A Submission to the Productivity Commission's Mental Health and Suicide Prevention Agreement Review Inquiry

I am writing to you today to express my deep concerns about three very serious issues that continue to stifle Australia's efforts to improve the mental health of it's citizens, and avert suicides.

The first issue is Australia's persisting misconception that depression and suicidalness are usually brain malfunctions, and that brain or psychology experts are the most appropriate people to deal with the people experiencing these conditions.

The second issue is Australia's massive and persisting shortfall in offering services that adequately address the numerous real-world causes of depression and suicidalness. Part of the problem here is the persisting use of ambiguous, unhelpful language in this matter.

The third issue is the persisting efforts to undermine and violate the free speech rights of various people; particularly suicidal and severely depressed citizens, as well as critics of the currant mental health system.

Major Issue 1: Presuming Patients' Brains Are At Fault

Australia and it's mental health system have an extreme tendency to assume that when a person becomes severely depressed and/or suicidal[1], it is primarily due to some sort of catastrophic fault in their brain.

While in recent years it has become more common to hear people discussing the circumstances of a depressed or suicidal person's life, Australia still tends to presume that depression and/or suicidalness indicates that the sufferer has some sort of defect[2] in their brain.

Worse still, we tend to presume that this hyperthetical defect is a more critical factor in the person's depression and/or suicidalness then the circumstances of their life. As a result, we first and foremost concentrate our efforts and resources on trying correct or subdue this presumed defect, and typically neglect the sufferer's terrible life circumstances, which are considdered to be a less pressing concern.

Often, when all is said and done, the sufferer's real-world problems go completely unaddressed, because the mental health system that Australia tasks with curing their depression/suicidalness has spent **all** of it's time and resources trying to identify and/or cure the patient's supposed brain defect, and 0% of it's time and resources addressing their actual problem(s).

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[1] As well as numerous other "mental health" conditions, such as being anxious, ect.
[2] More commonly referred to as "mental illness".

What we as a country are still failing to do is acknowledge that, in a massive proportion[3] of cases of suicidalness and/or severe depression, **there is no brain defect or 'mental illness'!** The sufferer's brain is completely sane, clearheaded and rational. The **only** relevant factor in their depression or suicidalness is the circumstances of their life!

In such cases, it is not only pointless, but also dangerous to subject the patient to treatments that are intended to manipulate or alter the patient's brain[4]. It is the equivalent of performing needless surgery on a perfectly healthy limb, when the patient's problem lies in the opposite limb; doing so presents a real risk that you may significantly dammage a perfectly healthy body part, and leave the patient worse-off, overall.

Unfortunately, I think it has become clear at this point that Australia's existing therapist workforce[5] has no intention of altering the way they do their jobs, to appropriately focus on correcting their patents' life circumstances, instead of manipulating their brains. Manipulating brains is the **only** thing these therapists are interested in doing. Not only do they see this as being their exclusive role, they actually seem to believe that it is wrong for them to venture outside this approach and help their patients in any other way.

As such, we need to make a very public and prominant acknowledgement that traditional therapists are incapable of adequately tending to the needs of a massive proportion of the depressed and suicidal community.

This also means that, going forward, we can no longer regard traditional therapists as being appropriate people to handle cases of depression, suicidalness, ect. that are predominantly caused by the circumstances of the patient's life. Therefore, we must stop ferrying depressed and suicidal people to traditional therapists[6] by default.

This means that when emergency services retrieves a person who has just attempted suicide, or is contemplating suicide, they should **not** be immediately taken before a psychiatrist, psychologist, councillor, or similar therapist.

Instead, they should be queried about their motives for committing suicide, and if they indicate that there are circumstances in their life making them suicidal, they should immediately be taken to a person who's job is to fix that sort of problem.

So if a person is discovered after a botched suicide attempt, as soon as they are lucid and medically well they should be asked: *"Why'd you do it?"*

If they answer: *"Because I'm single, and I can't bear the loneliness,"* they should be sent immediately to someone who focusses on setting lonely compatable singles up with one another.

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[3] I personally suspect it is an overwhelming majority of such cases.
[4] Be it through medications, electroshock therapy, "talk therapies", exposure therapies, or any other form of treatment designed to alter the way the patient thinks and/or behaves.
[5] Composed of psychiatrists, psychologists, councillors, ect., ect.
[6] Including other services that follow the traditional therapy model of ignoring the patient's life circumstances, such as call services, websites, ect.

If they answer: *"Because I've been unemployed for 8 years, and nobody ever offers me a job,"* they should be sent immediately to someone who focusses on assigning agreeable jobs to unemployed people.

If they answer: *"Because school is a nightmare! Johnny Doe*[7] *and his friends never stop picking on me!"* they should immediately be sent to someone who has sway within the school system to either get little Johnny Doe's gang expelled, the bullied patient transferred to a new school, or some other satisfactory outcome that conclusively puts a stop to the bullying.

Patients like these should **never** be brought before a traditional therapist, who is inclined to see their suicidalness as some sort of brain defect for him/her to correct with medications, "talk therapy", or electroshock treatment. Their brains are fine! It's their lives that need to be mended!

When services and movements akin to Lifeline or R U OK? urge suffering people to 'get help'[8], they should take care steer people towards the right kind of help.

They should not be urging people to pursue treatment from a traditional therapist by default, even if the caller/visitor is deeply depressed or suicidal. Instead, they should favor directing the caller/visitor towards some service that will actually address the circumstances that are upsetting them.

Callers/visitors to such organizations should only be urged to see a traditional therapist if they indicate that they have an actual mental illness[9].

Patients who come to the mental health system because they are depressed, suicidal, anxious or otherwise distressed should be presumed to be perfectly sane, rational and logical by default. Our legal system is obliged to presume every citizen is innocent until proven guilty beyond a reasonable doubt. Our mental health system should likewise be obliged to presume that suicidal, depressed, anxious, and/or distressed citizens are perfectly sane and sensible, unless conclusively proven otherwise.

When a patient comes before a traditional therapist as the first port of call on their mental health journey, that therapist should be legally obligated to check whether the primary source of the patient's distress lies in their life circumstances, and to immediately refer them off to a differant therapist who deals with such issues, whenever appropriate.

This is important, as many Australians mistakenly presume that traditional therapists remedy depressing life circumstances such as loneliness, bullying, or long-term unemployment. Even people who know that traditional therapists don't address such issues personally may turn to a traditional therapist, in hopes the therapist might be able to refer them to someone who can actually help.

Traditional therapists ought to be regarded as a niche form of caregiver, who it is somewhat difficult for a patient to end up in front of.

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[7] A made-up name, not intended to refer or allude to any real person.
[8] Sometimes alternatively phrased as 'seek help'.
[9] e.g. Schizophrenia, psychosis, ect.

A patient should only end up being directed to a traditional therapist[10] if no real-world source for their distress[11] can be identified, or if their distress persists even after all the self-stated real-world causes for it have been satisfactorily remedied[12].

The Undeserved Prestige of Traditional Therapists

Australia's[13] mistaken presumption that conditions such as severe depression, suicidalness, anxiety, ect. are invariably caused by a brain malfunction has lead us to place undue importance upon traditional therapists, and their expertise.

Naturally, traditional therapists[14] are immensely important to Australians who have actual mental illnesses.

However, as we grossly exaggerate the presence of actual mental illness amongst our numerous national cases of depression, suicidalness, anxiety, ect., we are likewise grossly exaggerating the value of traditional therapists in combating this epidemic.

Traditional therapists are, by rights, relevant in only a limited portion of these cases[15]. Yet Australia still generally percieves them as playing the central role in handling most all cases of depression, suicidalness, or other severe distress.

This exaggerated view of their importance causes countless problems in Australia's mental health landscape.

For example, this year we have seen a crisis developing in the NSW mental health system revolving around a pay dispute between the state government and the state's psychiatrists. Psychiatrists have resigned en masse in protest, which has lead to a catastrophic staff shortage.

This all stems from the misconception that not only are heavily-educated psychiatrists[16] the best people to do their job, but that they are the **only** people capable of doing their job.

This has lead to the psychiatrist workforce having a grossly inflated sense of self-worth, to the point where they believe that they can demand any figure they want from the government, and that the government will have no choice but to pay it, because the psychiatrists are irreplaceable.

However, the actual truth is that much of these psychiatrists' jobs could be satisfactorily done by regular workers with no special mental health education.

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[10] i.e. Psychiatrist, psychologist, councillor, mental health-oriented GP, ect., ect.
[11] Including (but not limited to) suicidalness, depression, anxiety, ect., ect.
[12] The patient should be the one who decides whether a problem has been satisfactorily remedied, not the therapist or any other carer.
[13] To be more accurate, this is a misconception held by pretty much the entire western world. Regardless, we must own up to and seek to undo it's presence in our own country.
[14] And their expertise.
[15] i.e. The percentage of patients who are depressed, suicidal, ect. due to an actual mental illness.
[16] Who are in short supply, because the government-imposed educational requirements for them are so extreme and hard to meet.

In fact, the uneducated workers would probably do a much better job in most cases, as they would not be primed to presume that the cause of their patient's depression or suicidalness is most likely some sort of defect in their brain. They would be more likely to pay proper attention to what's going wrong in the patient's life, and to duely focus on remedying these problems.

As part of their justification for their mass walk-out, the NSW psychiatrists called attention to their unreasonable workloads and existing staffing shortages at their hospitals and clinics. Yet these are problems that the psychiatrists themselves have created with their inflated sense of self-importance.

If they were willing to admit that most of their patients don't have any sort of brain defect – and that therefore, they have no need for an expert on how brains work – then we could redirect that massive proportion of their patients over to less-educated[17] workers who could actually give those patients some real help!

This would reduce the patient cue for psychiatrists to the small percentage of patients who actually have a mental illness. The psychiatrists' overwhelming workloads would come down to a much more manageable level, and they would have much more time in their schedules to give those patients the level of attention they require.

But instead, psychiatrists[18] maintain the ludicrous stance that they alone are only acceptable people to deal with severely depressed, suicidal, anxious, ect. citizens; and that depression, suicidalness, anxiety, ect. are invariably symptoms of a brain malfunction!

This just creates a hopeless bottleneck in the mental health system where people with no significant brain defects are obliged to wait for, and then engage with an expert on brain defects, who's expertise is completely irrelevant to their situation, and is therefore useless!

It's turned our mental health system into an outright disaster! Non-mentally ill people who need help aren't getting it, because psychiatrists refuse to do anything to fix their patients' life circumstances. Wait times are insane, which is all the more absurd when your waiting months just to not be helped! And patients and the government are paying these psychiatrists exorbitant amounts to do absolutely nothing for their patients, because the patients' problems lay outside the boundaries of the service the psychiatrist is willing to provide!

Often, therapists will immediately send their patients away, claiming *"the patient isn't sick enough to be worthy of* [the therapist's] *help."*[19] Well, no kidding! Most of the time, the patients aren't sick at all! It's their lives that have gone awry, not their brains!

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[17] And therefore, more easily-acquired.

[18] Along with psychologists, councillors, and any other type of therapist who focus on brain malfunctions/genuine mental illnesses.

[19] I have online friends who report that they are often very rudely dismissed by emergency room therapists in this fashion. Most of them speak of 'bad doctors' at their local hospital, who they try to avoid at all costs, as these doctors are never kind. I, myself, also had a similar experiance with the lone psychiatrist I ever dealt with, several years ago.

And yet the psychiatrist workforce continue to push the absurd lie that the cause of all this system failure is that the government isn't employing enough traditional therapists! When the truth is that they've created this unmanageable workload themselves, by declaring themselves the be-all end-all authority on treating depression and suicidalness!

A massive influx of narrow-minded therapists – who regard all human suffering as a brain malfunction – is not going to benefit the masses of depressed and suicidal NSW residents who are depressed or suicidal solely because their lives suck. Nor will it significantly reduce wait times for their actual mentally ill patients, or reduce the great burden on the health system. The wait lists for traditional therapists will remain clogged with masses of depressed/suicidal people who have no use for an expert in brain mechanics. Why? Because there's nowhere else for them to go!

The traditional therapist workforce, regardless of how well-staffed or well-paid it may be, will always be totally inadequate to preside over Australia's efforts to combat depression, suicidalness, anxiety and similar conditions.

They are a niche specialty, who's area of expertise is relevant and potentially useful to only a small portion of the depressed and suicidal community.

Some depressed/suicidal/anxious/ect. people have mental illnesses. But many do not. The input of traditional therapists is totally irrelevant to the handling of this significant portion of the depressed, suicidal, anxious, ect. communities.

Therefore, the traditional therapist workforce[20] must henceforth be recognized as playing only a very limited role in addressing depression, suicidalness, anxiety, and other forms of severe distress. Specifically, their role is limited to only dealing with the small proportion of cases where actual mental illness is involved.

And as we recognize that traditional mental healthcare has only a limited role to play in addressing Australia's epidemic of depression, suicidalness, ect., we must likewise acknowledge that traditional therapists and traditional 'mental illness' experts have only a very limited relevance in our ongoing national conversations about suicide and mental health. Specifically, their input is *only* relevant with regards to the fringe sub-sections of these broad issues where there is some overlap with the separate subject of mental illness[21].

We must also stop looking to traditional therapists, traditional 'mental illness' experts, and their various unions[22] to be the primary architects of our mental health and anti-suicide policies and systems.

The development of all future mental health and anti-suicide policy must be presided over by leaders who respect the full scope of depression, suicidalness, and related forms of distress.

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[20] Along with all other entities who focus primarily on instances of depression, suicidalness, anxiety, ect., that are symptoms of a mental illness.

[21] Aside, of course, from any **personal** testimony they may wish to offer about their own personal depression, suicidalness, ect.

[22] e.g. The APS.

Truth in Media: *'Mr. Bates vs. The Post Office'*

To anyone reading this submission who hasn't done so already, I would thoroughly reccommend you watch the British true-story miniseries *"Mr. Bates vs. The Post Office"*[23], paying especially close attention to the mental health/suicidalness of the various characters, and how the British mental health system handled their cases.

The series offers a remarkably apt demonstration of how unacceptably absurd the mental health conventions of our western societies currantly are; particularly in terms of how they handle victims of terrible life circumstances.

In particular, I'd like to draw your attention to the case of the character Sam, who attempts suicide in the 2nd episode of the series[24], at about the 18:35 mark.

All indications are that this woman was a perfectly normal, healthy, rational, regular member of her community – until the British post office, with their defective accounting computers, falsely accused this woman of embezzling thousands of pounds from them.

Her brain did not suddenly develop a fault that corrupted her thinking into irrationality – she was dragged into living hell by the British post office and legal system! She was robbed of thousands of pounds, which had a devastating financial impact upon her working-class family; she was unjustly implicated as a criminal; shunned by her community as a result; turned into a source of shame for her kids and other family as a result; and left to live in constant fear that the police were gonna come barging through her door any day, to drag her off to the brutal terrors of prison!

You don't need to be crazy to question whether there is any wisdom in perpetuating such a terrible existance; nor do you have to be crazy to conclude that your better off dead, once you've thoroughly weighed all the pros and cons of continuing to survive under such conditions.

There was a very simple, straightforward cause for why this woman was suicidal: faulty data in the post office's computers[25]. If that faulty data were to be corrected, if the post office was to admit that it had made a mistake; that she was completely innocent; and that she owed them nothing, then her life would go back to normal, and she would **cease to be suicidal**!

It's that simple! **Fix the actual problem and her life goes back to being a better option then suicide!** Simple!

So what does the British mental health system actually do when it gets it's hands on her? It decides to subject her to electroshock therapy!

Can somebody please explain to me how running 400 volts through a healthy, innocent woman's brain is supposed to correct a chunk of defective data on a government hard drive, a hundred miles away? How does this treatment fix the problem at hand?

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[23] Which is still, as of 31/07/2025, available to watch free on 7plus: https://7plus.com.au/mr-bates-vs-the-post-office; perhaps requiring you to sign-up for a free 7plus account, if you don't already have one.
[24] https://7plus.com.au/mr-bates-vs-the-post-office?episode-id=MBPO01-002
[25] Which falsely indicated she'd embezzled thousands of pounds from them.

As far as I'm concerned, the mental health system owes us – and **especially** the patients it inflicts these treatments upon – a coherant, satisfying answer to that question! And if they are not willing to provide one freely, **you** must hold them to account, on behalf of the taxpayers who are not only paying for these treatments, but also for this inquiry!

The therapist who explains to the woman's husband that they want to perform this procedure even has the gall to tell him: "Nothing else we've tried has worked."

At this point, while watching this series, I usually end up yelling at my TV or computer screen:

"Nothing else you've tried has worked? Nothing else you've tried? Well, what else have you tried?

"Have you requested the post office's accounting ledgers for this woman and poured through those records to find the arithmatic error causing all her problems?

"Have you sat down with a calculator and added up all the numbers on her file, to see if they add up as the post office claims they do?

"Have you called or written to the Post Office Minister to demand that he or she offer you a fully detailed and justified explaination for their persecution of your patient?

"Have you filed any sort of 'cease and desist' order with the British legal system, because it's tyrannical prosecution of your patient is literally killing them?

"Have you done one single thing to fix this accounting error and/or to remedy any of the financial, legal, or reputational problems that have arisen as a consequence of it? Have you done anything to change the real-world circumstances that have made this woman's life a fate worse then death? Have you even bothered to look in to what you might be able to do to improve her circumstances?"

If I were able to ask these doctors these questions for real, from personal experiance I can guess that they would turn their noses up and respond something like: *"No, we haven't. That's not our job."*

To which I would respond: *"Really? Your job is to prevent the suicidal person from committing suicide, but you believe it isn't your job to address the primary crisis that is driving them to suicide?*

"Then what the hell are you doing? What are you doing with these hundreds of manhours of 'care' and thousands of pounds worth of 'treatment' your investing in this patient? Dithering about focusing on comparatively irrelevant problems[26] *(which you yourselves have probably invented to justify your own existence!), while willfully ignoring this poor woman's actual crisis?*

"If your not willing to get your hands dirty trying to fix the core problem that is making your patient suicidal, then you have no business involving yourself in her care at all!

[26] e.g. Abnormal wiring or chemistry in her brain.

"If it's 'not your job' to go to war with a post office who has unjustly persecuted your patient into suicidalness; if it's 'not your job' to fight for justice for this poor woman, and an end to her persecution, then you have no business implying that it ***is*** *your job to handle and tend to her suicidalness and/or her depression!*

"You have no business accepting taxpayer money, or individual citizens' personal money, as payment for your supposed 'treatment' of peoples' suicidalness or depression!

"If it's 'not your job' to remedy the root real-world cause of your patient's suicidalness and/or depression, then you have an ethical responsibility to clearly inform your patient of this, and to refer them on to whoever is best suited to address this problem! You must formally transfer this person's case over to this other professional completely, so that they are officially recognized as the patient's primary caregiver, in the treatment of their suicidalness and depression!

"You also have an ethical responsibility to inform the government who pays for you, and the general public who regards you as a safety net for people in crisis, that it is 'not your job' to work with people who are depressed or suicidal due to the circumstances of their life; and that alternative services must be either found or created to help these people, who you have no intention of actually helping!"

Later on in the series, in Episode 3[27], at about the 14:15 mark, another of the unjustly persecuted postmasters, Martin, successfully commits suicide.

I find myself wondering, when I watch that scene, whether Sam's therapists could have gone before the media after that tragedy and honestly said: *"We WARNED them that this was bound to happen! We wrote to the Post Office Minister and told him that their persecution of these people was driving them to suicide!*

"We've tended to the suicidal patients who have been subjected to this persecution. We've heard their stories.

"We TOLD the minister that there would undoubtedly be deaths if this didn't stop! THEY WERE WARNED! And they did nothing!"

I don't think I want to live under a mental health system that can watch such misery being inflicted upon it's patients, and yet say nothing to the people who have the power to make that misery stop. As far as I'm concerned, such willful silence makes them complicit in the subsequent suffering and deaths that occur.

There was time for Sam to be recognized as a canary in the coalmine; a warning of worse stories to come. But instead, she was treated like a faulty smoke detector; a broken machine who indicated a widespread crisis not because there was one, but because she was defective.

Why? Because traditional therapists choose to see only brain malfunctions, and ignore deplorable life circumstances.

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[27] https://7plus.com.au/mr-bates-vs-the-post-office?episode-id=MBPO01-003

Most people are probably inclined to assume that *"Mr. Bates vs. The Post Office"* has little if any relevance to Australia's deliberations on mental health. It is a dramatized, somewhat fictionalized piece of entertainment that isn't even set in this country – it is set a world away, in the United Kingdom.

But I can assure you that the content of this series resonates deeply with people like myself, who have personal experiance of going through the Australian mental health system.

Despite the differant country, the changing of names, and perhaps some slight embellishments for dramatic purposes, the series offers a strikingly accurate illustration of how the Australian mental health system opperates.

Just as how, in the series, the British mental health system tries to resolve a woman's false embezzlement charges by frying her brain with electricity, here in this country our mental health system is still trying to fix instances of school bullying, or long-term unemployment by perscribing pills to the victims!

It tries to fix isolation and loneliness by running high voltage through the brains of people estranged from their families!

It tries to remedy the plight of people who have no other hope of ever finding a spouse, a job, friends, or a home[28], with so-called "talk therapy" – which essentially means lecturing the patient that they are morally obligated to refrain from suicide, and instead wait their turn to be released from their awful life by terminal illness/natural death.

It persecutes and butchers the healthy brains[29] of sane, rational people who are going through hell, while pointedly refusing to even acknowledge[30] the real-world nightmares they are facing, much less lifting a single finger to actually correct any of those circumstances!

Once again, can somebody please explain to me how any of these so-called remedies are supposed to fix the actual problem(s) making the patient depressed or suicidal?

How is popping a pill is supposed to make the bully making your life a nightmare vanish from your school or workplace? Or make a letter suddenly materialize in your mailbox that informs you where you are supposed to go for your new job, and what time your expected to be there?

How is running 400 volts through a lonely person's brain supposed to make an elligible batchelor or spinster materialize on their doorstep? Or summon a friendly set of roommates to come invite them to move into their house or apartment with them?

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[28] I was told by 2 therapists that I had no hope of ever having any of these things. Upon being informed of this, I was told (particularly by my 2nd therapist) that I was obliged to "accept" this fate; and that I was not aloud to escape it via suicide, as doing so would be "selfish" to my surviving blood relatives.

[29] Via numerous methods, including medication, electroshock treatment, exposure therapies, and "talk therapies". Please don't underestimate the capacity of "talk therapy" to severely dammage a patient.

[30] n.b. I don't considder cheap lip service like: *"Oh, dear. That sounds really tough!"* to be adequately acknowledging a problem. Adequately acknowledging a problem means devoting your attention and efforts on to it, and making it the focus of your treatment.

How is talking about your 'feelings' for 10 hours supposed to correct a dodgy set of numbers in your government record, that were scrambled up by the Robodebt computers, and are still causing you no end of beaurocratic troubles?

You have been tasked with evaluating the planned future of this mental health system; a system that most Australians believe exists to help the severely depressed and suicidal (among others). We have collectively suffered under it's abysmal, dishonorable, arrogant conduct for decades. Our tax dollars pay for this system, and this inquiry into it. I believe you owe us satisfying, coherant, straightforward answers to these important questions.

Suicidalness Is Not A Mental Illness

I have suggested above that people should only be directed to see a traditional therapist if there is sufficient cause to believe that they have a mental illness.

It's important to clarify here that being suicidal should not be considdered evidance that the person is mentally ill.

Suicidalness is very often grounded in logic and reason[31]. In these instances, the person's inclination towards suicide[32] is based on a level-headed and well-considdered evaluation of the pros and cons of their continued survival.

The accusations that invariably fall upon a suicidal person, of them being mentally ill, almost always stem from the fact that outsiders do not **like** the conclusion that they've come to: that they are better off dead then alive; not from any provable flaws in their decision-making process.

What better proof is there of a person's soundness of mind, then their ability to calmly and considderately deliberate an important decision by weighing all the pros and cons?

What right does a society, or a mental health system, have to slander a person's decision-making capability, simply because they don't like a decision that person has rationally and considderately come to, based on all the facts at hand?

As previously stated, suicidal people[33] should be presumed to be sane and rational, unless compellingly proven to be otherwise.

As such, they should not be placed into the care of a traditional therapist, unless and until it is demonstrated that they likely have an actual mental illness, which is effecting their decision-making process.

The mental health system should not be able to use the mere fact that a patient is suicidal as a justification for railroading them into the 'care' of a traditional therapist, who will likely do nothing to address the real-world circumstances that have driven a rational patient to suicidalness.

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[31] I would say that this is true in the vast majority of suicidal cases.
[32] Or their decision to commit suicide.
[33] Including people who admit to contemplating suicide, people who have been discovered during or after a suicide attempt, and people who are otherwise suspected of being suicidal.

A citizen should have every right to believe that there are such things as fates worse then death. This is a philosophical/spiritual/religious viewpoint which by rights should be protected under the values of religious freedom and freedom of thought, which our western democracy claims to hold sacred.

It therefore follows that they should also have every right to define at their discretion what they considder to be a fate worse then death, and what they considder to be a life worth prolonging.

As suicide is no longer a crime in Australia, it also follows that a citizen who finds themself consigned to a fate which they considder to be worse then death has every right to sensibly pursue the least-undesirable path they have available to them, which in this case would be death by suicide.

All of these rights are grounded in respect for the process of rational, considderate decision making. Their nature is such that a sane, reasonable person is perfectly capable of exercising all of them. Therefore, exercising any or all of them should never be considdered an indication of mental illness; which also means they should never be considdered an indication that the person could be well-served by being sent to a traditional therapist.

When we do send suicidal people to receive help, we must insure that the professionals we send them to fully respect the patient's suicidal rights listed above.

Traditional therapists have no respect for these rights, and invariably try to 'prevent suicides' by attacking or undermining their patients' willingness[34] to exercise these rights. This approach is immoral, as our basic rights[35] ought to be universally respected by the institutions of our society.

As a side note, this approach also has a lackluster success record, even if we measure "success" solely in terms of the ultimate number of suicides it prevents[36].

It is additionally immoral in that, in a large proportion of the suicides it does forestall or prevent, the patients are left lingering in chronic inhumane suicidal despair[37], while the therapist has successfully manipulated the patient into abstaining from the actual act of suicide. The patient still constantly wishes they were dead; they just can't bring themselves to proactively cause their own death. And these agonizing non-suicides are counted as 'successes' by the mental health system. One less statistic in the suicide register – it's a win, as far as they are concerned.

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[34] If not undermining their **ability** to exercise these rights, via techniques such as: brainwashing; weakening their capacity to think clearly via medication; using medication or other medical processes to weaken their will, thereby making them more suggestible to the therapist's doctrine; coercion, such as threatening to keep the patient imprisoned in an asylum so long as they indicate suicidal intent.; other similar tactics.

[35] e.g. To hold our own philosophical/religious beliefs; to think for ourselves; to determine our own course; to leave the country freely (even if we are departing it into death); ect., ect.

[36] Not including suicides it merely forestalls.

[37] Largely because the therapists refuse to address the life circumstances that are making the patient suicidal.

As outlined above, suicidal people need to be presumed sane and rational, by default. Henceforth, instead of ferrying them to traditional therapists, we must instead ferry them to professionals who are the best available people to remedy the undesirable circumstances which they indicate have driven them to suicide[38].

Instead of a therapist who sets out to attack a suicidal patient's decision-making process, we need a new type of therapist who instead gives them new, better options to choose from, without ever denying them the existing option of suicide.

Initial conversations with such a therapist should go something like this:

Patient: *"Johnny Doe at school is making my life a living hell. I'd be better off dead then living like this."*
Therapist: *"Well, I'm not going to dispute that conclusion. Your the one enduring your life, not me. I'm just here to offer you other options aside from enduring Johnny Doe's torment indefinitely, and ending your own life. Hopefully, I can offer you an alternative you prefer*[39] *to either of those roads."*[40]

The therapist must regard their job as being to remedy the real-world situation that is making their patient suicidal; not to assault and corrupt the patient's set of values, which have concluded that their situation is less preferable then death.

Major Issue 2: Ambiguous Language and Gaps In Existing Services

One of the most grievous effects of Australia's misconception that severe depression and suicidalness are invariably mental illnesses is that it completely conceals the need for alternative forms of assistance[41]. If the problem is nothing more then widespread mental illness, then logic dictates that all you need to solve the problem is an awful lot experts in treating mental illness – i.e. traditional therapists.

Of course, in reality, this is not the case at all.

Despite this frustrating veil of ignorance, there does seem to currantly be some degree of effort from our leaders to cultivate services within the mental health system beyond traditional therapists.

However, this area is rife with ambiguous jargon that makes it very difficult – especially for laypeople – to determine what, precisely, is going on, and what services do and don't exist.

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[38] This likely requires a great diversity of types of therapist in the mental health system, as people with different suicide-motivating circumstances will require very differant types of help, which in turn means they will need therapists with differant specialities.
[39] In this particular scenario, such alternatives may include getting Johnny Doe expelled from the school, or getting transferred to a new school, away from Johnny Doe.
[40] Contrast this with a traditional therapist, who will merely lecture the patient that they are obliged to continue enduring Johnny Doe's bullying indefinitely, if no other non-fatal solution presents itself, as the therapist believes that death is a worse outcome then indefinite bullying, and has no regard for the patient's alternative viewpoint that death is the more preferable option.
[41] i.e. Alternatives to traditional therapists.

One of the most common words you see getting tossed about these days in relation to non-traditional mental healthcare is “psychosocial” – as in “psychosocial disability”, and “psychosocial support”.

I’ve given up on trying to understand precisely what this word means. I have requested definitions numerous times over the years from various organizations, and I’ve never received a clear, consistant definition for it.

In particular, I am still unclear as to whether it only applies to people who have an actual mental illness; or whether it also applies to people with no mental illness whatsoever. e.g. If a perfectly healthy person has been unemployed for so long that they’ve become suicidal, is that unemployment considdered a “psychosocial disability”? Or is it only considdered a psychosocial disability if there is a mental illness[42] causing the unemployment?

It is also incredibly difficult to determine precisely what services fall under the umbrella of “psychosocial support”. How do we tell whether or not a “psychosocial support therapist” offers a particular type of assistance? Therefore, how can we recognize crucial gaps in the overall system?

The language is just too ambiguous to be useful.

I suggest we need to start calling a spade a spade, and begin referring to people’s needs and the various support professions by very clear, unambiguous names, which even the average 10-year-old can easily understand.

Switching to clear, unambiguous language is an important step that needs to be made with official documentation, as it will allow us to clearly determine the commonly recurring needs of the community, what services are currantly being offered, and what gaps exist between these needs and available solutions.

Because make no mistake, there definitely are major gaps in the system, even if it is difficult at present to determine what they are, precisely.

We need to start keeping precise, albeit anonymized[43], records of what sort of assistance is being requested from our mental health workers, for which the worker has to send the patient away unsatisfied, saying: *“I’m sorry, I don’t handle that sort of issue myself, and I don’t know of anyone else who can help you with it, either.”*

The government needs to keep a constant, watchful eye on these reports, and act immediately to create new jobs – even, if needs be, invent brand new *types* of profession – to tend to these unmet community needs as soon as they become a recognizable recurring theme in the reports.

At present, there are definitely recognizable gaps in the system, with respect to loneliness, bullying, unemployment, and beaurocratic abuse.

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[42] e.g. Schizophrenia.
[43] In the interests of preserving doctor-patient privelage.

Loneliness is an immense problem in Australia. Yet there is no section of the mental health system currantly set up to meaningfully assist lonely people. There is no type of therapist[44] who's job involves setting lonely patients up with new friends, housemates, or romantic partners. This is a role that desparately needs to be created, to help lonely Australians.

Bullying is another chronic problem in our society, both in the child and adult worlds.

It's become all too common to hear news stories of a child who has been bullied into suicidalness at their school[45]. One of the common threads that keep cropping up in these stories is parents who protested extensively to their child's school's staff, to intervene to stop the bullying; yet the school staff did little to nothing in response.

In at least one story I've heard[46], the suicidal teen was taken to an emergency room, in hopes of finding help there. Whoever he saw there[47] gave him a "safety plan". While I can't speak to the specifics of this case, in my experiance, such "safety plans" amount to little more then a browbeating about how committing suicide is supposedly *"the wrong choice"*, and how you are obliged to abstain from doing so[48].

There are no indications in the reporting that the therapist(s) who treated this boy took any steps to actually make the bullying stop, e.g. by contacting the school staff, explaining the gravity of the boy's distress, and demanding that the school take action.

It's apparent that bullying victims and their families currantly have nowhere to go to get effective help to put a stop to the bullying.

So you need to create a new *type* of therapist – an anti-bullying therapist, who's duties include compelling the school system to take whatever action is necessary to bring the bullying to a prompt end. This may involve expelling the bullies, and/or transferring the victim to a different school, if they so wish.

Unemployment is another area that has immense gaps.

Supposedly, there are "occupational therapists" in the mental health system who help unemployed people get jobs. However, I've been lead to believe (by a patient of one such therapist) that in reality, pretty much all these therapists do is fob you off onto the colleges. I have never encountered a patient who has stated: *"My occupational therapist got me my job."*

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[44] As I am describing jobs that don't currantly exist in this section, I am not really sure how I can best describe them. For simplicity's sake, I will call them 'therapists', as their roles will be to remedy the problems that drive people to depression and suicide.

[45] e.g. Jayden Daff, age 16, SA (https://www.youtube.com/watch?v=vWFW_OMKvMM); Hamish Carter, age 12, NSW (https://www.youtube.com/watch?v=VMfkSFiRYyc); Charlotte O'Brien, age 12, NSW (https://www.youtube.com/watch?v=8HcM1Pf651I&t=56s); Atreyu McCann, age 13, NSW (https://www.youtube.com/watch?v=8HcM1Pf651I)

[46] https://www.youtube.com/watch?v=vWFW_OMKvMM

[47] Presumably some sort of traditional mental health therapist (i.e. psychiatrist, psychologist, councillor, ect.), although the news story does not clarify this.

[48] I acknowledge that the "safety plan" given to this boy may have been very differant, and even much more helpful then how I describe it here. However, nothing I've seen in the reporting of this story thus far has given me cause to suspect that my preconceptions about "safety plans" are inaccurate in this case.

This is of significant concern, particularly in terms of how people are supposed to get the kinds of jobs that aren't usually assigned by the colleges; jobs that people generally only get via word-of-mouth. Not everyone is able to go to college, and not everyone aspires to work in a college-educated environment.

There is a lot of confusion regarding this dillemma in the mental health sphere[49]. Some people will insist that: *"Nobody's gonna help you get a job. You have to sort that out all by yourself!"*[50] However, this doesn't square with stories one often hears of people getting set up with jobs by kind friends or family members. Others point out the existance of the previously-mentioned "occupational therapists", however, as I've previously mentioned, I've never encountered anyone who has attested to them being useful.

We need a type of therapist who sets unemployed people up with agreeable[51] jobs, particularly with regards to the jobs that aren't accessed via college. Their services should be equally available to the mentally healthy and the mentally ill alike.

They must also offer the service of transferring unhappily-employed people to more agreeable jobs. Being unhappily employed can just as easily be a cause of depression, anxiety or suicidalness as being long-term unemployed.

As far as I can tell, no such profession currantly exists, so you will likely need to create it.

Lastly, beaurocratic abuse is another serious problem for which there is no apparent help readily available.

The Robodebt scandal, which notoriously caused suicides, should have been a wake-up call for our government and mental health system. Yet, as far as I can tell, there still isn't any type of therapist in our mental health system who helps people resolve these sorts of beaurocratic nightmares.

I can personally attest to this gap.

In late 2021 I found myself in a Robodebt-esque situation; I recieved a disturbing message from the government, falsely claiming I owed them thousands of dollars, which I had to promptly pay. This was later revealed to be due to a beaurocratic error in the government's records, which I was, thankfully, able to clear up relatively quickly.

There had been some indications, in the days before I recieved this message, that I might be about to have some trouble with the government beaurocracy. So I visited a popular mental health forum I'm familiar with, to ask the people there where I could go for help, if I did find myself in a mess with this beaurocracy and was unable to resolve the matter myself.

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[49] Particularly amongst mental health consumers on mental health forums, who often seem to be unclear, or in disagreement, about what sort of help is and isn't available for various problems.

[50] This is a stark contrast to the cliche empty promise often peddled to suicidal people: *"No matter who you are, or what your going through, there **is** help available!"* I, for one, wish our mental health leaders could get their stories straight.

[51] Paying careful attention to key factors, including the patient's needs and preferances; what they are hoping to get out of their job; and their life and career goals.

This was about 18 months after the shame-ridden conclusion of the infamous Robodebt scheme, which had notoriously caused suicides. And we were still under the administration of Scott "Mr. Towards Zero Suicides" Morrison. So I naively assumed that by this point that the government must've recognized how beaurocratic abuse could provoke suicides, and must've therefore added measures to the mental health system to help patients resolve beaurocratic problems.

However, I was disturbed to be told be the staff of this mental health forum that they weren't aware of any service that helped people with these sorts of beaurocratic problems and that, effectively, I had to sort this mess out all by myself.

Thankfully, my issue was resolved after a stressful morning on the phone with the department in question.

But for the purposes of this submission, that's not the point. The point is that when I went looking for help, there was none to be found. The services simply don't exist!

I conducted an extensive amateur investigation into this during 2022-2023, while preparing a submission for the Robodebt Royal Inquiry[52]. I wrote to numerous services, including Lifeline, local traditional therapists, and accountant firms, asking about whether they could help someone in a predicament such as this, even if only by referring them on to another person who would be able to help them properly.

Most of the people/organizations I wrote to never responded to my query at all. Some were good enough to offer me suggestions, which ultimately lead me to dead ends. I never managed to track down **anybody** who expressed a willingness to help someone in this sort of predicament.

Listening to the testimony of many of the victims of Robodebt, they all tried their darndest to resolve their problems with the government beaurocracy; but they just couldn't make any headway with them.

That could very easily have happened to me! It was only by a sheer fluke that one of the opperators I talked to let slip a number on my file that didn't gel with my records, and tipped me off to what the nature of their error was.

If I'd spent all day on the phone with them, and gotten no sense out of them, what would have happened to me, then?

What might happen to me in the future if the beaurocracy screws up my records again, this time with an error that is not so easy to pinpoint?

We know for a fact that these situations cause suicides! It's absurd that our mental health system doesn't include a type of therapist who resolves these sorts of problems!

[52] Which ultimately wasn't accepted by the inquiry, as my experiance technically wasn't part of the Robodebt fiasco.

The average layperson has no hope of being able to fathom the mindless mess of government beaurocracy, with all of it's nonsensical jargon. It's unconscionable that we tell people who fall prey to this beaurocracy that they have to battle their way through these problems all alone!

You need to create a new type of therapist who deals specifically, dilligently, and effectively with instances of the beaurocracy abusing innocent citizens. And their services must be readily available to everyone, 365 days a year[53].

Robodebt may be over, and practically forgotten by most at this point. But the Robodebt *spirit* of beaurocratic abuse is still lurking across Australia, taking brand new victims every day. Mine is not the only such post-Robodebt story I am aware of.

We need help.

In summary, these are just a handful of the obvious areas where there are gaps in the mental health system; and therefore, where you need to immediately create and staff brand new professions to handle these problems for suffering Australians.

A good rule of thumb is: If a person's problem would easily be resolved if they just happened to have a helpful friend or relative who could sort the issue out for them, then there ought to be some sort of official service that can offer the same sort of help to it's patients/clients. Because not all of us have helpful friends or relatives. And that doesn't mean it's right that we should be left to wallow in hopelessness.

So, if some unemployed people have an old mate who's uncle can get them a job at the local factory where he works, then there ought to be an official service people can turn to, who can likewise put in a good word and get them a job somewhere, too.

If some people lonely people have an old mate who is constantly trying to set them up on dates with their other single friends and relatives, then there ought to be an official service people can turn to, who will likewise set them up on dates with their other compatable single patients/clients.

If some lonely people have a mate who is willing to get them together with other friends of theirs, who are looking for a new roommate, then there ought to be an official service people can turn to, who will likewise help their patients/clients find a new, proper home.

If some people get a nasty letter from the government unjustly demanding a lot of money, and they just happen to have a neighbor who is very good at deciphering beaurocratic gibberish and figuring out what the problem is, then there ought to be an official service people can turn to, where they will be set up with a therapist who is very good at deciphering beaurocratic gibberish, who can likewise sort the problem out for them.

[53] The brief window of time I was given before I was due to pay my illegitimate bill spanned the Xmas season, so a beaurocracy-fighting therapist who shuts up shop for Xmas wouldn't have been there for me when I needed him. So long as the wheels of beaurocracy turn 365 days a year, any service that is set up to protect people from the predatory beaurocracy must also function 365 days a year.

Everyone who desperately needs help with their life problems should be able to get it. It should never be a case where the only way to get the help you need is to have some fortunate personal connection to the right people.

These services need to exist. And if they don't already exist, you need to create them, and staff them. Immediately!

Otherwise, all your doing is just sitting back and waiting for the suicides.

Major Issue 3: Attacks on the Free Speech of the Suicidal, System Critics, and Others

Tragically, it is an undeniable fact that many people in the suicide prevention sphere don't want suicidal people to be able to speak their minds in public.

At it's heart, this conflict comes down to a clash in ideologies: a large section of the suicide prevention pundits stringently believe that death is always, always, always a bad thing, while suicidal people tend to believe that death is not such a bad thing – some would even argue that it is a good thing, and that it is far better then anything life can realistically offer.

While it is fine for differant individuals to have wildly differing beliefs about the value of life, it is a gross injustice that one side of this ideological rift is granted their full free speech rights, to promote and defend their stance; while the opposite side has their free speech heavily curtailed, and is unable to explain or justify their stance.

Free speech is held sacred by our society as a defense against tyranny and oppression. We guarantee all citizens the right to speak about their plights freely, so that the oppressed can announce their oppression, call for the liberty they are rightly owed, band together with their co-oppressed bretheren, and summon the aid of sympathetic allies to help liberate them from their oppressors.

When we disregard a person's right to free speech, we are giving a blank check to would-be oppressors and tyrants, telling them that we will allow their exploitation of others to continue, unchecked in the shadows, because we tacitly condone their silencing of their victims' pleas for recognition and help.

This is very pertinant to the modern issue of suicide, because this oppression is real; it is happening right now; and it is perpetuating unconscionable anguish for countless members of the suicidal community.

This may be an uncomfortable fact for the Australian public to hear, but **many Australians do not want to remain alive!** They yearn for prompt death with every minute of every day. But their wish to die is suppressed by dictatorial ideological zealots and cold-hearted economists, who decree that death is somehow 'wrong', or that suicides are more detrimental to the all-important national economy then loss of individual liberties.

We restrain them[54] in a life which they find to be agonizing and cruel, like a prisoner who has committed no crime, or a slave chained up in a dark basement.

We do this under the premise that *"if we forcibly keep these people alive, they might change their minds about wanting to die"*. And while this might actually prove true in some cases, we should not allow ourselves to lightly dismiss and forget the numerous cases where this philosophy never comes true. You are gambling with other peoples' anguish, which is all too easy to do, as you are never the ones who have to pay the price.

But worst of all, we refuse the suicidal people who are imprisoned under these policies the right to speak freely and earnestly about their plight in any meaningful public forum.

The media certainly never want to hear from anyone who can offer a coherant, compelling justification for their own death. There is effectively no interest in the political sphere in giving a public voice to the currantly-suicidal community[55]. Their presence[56] in the development processes of the various mental health/suicide prevention policies effectively goes unacknowledged.

The powers that be have choreographed this illusion that people who persistantly[57] wish to be dead don't even exist. And, if they do exist, they certainly aren't in their right minds, and therefore aren't worth listening to.

Our society slanders the suicidal, before and especially after their suicides, with labels like: "insane", "irrational", "disturbed", "mentally ill", "impulsive", ect., ect.; while denying them any meaningful opportunity to refute these cruel labels during their lifetime by offering a coherant, fair-minded, thoughtful justification for their decision to commit suicide.

We can't even fairly debate whether these societal conventions are right or wrong, because the victims are effectively forbidden from pleading their own case before the public. How can a just, civilized society define right from wrong, when half of the pertinant arguments are forbidden from being spoken?

These matters are more then just talking points for some college philosophy class, or constitutional law class. They have immense real-world consequences in our governance of mental health and suicide prevention.

For a majority of suicidal people, it is feasable to for us to develop mechanisms that can deliver them into a standard of living which they would be happy to sustain, indefinitely. We can 'cure' them of their suicidalness, by offering them a life that they considder to be worth prolonging!

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[54] Using various techniques, including literal physical retrains, confinement, mind-altering medications, and manipulative "talk therapy" techniques.

[55] As opposed to the 'previously-suicidal' community – that useful slice of the population who will testify that they were once suicidal, but now believe that their past suicidal aspirations were "misguided".

[56] If they are even aloud to be present.

[57] Suicide prevention pundits love to promote the idea that suicidal people have only a sporadic, impulsive urge to die, that comes and goes. While this is indeed true for some people, for a significant portion of the suicidal community, their wish to die never wavers, nor fluctuates to any significant degree, unless their circumstances radically and miraculously change.

However, in order to achieve this, we must first need properly understand how they define “a life that is worth living”. What parameters need to be satisfied, in order for life to be worth prolonging? Only the person who is expected to actually endure that life can answer that question.

So it is important for people to be able to freely and openly clarify what they considder to be the parameters that define a life worth prolonging.

This is also crucial in terms of us being able to build communities that revolve around a mutual dedication to insuring that a particular set of parameters remain fulfilled, so that the members of those communities can find life to be worth prolonging.

The unavoidable flip-side of this is that by clarifying the parameters that need to be fulfilled for life to be worth prolonging, we are simultaneously stating that, when these parameters are **not** satisfactorily met, our life is **not** worth prolonging, and ought to be ended as soon as possible.

This is where a person’s code of values is likely to be challenged by outsiders who believe that someone is obliged to prolong their life, even if parameters X, Y, Z... aren’t met. And this is where free speech becomes most essential, because now the suicidal person needs to be able to compellingly justify why they are better off dead then living in a life where the parameters aren’t satisfied.

The suicidal person needs full freedom to be able to convincingly argue that, under certain circumstances, it is better to die then remain alive.

Without this freedom, you do not have a system that genuinely helps suicidal people achieve a life that is worth prolonging.

Instead, you will invariably end up with a system run by ignorant dictators, who merely want decree that: *“life must be prolonged, regardless of it’s circumstances”* unchallenged, and compel their unwilling patients to conform to this doctrine, even though the patients know it is wrong.

This is the system we have now. It’s the same system we’ve had for decades. And this persistant lack of freedom of speech – this persistant unwillingness to properly listen to the suicidal community – goes a long way towards explaining why, for all it’s clever anti-suicide initiatives, this system has never managed to produce a significant long-term decline in suicide statistics.

Nor why it continues to produce an outflow of suicidal patients in which one of the most reliable predictors for a future suicide attempt is having been treated for a previous suicide attempt. Dare I say that it sounds like whatever their doing for their suicidal patients isn’t working too well, in the long term?

I suggest that one of the main reasons why we’re failing to fix what has been broken for decades is the fact that we aren’t free to properly talk about it.

Free speech is a protective measure that guards against systems – including mental health systems – becoming senseless dictatorships, by insuring that the people who live under it are able to challenge the authorities, call out immoral conduct, and advocate properly for their own needs.

We cannot possibly have a suicide prevention system that works well for all, unless and until suicidal people are able to speak freely, frankly, and publicly. This includes having full freedom to compellingly justify their preferance for death over life.

'Controversial' Ideas in Online Mental Health Forums

You might be inclined to ask: *"How exactly are the free speech rights of suicidal people being undermined?"*

A good way to learn the answer to this question might be to talk with suicidal users of popular Australian online mental health forums.

Most of these forums outwardly encourage visitors to talk about their problems and what sort of help they need.

Many have dedicated spaces for users to discuss their inclinations towards suicide. These spaces are almost always covered with an array of robust protections, to prevent fragile visitors from inadvertantly stumbling upon posts about suicide, which may upset or distress them. They are usually isolated from the main bodies of these forums, and clearly marked. The content within is also typically obscured under 'trigger warnings'.

Most of these forums are set up such that it is remarkably unlikely that an easily-upset visitor would ever accidentally stumble upon one of these threads talking about suicide. You have to deliberately go looking for this content in order to find it on these forums, and most all trigger-prone visitors understand themselves well enough to not go looking for such content, if they can't handle it.

Yet despite all these robust protections, the discussion of suicide on such forums is still remarkably restricted.

Any post that even hints at questioning the conventional dogma that "suicide is always the wrong choice" runs the risk of being promptly deleted by the forum's management.

Often, entire threads will be nuked if a single post appears on there that's a bit too open-minded, in terms of the acceptability of suicide.

I recently encountered a post on one of these forums, titled something like: *"Why can't we talk about the pros and cons of living?"* The content of the post was nothing malicious, or even controversial; it just posed some fair questions, in the spirit of civilized open-minded scepticism about the notion that it's better to remain alive then to commit suicide.

The thread was deleted very quickly, by management.

In these places, visitors and management are given free reign to question, disagree with, and argue against a user's rationale for their own suicide[58].

Fair enough.

However, these users are given no leeway to be able to defend their suicidal rationale with thoughtful, logical counterarguments! If they do so, their counterarguments will almost certainly be deleted, while their critics' initial arguments against their rationale will remain in full public view.

This imposes a rather insulting illusion of foolishness upon the suicidal user: implying that their suicidal rationale is so poor, it can easily be dismantled by weak arguments, to which the suicidal person has no counterargument. When in reality, the opposite is true: the suicidal person's justification for their suicide is so robust, that the only way their critics can effectively argue against it is to paralyze the suicidal person's ability to speak in their own defense!

People who have an unflattering view of the mental health system face a similar culture of sensorship on such forums.

Admittedly, these forums seem to be a lot more tollerant of criticism of the mental health system, or the therapists within, then they were 10 years ago. But it is still all too easy to find your commentary heavily edited or deleted, if you dare to speak unfavorably about the mental health system.

The common justification for this sensorship is: *"we can't allow you to discourage other members from seeking help"*. This excuse is used even when the offending material doesn't include an explicit discouragement to others from using the mental health system, but is rather presented more as a commentary, in the nature of: *"This is what's wrong with the mental health system…"*

If talking civilly and honestly about the mental health system, or our experiances within it, proves to be a discouragement to others to approach that mental health system, then I put it to you that perhaps that indicates they **ought** to be discouraged from approaching the system!

Our commentary isn't the problem; the problem is the poor quality of your mental health system. We are merely calling it out, and perhaps giving future patients fair warning about what they are letting themselves in for – warnings that many of us wish we had gotten ourselves, before we stumbled naievely into the system!

We should have every right to publicly criticize the system. And if honest criticism discourages others from approaching the system, then that's probably to their benefit.

People deserve to know what their letting themselves in for. They have a right to hear the commentary of people who have gone before them.

It's not right to trample on free speech, just so you can railroad unsuspecting people into a mental health system that's not what their expecting it to be.

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[58] Or for suicide in more abstract terms.

Not to mention the fact that, if we aren't free to publicly discuss the flaws of the system, then nothing is ever going to change.

This culture of sensorship is a source of great frustration for numerous members of such forums who hold 'inconvienient' views[59]. It is common to encounter short-lived posts on these forums, where they express their frustration with the forum management's curtailing of their ability to have these important conversations. However, these posts, too, are almost always deleted very quickly.

We don't even have the free speech to criticize our lack of free speech.

The Corruption of Language

Places like these online mental health forums go beyond mere sensorship, and the silencing of dissenting viewpoints. They actually insist on distorting the English language, a la George Orwell's *'1984'*, obliging their users to speak in terminology that is often either highly misleading, or an outright lie.

One glaring example of this is their insistance on describing suicidalness as *"suicidal thoughts"*, which belittles the suicidal person's mindset, and carries misleading implications.

It is deliberately reminiscent of the term "intrusive thoughts", which generally refers to impulsive, ill-considered, baseless ideas which the person understands[60] are not in their long-term best interests.

And yes, for some suicidal people, their suicidalness can be fairly described in a similar fashion to this.

However, for a large proportion of the suicidal community, their suicidalness is not merely some 'errant ill-considdered thought'; it is the product of weeks, months, years, or decades of extensive considderation of all the factors at play. It is a rational, thoughtful and justified viewpoint on the preferability of death over life, and the reasons behind it.

The mental health sphere's[61] insistance upon referring to suicidalness as *"suicidal thoughts"* amounts to a subtle attempt to deny the existance of this second group. It is disrespectful, and dismissive of the average suicidal person's ability to make careful, well-supported decisions.

It is no less disrespectful then having an engineer develop a detailed solution to some construction problem, based upon years of experiance dealing with similar problems, and saying to her: *"Those are just engineer thoughts. You don't need to listen to them. We don't need to act on them."* Doing so would be immensely disrespectful to her ability to formulate sensible conclusions.

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[59] i.e. Either on the legitimacy of suicide, the hazardousness of the mental health system, or any other issue.
[60] Perhaps after some considderation, if not immediately.
[61] Notably including the management of online mental health forums.

In my opinion, this distortion of the English language is a deliberate effort to perpetuate the myth that suicidalness is always a symptom of some mental illness; and that suicidal people are never of sound mind. It's a deliberate effort to suppress the notion that maybe, just maybe, some suicidal people might actually have the right idea.

However, an even worse misuse of the English language is the suicide prevention sphere's gross distortion of the words "safe", "unsafe" and "safety" – as in: *"staying safe"*, *"are you safe right now?"*, *"safety plan"*, ect., ect.

In this context, they use the word "safe" to mean: "the person has no intention of immediately commiting suicide".

To a suicidal person, using "safe" in this manner is an outright lie.

In their traditional usage[62], "safe" is regarded as being a more desirable condition then "unsafe". A person who's condition is 'unsafe' is susceptible to some sort of badness, and they would generally aspire to transition to a state where they are 'safe'; where the badness is less likely to effect them, or less able to effect them as severely.

So for "safe" to mean "less at risk of dying", we must presume that the person believes that to die is a bad thing; and that conversely, to remain alive is a good thing.

This is the exact opposite of how suicidal people generally percieve life and death. Life is the bad place; life is where all the boredom, misery and suffering is. Death is peace, unconsciousness, and the end of suffering. Life is unsafe; death is more agreeable, or if you prefer, 'more safe'.

So for mental health forums to oblige it's suicidal users to adhere to this twisted usage of "safe" and "unsafe", they are essentially compelling them to speak entirely in lies. They are compelling them to falsely imply that they would prefer to remain alive, when the truth is they'd much rather be dead.

This is a corruption of language worthy of George Orwell. Compelled speech? Compelled lying? It's straight out of *'1984'*!

It feels like something you might expect from a tyrannical regime; the sort that has to build walls to prevent it's miserable citizens from fleeing the country. You can just imagine such a regime publicly stating that *"the walls are there to keep our citizens **safe**; safe from their misguided folly of trying to venture outside of our glorious, happy paradise"*. Even though any sound-minded person would know full well that the outside of that wall is much safer then the inside.

So it is, too, with these sorts of movements that try to build language barriers to keep unhappy citizens confined within life.

One other notable misuse of language in these places occurs around the term "recovery-oriented"[63].

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[62] i.e. Outside the subject of suicide.
[63] Or alternatively, "recovery-focussed".

It is generally used to indicate that the purpose of interactions in such places ought to have a clear intention of working towards an improved outcome for one or more of the participants, rather then just being a spiel of aimless moaning.

This is an admirable goal. But the people who run these forums fail to respect the fact that free speech is essential to a "recovery-oriented discussion", as it is necessary for the ailing person to define what 'recovery' means for them.

Consequently, these places abuse the term "recovery-oriented" to justify the deletion of testimony that clarifies why certain circumstances are less desirable then death; claiming that such commentary *"isn't recovery-oriented, and therefore goes against the spirit of this forum"*.

However, in reality, that commentary was essential for the discussion to genuinely be "recovery-oriented".

For a suicidal person, "recovery" essentially means reaching a state where they genuinely wish to remain alive.

So in order to have a productive conversation with others about finding a way to 'recovery', you first need to be able to clarify the parameters which, for you, define a life that is actually worth prolonging. And, conversely, you also need to be free to clarify which outcomes are less desirable then death, and potentially even explain *why* they are worse then death.

You cannot possibly have a productive "recovery-oriented discussion" if you aren't aloud to define what "recovery" means; and what it most certainly **doesn't** mean.

Even though "recovery-oriented focus" is often used to justify sensorship, in reality, the sensorship actually stifles recovery.

Ergo, these forums are using the term "recovery-oriented" incorrectly at best; or dishonestly at worst. "Recovery-oriented" forums that forbid free speech around suicide, and it's justifications, cannot be truly "recovery-oriented".

If a user seeking recovery is not aloud to define 'recovery'; if they are forced to adhere to some in-house definition of 'recovery', then you are robbing them of the power to determine their own course and future. You are essentially giving the mental health forums free reign to dictate what the user's "recovery" looks like; what their future ought to be, regardless of the user's own hopes and aspirations.

There is something dreadfully outdated about that thinking; the idea that people in authority ought to be dictating the futures of suicidal and 'mentally ill' people; that the hopes and aspirations of the patient are irrelevant.

There has been such a big push over the last decade or so to give mental health patients more power and rights in determining their own outcomes. It would be a shame if we stalled on an issue like this, and effectively said that it's acceptable for authorities[64] to dictate the future of their suicidal and mental health patients, without any regard for what the patient themself thinks or feels.

The Need for a Public Space That Welcomes Suicidal Honesty

If you spend a bit of time on these forums, you begin to get the message that your only welcome in these places if:

A. You firmly believe that suicide is never justified; or,
B. Your willing to pretend that you do.

People who are convinced that suicide can be justified[65] – who make up a sizable portion of the suicidal community – are not sincerely welcome. They certainly aren't welcome to speak honestly.

However, these forums conspicuously neglect to clarify this condition on their front pages!

They advertize themselves as these super-friendly, super-inclusive, *"all are welcome"*-type spaces[66]. They announce themselves as spaces where all people with 'mental health struggles' – depression, **suicidalness**, anxiety, schizophrenia, psychosis, bipolar, borderline personality disorder, ect., ect. – can come and talk about their problems.

Which makes it a pretty rude shock when you are suicidal, and you find you are not aloud to talk about **why** you are justifiably suicidal, given your circumstances. Instead, you are pressured to endorse the forum management's stance that your suicidal inclination is down to some defect in your brain, or thinking.

In my opinion, if these forums wish to maintain an environment where suicidal people who believe suicide is justified and sensible are not welcome, then they ought to be open and honest about it! They should inform the public clearly, on the front page, that such people are not welcome!

Not only would this spare us a lot of confusion and frustration trying to navigate such forums, but it would also call public attention to the fact that Australia currantly lacks any good, dedicated online space where rationally suicidal people can speak freely about their problems, and about what needs to happen for their lives to be made worth prolonging.

I'm not talking about a 'wild west' of pro-suicide anarchy. Such a place could still be bound by sensible rules barring deliberate incitement of others to commit suicide, or assistance with others' suicide efforts[67].

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[64] In this case, the staff of mental health forums, who have authority over their users in that space.
[65] A viewpoint that typically arises from a great deal of thoughtful deliberation.
[66] I suspect because this makes them seem more appealing to potential financial backers, particularly the government.
[67] e.g. By reccommending suicide methods, or by giving instructions on how to perform a particular method.

I'm just talking about a place where rationally suicidal people are free to explain, as compellingly as necessary, why they are better off dead then living under particular circumstances. A place where people who mightn't understand these mindsets are free to query and even challenge them; but where the suicidal person is likewise free to counterargue in support of their stance, as compellingly as necessary.

A place where suicidal people are truly free to have these conversations is important for two reasons:

First, it gives them the best possible chance of finding actual help, by allowing them to properly define what "a life worth living" means for them, which will help others to reccommend the best possible source(s) of help for the suicidal person to attain that specific, clearly-defined goal.

Second, it creates an essential line of communication between the suicidal community and the general public – including the government.

The suicidal community are immensely confusing to the general public; and that confusion has bred frustration and discomfort. Many non-suicidal people wish to help the suicidal community, but because they understand them so poorly, they can't.

Many members of the suicidal community are yearning to speak their piece and be understood by the world; but there is no place where they can adequately do so.

Until the suicidal are able to speak freely, frankly, and publicly to the world, true progress will never be made in the area of suicide prevention.

I thoroughly reccommend you set up a prominant online forum, in the vein of existing popular online mental health forums, where people are free to voice and defend their mindsets on the justifications for their own suicide[68]; and the conditions that define a life worth prolonging.

MindFrame Guidelines

The MindFrame Guidelines play a significant role in perpetuating much of the troubling free speech issues that are detailed above.

They have a stifling and confounding effect on Australia's ability to meaningfully discuss suicidalness, depression and mental illness.

While they effect all manner of official suicide and mental health-related material[69], it's greatest impact is arguably seen in mainstream media's depiction and reporting of suicide and mental illness.

[68] And/or the practice of suicide, in general.
[69] Including previously-mentioned mental health forums, official publications from various organizations, websites, ect.

Thanks mostly to these deeply problematic MindFrame Guidelines, Australia's mainstream media has become so uncomfortable and wary about reporting suicide stories, that they conspicuously do everything they can to avoid actually saying the word "suicide"! Presumably out of fear that doing so might provoke some 'fragile' viewers into committing suicide themselves.

As a result, they report these stories in rediculously roundabout ways, using euphamisms like: *"Police do not considder the death to be suspicious"*, to convey the pertinant facts to their audience, without having to actually use that taboo word.

Somewhat hypocritically, sometimes the journalist reporting on this stories will comment: *"It's important for us to talk about these things..."*, or *"Australia needs to have these conversations..."* How can we have public conversations about suicide when they aren't even brave enough to say the word?

And if our most respected journalists are so conspicuously afraid to say "suicide", then how is the general public likely to interpret that? What effect is that avoidance likely to have on the public's attitude towards suicide?

My suspicion is that it will only encourage the myth that suicidal people are hopelessly fragile, and that it is far too dangerous for Australians to openly discuss the matter of suicide, for fear of inadvertantly prompting a fragile suicidal person to go through with it.

Now when journalists refuse to say the word "suicide", it may seem like no big deal. It's just one word, after all.

But if they don't have the courage to say that one mild word, what are the chances they'll have the courage to delve into the really heavy stuff? The controversial and challenging ideas and points-of-view that Australia really needs to openly discuss, if we're going to strive towards real improvements for the suicidal community.

We can't have the conversations we need to have if we don't have freedom of speech; or, for that matter, if our media is too petrified to exercise their freedom of speech.

The MindFrame Guidelines were supposedly set up to protect the suicidal and mentally ill communities. But, in reality, they are keeping us chained; impeding us from having the frank, plain-English conversations we need to have with Australia, to get the societal and systematic improvements we need.

Troublingly, nobody in power ever seems to want to seriously investigate what problematic effects the MindFrame Guidelines might be having on Australia's mental illness/suicide dialogue. Nor does anybody seem to be interested in talking about whether the MindFrame Guidelines could be altered to minimize these ill-effects.

It's as if there's this blind assumption in the community that the guidelines are unquestionably good, with no downsides.

Unfortunately, people in the suicidal community don't have the luxury of being so naieve. We encounter a dreadful resistance to our efforts to speak our piece civilly, openly and honestly. We feel the gag of denied free speech in our mouths every day. And it's quite evidant that the MindFrame Guidelines are at least partly to blame.

I would recommend that, at the very least, the government performs a serious investigation into the MindFrame Guidelines, and the effect they are having on the national dialogue on mental illness and suicide – with a special focus on identifying any and all **negative** effects of the guidelines.

Although, personally, I'd much prefer to see the guidelines scrapped altogether.

The Need for Pro-Suicide Voices in Suicide Prevention Policy Development

There has been such a wonderful shift, over recent years, that has recognized the importance of consumer voices in the development of mental health and suicide prevention policies and systems. Representatives of the consumer community are increasingly welcomed into the ranks of the highest levels of these policy development teams.

However, particularly in terms of suicide prevention, there is still a glaring gap in terms of community representation: there doesn't seem to be any distinct voices standing up for the principal that suicide is often a person's best possible outcome.

All the noticeable consumer/patient voices I've seen thus far seem to be in agreement on one basic concept: suicide is bad, and we should be doing what we can to prevent people from doing it.

There is a significant portion of the suicidal community who disagree with this. We believe that suicide is good; or at least, that it is better then most other fates that could befall us, and perhaps better then all the other fates that realistically could befall us. It is not a tragedy to be condemned; it is an emergency exit that **prevents** tragedy, or puts an end to it.

Where are the representatives of this viewpoint in the policy development teams? I can't say I've noticed their presence. I certainly can't say I've seen the fruits of their input in any of the policy documents or reports that are published in this area.

I suggest that, henceforth, organizations/teams that are tasked with developing suicide prevention policies or systems should make all possible efforts to include a top-level team member who is openly and wholeheartedly committed to the principals that nobody should be obliged to remain alive if they don't want to, and that suicide is far from the least-desirable outcome that might befall a person.

We need strong voices in those discussions, fighting for those of us who aren't averse to our own death, but **are** averse to all the fates that are worse then death.

We need voices asserting that outcomes where the victim is left wallowing in a long, hopeless life, constantly wishing they were dead, are **never**, ever acceptable! We need voices who will remind these policy development teams that such outcomes are an all-too-common product of an averted suicide, and that they need to be acknowledged.

We need voices who remind these teams that suicide isn't the worst thing in the world; that there are a multitude of living outcomes that are far, far worse; and that these are the tragedies we ought to be pouring all our energy into preventing, not suicides.

We need voices who will insure that all the reports and policy documents that are published adequately address the concept of "fates that are less desirable then death", rather then shy away from it. We need voices who will insure that all such documents clearly, coherantly and completely declare their stance on how these fates ought to be handled, and why.

We need voices advocating for the notion that anyone who does not want to remain alive should always have the right to leave, uninhibited. We need voices who will point out that, if there is nothing that can practically be done to make a person's life more desirable then death, then there is nothing virtuous about preventing their suicide.

Those of us who believe that suicide is a far better option then most of what life has to offer have to endure the consequences of the policies these teams develop. Many would argue that we bear the worst of their ill effects.

I suggest that it's only fair that we have a prominant voice at the highest level of the deliberations that produce these policies. Our plights, our fates, and our concerns deserve to be factored in to these deliberations.

Currantly, however, it very much feels as if we don't even exist in these discussions, not even as a concept to be considdered, much less a contributing presence.

Conclusion

Thank you for taking the time to read and considder this submission. I hope it was informative and helpful for you.

If there are any matters I raised within that you would like further clarification on, please don't hesitate to get in contact with me.

Kind Regards,

A Concerned Citizen
31/07/2025