



11th August 2014
Doug Humphries

Attention:
Chairman - Environment and Public Affairs Committee - Legislative Council

**Re:- SUBMISSION on PETITIONS on the MENTAL HEALTH BILL 2013 by D HUMPHRIES
read to the Legislative Council on the 24TH June and 25th June**

Dear Hon. Simon O'Brien MLC

Thank you for receiving the petitions I have promoted concerning adding an AIM and adding an OBJECT to those listed in the new MENTAL HEALTH BILL. I believe that they would contribute to reducing the incidence of medical error and misdiagnosis leading to minimizing the occurrence of citizens who are NOT mentally ill being treated for mental illness involuntarily.

I believe that these additions to the Bill are important because they remind all concern that error is possible and hopefully bring to everybody's attention the devastation that often occurs in people's lives when misdiagnosis does occur. The new legislation is very much concerned with providing mechanisms to prevent misdiagnosis and medical error so it is entirely fitting that what has been achieved in this regard should be reflected in the AIMS and OBJECTS. I only had time to collect about 18 signatures but the response from nearly everyone I spoke to was positive and I could have got a lot more signatures for these most reasonable suggestions. The links to Hansard concerning the two petitions follow:-

1. Legislative Council Petition concerning the AIMS of the Bill read on 24th June 2014 (Note that there were 18 signatures not three as stated in Hansard.)
[http://www.parliament.wa.gov.au/Hansard/hansard.nsf/0/513e3af5b037273d48257d040019f8c3/\\$FILE/C39+S1+20140624+p4303d-4304a.pdf](http://www.parliament.wa.gov.au/Hansard/hansard.nsf/0/513e3af5b037273d48257d040019f8c3/$FILE/C39+S1+20140624+p4303d-4304a.pdf)
2. Legislative Council Petition concerning OBJECTS of the Bill read on 25th June 2014
[http://www.parliament.wa.gov.au/Hansard/hansard.nsf/0/8827971cc0200d3748257d040024d24e/\\$FILE/C39+S1+20140625+p4501c-4501c.pdf](http://www.parliament.wa.gov.au/Hansard/hansard.nsf/0/8827971cc0200d3748257d040024d24e/$FILE/C39+S1+20140625+p4501c-4501c.pdf)

Consistent with the additional Aim and Object referred to above, Petition No 43 read to the Legislative Council on 19th June, called for any interview that could result in involuntary incarceration and involuntary treatment to be videotaped. It is requested on the basis that such a videotape would be invaluable to anyone trying to defend their sanity and it would also be valuable and therapeutic for those patients who were correctly diagnosed as being mentally ill because they could then see the tape and understand what it was in their behaviour that resulted in them being diagnosed as being mentally ill. The petition also calls for a special clause to address the need for a process to correct erroneous medical records. Link to Hansard here:-
[http://www.parliament.wa.gov.au/Hansard/hansard.nsf/0/f7262db3832213c748257d00001783d5/\\$FILE/C39+S1+20140619+p4176c-4176c.pdf](http://www.parliament.wa.gov.au/Hansard/hansard.nsf/0/f7262db3832213c748257d00001783d5/$FILE/C39+S1+20140619+p4176c-4176c.pdf)

I have received a letter from the Chairman of the Standing Committee on the Environment and Public Affairs, saying that the committee has considered the videotaping proposal and I thank the Committee for that.

ADDITIONAL INFORMATION IN SUPPORT OF THE ABOVE PETITIONS

I attended the "Meeting for Minds" conference in May <http://www.meetingforminds.com.au/> and they were asking for suggestions for research. I am an engineer and not a mental health researcher but I do have what I consider to be a valuable qualification in that I have survived "lived experience" (no violence involved) of being labelled as being mentally ill and being given involuntary treatment due to what I believe was a misdiagnosis. Stepping back from it all now, I see that there is still a problem with the mental health sector attempting to deny the possibility of medical error. It is very clear to me that there is insufficient research into people who have been diagnosed with a serious mental illness and yet are now "well", and may have been "well" all along and they continue without medication, or spending hours with psychiatrists or councillors.

Apart from error it has been suggested that some people spontaneously recover. I suggest that this could be due to either of two things:-

1. The diagnosis could have been wrong in the first place.
2. The person did something, had some treatment for something, or even just resolved something, but whatever it was it worked for them and could be a clue to a means that could be used to help others who haven't recovered.

In my view, this logically points to the need for research into what happened in individual cases of recovery with the aim of understanding why it happened leading to the following:-

1. Improved diagnostic techniques.
2. Understanding and treating the emotional trauma of being diagnosed as being mentally ill in error and possible experiencing what could be interpreted by the recipient as betrayal.
3. Understanding and treating the physical trauma of being treated for mental illness in error with mind altering drugs and ECT (electric shock) and developing treatments for that when it has occurred (instead of denying the possibility.)
4. Understanding how many physical illnesses are not being diagnosed and treated as a consequence of psychiatrists jumping to conclusions regarding mental illness thereby leaving the cause of the underlying symptoms undetermined and the correct treatment being omitted.

Innovation comes from looking at a matter in a new way, often from disciplines outside of the field in question. I therefore ask the committee to consider the above when evaluating the petitions on additions to the Aims and Objects of the Bill.

The outcome of this approach would not only be the first step in reducing misdiagnosis thereby reducing the suffering inherent in that occurrence but it would also result in a better use of scarce resources by directing them to aid those who are genuinely suffering from mental illness as well as giving more focus to treatable causes of a patient's distress.

Finally, in further support of reform of mental health legislation, I suggest that the committee familiarise themselves with this address to a Select Committee at the House of Commons by James Davies - author, psychotherapist, anthropologist. Here is a link to his Westminster speech:- chaired by the Rt. Hon Andy Burnham, Shadow Secretary of State for Health, on involuntary addiction to prescription drugs.
<http://www.appgita.com/index.php/2013/07/speech-given-by-author-and-psychiatrist-james-davies-at-the-andy-burnham-evidence-session-on-addiction-to-prescribed-medicine-9-july-2013-at-portcullis-house-house-of-commons/>

I thank the committee for considering my concerns and those of my fellow petitioners.

Regards

Doug Humphries