue to be denied equality before the law including –
 - Denied the right to vote
 - Denied the right to fresh air & exercise
 - Denied visitors, pen/ paper and other equipment
 - Denied the right to refuse medical treatments/ scientific experimentation
 - Denied the right to not be defined and detained on the basis of disability.

Legislative loopholes that allow for persecution of disenfranchised/ oppressed people. What constitutes a risk to self/ others is blurred and nebulous, constituting horrendous inequality as to who gets subjected to forced psychiatry and denied access to justice.

‘Capacity’ is decided by those who intend to ‘treat’ with psychiatric drugs and/ or procedures, and those treating psychiatrists are involved in a team of psychiatrists overseeing human research, profits from this, government payments for the treatments, insurance and the amount of pharmaceutical companies enticements and payments – it is not a fair or equitable test, and subject to massive corruption.

People are being subjected to forced psychiatry, more often than not, because they are not compliant with DSM labelling and psychiatric drugs/ procedures. This then said to be a risk to self by the whimsical theory of ‘deterioration of mental health’ if compliance with drugs/ procedures is not there. If there was any illicit drug use, or a suicidal attempt years ago (in the context of rape/ domestic violence) the context is then ignored, the suicide attempt is then brought up as ‘evidence’ of what can result from non-compliance.

There’s no easy way for a person to even argue the inaccuracies in their file. And, any refusal to take the drugs is regularly met with a massive doses of neuroleptics via force, and this violation occurs several times before a person is granted a tribunal hearing, which they’re unlikely to have a legal representation for 90% of the time and everything they say is dismissed as nonsense.

Recommendations

1. Forced/ coerced psychiatry is not a supported decision making process, it is substituted coercive-control that does not allow for objection to psychiatric practices. The Australian Government must enable equal recognition before the law, and make certain that ‘supported decision making’ does not continue to be co-opted and corrupted and that all people in Australia are permitted to opt out from being forced/ coerced into being subjected to psychiatric treatments.

2. Treatment should be choice-based, when it comes to healthcare. There should be no conflating of health treatment and criminal justice treatment. There must be no denial of capacity and conflating of people accused of disability (by a psychiatrist) with people in a coma, or with people subjected to crimes-based detention. To confuse obvious distinctions between a person in a coma and a person voicing their right to refuse medicine is a clear violation and indicates medical corruption and an abuse of emergencies powers. This must be stopped, and the best way to stop that is to repeal the legislation that allows for forced psychiatry.
3. No one deserves forced psychiatry, and the people who are being subjected to forced psychiatry on mass are causing far less harm to themselves and others than the maltreating psychiatrists are.
4. Psychiatric treatments when forced/ coerced are never appropriate, for the people being subjected to forced/ coerced psychiatry. And are not compliant with the CRPD.
5. Human rights of people who have objections to psychiatry, needs to be in force, the right to refuse psychiatric products and the right to vote, the right to challenge psychiatric labelling – needs to happen for dignity and human rights to occur.

Article 13: Access to justice

VOP have the rights of compassionate leave denied in a MH facility, a when family member or close friend dies. VOP are denied the right to defend themselves against unlawful exploitation, assault and battery, poisoning, electroshock and tying of a people to beds and chairs, lewd conduct by MH staff and verbal abuse by MH staff. VOP are readily denied legal representation and the choice of what they wish to plead (should a criminal charge be laid), and subjected to interference by those MH staff involved in the dispute.

It is well-understood that forced psychiatry has, can and is used for political purposes. Political parties are bolstered by medical and pharmaceutical lobby-group funding. And the Australian government is doing nothing to stop exploitation for the purposes of human research when people subjected to forced psychiatry are denied legal representation 90% of the time, and police will not prosecute on behalf of people being subjected to forced psychiatry, even when there is a clear violation of 8.2 of the Human Research Code, and a violation of Anti-Slavery legislation.

Psychiatrists readily victim-blame women and children who are responding to violence in the home and get interpreted as ‘the problem’ and then subjected to forced/ coerced psychiatry. They are easy prey, easy targets for lucrative exploitation. And there is no real access to justice.

Forced psychiatry is inflicted without any kind of understanding of will and preferences. ‘Last resort’ for psychiatrists whose human research will not be approved if they are not able to forcibly obtain another live human specimen – is a ‘last resort’ that is based on heinous, vile attitudes to the life of the person being exploited for this human research.

There are no 'last resort' situations that allow for assistance and treatment that goes against a person's will and preferences documented, verbally articulated or otherwise communicated. To refuse the will and preferences of people who:

- Verbally articulate their refusal of MH services,
- Write of their refusal of MH services,
- Engage tribunal measures to further uphold their right to refuse MH services

... is over-the-top denial of an easily understood preference to refuse MH services. To deny a person, who has gone to this extent to articulate their will and preferences in a very obvious manner – is outrageous. It makes for even more difficulties for people of culturally and linguistically diverse backgrounds.

Recommendations

1. Access to full legal representation of all people subjected to forced/ coerced psychiatry
2. Federal prosecution of psychiatrists that have preyed on vulnerable people in order to gain lucrative profits.
3. Upholding of a person's will and preferences to refuse psychiatrists' products.
4. Indefinite detention and forced drugging and other psychiatric procedures of people who acted in self-defence against forced psychiatry and were not permitted to appear in court due to an accusation, by of those involved in the dispute of disability, must not be permitted.
5. Compassionate leave must not be denied for the death of a close relative, or friend.

Article 14: Liberty and security of the person

Victoria's Mental Health legislation allows for deterioration of Mental/ physical health' (and that is not going to potentially be a risk to self or others) otherwise would not be stipulated in the VMHA 2014. This allows for huge corruption of emergency powers, to silence and medicalise anyone and forcibly subject them to psychiatric treatments. This coupled with the vague use of 'potential harm to self or others' and 'appears to be mentally ill' when used to arbitrarily detain and subject a person forcibly to psychiatrists' products, procedures and programs – is about taking a person's liberty, and destroying their life for lucrative profits of human research.

Temptations for corruption of emergency legislation due to a very lucrative exploitation racket involving human research, is not being curbed. Ease of covering up the abuse of emergency legislation through propaganda is obvious. Government involvement in facilitating the abuses to increase is obvious with easy access to payments via government grants, combined with pharmaceutical research money.

Forced psychiatry is very silencing especially when a person is locked behind closed doors and broken into compliance and silence under torture.

Psychiatry regularly uses the term 'not capable of giving consent' on people who are not in a coma and denies the right of anyone subjected to this term when they have an Advanced Directive where they were deemed by legal representatives and MDs of being able to give consent. To treat people who are not in a coma, like they are, is a corruption of terms and an abuse of people's right to refuse medicine. And to further deny those subjected to forced/ coerced psychiatry Advanced Directives, is a total denial of a person's will and preferences.

The appointing of 'substitute decision-makers' should not be corrupted by the definition of an adult who is 'not capable of giving consent', when the jargon also includes people categorised as 'not able to give consent' because they refuse psychiatrists' products.

Recommendations

1. Arbitrary detention on the basis of accused disability, via Mental Health Acts in each State/ Territory must be abolished.
2. Forced Mental Health products, procedures, programs, arbitrary detention, must be recognised as a violation of liberty and security of a person.

Article 15: Freedom from torture or cruel, inhuman or degrading treatment or punishment

Exploitation for medico-scientific experimentation under Mental Health/ Mental Hygiene/ Eugenics' based legislation is something Australia through the separation of States, has carried out to an extreme level. And the denial for the victims of psychiatrists is hideous as the Australian Government spends much tax-payer funds to cover up through propaganda, and expand through terms like 'reform' and 'public consultation'. Forced psychiatry is a disabling of people, who speak out against corruption, violations and other abuses – at no point has forced psychiatry enabled VOP. So, it must be recognised that legislation that allows forced psychiatry is unlawful.

Forced psychiatry includes people who have recently attempted suicide (ie overdosing with a toxic chemical) in the context of rape, or other violations. More toxic chemicals are not going to assist a person to recover from the mistake they made after being violated, nor will this enable justice – forced psychiatry silences victims of rape and other violations, renders them horrifically disabled and vulnerable and further disenfranchised. For what purpose is a person being violated like this? Not for their own good, but for the profits of psychiatrists and the government agencies involved – it's out and out exploitation of a particularly vile, cruel kind, totally out of line with CRPD compliance.

Given psychiatric drugs and other psychiatric procedures have a history of being experimental, harmful and not helpful and still in fact are experimental, harmful to the person being subjected to forced psychiatry – a person should be allowed to refuse treatment. And this refusal should not be deemed a ‘reason’ to force psychiatric treatments in larger more painful doses to attempt to break a person into compliance. That’s not medicine, that’s torture and exploitation.

‘Least restrictive manner’ – is a term, like ‘capacity’ and isn’t any kind of safeguard. And due to 90% of people not having legal representation when being subjected to forced/ coerced psychiatry – the terms are rarely challenged in a court of law, and people are being treated in a most violating restrictive manner, when speaking with utter clarity about their objections to psychiatric/ MH practices.

It is an outrageous claim of the Australian government that the UN CRPD allows for forced medical treatment. The CRPD clearly stipulates it is not allowed.

‘Compulsory assistance’ is never mentioned in the CRPD as being allowed. Forced/ Coerced medicine is not permitted, nor is emergency research, particularly as it is conducted on a group of people that have historically been subjected to this kind of violation more than any other group of people in Australia.

Recommendations

1. Will and preferences of the person being recommended medical treatment/ scientific experimentation must not be refused:
 - a. Assistance and treatment must always be consensual, the right to refuse treatment must be allowed.
 - b. A person must have the right to refuse medical treatment/ scientific experimentation and prosecute a State/ Territory that forcibly enables this violation.
 - c. No threats and violations, detention allowed to occur, or removal of privileges, cruel deprivations, in order to get a person to consent to treatment and what is termed by another as ‘assistance.’
 - d. What is assistance and treatment to one person, may not be assistance and treatment to another – and this must be respected, the right to refuse treatment and assistance must be upheld.

Article 16: Freedom from exploitation, violence and abuse
‘Safeguards’ are not in place to halt overuse of emergency powers for medical financial gain in Australia. Corruption that can and does thrive in medical establishments that are given emergency powers to forcibly maltreat people who are not in a coma, and are able to communicate, though whose ability to consent is being subjected to scrutiny that is based on an accused disability and ideas of ‘deterioration’ that quite often include fashion policing

such as ‘unkempt hair’ as reasons for deterioration, or ‘denies illness’ or ‘refuses treatment’. A person making an off the cuff remark, ‘I’ll go and drown in a lake then shall I?’ this gets turned into ‘suicidal thoughts’ – and once again, what right does the government have to subject a person to emergency powers 24/7 indefinitely on that basis, and what right do psychiatrists have in profiting from forcing anyone to suffer their maltreatments and human research? This is unlawful to do under the CRPD.

‘Last resort’, measures have long formed part of MH legislation, and act as a loophole in the law, allowing for misuse of emergency powers to forcibly exploit people for human research, and other financial profits that those inflicting forced psychiatry are enjoying, as incentive to keep violating human rights and frustrating the UN CRPD.

A person who has psychiatry placed upon their person, has no means to overturn it, and stop the kind of culture of persecution of people for exploitative profits, that results from allowing for legislated forced psychiatry.

An ever expanding mental health system is for the wealth of those who work for it and those who run it. It is not choice-based and that’s a massive problem, an inflation of a business that the people labelled ‘consumers’ do not want and do not benefit from and would have far better ability to thrive if they were not subjected to forced psychiatry.

Isolation and constricting of limbs through mechanical ties, and particularly chemical shut down of a person is a regular systematic violation, not a reaction to any actions of the person involved. So to call these measures ‘restraints’ – implies that the person is being stopped from doing something again. Yet, that is not what is happening, people are being tied to beds systematically, if they object to what the treating psychiatrist dictates – this has no basis in any kind of need for restriction. Simply, psychiatrists should not have emergency power to force their products and procedures on people.

Recommendations

1. Exploitation in Australia’s Mental Health system – it is about taking by force and denying the right of refusal – that must be stopped.
2. The so called ‘safeguards’ to stop exploitation in Australia, are totally ineffective and a system of vile, cruel exploitation is allowed to flourish without any kind of curbing of these human rights violations inflicted under legislation that permits forced psychiatry. There’s no other way to reduce the violations of mental health systems in Australia other than to repeal the legislation that allows mental health products, procedures and programs to be forced.

Article 21: Freedom of expression and opinion, and access to information

Australian government seems to see as forced/ coerced MH, as behaviour support, strategies to manage behavioural issues. And the Australian Government deciding on 'best practice' in the use of restrictive practices which limit the freedom and dignity of persons discriminated on the basis of disabilities. How can the Australian Government be brought to see this is not supportive of the people being condemned by prejudicial attitudes of psychiatrists such as racism, homophobia, cultural and social condemning of diversity that is not a crime-based problem. To silence victims of crime, whistle-blowers, and human diversity, with some kind of commercial rationality, appealing to the idea of fixing human diversity, exploiting anyone who is disenfranchised for the testing of not only psychiatric products, but the various uses these chemicals and procedures are then marketed for, on the basis of these trials/ tests/ emergency research, where the suffering of those subjected to the human research are rarely recorded, because that wouldn't be profitable research. If there are recordings of suffering, this is down played. Deaths and adverse reactions often recorded as 'lost to follow-up'.

To have a National Insurance scheme that uses 'restrictive practices' that are the horrendous violations that are currently used under that term, is not in any way supportive to a person. To claim that a pill or injection does anything to 'improve' a person's mood, manner or fashion is just ridiculous. There should not be policing of manner, mood and fashion, nor policing of a person who does not venerate psychiatric/ MH practices. The only things needing to be policed and subjected to restrictions on liberty are crimes proven in a court of law, subjected to equality before the law, not some perverse structure of inflicting forced psychiatry on some people, while allowing other people to maintain the liberty of thought, physical, emotional and creative abilities for the same crime. No one should be subjected forced/ coerced psychiatry – it just shouldn't be allowed. To cause such inequality is utterly anti-human rights.

How necessary it is to allow people to actively challenge what is offensive! Previous government and company exploitation rackets, racism, sexism and homophobia would never have been shifted at all, if not for challenging of status quo.

When a person is not restricted on what they're permitted to say, have the knowledge, that those who are restricted cannot say and tell that knowledge, then what, a crazy-make results. That is, however, difficult to sustain over a long period, and cracks appear so that more whistle-blower leaks are known of, that verify those who aren't restricted, that tell, what others are told to never tell.

Psychiatrists are allowed to accuse a person of having 'mental health deterioration' and that can include merely objecting to what a psychiatrist recommends: not agreeing with the psychiatrists' label of disability and treatment plan; and not conforming to fashion or philosophy, mental health association doctrine, or what social bullying dictates.

At the moment Australia doesn't allow people the right to refuse psychiatrists' products. This includes:

- Psychiatric unit detention
- Psychiatric labelling and other terminology that is to do with both psychiatry and psychology clinical modelling.
- Pharmaceutical drugs that are marketed for psychiatry.
- Psychiatric procedures (such as ECT)
- Psychiatric and psychological programming such as psychoeducation
- Psychiatric propaganda
- Mechanical ties, such as having a person strapped to a bed, or a chair.
- Psychiatric applications, tests and questionnaires

All these products that are produced, marketed and forced on people by psychiatrists and psychologists, should be permitted a right of refusal. An objector to psychiatric practices, should not be denied the right to refuse a product based on eugenics practices, that have a long history of ties to exploitation, pollution, killing and maiming of people for profit.

The right to object to being associated with a product of a particular company or kind of practice must be allowed. It is not okay to force a person on the basis of objection, or disenfranchisement, to 'consume' a product they do not want, it is not okay to force a person to 'consume' a product on the basis that the person is deemed disabled of the right to personal autonomy and consent by members of the industry that profit from torturous testing of the product on VOP. It is a corrupt way for a product to have a market, when, without government force, the products would not have buyers.

No other industry is given that power. Objection to all other industry products is something adults take for granted, that they will be allowed the right of refusal.

There is no societal, or social reason to force any kind of psychiatric/ mental health treatments:

- If combing hair is important, why isn't a person given a comb, rather than a drug?
- If employment is important, why aren't people employed, rather than forcibly drugged with chemicals that cause difficulty driving and using heavy machinery etc?
- If a person being upset is a problem, why isn't the person's petition being heard and understood rather than the person being drugged and condemned for the petition and threatened with further detention and increased drug dose if they don't rescind their petition?
- If preventing suicide is important why would the Australian government allow forced drugging that causes such pain, humiliation, retarding of abilities that a person subjected to this 24/7 indefinitely would rather die than live their time like a laboratory specimen?

- If stopping violence is important to the MH system, why are victims of crime and abuse being subjected to forced psychiatry, that makes them even more vulnerable to further abuses, while perpetrators of violent crimes/ abuses rarely subjected to forced psychiatry? Forced psychiatry is increasing violence, because it is a system of horrendous violent cruel maltreatments that are labelled 'necessary', 'appropriate' and 'effective'. These terms allow for the exact opposite – allow for what is unnecessary, inappropriate and ineffective for any kind of person, in any kind of situation, or walks of life.

Recommendations

1. There should be no 'duty' to intervene when a person expresses suicidal thoughts. Certainly, it is not a police matter, unless there's a crime committed. Suicide is not in itself a crime in Australia, and certainly opening up to someone to talk about such feelings should not be met with unwarranted, and unwanted authorities who cause harm and do not do anything to support or assist a person through the anguish they are experiencing. Speaking about suicide should not mean being subjected forcibly psychiatric products, procedures and programs.
2. There must be recognition of newly understood prejudices, emerging exploration of human rights violation being reported, and civil rights movement instigated by victims of forced/ coerced psychiatric products and procedures.
3. Speaking out against psychiatric practices is not something that should be subjected to control orders.
4. No one should be subjected to forced psychiatry, it must be abolished. Any kind of coercion on the part of MH personnel must cease. Various products and procedures that psychiatrists have inflicted in the guise of 'care' must be criminalised.
5. The denial and shutting down of conversation about harms caused by radio frequencies (RF) and experimental/ subversive equipment, by attacking those people harmed with the further harm of forced psychiatry is discrimination undertaken regularly under Mental Health legislation in Australia. Australia must allow for conversation on harm caused by RF used illegally on persons disenfranchised and/or accused of disability (by psychiatrists) without forced psychiatry being a threat for initiating such a conversation. Harm caused by experimental/ subversive devices will be better understood by community collaboration. Stricter regulations of some RF will likely be necessary.

Article 29: Participation in political and public life

Australia denies the voice of the people deemed 'compulsory patients' attempting to convert all people subjected to psychiatry into 'consumers'. Breaking a person under torture into agreeing the product forced on them is for their own good, isn't a genuine consumer

product, it is a dictated product that denies the right to refuse through government legislative emergency powers.

People subjected to forced psychiatry are denied:

- Advanced Directives
- The right to vote
- The right to refuse psychiatrists' products
- The right to full participation in community consultations
- The right to converse on certain topics such as chemical sensitivity and electrical sensitivity.

People should be well aware that psychiatric diagnostic procedures have a socio-political taint, that lends itself to extreme racism, misogyny, silencing of witnesses/victims of crime and allows for exploitation of these disenfranchised by other discrimination within society allowed to flourish under this government legislation.

Consultations deny the voices of victims of psychiatrists detained and in the community. Active silencing and denial of the existence of victims of forced psychiatry is what 'domestic consultation' means in Australia. Rooms are filled with paid representatives from organisations that profit from silencing victims of psychiatrists. It is everything about us without us. Also the denying of a platform to speak are – the people most effected by toxic fumes in closed spaces and those people who experience electrical sensitivity/ RF device targeting.

Victoria's Royal Commission into Mental Health systems only picked people who were in the pay of the Victorian Mental Health system, as witnesses. Those victims of psychiatrists who protest to have forced psychiatry abolished were denied a voice. Effectively the Royal Commission into Mental Health systems of Victoria seems to be an active denial of the violations occurring through forced/ coerced Mental Health system products, procedures and programs.

Psychiatrists (who allegedly need to be investigated and reported on) have been given positions of authority in the Victorian Royal Commission into Mental Health, while Victims of Psychiatrists are being silenced, denied and intimidated by those appointments.

Similarly Australia's Royal Commission into Institutional Abuse of children in State Care, victims of medical abuse were silenced by appointments in this inquiry. Given medical abuse reports consisted of only 2.2 per cent, this is unlikely to be inadequate reporting.

Why is Australia doing nothing to stop discriminatory Mental Health legislation that persecutes people on the basis of accused disability?

Access to 'appropriate care' should never mean Forced Treatment, especially not the Forced Human Experimentation those accused of disability by psychiatrists have suffered as a

marginalised, disenfranchised, group of people exploited 24/7 indefinitely for the profit of Mental Health personnel and coterie.

The denial of victims of psychiatrists, of an avenue to speak out against violating psychiatrists, the denial of voting rights on the whim of a psychiatrists' assessment, the lack of lawyers to assist in challenging this – makes for a denial of the voice of victims of forced psychiatry in government decision-making and policy outcomes.

How would the integrity of the electoral process be compromised, by removing the discriminating legislation that allows psychiatrists to decide who can and cannot vote?

The denial of voting rights on the basis of a psychiatrists say so means that Australia cannot ensure that all people, of all political persuasions are allowed to vote, including people who disagree with the psychiatric treatments.

There is a fine associated with no voting, though, this can apply to anyone who for reasons of business, or death of loved-ones – is distracted from politics during the voting period. So denying people the vote via the say-so of a medical-doctor, isn't really a good reason to deny the vote on the MDs say so, especially when the person is also being denied information such as election dates and information about political parties, held in isolation and forcibly subjected to drugs and procedures.

Denying victims of forced psychiatry the vote is an out and out political denial for the purpose of allowing medico exploitation to continue and increase, unabated, without debate. This also means silencing people being subjected to other kinds of disabling exploitation, that, when spoken about, have the person mentally-illed and denied voting rights, and the delay of CRPD implementation.

Australian government puts it that forced psychiatry is 'behaviour management' – yet the behaviour that is supposedly being 'managed' is not something that would constitute 'treason' or a custodial sentence of more than 3 years. So the inequality before the law on the basis of a medical practitioners say-so, that the person has a disability so severe that it renders that person a denial of voting rights – seems at odds when the person isn't in a coma, and whose communication skills are being shut-down by forced drugs, yet even so, is still able to articulate how much they disagree with psychiatric practices and how much they want for politicians to support the abolition of forced psychiatry, but since such a person is not permitted the vote, politicians do not see a reason to support non-voters, over the medico fraternity.

28, 603 electors removed in 2009-2012 on 'unsound mind' basis. That, is a significant number of voters denied, and doesn't include statistics from previous year of people still denied the vote.

In the opinion of a 'qualified person' another person whose previous qualification is ganged up on and disqualified – there must be a pathway to change of policy that stops this discrimination and disqualifying of qualification.

What is inaudible or outside the range of understood sense, not being considered sound, is a discretionary point. What is considered sound is more about feelings and politics, than human rights and reason. The idea of a person being sound, or unsound certainly doesn't register as reliable science or medicine.

Recommendations:

1. Allow all people who are subjected to, or have been subjected to forced/ coerced psychiatry permission to vote. Anyone who has previously been denied this right, should be allowed to attend independent support to better understand their political rights that previously have been denied.
2. Allow equal access to political information regarding elections, otherwise corruption can occur to deny democratic processes.
3. Should the objection of another elector to you voting, be the mental health personnel that is forcibly drugging you and non-sensing what you say – this must not be allowed to continue to occur.
4. Advanced Directives and the right to refuse psychiatric treatments, opt out of forced psychiatry/ Mental Health treatments, must be legislated
5. The promotion and participation of those who want an abolition of forced psychiatry, as well as regulation of disabling toxins and conversation about electrical sensitivity in consultations, must be allowed.

Article 31: Statistics and data collection

Collection of data is without consent, as part of forced/ coerced psychiatry, forming part of an intrusive cruel medico-scientific experimentation, and the profits from this being allowed to continue, is horrifying and must be stopped.

Concerned that the killing of people by psychiatrists, under state/ territory legislated MHAs, is ignored and corrupted in statistics that do not report the effects forced drugging and other psychiatric products being the reason for the person's death. The cause of death should include the psychiatric products that have been forced on the person who died.

Concerned for the number of people being denied voting rights, due to a psychiatrists' say so, and this not being followed up accurately in statistics.

Concerned for the number of people suffering from toxic chemicals, or electrical pollution not being acknowledged, and lack of acknowledgement of how many of these people are being forcibly subjected to psychiatric products.

Recommendations

1. Collection of data must be recognised where the measurements and data contain results from people who were subjected forcibly to psychiatric products, procedures and programs. The understanding that in a system of legislated forced psychiatry there are no volunteers, that they may not be subjected to threats that include force, and thus are being coercively frightened into agreeing to what the psychiatrists or mental health staff demand of them.
2. Reports on deaths where people were subjected to psychiatric drugs, procedures and programs, must contain recognition of where forced psychiatry was a contributing factor in the death.
3. An independent audit of the number of those denied voting rights due to:
 - Unsound mind
 - o How many applications were there to contest that
 - Psych assessment
 - o How many applications were there to contest that
4. Collection of data related to chemical and electrical pollution, and numbers of people silenced on these issues by forced psychiatry.

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