

Productivity Commission
"Improving Mental Health"

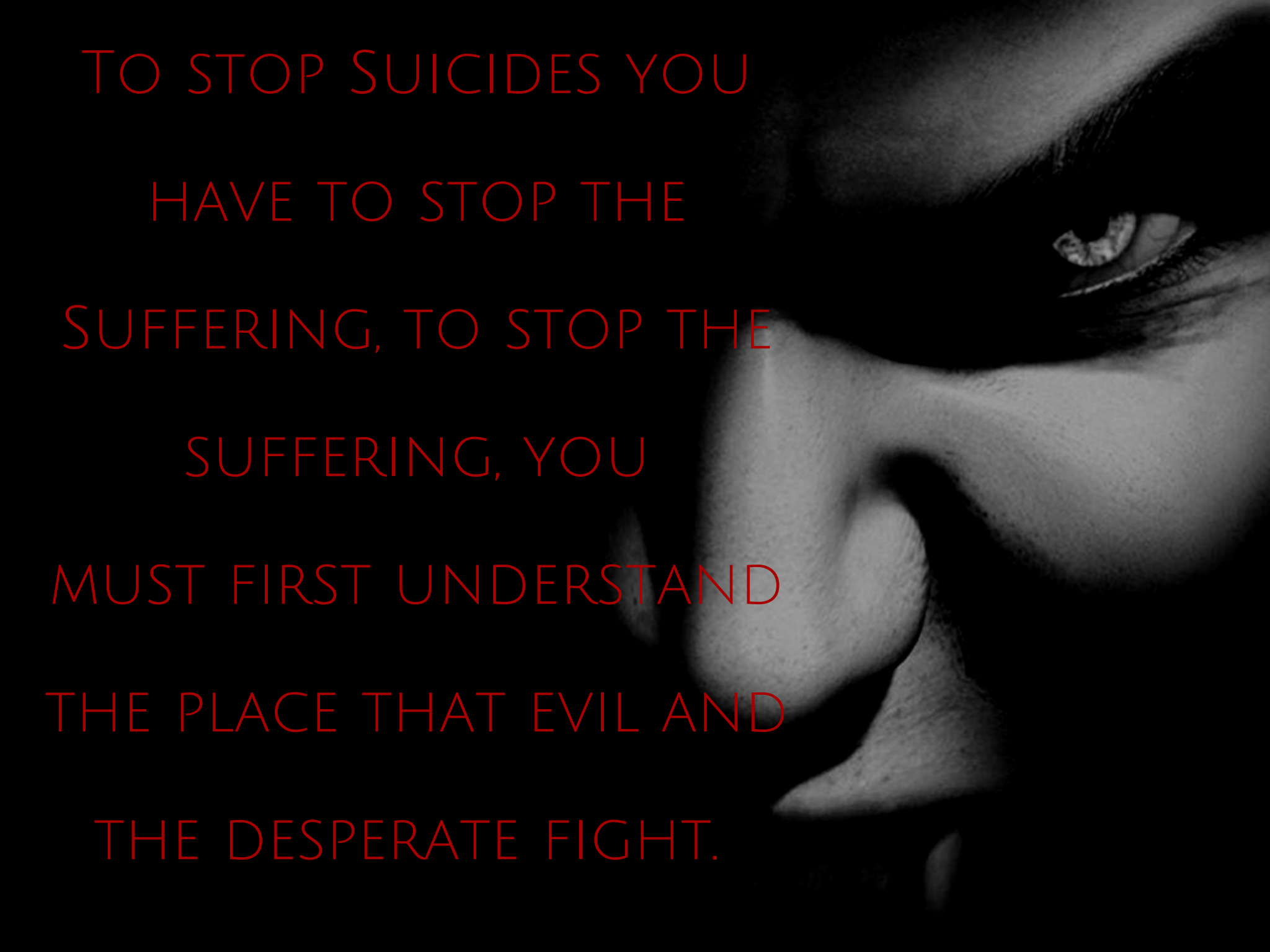
THE KILLING ZONE

Author: Patrick O'Connor -
Severe Mental Illness
Survivor



SEVERE MENTAL
ILLNESS BRINGS
SUFFERING,
SUFFERING
BRINGS SUICIDE,
SUICIDE IS THE
DEVIL LIVING
AMONGST US.





TO STOP SUICIDES YOU
HAVE TO STOP THE
SUFFERING, TO STOP THE
SUFFERING, YOU
MUST FIRST UNDERSTAND
THE PLACE THAT EVIL AND
THE DESPERATE FIGHT.

THE KILLING ZONE



THE KILLING ZONE

AUSTRALIAN'S WITH
SEVERE MENTAL ILLNESS



THE KILLING ZONE

AUSTRALIAN'S WITH SEVERE MENTAL ILLNESS

**THE DEVIL IS
IN THESE
DETAILS;**



THE KILLING ZONE

AUSTRALIANS WITH SEVERE MENTAL ILLNESS

2,000,000

THE NUMBER OF AUSTRALIANS WHO ARE CLASSIFIED AS
HAVING A SEVERE OR MODERATE MENTAL ILLNESS



THE KILLING ZONE

AUSTRALIAN'S WITH SEVERE MENTAL ILLNESS

**1 THERAPY SESSION
EVERY 36 DAYS**

BETTER ACCESS PROGRAM PROVIDES PEOPLE WITH 10
PARTLY SUBSIDISED PSYCHOLOGY SESSIONS EACH YEAR

**URGENT MEDICAL
CARE WILL NEVER
SAVE LIVES, IF
THOSE LIVES
CANNOT ASSESS
MEDICAL CARE
URGENTLY.**

THE KILLING ZONE

AUSTRALIAN'S WITH SEVERE MENTAL ILLNESS

40%

OF ALL SUFFERER'S DO NOT RESPOND TO
MEDICATION.

**THEY SUFFER THE
FULL IMPACT OF
THEIR MENTAL
ILLNESS.**

**WITHOUT ANY RELIEF.
DAY AFTER DAY
AFTER DAY.**

THE KILLING ZONE

AUSTRALIAN'S WITH SEVERE MENTAL ILLNESS

TO TRICK OR TREAT

FINDING A MEDICATION THAT PROVIDES RELIEF IS A TRIAL AND ERROR PROCESS. CURRENT MEDICATIONS TAKE 4 WEEKS TO REVEAL ANY POTENTIAL BENEFITS, IF AT ALL.

"FOR PATIENTS WITH DIFFICULT-TO-TREAT DEPRESSION, AN ALGORITHMIC MANAGEMENT APPROACH WITH STEPS THAT INCLUDE INCREASING THE ANTIDEPRESSANT DOSE, SWITCHING ANTIDEPRESSANTS, AUGMENTING WITH A NONANTIDEPRESSANT TREATMENT AND COMBINING ANTIDEPRESSANTS IMPROVES THE CHANCE OF PATIENT RECOVERY."

THE KILLING ZONE

AUSTRALIAN'S WITH SEVERE MENTAL ILLNESS

MEDICATION SIDE EFFECTS

CURRENT MENTAL ILLNESS MEDICATION HAS SIGNIFICANT SIDE EFFECTS. IN MANY INSTANCES THESE SIDE EFFECTS NEGATE THE BENEFITS OF THE MEDICATION.

NAUSEA OR GASTROINTESTINAL PAIN

ACTIVATION/RESTLESSNESS

SEXUAL DYSFUNCTION

HEADACHES

DIZZINESS

EXCESSIVE DROWSINESS

INSOMNIA

SWEATING AND DRY MOUTH

INCREASED BLEEDING

CARDIOVASCULAR DISEASE

OBESITY

SEDATION

STRANGE DREAMS

ANXIETY

SUICIDAL THOUGHTS

THE KILLING ZONE

AUSTRALIAN'S WITH SEVERE MENTAL ILLNESS

800,000 AUSTRALIAN'S HAVE
NOT 1 BUT
2 OR MORE
MENTAL ILLNESS CONDITIONS

IMAGINE THE DAILY BATTLE FOR
THE PEOPLE WHO YOU ARE LIVING
WITH MULTIPLE MENTAL ILLNESS
CONDITIONS. IMAGINE THE
SUFFERING THAT THEY ENDURE IF
THE MEDICATION PROVIDES NO
RELIEF.
IMAGINE WHAT THEY HAVE TO DO
TO STAY MOTIVATED TO PUSH
THROUGH THE SUFFERING EVERY
SINGLE DAY!

THE KILLING ZONE

AUSTRALIAN'S WITH SEVERE MENTAL ILLNESS

80% OF SUICIDE DEATHS HAVE CO-MORBIDITIES

IN 2017, APPROXIMATELY 80.0% OF INTENTIONAL SELF-HARM DEATHS HAD CO-MORBIDITIES MENTIONED AS CONTRIBUTING FACTORS TO DEATH. THAT MEANS THAT HAD 2 HEALTH ISSUES THAT AFFECTED THESE LIVES.

**METABOLIC SYNDROME
IS ASSOCIATED WITH AN
INCREASED RISK OF
CARDIOVASCULAR
DISEASE AND DIABETES, IS A
POTENTIAL SIDE EFFECT OF
PRESCRIBED
ANTIPSYCHOTIC
MEDICATIONS**

THE KILLING ZONE

AUSTRALIAN'S WITH SEVERE MENTAL ILLNESS

**UP TO 23 YEARS SHORTER LIFE
EXPECTANCY**

**LIFE EXPECTANCY FOR
THE SEVERELY
MENTALLY ILL IS 14 - 23
YEARS SHORTER THAN
AUSTRALIAN'S WHO DO
NOT HAVE A MENTAL
ILLNESS.**

THE KILLING ZONE

AUSTRALIANS WITH SEVERE MENTAL ILLNESS

"CONSUMERS ARE VERY CLEAR THAT **THE BIGGEST PRIORITY** ARE THE HEALTH PROBLEMS THAT ARE CAUSED BY **PSYCHIATRIC TREATMENT (MEDICATION)**, THE HEALTH PROBLEMS WE WOULDN'T HAVE IF WE HADN'T BEEN TO YOUR SERVICES, LIKE OBESITY, DIABETES, CARDIOVASCULAR DISEASE, MOVEMENT DISORDERS AND TOO MUCH MORE.

WE HAVE THE RIGHT TO KNOW IF A TREATMENT WILL SHORTEN OUR LIVES, EVEN IF YOU FORCE US TO TAKE IT. LEAVING US IN THE DARK MEANS THAT TOO MANY PEOPLE NEVER GET THE CHANCE TO TRY AND IMPROVE THEIR HEALTH.

IF WE ARE EVER GOING TO MAKE A DIFFERENCE IN THE PHYSICAL HEALTH OF CONSUMERS, IT STARTS WITH THE **PRESCRIBING PRACTICES OF PSYCHIATRISTS.**"

VICTORIAN MENTAL ILLNESS AWARENESS COUNCIL (VMIAC)

CEO - MAGGIE TOKO APRIL 2019

THE KILLING ZONE

AUSTRALIAN'S WITH SEVERE MENTAL ILLNESS

SUICIDE

**74% OF LIVES LOST TO SUICIDE HAD
A MENTAL ILLNESS.**



THE KILLING ZONE

AUSTRALIAN'S WITH SEVERE MENTAL ILLNESS

IMAGINE THE
DEGREE OF
SUFFERING THAT
MAKES DEATH THE
ONLY OPTION THEY
SEE CAN STOP THE
PAIN.



THE KILLING ZONE

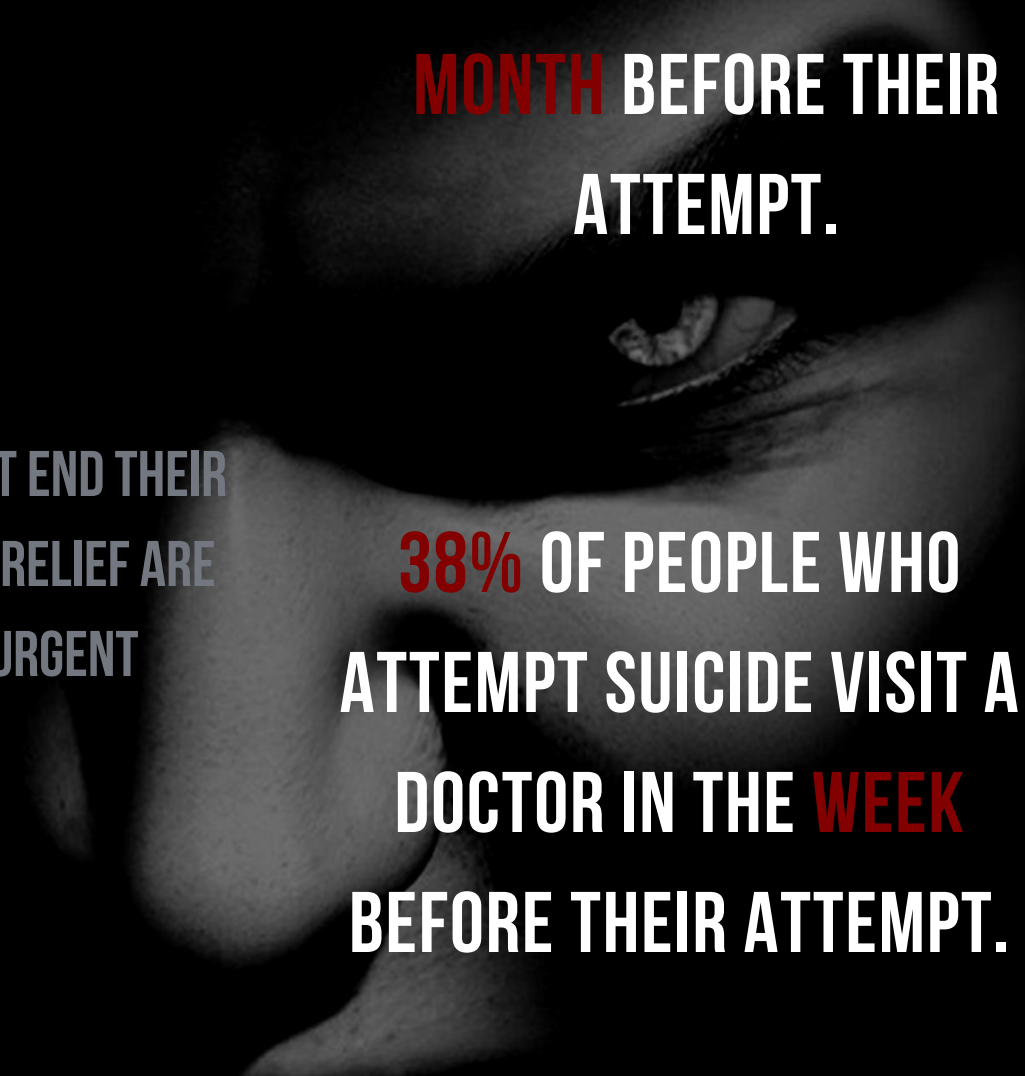
AUSTRALIAN'S WITH SEVERE MENTAL ILLNESS

SUICIDE

PEOPLE WITH HOPE FOR THE FUTURE DO NOT END THEIR OWN LIVES. PEOPLE WHO SUFFER WITH NO RELIEF ARE THE VULNERABLE PEOPLE THAT NEED URGENT TREATMENTS.

64% OF PEOPLE WHO ATTEMPT SUICIDE VISIT A DOCTOR IN THE **MONTH** BEFORE THEIR ATTEMPT.

38% OF PEOPLE WHO ATTEMPT SUICIDE VISIT A DOCTOR IN THE **WEEK** BEFORE THEIR ATTEMPT.



THE KILLING ZONE



A FATAL PRESCRIPTION

THE KILLING ZONE

AUSTRALIAN'S WITH SEVERE MENTAL ILLNESS

TO STOP SUICIDES
WE HAVE TO NOT
ONLY STOP THE
SUFFERING, BUT WE
NEED TO GIVE
PEOPLE A LIFE
WORTH LIVING.



"TO WIN A BATTLE THAT HAS
NEVER BEEN WON, YOU NEED
TO DO THINGS THAT HAVE
NEVER BEEN DONE."

Patrick O'Connor - Mental Illness Survivor



Australian Government
National Mental Health Commission

EQUALLYWELL

Quality of Life - Equality in Life

QUALITY OF LIFE — EQUALITY IN LIFE

Mental health and wellbeing is a basic human right often denied to many in our community. People living with mental illness have poorer physical health, yet they receive less and lower quality health care than the rest of the population – and die younger. People with psychosis die between 14 and 23 years earlier than the general population.

Collectively we are committing to change this situation as it must not continue.

Person centred design principles require a holistic and inclusive approach, focused on the mental, physical, social and emotional wellbeing of the individual, families, and the community more broadly. Effective health promotion, prevention, early intervention and a continuous focus on recovery, with quality physical and mental health care, will help people living with mental illness live healthy, contributing lives, both socially and economically.



IF YOU KNOW THE SIDE EFFECTS OF THE MEDICATION IS A SIGNIFICANT CAUSE OF THE SHORTER LIFE EXPECTANCY, THEN HOW DO YOU IGNORE IMPROVING MEDICATION IN THE PLAN TO FIX THE ISSUE ?



THE KILLING ZONE

AUSTRALIAN'S WITH SEVERE MENTAL ILLNESS

**WHY ARE WE FAILING TO
SAVE LIVES ?**

2016 REVIEW -SCOPE

1797 studies, including 23 systematic reviews, 12 meta-analyses, 40 randomised controlled trials (RCTs), 67 cohort trials, and 22 ecological or population-based investigations.

2016 REVIEW FINDINGS - SUPPORTING

...restricting access to lethal means in prevention of suicide ... and hot-spots for suicide by jumping. School-based awareness programmes. The anti-suicidal effects of clozapine and lithium have been substantiated, but might be less specific than previously thought. Effective pharmacological and psychological treatments of depression are important in prevention.

2016 REVIEW FINDINGS - INCONCLUSIVE

Insufficient evidence exists to assess the possible benefits for suicide prevention in...media guidelines....and internet and helpline support.

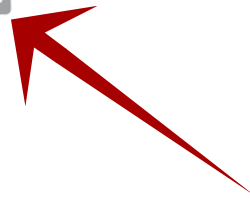
**THE BENEFITS OF PHARMACOLOGICAL STRATEGIES ARE GLOBALLY
ACKNOWLEDGED VS THE BENEFITS OF OTHER INTERVENTIONS**



Australian Government
National Mental Health Commission

**A Contributing
Life: the 2012
National
Report Card**

on Mental Health and Suicide Prevention



“Most Australians may not know treatments with prescribed **psychiatric drugs may lead to worse physical health**. There are increased risks for some specific treatments such as antipsychotics and for those with underlying vulnerabilities such as diabetes.”

“This can mean that the antipsychotic medications that are prescribed to manage severe mental illnesses such as schizophrenia, **contribute to the risk of having severe physical illnesses**. The decision for people to take medications to improve their mental health, is made with the **knowledge that their physical health and quality of life will suffer**.”

**THEY HAVE BEEN AWARE OF THIS SIGNIFICANT CAUSE OF SUFFERING SINCE
2012, YET NOTHING HAS BEEN DONE SINCE THAT TIME !**

Monitoring mental health
and suicide prevention reform

Fifth National Mental Health and Suicide Prevention Plan, 2018

Progress Report

**THERE IS NOT A SINGLE
PART OF THIS
DOCUMENT, THAT AIMS
TO IMPROVE THE AREA
OF MENTAL ILLNESS
MEDICATION. YET IT IS
CALLED A SUICIDE
PREVENTION PLAN ?**

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and suicide prevention reform

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Progress Report



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**NOT A SINGLE
STRATEGIC ACTION ON
IMPROVING THE
MEDICATION ON THE
PBS !
ACTUALLY THE PBS
ISN'T MENTIONED ONCE.**

#YouCanTalk

... about suicide

Media releases

#YouCanTalk about suicide and save lives

19 Jul 2018



"In an Australian first, leading mental health and suicide prevention organisations are joining forces to support the general public to talk openly about suicide with their friends and family in a bid to save more lives."

WE CAN'T JUST KEEP TELLING PEOPLE TO SEEK HELP, WE HAVE TO GIVE THEM HELP WORTH GETTING.



Government to support suicide summit recommendations

The Hon. Greg Hunt MP

Minister for Health

6 December, 2018

MEDIA RELEASE

"On Monday, experts, community leaders, including representatives of the Commonwealth, state and territory governments, came together to discuss NEW approaches in tackling Australia's suicide rate. I called this summit after the release of the latest data from the Australian Bureau of Statistics on causes of death in Australia. The figures released by the ABS were deeply concerning. Figures showed that 3128 people took their own lives in 2017, an increase of 9.1 per cent from 2016."

AS A RESULT OF THE SUMMIT, THREE KEY RECOMMENDATIONS WERE MADE:

- Suicide prevention to be elevated to being a whole-of-government issue and a COAG priority.
- Establish a national system for timely collection and communication of statistics and information on self-harm and suicide to help communities across the country respond early to emerging problems.
- The need for Primary Health Networks (PHNs) to be strengthened to deliver evidence based, demographically appropriate supports in their local communities.

OUR "NEW" RESPONSE TO SUICIDE IS TO GET BETTER AT COUNTING THE DEATHS ?

NONE OF THOSE "NEW" APPROACHES WILL HELP PEOPLE IN THE KILLING ZONE TODAY !



Australian Government

National Mental Health Commission

”National Mental Health Commission chair, **Lucy Brogden**, said the summit provided much-needed clarity and a way forward, while also providing a powerful reminder of why this task is so important.”

**AT WHAT POINT DOES THE FAILURE TO ACT RESULT IN
ACCOUNTABILITY ?**

Distribution of mental health among the Australian population



IF AN ACTION DOES NOT DIRECTLY IMPACT THE SUFFERERS WHO LIVE IN THE KILLING ZONE, THEN IT CANNOT BE LISTED AS A CRITICAL SUICIDE PREVENTION MEASURE !

Monitoring mental health
and suicide prevention reform

Fifth National Mental Health and Suicide Prevention Plan, 2018

Progress Report



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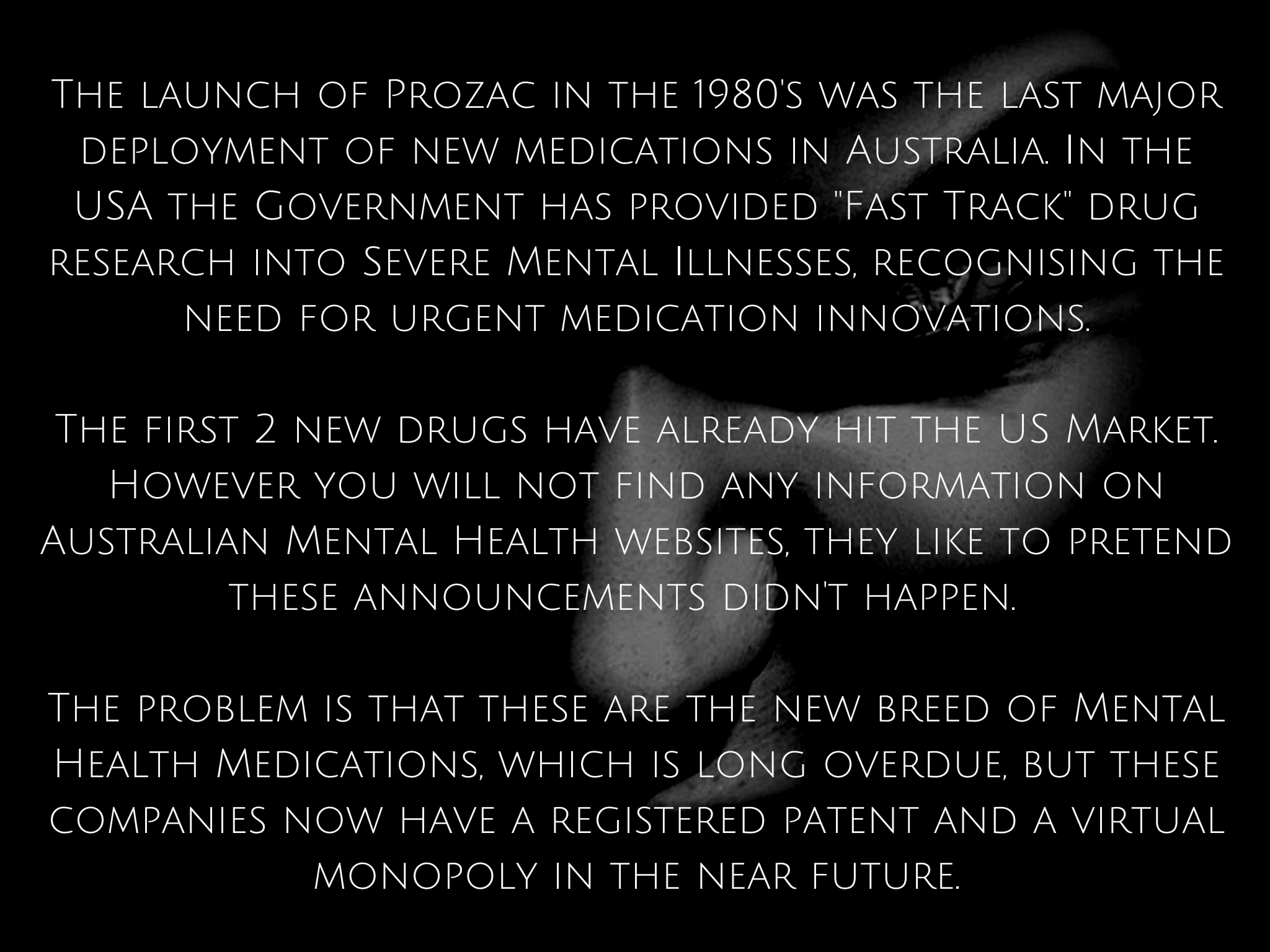
**THE PLAN NEEDS TO BE
COMPLETELY REVIEWED.
A CLEAR PRIORITY LIST OF
ACTIONS THAT DIRECTLY
BENEFIT PEOPLE IN THE
KILLING ZONE NEED TO BE
IMPLEMENTED.**

Monitoring mental health
and suicide prevention reform

Fifth National Mental Health and Suicide Prevention Plan, 2018

Progress Report

**THE PLAN NEEDS
TO HAVE A FAR
GREATER INPUT AND
SIGN OFF FROM THOSE
SUFFERERS WHO
LIVE IN THE KILLING
ZONE.**



THE LAUNCH OF PROZAC IN THE 1980'S WAS THE LAST MAJOR DEPLOYMENT OF NEW MEDICATIONS IN AUSTRALIA. IN THE USA THE GOVERNMENT HAS PROVIDED "FAST TRACK" DRUG RESEARCH INTO SEVERE MENTAL ILLNESSES, RECOGNISING THE NEED FOR URGENT MEDICATION INNOVATIONS.

THE FIRST 2 NEW DRUGS HAVE ALREADY HIT THE US MARKET. HOWEVER YOU WILL NOT FIND ANY INFORMATION ON AUSTRALIAN MENTAL HEALTH WEBSITES, THEY LIKE TO PRETEND THESE ANNOUNCEMENTS DIDN'T HAPPEN.

THE PROBLEM IS THAT THESE ARE THE NEW BREED OF MENTAL HEALTH MEDICATIONS, WHICH IS LONG OVERDUE, BUT THESE COMPANIES NOW HAVE A REGISTERED PATENT AND A VIRTUAL MONOPOLY IN THE NEAR FUTURE.

THE NEW BREED OF MEDICATION IN THE USA



Treatment Resistant Depression (TRD)

5th March 2019

SPRAVATO™ by Jansen - **\$70,000 AUD a year treatment cost**

Janssen Announces U.S. FDA Approval of SPRAVATO™ (esketamine) CIII Nasal Spray for Adults with Treatment-Resistant Depression (TRD) Who Have Cycled Through Multiple Treatments Without Relief

Janssen

SPRAVATO™ uses the first new mechanism of action in decades to treat major depressive disorder^{1,2,3}. In short- and long-term clinical trials, those who received SPRAVATO™ and a newly initiated oral antidepressant achieved superior improvement in...



Post-Partum Depression (PPN)

19th March 2019

ZULRESSO™ by Sage Therapeutics - **\$50,000 AUD 3 day (one off) treatment**

Sage Therapeutics Announces FDA Approval of ZULRESSO™ (brexanolone) Injection, the First and Only Treatment Specifically Indicated for Postpartum Depression | Sage Therapeutics, Inc.

Sage Therapeutics, Inc.

The Investor Relations website contains information about Sage Therapeutics, Inc.'s business for stockholders, potential investors, and financial analysts.

THE NEW BREED OF MEDICATION IN THE USA

Why are these medications such a big deal ?



These 3 conditions are amongst the hardest to treat, and according to the World Health Organisation, MDD is the largest cause of disability worldwide. ABS Causes of Death (2017) reported Mood disorders (including depression) was reported in 43% of all suicides. This is the big league when it comes to the fight against mental illness. In fact they are regarded by the FDA as mental illnesses needing urgent medication innovations, so these 3 drugs enjoyed a fast track assessment process.



THE NEW BREED OF MEDICATION IN THE USA



FDA Panel member Felipe Jain, a Harvard Medical School psychiatrist, said he believes the Sage drugs may be a “game changer” given the limited treatment options currently available.



“This is what hope looks like,”



- **I ASKED FOR THE COMMISSION'S VIEW ON THESE 2 NEW BREAKTHROUGH MEDICATION'S AVAILABLE IN THE U.S.A., FOR THE TREATMENT OF SEVERE MENTAL ILLNESS.**
- **I WAS TOLD THE COMMISSION WAS NOT AWARE OF THESE DEVELOPMENTS AND REFERRED ME TO THE MINISTER FOR HEALTH.**



Australian Government
National Mental Health Commission

EQUALLYWELL

Quality of Life - Equality in Life

From: Patrick O'Connor [mailto:patrick.oconnor@nmmc.gov.au]
Sent: Friday, 29 March 2019 12:00 PM
To: Karla [mailto:karla@equallywell.org.au]
Subject: Thank You [SEC=No Protective Marking]

Hi Karla

Thanks for your time today. Here is the article.

<https://www.linkedin.com/pulse/obviously-going-happen-patrick-o-connor>

By way of context, I have offered \$ of my personal wealth to a number of the leading mental health advocacy groups. This was to run trials utilising different tools that exist overseas, to assess the potential use in Australia. If they worked I offered an additional \$ to implement them in high need areas as a "working trial" if you like. No strings. These doctors in the USA and the UK saved me, I feel it's my duty to give other sufferer's the option to have these treatments too. All these organisations took a pass. My observation is that nobody really wants to own the R & D space. That's as polite as I can be. I would appreciate the opportunity to have a coffee with Lucy, I've long been a fan of her work. All I want is for someone to explain to me why treatments that I get are not required here because we have other options. Obviously we don't. Last year I took on the Life Insurance Industry and won. I am man of significant financial wealth, determination and a deep sense of attachment to those still suffering. I want to move and live my life, but right now, I have to fight a battle that should not even have to be fought.

Happy to chat further

Patrick O'Connor
04 97702070



Australian Government
National Mental Health Commission

EQUALLYWELL

Quality of Life - Equality in Life



Patrick D, Karla <Karla.Devia@NationalHealthCommission.gov.au>
Friday, 29 March 2019 at 12:18 am
[Show Details](#) Fri, 29 Mar 2019 at 12:18 am
[Show Details](#)

Dear Patrick

Thank you for your call and email below.

As discussed, I have forwarded your enquiry to the Australian Government Department of Health (email: news@health.gov.au, phone: 02 6289 7400).

Unfortunately our Chair, Lucy Brogden is unavailable to meet with you, but we trust your concerns will be addressed by the Department of Health.

Yours sincerely

Karla Devia

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THE KILLING ZONE

AUSTRALIAN'S WITH SEVERE MENTAL ILLNESS

THE REFUSAL TO
PRIORITISE FINDING
BETTER MEDICATION
TREATMENTS IS THE
SINGLE BIGGEST CAUSE
OF THE MENTAL
HEALTH CARE CRISIS.



THE KILLING ZONE

AUSTRALIAN'S WITH SEVERE MENTAL ILLNESS

TO STOP SUICIDES WE
HAVE TO STOP THE
SUFFERING, TO STOP
THE SUFFERING, WE
NEED NEW MENTAL
ILLNESS WEAPONS TO
KILL IT.



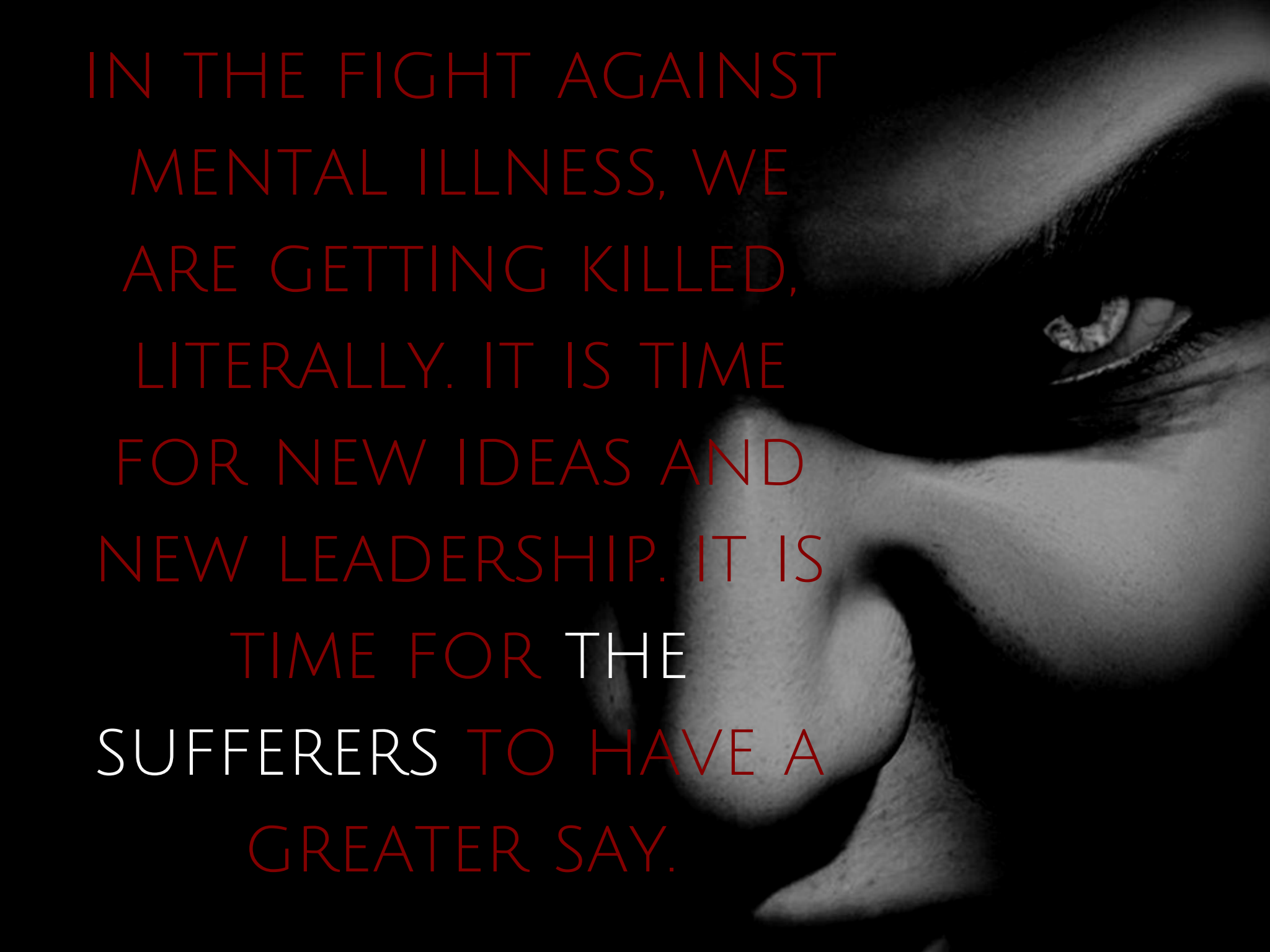
THE KILLING ZONE

AUSTRALIAN'S WITH SEVERE MENTAL ILLNESS

CANCER KILLS.
MENTAL ILLNESS KILLS.

WE DON'T "MANAGE" CANCER, WE KILL IT !
WE HAVE TO STOP "MANAGING" MENTAL
ILLNESSES AND START KILLING THEM !

TO KILL THEM WE NEED NEW TREATMENTS,
BECAUSE THE ONES WE HAVE NOW JUST
KILL THE SUFFERER'S NOT THE ILLNESS.



IN THE FIGHT AGAINST
MENTAL ILLNESS, WE
ARE GETTING KILLED,
LITERALLY. IT IS TIME
FOR NEW IDEAS AND
NEW LEADERSHIP. IT IS
TIME FOR THE
SUFFERERS TO HAVE A
GREATER SAY.

THE KILLING ZONE

AUSTRALIANS WITH SEVERE MENTAL ILLNESS

LIFE FOR THE SEVERELY MENTALLY
ILL IS LITERALLY HELL ON EARTH.
IT IS NOT A LIFE WE WANT TO LIVE.
WE SURVIVE, WE DO NOT LIVE.
NOT A SINGLE ONE OF US WANTS
THIS OVER DEATH.

THE KILLING ZONE

AUSTRALIANS WITH SEVERE MENTAL ILLNESS

THE CURRENT NATIONAL MENTAL HEALTH &
SUICIDE PREVENTION PLAN DOESN'T GIVE
SUFFERERS HOPE FOR THE FUTURE. THEY HAVE
NO HOPE FOR NEW TREATMENTS, BECAUSE THE
NATIONAL PLAN HAS SAID **THEY DON'T THINK**
THE SUFFERERS NEED THEM.


WHEN HOPE IS GONE. THE FIGHT IS OVER.



THE KILLING ZONE

AUSTRALIAN'S WITH SEVERE MENTAL ILLNESS

INSTEAD OF MEASURING SUCCESS BY
THE LIVES SAVED, WE NEED TO
MEASURE IT BY THE
QUALITY OF LIFE THEY GET TO LIVE.



UNLESS WE APPLY THAT
MEASUREMENT TO MENTAL ILLNESS,
WE WILL NEVER WIN THIS FIGHT!

THE KILLING ZONE

AUSTRALIANS WITH SEVERE MENTAL ILLNESS

"TRYING TO STOP SUICIDE WITHOUT
BETTER MEDICATION IS LIKE TRYING TO
PUT OUT A HOUSE FIRE WITHOUT
WATER. YOU CAN TRY BUT PEOPLE WILL
KEEP DYING BECAUSE YOU WON'T TRY
SOMETHING NEW"

Patrick O'Connor - Mental Illness Survivor

PATRICK O'CONNOR

Patrick is a former Financial Services Executive.

He now shares his experiences in successfully treating his Severe Mental Illnesses and other co-morbid conditions.

Patrick has extensive lived experience with treatments in Australia and others not currently available in Australia.

He has shared his story with various Mental Health Groups & Government enquiries since 2012.

