

2019 Submission - Royal Commission into Victoria's Mental Health System

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What are your suggestions to improve the Victorian community's understanding of mental illness and reduce stigma and discrimination?

There are vast avenues and options available here. There is very inadequate information available with regards to mental illness in the Victorian community. In the Victorian community there is much discrimination relating to mental illness particularly with the ATTITUDES of employers who point blank REFUSE to employ anyone who has even had the SLIGHTEST contact with the mental health system. This could involve even one or two visits to a Psychiatrist or even a short stay in a Psych ward. Clearly attitudes need to radically change and mental illness needs to be demystified. While there are some hard core cohort of patients who pose a danger to themselves and others and need to be securely confined. Such is not the case for the MAJORITY of people who may experience a mental illness episode in their lives. It all begins at HIGH SCHOOL. Secondary school students need one or two modules to study about issues relating to mental health. And a range of PUBLIC SPEAKERS MUST BE SENT to high schools all over Victoria to talk about mental health issues.

What is already working well and what can be done better to prevent mental illness and to support people to get early treatment and support?

Is anything working well? Well not really. far too many YOUNG PEOPLE ARE BEING CONFINED IN PSYCHIATRIC INSTITUTIONS and for VERY LONG PERIODS AT THAT. Psychiatric confinement should only be for SHORT PERIODS ONLY IN MOST CASES. NO MORE THAN SIX MONTHS MAXIMUM unless there is a risk to the public's safety. My guess is that this would only be required in a very small number of cases. Psychiatric confinement does no good to any one. It is a stop gap measure and should only be used as such. ECT electric Shock therapy is far too readily used in Victoria's mental health system. As a matter of urgency the Number of ECT administrations MUST BE TOTALLY REDUCED. The other important point is that the VICTORIAN MENTAL HEALTH SYSTEM lacks any FORM of PUBLIC ACCOUNTABILITY for its actions. Psychiatric staff have far too much power that is discretionary and at their whim. The Victorian mental health system works behind CLOSED DOORS . The public does not know what is happening. Another point is that RELATIVES OF PATIENTS are hardly consulted about the progress or otherwise of their loved ones. Most times when relatives of Patients come to the PSYCH WARDS they are always told MEDICAL STAFF are at a meeting. Medical staff must more readily engage and be willing to engage with the relatives or parents of patients.

What is already working well and what can be done better to prevent suicide?

"prevention of suicide we talk about it a lot. I wonder if constantly talking about it might encourage some people to take their own life. Maybe we should talk less about suicide and not more . This might help stopping the high rates of suicide we have in Australia. The suicide rate in Australia is far too high .It is almost an epidemic. It is said it is the best country in the world .If it is then why are so many people suiciding in Australia. Clearly there is something GRAVELY WRONG WITH

AUSTYRALIAN SOCIETY that is being hidden under the carpet. We don't walk to talk about inequalities in Australian society. We in AUSTRALIA like to hide things under the CARPET. The main responsibility for preventing suicide in Australia lies with the FEDERAL GOVERNMENT as it requires AN ALL GOVERNMENT APPROACH to the whole issue. The states are more likely to utilize PUNITIVE MEASURES or effecting strong constraints sanctions. Most State legislation is of that nature rather than engaging positively with those who need help. The States always wield THE BIG STICK in dealing with social issues. Rather than a more conciliatory approach of LOVE AND UNDERSTANDING. Yes SOFT SOFT WORKS. In the federal sphere things are a little better. We have CENTELINK and some meagre form of social security available to us, Not so in the State Sphere. In the State sphere there is almost nothing available."

What makes it hard for people to experience good mental health and what can be done to improve this? This may include how people find, access and experience mental health treatment and support and how services link with each other.

JOBS JOBS JOBS JOBS and more JOBS as CLIVE Palmer said recently. Social isolation and nobody caring about you being totally INDIFFEERENT towards others is a key Problem. In modern societies like Australia there is a HIGH INDIFFERENCE towards the welfare of others. This indifference is of a very high magnitude in Australia. How do you reduce such INDIFFEERENCE towards other fellow Citizens in the state of Victoria? Education here is the key .The RESPECT PROGRAM is a good one at the moment . RESPECT and love each other should be the message.TELEVISION ADS CONCERTS by prominent artists can help in this regard.

What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?

"Migration to anew country and there are plenty arriving in Australia everyday. Of course can lead to poor mental health as they make their way in a new country. But there tends to be a lot of social isolation as migrants tend to congregate ONLY into their own little groups. I want AN OPEN AUSTRALIA FOR ALL not groups of seggregated individuals living ONLY within their own groups. You ask "" SOME COMMUNITIES"" In my way of thinking THERE IS ONLY ONE COMMUNITY IN AUSTRALIA and that's THE AUSTRALIAN COMMUNITY."

What are the needs of family members and carers and what can be done better to support them?

lots lots lots heaps and URGENT ATTENTION MUST BE GIVEN TO THESE ISSUES. Family members and carers CAN and SHOULD Play a VERY IMPORTANT PART in a patients rehabilitation. FAMILIES AND CARERS need KNOWLEDGE about Mental Illness. Curently when carers are confronted with Mental health issues they have ABSOLUTELY NO IDEA what mental health issues entails. They need EDUCATION. Free courses should be OFFERED TO ALL carers and family members of the Mentally ill so that they CAN IDENTIFY SOME OF THE IMPORTANT ISSUES that pertain to those that are MENTALLY ILL. They need to know and be AU FAIT with SOME OF THE MAJOR ISSUES OF MENTALL ILNESS. I am suggesting a COMBINATION Of TECHNICAL KNOWLEDGE with Love tenderness and caring. The soft parts coupled with technical knowledge.

What can be done to attract, retain and better support the mental health workforce, including peer support workers?

More peer support workers need to be employed. To enter the mental health force now requires

several degrees and long periods of study. I wonder whether such is all that necessary. I think people with lesser Qualifications can and should be employed. I am suggesting a classification in the nature of a NURSING AIDE. Nursing Aides do not exist much in victoria although a DIPLOMA OF NURSING is offered which requires less study than a Bachelors degree. I suggest however that people of the street with LIFE EXPERIENCE COMMITMENT and COMPASSION should be given more opportunities to enter the MENTAL HEALTH PROFESSION AT certificate level. Also greater UTILIZATION OF INSERVICE Or on the JOB training would be a good idea.

What are the opportunities in the Victorian community for people living with mental illness to improve their social and economic participation, and what needs to be done to realise these opportunities?

THERE ARE NO OPPORTUNITIES IN THE VICTORIAN COMMUNITY FOR PEOPLE WITH MENTAL ILLNESS to GAIN EMPLOYMENT in any area. AT ALL. ALL OR ALMOST ALL EMPLOYERS WILL NOT EMPLOY ANY ONE who has experienced an EPISODE OF MENTAL ILLNES. The worst offenders are STATE AND FEDERAL PUBLIC SERVICES. That is IT IS GOVERNMENT itself who is the MOST DISCRIMINATORY in this regard. Also TRADE UNIONS or UNIONS are extremely discriminatory against those with mental illness. For example even though I was a member of the ATMOEA the AUSTRALIAN TRAMWAYS AND OMNIBUS EMPLOYEES ASSOCIATION FOR OVER 9 years and 4 MONTHS. That union now known as the TRAMWAYS UNION and its then SECRETARY ██████████ refused to RENDER ME ANY ASSISTANCE RELATING TO AN INCIDENT ON THE TRAMS MY WORK PLACE on the basis that THE UNION CONSIDERED ME TO BE MENTALLY ILL. You would have thought the UNION would help me in such an instance.

Thinking about what Victorias mental health system should ideally look like, tell us what areas and reform ideas you would like the Royal Commission to prioritise for change?

"may be a LESS BUREAUCRATIC SYSTEM where one size fits all to a more individualized system of care tailored more to the specific circumstances of the individual. The System must also engage MUCH MORE with the COMMUNITY of VICTORIA. Become much more transparent and open in approach. Currently the system operates behind closed DOORS. It is totally SEALED from the outside world. Mental health professionals also need to be MUCH MORE INVOLVED AS EDUCATIONALISTS . That is cast themselves as EDUCATORS and engaging much more often in public engagements and speaking Roles. Strenuous efforts must be made to engage relatives and loved ones in the CARE PLANS of PATIENTS. Outsiders of the system need to be more engaged in having an input into the system. A name change also needs to be instituted from mental health system . To One I suggest TITLED department of "" SOCIAL CARE"" in this way a COLLECTIVE APPROACH to mental health care can be instituted."

What can be done now to prepare for changes to Victorias mental health system and support improvements to last?

Change the name to DEPARTMENT OF SOCIAL CARE. Not a system but a caring service. Divest it from the overarching victorian department of human services to a more SPECIALIZED BOUTIQUE department that focuses and has all its eyes in delivering SOCIAL CARE TO ALL THAT NEED IT.

Is there anything else you would like to share with the Royal Commission?

"yes the current mental health system in VICTORIA is underpinned BY having at its base 'a VERY

HIGHLY PUNITIVE MODEL OF CARE"". It is in its very DNA .To be punitive. A LESS PUNITIVE MODEL OF CARE SHOULD IDEALLY BE THE AIM in any future model of MENTAL HEALTH CARE that is implemented IN VICTORIA."

To The royal commission on mental health State of Victoria. 17th June 2019.

Submission.

1 . name is [REDACTED] and my email address is [REDACTED]

2 . The events I am about to describe relate to a Dr [REDACTED] [REDACTED] [REDACTED] now currently residing in the town of [REDACTED] Victoria.

3. And they also relate to events that happened in the [REDACTED] office at the then [REDACTED] park psychiatric Hospital in [REDACTED] Street [REDACTED]

4. These events happened in the early 1980's .

5. Dr [REDACTED] [REDACTED] [REDACTED] was then the [REDACTED] of the [REDACTED] [REDACTED] Hospital in Melbourne at [REDACTED] Street [REDACTED]. In the State of Victoria.

6 Therefore he was in the Direct employ of the State of Victoria. As that position came under the umbrella of the Victorian Public service.

7 . **THE Narrative.**

8 How the Story Unfolded and How I came to meet with

Dr. [REDACTED] [REDACTED] [REDACTED]

9. In the early 1980's I had just left the Royal Australian Air Force and found myself unemployed. The Only Job I could find at the Time was as a tram Conductor a position I held from 10 January 1979 to April 11 , 1989.

10. In the early 1980's I applied for a NURSING COURSE at what was then known as the [REDACTED] Institute Of [REDACTED] which located in [REDACTED] [REDACTED] [REDACTED]

11. That institution is now known as ██████ University.
12. My application for a place in the Nursing course at PIT the institute was refused.
13. I was not happy about this so I then wrote to the ████████████████████ Mr ██████
██████
14. I had full confidence in Mr ██████ as a public official of the State of Victoria as his whole working life had been spent in the employ of the State of Victoria. And I believe before being appointed as ████████████████████. He was the permanent head of the then ████████████████████ department for the state of Victoria.
15. I believe in between the time I contacted ██████ ██████ I made a second application to PIT for a place in their nursing course.
16. In any case I stated to the PIT Preston ██████ of ████████████████████ course authorities that I had been employed for approximately 2years or a little bit less at The ██████ ██████
██████████████████ Hospital ██████ Street ████████████████████ Victoria in the capacity of a WARD ASSISTANT.
17. It was during this time that Dr ██████ ████████████████████ was appointed as ████████████████████ Superintendent ████████████████████ hospital. He succeeded in the position from the legendary Dr ████████████████████.
18. Unbeknown to me The Course Authorities at the ████████████████████ Technology upon being informed that I was employed as a ward assistant at the Royal park Psychiatric hospital rang the hospital seeking a personal reference about me .
19. They were connected to a person by the name of ████████████████████. Who classed herself as the DIRECTOR OF NURSING SERVICES of the ████████████████████ Hospital.
20. ████████████████████ was employed under the Auspices of the Victorian Public Service.

21. It was my clear understanding that under VICTORIAN PUBLIC SERVICE rules officials of the VICTORIAN PUBLIC SERVICE Victorian public service were forbidden to give personal references about former or current employees of the Victorian Public Service. Except as to the dates of service of their employees and confirming that they actually were in the employ of the Victorian Public service.

22. In this case that entity being the [REDACTED] Hospital.

23. Nevertheless [REDACTED] in her capacity as DIRECTOR OF NURSING SERVICES [REDACTED] HOSPITAL despite the Rules of the Victorian Public Service proceeded to give an extended and comprehensive detailed personal reference about me.

24. All of it was extremely adverse false and extremely malicious personal reference about me and my time as a ward assistant at the [REDACTED] Hospital in my employ as a ward assistant.

25. For example she stated that I had a habit of writing on the walls of the [REDACTED] [REDACTED] Hospital.

26. Totally untrue. Never never did I write on the walls of the [REDACTED] Hospital .

27 she stated that she believed I had personality problems and that I was not good or interacted well with other staff at the hospital.

28 Actually as I learnt later this references she gave about me amounted to several pages long.

29. How I came to know about this was through the Gross incompetence of the [REDACTED] [REDACTED]. He informed about this reference given by [REDACTED] [REDACTED] in a written letter he sent me.

30. While I have high regard for [REDACTED] and believed him to be a person of extremely high integrity . Nevertheless he was not very competent in his role as [REDACTED] should not be reporting anecdotes to complainants which have no bearing on the investigation of the complaint.

31. Besides my COMPLAINT TO [REDACTED] the [REDACTED] was NEVER about the [REDACTED] hospital. It was about the [REDACTED] Technology located at plenty road [REDACTED]

32. Upon hearing of these references I was Quite upset and contacted [REDACTED] to arrange a Personal meeting so as to ask her why she had said such nasty untruths about me . Even though Victorian Public service rules forbade her to give personal references about former employees or current employees.

33. She agreed to meet me in her offices at the [REDACTED] Hospital.

34. At that meeting in her offices at the [REDACTED] hospital which lasted for more than an HOUR . SHE DIVERTED THE SUBJECT of which I had come to see her about . Which was in reference what she had said about me to [REDACTED] The institute.

35. To instead talking to me ABOUT DR. [REDACTED]

[REDACTED] The [REDACTED] of [REDACTED]
[REDACTED] hospital.

36. During the over one hour that I was sitting in her office she kept talking to me about him. Dr [REDACTED] [REDACTED] [REDACTED]

37. she told me things like that the DR [REDACTED] [REDACTED] [REDACTED] was VERY interested in me . he was very keen to meet me as he wanted to help me.

38. When I pressed her as to why I **HAD TO MEET WITH DR**

[REDACTED] [REDACTED]

39. She kept repeating that he was very concerned about me and had taken a very deep interest in me in his capacity as a doctor.

40. I was reticent to see DR [REDACTED] [REDACTED] [REDACTED] . I had nothing to do with him.

While I was working as a ward assistant at the hospital I was under the clear impression that I was working under the auspices of the [REDACTED] of Nursing who happened to be [REDACTED] [REDACTED]

42. While Dr [REDACTED] [REDACTED] had overall control in the running of the hospital. He was not my direct supervisor.

43. I knew of DR [REDACTED] obviously as I had seen him at the hospital but had had little to do with him.

44. I personally found him to be a very intimidating and powerful figure whom I probably would a little reticent to approach. Certainly to me he did not project an image of a kind an compassionate Doctor. More an image of power and authority.

45. He was highly academically Qualified and held a Master Of Medicine in addition to his basic medical degree. And other academic qualifications. His previous employ was as an [REDACTED] at the University of [REDACTED] before becoming [REDACTED] at the [REDACTED] Hospital.

46. To put it in the vernacular he was not a person you would mess around with.

47. So why in the world was [REDACTED] telling me HE WANTED TO SEE ME to help me and was Interested in me . I really COULD NOT UDERSTAND.

48. Besides my purpose to meet with [REDACTED] was to discuss the personal references she gave about me. NOT TO DISCUSS DR [REDACTED]. How the hell he came into the picture. I really was at Pain to understand.

49. In the event I DID AGREE TO MEET with Dr [REDACTED]. My intention to meet him was to ask him for a job . As I was not happy in my job as a tram conductor.

50. I arranged to meet DR [REDACTED] in his offices at the [REDACTED] Hospital [REDACTED]. One evening at 6 PM at the Hospital.

51. When I arrived there I was DIRECTED TO THE [REDACTED] OFFICE at the Hospital.

52. When I entered the Psychiatrist superintendents office I noticed the presence of 2 other people there .Including Dr [REDACTED] sitting in the middle. And the other 2 beside him.

53. I knew the other 2 as [REDACTED] assistant [REDACTED] [REDACTED] at the hospital and [REDACTED] [REDACTED] OF NURSING at the [REDACTED] [REDACTED] HOSPITAL.

54. I immediately realised that I had been set up . [REDACTED] never mentioned that DR [REDACTED] wanted to see me in the presence of 2 other people.

55. She clearly stated to me that he wanted to see me on a one to one basis. **NOT IN THE PRESENCE OF 2 OTHER PEOPLE.**

56. Immediately I noticed DR [REDACTED] seemed to me to be **IN AN EXTREMELY ANGRY AND HIGHLY AGITATED** as **some one seeking to start a fight.**

57. During the more than one hour I was sitting in his office he started threatening me denigrating me . Told me he would eventually get me in the end. That I was a hopeless individual and will see as to how he was going to harm me. Even as I left the room and was facing my back to him he stated 'there is no studentships here'.

58. I was quite upset about this and returned home quite Irritated. My father noticed this and asked me as to why I had come from meeting the Doctor in such an irritated state. He asked as to what had happened at that meeting between him the DR and me.

59 , In fact YES I was quite angry and upset about this meeting with DR [REDACTED] [REDACTED]

60. I was told by [REDACTED] [REDACTED] that the purpose for wanting to meet me was because he wanted to help me . **NOT TO ABUSE ME.** Obviously [REDACTED] [REDACTED] was lying.

61. Things did not stop there however. Subsequent to the above meeting a few weeks later .

62. **I RECEIVED A LETTER TO MY HOME ADDRESS**
addressed to me Mr. [REDACTED] [REDACTED]

63. **The Letter was on official letter head of the [REDACTED]**
[REDACTED] HOSPITAL and signed BY DR
[REDACTED] [REDACTED] [REDACTED] In his capacity as
[REDACTED] OF THE [REDACTED]
[REDACTED] HOSPITAL [REDACTED]
[REDACTED] in the State of Victoria , AUSTRALIA.

64. I believe a copy of that Letter would be held in the Victorian Public Records office in NORTH MELBOURNE.

65. In that letter DR [REDACTED] [REDACTED] [REDACTED] told me several things.

66. That I NEEDED URGENT PSYCHIATRIC TREATMENT. Well if I did I was there right in front of him in his offices at the [REDACTED] hospital. Well yes he could have helped me if he believed that I was I need of Psychiatric treatment.

67. Instead at that meeting he chose to denigrate abuse and threaten me.

68.In that letter he also told that **I HAD BEEN THREATENING HIS STAFF.AN OUTRAGEOUS CLAIM TO MAKE. Where the HELL WAS THE EVIDENCE. I ONLY APPROACHED [REDACTED] TO DISCUSS THE ISSUE OF THE REFERENCES.**

69. I DID NOT APPROACH ANY OF HIS STAFF Or attempt to approach his staff. And what EVIDENCE IS THERE THAT I THREATENED HIS STAFF.

70 In between the time of meeting him and receipt of his letter .The abuse I received in his rooms had started to affect my mental and physical health.

71. BUT WAIT THERE IS WORSE .For in the same letter he told me that IT WAS HIS CLEAR INTENTION TO PUT ME IN TROUBLE WITH THE POLICE . IN fact he made several mention of the word POLICE in that letter. And told me that he would endeavour to do everything in HIS POWER TO HAVE ME IN TROUBLE WITH THE POLICE.

72. where the hell is the compassion in this doctor . **A DOCTOR WHO CLEARLY TELLS YOU THAT HE WANTS YOU OR IT IS HIS DESIRE THAT I'd BE IN TROUBLE WITH THE POLICE.**

73. But wait there is more . The maliciousness of this DOCTOR never stops. Subsequent to that letter and shortly thereafter he sent Police to my address and had me locked up at [REDACTED] [REDACTED] HOSPITAL in [REDACTED]

74. He sure kept his promise of wanting me to be in trouble with the police.

75. I was locked up at [REDACTED] [REDACTED] ON A FRIDAY. Which meant that I was **PSYCHIATRICALY CONFINED FOR AT LEAST THE WHOLE WEEK END.**

76. Fortunately I was released on the FOLLOWING MONDAY. Had I been confined for a longer period **I ALSO RISKED LOSING MY JOB AS A TRAM CONDUCTOR WHICH IS WHERE I WAS WORKING AS A TRAM CONDUCTOR:**

77.DR [REDACTED] [REDACTED] [REDACTED] d's maliciousness would have caused me to lose my job
loss of income loss of dignity of having a JOB. And social isolation due to LOSS OF
JOB . And who knows mental health deterioration.

78.BUT WAIT THERE IS MORE. THIS
VINDICTIVE'S DOCTORS ACTIONS AGAINST
ME KEEPS ON KEEPING ON.

79. For while I was released on the MONDAY MORNING at 9 AM on the MONDAY
MORNING . That is I **WAS OFFICIALLY AND LEGALLY**
DISCHARGED FROM [REDACTED] [REDACTED] HOSPITAL
UNDER THE PROVISIONS OF THE VICTORIAN
MENTAL HEALTH ACT.

80 I started making my way home by TAXI from [REDACTED] [REDACTED] HOSPITAL
accompanied by my parents. At great expense as the TAXI COSTS to my home were
quite expensive.

81.When I arrived home I went to sleep.

82. HOWEVER AT AROUND 6 PM IN THE EVENING I NOTICED 2 POLICE CARS PARKED OUTSIDE MY HOME ADRESS.

83. I WAS CLEARLY TOLD THAT I HAD BEEN OFFICIALLY DISCHARGED FROM MONT PARK HOSPITAL AT 9am ON MONDAY MORNING.

84.THE POLICEMEN REQUESTED THAT I ACCOMPANY THEM BACK TO [REDACTED] [REDACTED] HOSPITAL.

85.I WAS TAKEN BACK TO [REDACTED] [REDACTED] HOSPITAL where the police attempted to verify with the [REDACTED] [REDACTED] STAFF as to whether I had been officially and legally discharged. Of which I had been.

86.What had happened was that in between the TIME I HAD BEEN RELEASED AT 9 AM FROM [REDACTED] PARK HOSPITAL DR [REDACTED] [REDACTED] [REDACTED] had rung [REDACTED] [REDACTED] HOSPITAL and ENQUIRED

**ABOUT ME. UPON BEING TOLD THAT I HAD BEEN
RELEASED HE HAD RUNG THE POLICE AND
REQUESTED THEM TO REARREST ME AGAIN AND
TAKE ME BACK TO THE HOSPITAL [REDACTED] [REDACTED]**

**87. THIS IS TOTALLY UNACCEPTABLE. HE IS
INTERFERING IN THE DUE PROCESSES OF THE
LAW. I was legally discharged from [REDACTED] [REDACTED]
HOSPITAL ON THE MONDAY MORNING.**

88. At the time He was a statutory office holder of the STATE VICTORIA expressly appointed to carry out the PROVISIONS OF THE THEN VICTORIAN MENTAL HEALTH ACT.

89. IT seems there was no mental health Act at the time in Victoria. But rather [REDACTED] LAW. One of vindictiveness bullying and maliciousness against individuals he had some issues with.

90. It seems to me he was using the services of Police for his own personal convenience so as to carry out his own personal vendettas .

**91. I ASK YOU HOW DOES BEING THREATENED
BULLIED INTIMIDATED BY A HEALTH**

**PROFESSIONAL MAKE YOU ENJOY BETTER
MENTAL HEALTH.**

**92 If DR [REDACTED] [REDACTED] [REDACTED] really did WANT TO CHAMPION
THE CAUSE OF WOMEN and act in the ROLE OF
CHIEF PROTECTOR OF WOMEN, MAY BE HE
SHOULD HAVE DONE SOMETHING about the**

**93. SEXUAL MOLESTATION I SAW being inflicted on a
NURSE I KNEW AS [REDACTED] in a single room in
PINEL WARD. Where [REDACTED] the nurse I have omitted his surname and
[REDACTED] another nurse started molesting NURSE [REDACTED] in the single room and
when she tried to leave they prevented her from leaving the room. Deprivation of liberty
and sexual assault I think here.**

**94. Obviously [REDACTED] [REDACTED] THE [REDACTED] OF NURSING WAS THE
PRINCIPAL INSTIGATOR OF EVERYTHING THAT HAPPENED TO ME AND DR
[REDACTED] [REDACTED] [REDACTED] was TOTALLY UNDER HER INFLUENCE and acting on A
total impulse.**

**95. Surely someone with all his Academic
QUALIFICATIONS would make a cursory CHECK**

before jumping to rash conclusions on the false confabulating reports of a SINGLE WOMAN. He should firstly have checked for some evidence.

96. At University you are told by your lecturers always be 'critical thinkers'

97. I don't think that DR [REDACTED] [REDACTED] [REDACTED] would have even heard of that expression.

98. Its ironical . Because prior to being appointed to the post of [REDACTED] [REDACTED].he was an associate professor himself. He was in other words AN ACADEMIC.

99. My personal experience of ACADEMICS is that they do not RUSH TO SUCH QUICK CONCLUSIONS.

100. Either DR [REDACTED] [REDACTED] [REDACTED] is a STUPID MAN more Than ME or A BAD MAN. I would say Both. He lacks compassion and has little love in his heart for other human beings which are less unfortunate than himself.

101. Life has offered him GOOD FORTUNE LUCK and strong ability to STUDY.

102. AND YET HE HAS GIVEN BACK LITTLE IN RETURN TO A SOCIETY THAT HAS BEEN SO KIND AND LOVING TO HIM.

103. My Final question is WOULD YOU TRUST DR [REDACTED] [REDACTED] to operate on You.

104. Because I certainly wouldn't.

Thanking you ,yours sincerely.

[REDACTED] [REDACTED]

**SOME FURTHER
ADDITIONAL POINTS.**

**While I do not expect human beings to be perfect. At the same time however I do not
expect human beings let alone health professionals to act so**

**INTENTIONALLY MALICIOUSLY
AGIANST ONE PERSON ON THE
HEARSAY OF ONE INDIVIDUAL WHO
TOLD DR [REDACTED] [REDACTED] a whole pack of
lies so as to get him angry aggressive and
act so Irrationally without any evidence for
doing so. Of course that person is MRS
[REDACTED] [REDACTED] [REDACTED] of Nursing at
the [REDACTED] hospital [REDACTED]**

Victoria Australia. In the final analysis my personal experience with the Victorian Mental health system shows it to be vindictive unjust lacking key public accountabilities of its key players. There is not much to recommend in the Victorian mental health system which would really benefit anyone experiencing stressful period in their lives and seeking assistance form Victoria's mental health system . Unless they want to get locked up even though most patients have committed no crime against others . They just need that extra

**hand to help them in a period of crisis in
their lives.**