

Deaths coded as suicide could be coded differently as lawful killings if more intensive violence is authorized against mental health patients. This could be in the form of looser rules around involuntary medication whereby doctors could more freely poison patients to death. This could be coded as adverse reactions instead of suicides. Police could have greater powers to more freely execute patients during mental health checks. more money could be awarded to the dysfunctional health practitioner guilds for these valuable services.

Of course the recommendations are in jest. I mention these things to highlight the way that mental health and suicide is treated in Australia.

If you want to improve mental health outcomes then you need to understand that trust is vital in therapeutic alliance. Trust is not faith. Trust but verify. transparency is vital. Mental health practitioners make fraudulent reports to police in order to elicit maximum impact violence mental health checks. It's important for mental health patients to be provided with documentation with every mental health check ordered by a health professional specifying the reporting person and the statement they have made to police. I've had some wild and whacky mental health checks in my time. I am going to give you a scathing review of Queensland Police. Officers with some serious aggressive behaviour attempting to rapidly escalate the situation. If you are authorized to carry a firearm as a part of your job, it's unprofessional to joke around about shooting people. Clowns can be funny but Officers acting like clowns with a loaded weapon rapidly repeatedly performing weapons checks in an outlandish comical way is absolutely terrifying when they're performing a skit like they're throwing a thousand yard stare and are going to quickdraw and fire from the hip at you is terrifying behaviour but when patients report this behaviour to authorities it's dismissed as a symptom of insanity instead of a serious threat to public safety. it doesn't matter if an officer is unprofessionally pretending to be extremely mentally unstable or they are it should be treated the same way and they need to be immediately relieved of their weapon by their colleagues and ordered for emergency psychiatric review in these circumstances and for psychiatrists to be encouraged to educate them about the importance of acting professionally in a safe environment where they can't present a danger to themselves or the community. Body camera use during mental health checks should be mandatory and failure to do so should be a criminal offense in order to mitigate such abuses of authority. I want police commissioners to think about this as a death threat against your own life and person. Is it a reasonable defence to say, "I was only joking," or "they're just crazy so they misunderstood." Is this grossly unprofessional conduct that brings disrepute to the profession? How might you respond if your subordinate suddenly started performing a thousand yard stare and throwing their hand down to to their gun like they were about to fire on you during a professional review? How might you respond if you're interviewing this person in regards to their professional conduct and instead of responding appropriately they become aggressive, turn red in the face, spitting over you -mad dogging you- as they speak at you and start to question you about your involvement in local robberies in the area? How might you respond if this was not isolated behavior but a group of your subordinates engaged in teamwork to coordinates their efforts to terrorize a police comissioner? Could those responses be applied to officers that terrorize patients?

Now imagine that you're actually quite socially withdrawn and isolated so that these experiences are the sole or majority of your social interactions with the community. Would this be expected to produce positive outcomes for patients? Does this engender trust or respect from their victims?

Autism should be excluded from the scope of practice of psychologists and psychology departments should be defunded of autism related funding. There is no relevant expertise or experience in the profession. The guild advances, advocates and encourages discrimination and abuse of autistic patients. They create mechanisms for the exclusion of autistic patients from the profession. The entire approach of the profession towards autism is exclusion and virulent hatred. This should not be funded in any way. That social and financial pressures be used as levers to force compliance with therapy in order to force the intervention to work. This is also a prevalent problem among the many health professions that are allowed to defer to medicare items for counselling in order to avoid performing the tasks they are trained to perform in their specialty or scope of practice. The profoundly impaired theory of mind displayed by the guilds and their lobbyists on the topic of autism should preclude funding.

The AIHW datasets on suicide rates are frequently deliberately misinterpreted by the pro-fascism medical lobbies and their members. A shovel, a baby* or a rifle in every hand keeps the Securitate away they say. Employment reduces suicide they say. There's limited data regarding the bourgeoisie but if this were the case the primary focus should be depriving them of their wealth in order to effectively encourage gainful employment for mental health reasons. I would venture that physical homeostatic pressures and limited resources to meet basic biological needs contribute to suicide rates. This is often represented as financial pressures through the lens of being unable to pay for heating or food due to poverty.

You channel so much money into so-called do-gooders when really that money would be best provided directly to impoverished people not their keepers. Since the fascist party's recent electoral defeat the government has a resounding mandate from the masses for nothing short of a revolution* and disenfranchisement of profascist practitioners in the suicide industry.

*Glasper, E. A. (2020). Romania's Forgotten Children: Sensory Deprivation Revisited. *Comprehensive Child and Adolescent Nursing*, 43(2), 81–87.
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