

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

## Organisation Name

N/A

## Name

Mr Cedric Wyndham

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

"This is not the prime reason for my submission (see answer to Q) 11). However, no doubt you are familiar with the views of authorities such as Prof Karl Popper and Prof Thomas Szasz. My experience with people that have training, or work in, the behavioural science areas, are that they lack any understanding of the concept of facts. They start with a theory then find the facts that fit that (and ignore anything that doesn't). That sort of behaviour would be quite unacceptable in either a science-based discipline or in business."

## 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?

I don't really know.

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

I don't really know.

## 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.

I don't really know.

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

"I have little experience in this area. However, the criminal justice's philosophy of lock em up and throw away the key, and give no support to people after release, and pandering to the sensational press, are policies that do nothing to help."

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

I don't really know.

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

I don't really know.

## 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?

"Maybe learn a bit from what organisations like HP are doing, i.e. pay a bit more attention to

people's abilities, rather than taking a negative approach. I assume you are familiar with HP's program of hiring Aspergers people for software testing. Find out what the person can do, and find a job that requires those skills. This will require huge battles with the Federal government's Public Service, such as Department of Employment, who employ subcontractors who resolutely refuse such an approach. If the Federal government won't cooperate, remove their ability to take over the job of finding employment from individuals and families. "

**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?**

I don't really know.

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

One good idea would be rational funding.

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

"See the attached. Incidentally, I prepared this email for the Leader of the Opposition (Mr O'Brien) after he announced his three-point plan, see

<<http://www.michaelobrien.com.au/Media/LatestNews/tabid/122/articleType/ArticleView/articleId/649/Three-point-plan-to-reduce-Victorias-road-toll.aspx>>. There is probably little argument with the proposition that we need to ensure people are not driving on public roads while under the influence of illegal drugs. But for a very long period the authorities have steadfastly ignored the problem of malpractice in the psychiatric services section of the Victorian public service, and have refused to even investigate what effects these malpractices are having. The Coroner holds it is not his job to investigate the causes of serious or fatal accidents in Victoria (which most likely is a misunderstanding of the law), 19 years ago the Deputy Chief Psychiatrist effectively refused Minister Thwaites directive for her to consult with me about this problem, et cetera. I have no idea how many fatal road accidents each year I due to doctors forcing drugs on people and advising the drug will not affect their driving, when the drug in fact has major detrimental effects on driving. But if this practice is as widespread as it appears, it needs attention. PS: Note that the authorities (such as AHPRA and MHCC) have refused to handle this complaint for 20-years. Hence it requires the attention of a body like you. I repeat that the Health Department refused Minister Thwaites' directive for consultation, so they never progressed to investigation. "

Subject: Driving with Drugs

From: Cedric Wyndham [REDACTED]

Date: 21/06/2019, 10:49

To: Leader of the Opposition [REDACTED]

CC: Member for Bundoora [REDACTED]

Dear [REDACTED]

While I support your concerns about people driving while under the influence of drugs (I am guessing you are principally interested in non-prescription drugs), I would appreciate your attention to a related issue.

My concern for several decades, has been Health Services Practitioners who deceive patients into driving when unfit, by assuring them the prescribed medications will not affect their ability to safely drive. In the case I experienced, at least some of the practitioners appear to have been engaged in serious malpractice, but none of the relevant authorities have ever investigated the case. The reasons for this lack of action are not clear, but need to be investigated.

The deception I experienced involved a number of actions.

Firstly, a patient information pamphlet was available, stating the law required a prescribing doctor to notify the patient of side effects when prescribing the medication. Much later the Ombudsman made a finding that the pamphlet misquoted the legislation (it's not clear if this finding by the Ombudsman was about that particular sentence in the pamphlet). The Ombudsman directed the Health Department to withdraw that pamphlet. Secondly, the prescribing doctor told me nothing about effects of the medication. Thirdly, another person who didn't identify their position (maybe she was a doctor) repeatedly assured me the medication would have no effect on my ability to drive Long Distances. A few days later this latter person advised the medication had been changed and the new one would have even less side effects. These people knew my work involved driving to most parts of Victoria - i.e. not really long distances, never more than 400 km in a day.

In fact, after a good nights sleep I would lose concentration after less than an hours driving, but one effect of the drug was that I also did not realise that I was losing concentration. At the time I had 30 years experience driving in city, country and remote areas in Australia, previously I often had driven far more than 400 km in one day, I was well practised in recognising when I was losing concentration, and both prior to and after the time when these drugs were prescribed (having been driving in Australia for 58-years, mostly considerable distances per annum), I have not been involved in an accident where any person was injured. Sometime later I obtained a copy of MIMS, which had a warning that one should not operate machinery while taking these drugs, plus other warnings I can't remember now. I repeat that the prescribing doctor never told me this. Nor did other Doctors who also prescribed this drug.

The patient information pamphlet that I referred to above stated that appeals should be lodged with the (then titled) Administrative Appeals Tribunal (the state based AAT). This statement was probably also wrong, but that it was in an official patient information document means that the AAT (now called VCAT) was responsible for ensuring my application for review was forwarded to the body that should handle it. A quarter of a century later neither VCAT nor any other responsible body has looked into the many aspects of my case, including the fact that the driving

public was put at serious risk (details follow) by the malpractice of these Drs. This failure by VCAT is just one of many administrative failures by numbers of state bodies such as the Coroner, VicRoads, police, et cetera. Both VicRoads and the Police have a "shoot the messenger" policy.

One of the effects of this drug is that one loses concentration and goes into a light sleep in cases where you normally would maintain full concentration. On one occasion I woke up to find I was travelling in 100 Kph on the Golden Valley Highway on the wrong side of a road with an approaching car flashing its lights. Also, after noticing action is necessary, one doesn't take the required action. On one occasion I drove through roadworks warning signs and only at the very last moment braked hard to pull up before the stop/slow bat. On another occasion on an 80 Kph Road I didn't slow down for a give-way sign on a blind intersection.

In 2000 the newly elected Minister for Health (John Thwaites) ordered the then Deputy Chief Psychiatrist to consult with me about these issues. The Ombudsman was given the task of arranging the meeting. I characterise that meeting as the Deputy Chief Psychiatrist spending 90 minutes saying she could not answer my questions because she had not read the files relating to the agenda she had previously agreed to, then she walked out. Numerous attempts to talk to her since have gone unanswered (as have attempts to contact others that have been involved). Prior to the meeting she had agreed to the meeting being recorded, so I can provide a copy of the recording if you wish to verify this characterisation.

These events happened a long time ago, however the fact that nobody will investigate or take appropriate remedial action (i.e. will not acknowledge rogue Drs or investigate them) makes it most likely that similar malpractice is still happening. I (and quite often my passengers) were particularly lucky not to be involved in an accident. But if this medical malpractice is at all common (as seems likely), presumably the causes of numbers of serious road accidents in Victoria are still not being identified, therefore this cause of the road toll is not being addressed.

Further investigation of this is long overdue.

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Regards  
Cedric Wyndham

[REDACTED]