ALTERNATIVE TREATMENT METHODS FOR MENTAL HEALTH PATIENTS

Laughter Therapy Laughter Therapy (also called Humor Therapy) is founded on the benefits of laughter, which include reducing depression and anxiety, boosting immunity, and promoting a positive mood. The therapy uses humor to promote health and wellness and relieve physical and emotional stress or pain, and it's been used by doctors since the thirteenth century to help patients cope with pain.

Light Therapy Most commonly known for treating Seasonal Affective Disorder (SAD), light therapy started gaining popularity in the 1980s. The therapy consists of controlled exposure to intense levels of light (typically emitted by fluorescent bulbs situated behind a diffusing screen). Provided they remain in areas illuminated by the light, patients can go about their normal business during a treatment session. So far, studies have found that bright light therapy might be useful in treating depression, eating disorders, bipolar depression, and sleep disorders .

Music Therapy There are loads of health benefits to music, including lowered stress and increased pain thresholds, so it's hardly surprising that there's a therapy that involves making (and listening to) sweet, sweet tunes. In a music therapy session, credentialed therapists use music interventions (listening to music, making music, writing lyrics) to help clients access their creativity and emotions and to target client's individualized goals, which often revolve around managing stress, alleviating pain, expressing emotions, improving memory and communication, and promoting overall mental and physical wellness. Studies generally support the therapy's efficacy in reducing pain and anxiety.

Primal Therapy It gained traction after the book The Primal Scream was published back in 1970, but Primal Therapy consists of more than yelling into the wind. Its main founder, Arthur Janov, believed that mental illness can be eradicated by "re-experiencing" and expressing childhood pains (a serious illness as an infant, feeling unloved by one's parents). Methods involved include screaming, weeping, or whatever else is needed to fully vent the hurt. According to Janov, repressing painful memories stresses out our psyches, potentially causing neurosis and/or physical illnesses including ulcers, sexual dysfunction, hypertension, and asthma. Primal Therapy seeks to help patients reconnect with the repressed feelings at the root of their issues, express them, and let them go, so these conditions can resolve. Though it has its followers, the therapy has been criticized for teaching patients to express feelings without providing the tools necessary to fully process those emotions and instill lasting change.

Wilderness Therapy Wilderness therapists take clients into the great outdoors to participate in outdoor adventure pursuits and other activities like survival skills and self-reflection. The aim is to promote personal growth and enable clients to improve their interpersonal relationships. The health benefits of getting outside are pretty well substantiated: Studies have found that time in nature can lower anxiety, boost mood, and improve self-esteem

(Source: http://greatist.com/happiness/alternative-mental-health-therapies-heal-mind)

OTHER COMPLEMENTARY THERAPIES ARE SUCCESSFUL TREATING MENTAL HEALTH CONDITIONS

Biofiedback

Yoga

Hypnosis

Colour Therapy

Homeopathy

Ayurveda

Reflexology

Acupuncture and Chinese Herbs (TCM-Traditional Chine Medicine)

Kava

Magnesium supplements

(Source: http://www.bestpsychologydegrees.com/mental-disorders/)

Cognitive Behaviour Therapy

Different Types of Meditation styles, particularly (TM) Transcendental Meditation

Breathe Yoga

Melatonin, Tryptophan Vitamin B complex supplements, St John's Wort herb

Cranial Electrical Stimulation

TransCranial Magnetic Stimulation

(Source: http://www.mentalhealthamerica.net/sites/default/files/MHA_CAM.pdf)

Timeline therapy/Past Life Therapy

Source to tap in to:

International Mental Health Watch Group

http://www.cchrint.org/alternatives/

Diet and Nutrition

Pastoral Counselling

Animal Assisted Therapies

Expressive Therapies/ Any form of Art and writing, painting

Dance and movement Therapy

Music and Sound Therapy

(Source: http://www.healthyplace.com/depression/articles/alternative-approaches-to-mental-health-treatment/)

Section 68/Treatment Alternatives Advocacy Group (STAAG)

- Providing multi-disciplinary treatment alternatives in addition to medication alone for people under Community Treatment Orders (CTOs).

National Disability Insurance Agency (NDIA) - service to assist people to determine eligibility for the National Disability Insurance Scheme (NDIS).

- The National Disability Insurance Scheme (NDIS) is a new way to fund services and support for people with disabilities, including psychosocial disabilities ...
- Eligible persons for disability supports must be under 65 years of age and an Australian citizen. If individual is not currently a recipient of disability supports the NDIA in that persons area can be contacted to complete a NDIS eligibility assessment.
- This will include assessing the impact of one's disability on their functional capacity to communicate, interact socially, learn, move safely around the home and built environment, manage personal care and affairs (banking, bill paying etc).
- If eligible for the NDIS, the individual will be invited to a meeting to develop a personal plan by the NDIA, which will assess the supports and services needed based on your goals and what you want to achieve in the future.
  NDIS website - https://www.ndis.gov.au/

NDIS Phone

Phone the NDIS on 1800 800 110.

- If you require a free-of-charge translator, interpreter or other assistance, phone 1800 800 110
- If you are a Text telephone (TTY) user, phone 1800 555 677 then ask for 1800 800 110
- If you are a Speak and Listen (speech-to-speech relay) user, phone 1800 555 727 then ask for 1800 800 110
- If you are an internet relay user, visit the National Relay Service website (external) and ask for 1800 800 110

The NDIS contact centre is open 8am to 11pm, Monday to Friday

Creating a NDIS plan and allocating funding

- The individual NDIS plan created will outline your goals, the supports and services needed to achieve these goals, and the funding to be received.
- while under a CTO you will have both the peer workers and your case-manager to assist with this process and organising transport to the meeting.

The types of daily activity supports funded under the NDIS include:

- Therapeutic supports including behaviour support
- Help with household tasks to allow the participant to maintain their home environment
- Help with personal care and tasks associated with daily living
- Assistance to help with participation in the community, social, economic and daily life activities
- Workplace help to allow a person to successfully get or keep employment in the open or supported labour market
- Assistance from skilled personnel with aids or equipment assessment, set up and training

Home modification design and construction:

- Mobility equipment, and
- Vehicle modifications

Peer worker availability

- Availability of peer workers for regular appointments in addition to care provided solely by the allocated "case-manager."
- Peer workers have benefit of "lived experience" and are examples of "recovery" to inspire and instil hope for the future (Fisher, 2017).
- Peer workers are fellow members of the "lived experience" group and share our culture.
- It may assist service users to discuss more openly how recent or ongoing life stressors have overwhelmed their normal coping strategies and contributed to their recent admission - thus assisting in identifying additional appropriate supports in addition to medication alone.

One Door Mental Health (NDIS mental health specialists)

Phone: 1800 THE KEY (843 539)
Website: https://www.onedoor.org.au

- One Door Mental Health is the new name for the Schizophrenia Fellowship of NSW. Through One Door Mental Health, people with mental illness and their families can find an inclusive community, innovative services and strong advocacy.
- For more than 30 years One Door has designed and delivered expert mental health programs now available through the NDIS.
- The majority of the One Door Mental Health team have lived experience, giving them unparalleled expertise in mental health. Individual choice is respected and the complexities of family life and the recovery journey is understood.

WayAhead Mental Health Directory (NSW Information Directory)

Phone: 1300 794 991 (Mon - Fri 9am - 5pm)
Website: https://www.directory.wayahead.org.au

- The WayAhead Mental Health Directory is an information directory that contains over 6,000 listings of mental health and community services in NSW and is visited by over 160,000 people.
- These include Accommodation, Community Organisation, Emergency Services, Education, Employment, Government Assistance, Health Services, Information Services, Law and Justice, Leisure Activities, Organisation Types, Mental Disorders, Population Groups, Support Services and Treatments.
    - For example there are 339 Aboriginal Services in Sydney NSW 2000.

Aboriginal Access & Assessment Team Central Office (Mon-Fri 8:30-4:30pm)

- The Aboriginal Homecare Service of NSW is the first point of call for intake and anyone can contact the service.
- The service provides assistance for frail aged or people with a disability and their Carers to stay in their home by providing support and help around the home.
- The service is available to Aboriginal people 50 years and over if frail, and any age for disabled services.

  Website: https://www.facs.nsw.gov.au
  Phone: 1300 797 606

21st August 2017

By email to

To Dr Daniel Fisher MD, PhD
CEO National Empowerment Center

Hi Daniel

I recently attended your discourse at the Being Sydney Headquarters on July 12th and greatly enjoyed, as did we all.

I was the one who is the Chairperson of Staag, the Sydney Treatment Alternatives Advocacy Group here is Sydney, advocating for the dissemination of the appropriate information about treatment alternatives in mental health, as called for by section 68 (e) of the act (attached), a section long overlooked.

A few of the attendees have gone on to become involved with Staag, with two offering to put together additional “appropriate information” lists for us to augment our current set of five lists, submitted by various luminaries who have a knowledge of what may comprise “appropriate information about … treatment alternatives”.

Staag sees, as its role, the commissioning and collation of a considerable number of lists of treatment alternatives by erudite luminaries who, from their experience and / or research, have a fair understanding of what the treatment alternatives might be, alternative to psychotropic medication, as specified in section 68 (e).

Properly managed, this project has tremendous potential to bring about long overdue change in the delivery of mental health options, as required by law, here in NSW at least, and result in a higher 'cure' rate than the current placebo and passage of time / change of circumstances rate. To date this has not been done as it seems no one had sat down and worked out what the treatment alternatives called for by section 68 (e) might be, let alone commission a good number of luminaries to put together their own authoritative lists that discussion and debate may ensue and change come about.

As a luminary of great learning and experience, I should imagine that you have an understanding of what would comprise a selection of treatment alternatives and imagine you have made up such lists before in the course of your work and perhaps even specified them in one of your book(s).

Staag would like to invite you, if you have time and wish to be part of our project for change gathering pace here in NSW, to submit a list of what you consider “appropriate information about … treatment alternatives” to be. This could be a list of which treatment alternatives you would say comprise “appropriate information” to submit to Staag for inclusion for presentation to the Minister for Mental Health so as to help start a revolution of reform and discussion and debate. You could also do a general advisory one or two page discourse about the concept of treatment alternatives in mental health if you wish. Such a submission could then be a basis for your doing similar mental health reform work there also, in the United States.

To date, Staag now has five lists of treatment alternatives with generally some detail on each. In time we aim to have some fifteen to twenty lists from luminaries.

If you can assist us in our endeavours here in Sydney, which we believe will reverberate worldwide in mental health, we ask that an 'appropriate information' list be no more than a double sided sheet of paper

(A4) with a little elaboration detailing the selected treatment alternatives. Perhaps, if you were to contribute a list, you could also add case study citations to bolster the standing of your cited treatment alternatives.

Also, as said, there could be a general discourse on the concept and need for treatment alternatives in mental health as part of the 'appropriate information' and compliance with the law.

We ask those whom we invite to make a list of treatment alternatives to not look at the already exiting lists so they will not be influenced by the other lists so theirs will be independently created as a pristine effort. The only clue we give is that some treatment alternatives have a physical product and some do not.

We hope that this is not too onerous a task in your busy schedule and hope you can assist Staag in its mission to bring reform mental health and compliance with the act. I think you will find the creation of a list to be a valuable exercise which will assist you in your endeavours to have people think outside the box when it comes to mental health and the options available.

We believe that without the dissemination of the “appropriate information about … treatment alternatives”, in compliance with the law (in NSW), and the discussion, debate, argument, clamour and competition such lists will bring about when provided to every mental health consumer in the state, there cannot be any real reform in mental health because otherwise psychotropic medication will still have a stranglehold.

We believe that when the treatment alternatives start to become available and there is widespread debate a brand new day will dawn in mental health.

I have provided some of our correspondence to date with the Minister and the Department and a good supportive Ministerial from Pru Goward, the 2015 Minister for Mental Health.

Should you be able to assist us I shall, upon receipt of your collation, forward you the present lists of treatment alternatives and invite you to peer review them, which is the final step for a luminary, to critique the other lists and be on our ongoing review panel.

You may care to repeat the process that there be this manner of reform in mental health in the United States.

Yours Sincerely
David Murphy
Chairperson Staag,
Sydney Treatment Alternatives Advocacy Group

2nd November 2015

Letter to Ms Jillian Skinner, the Minister for Health and to
Ms Pru Goward, the Minister for Mental Health.

Towards a pluralistic holistic approach in mental health.
Abandoning convenience, embracing compliance, avoiding culpability and acting within the law.

A Section 68 Framework and Basis for Discussion.

Part Two: the Key to Reform

I write to you again pursuant to my last letter of 4th August with further elaborations and concerns and the denouement.

In my last letter I wrote concerning the need that there be compliance with section 68 (e) of the Mental Health Act that appropriate information about treatment, treatment alternatives and treatment effects be provided to people with a mental illness or mental disorder as such has not been happening and so it would appear the system is in breach and has been so since the inception of the act in 2007.

This concern, in 2015, led to the formation of the advocacy group STAAG to address this issue of detected breach. We concluded that to counter the breach it was essential to summarize what the various treatment alternatives were and this led to the construction of two lists by two members who separately constructed lists without conferring with each other. Hence the two lists differ from each other and form a basis for compliance with the Act by the Department of Mental Health that the breach come to an end and the appropriate information be made available in the form of the two lists.

On 14th September 2015 I posted the lists on the internet so that STAAG, for its part, would be seen to be making available the appropriate information. It remains for the Department of Mental Health to see that the appropriate information on the treatment alternatives is being made available to to all those clients with a mental illness or mental disorder and I note since the date of my last letter on 4th August that this is not being done and the system persists in breach.

It has however recently been brought to my attention the paralyzing effect of section 195 upon our work and upon sections 3, 68 and 105.

Section 195 provides that no person may seek a remedy under sections 3, 68 and 105 for any ills that my arise from any perceived non compliance with these sections. Section 195 appears designed to render sections 3, 68 and 105 inert and of no benefit to any consumer and effectively extinguishes any benefit that may be conferred should a consumer seek recourse to justice to ensure satisfaction of their due rights that section 3, 68 and 125 would appear to confer.

The question that becomes apparent from a consideration of section 195 is: who is disadvantaged from this section and the answer appears to be every consumer of the service in that they can, at law, derive no benefit, remedy, gain or redress from sections 3, 68 and 105 due to the existence of section 195. It also appears to bring to naught any benefit from the work of STAAG (Sydney Treatment Alternative Advocacy Group) thus far. Hence the section appears, at first blush, to be discriminatory against people with a mental illness or a mental disorder and hence as being such in breach of other state legislation being the Anti Discrimination Act 1977, part 4A.

The corollary question that also arises is who benefits from this curious section and the answer is fairly

apparent. This section is clearly designed and put into legislation to unashamedly guarantee benefits to the psychiatrists and pharmaceutical companies in that it denies any consumer any legal remedy or redress from the said three sections. This clearly is a partisan sleeper section designed to assure privileged parties a great benefit in that the section is inserted to deny consumers their section 3, 68 and 105 rights. Hence it may, beyond reasonable doubt, be assumed that this section was inserted at the behest of the said psychiatric and pharmaceutical parties to appease and please them and ensure their continuing market dominance and profits by withdrawing rights form those least able to argue.

Of course, in the light of section 68 (e) ii, section 195 appears to be inserted to ensure that suppliers of section 68 (e) treatment alternatives are likewise also discriminated against in that they cannot fully expect, with any certainty, to be paid. Hence perhaps for this reason there has been no significant entry into mental health of treatment alternatives as under section 195 a supplier of treatment alternatives cannot enforce payment while the other two groupings, whose activities are not affected and who do not figure under sections 3, 68 and 105, can enjoy ongoing monopoly profits made available to them by law courtesy of the Department of Health. This appears particularly to be the case in the area of at least two of the treatment alternatives (the two with physical product) which have formed traditional and more recent competition to psychotropic medication against whom the offending section appears to be particularly aimed and this circumvention of the competition figures as some sort of admission as to their competitive efficacy needing to be curbed by stealth at a legislative level. Arguably it would seem that section 195 exists to preserve money flows and it it very likely that such unnatural legislation may even have been financially inspired and defrayed.

Hence it would appear that the insertion of section 195 has been put in place purely and primarily to preserve a monopoly by a cartel as this certainly is what it is doing and it would appear that this section serves no other worthwhile purpose. Now that the lists of treatment alternatives have been composed yet are not being made available it would appear that there is no breach by the Department since 2007/2010 courtesy of this section inserted should someone seek recourse to sections 3, 68 or 105.

However:

Of course, the fact of the matter is that this section 195, which deftly protects a cartel and monopoly from competition, is in itself in breach of the anti competition provisions of the Competition and Consumer Act 2010 (CCA) (previously named the Trade Practices Act 1974 (Cth)) (http://www.australiancompetitionlaw.org/overview.html) and has been since 2010 (see sections on Cartel conduct, Anti-competitive agreements, Exclusionary Provisions (Boycotts), Misuse of Market Power, Exclusive Dealing, Authorisation and Notification). Being a direct affront to the Competition and Consumer Act 2010 (CCA) anti competition provisions it is, at law, rendered of no consequence as I assert that by its very contravention to the anti monopoly provisions it is, itself, an unlawful section which has no legal consequence and cannot be resorted to by those who would seek to say that the Department has not been in breach since 2007/2010 and who would seek to muzzle any competition by way of the long overdue entry of treatment alternatives to the mental health system.

Hence since section 195 is unlawful, being inserted but to make money for psychiatrists and pharmaceutical companies and to ensure their market dominance in mental health, it it is unlawful and null and void as it is anti competitive and discriminatory to boot. It should be deleted as soon as possible as it is not in accord with higher legislation.

Under the Competition and Consumer Act 2010 Division 1 of Part IV cartel activity is defined as a criminal activity and so we may say that section 195 derives from and has its source in criminal thinking and this criminality seeps through the Mental Health Act in that a monopoly is being preserved in the act for financial gain for those well positioned and consumers are being refused their rights. The Act thereby has been rendered a vehicle for very organized criminals to make money by way of a legislated for and supported monopoly at the expense of those who are least able to defend themselves:

the mentally ill who suffer thereby in the way of inexcusable (not the best treatments and not professionally acceptable, contra parts a and b of section 68) side effects and non performing (but for the 30% - 35% placebo effect) medications.

Of course the role of american and european organized crime in the supply of pharmaceutical medications as major influential shareholders and via consorting psychiatrists and many well placed people in the supply chain who infest the system on sinecures is well known and well documented and is publicly and widely available for all to see in the form of the following six well researched videos to be found on Youtube:

Making a Killing,
https://www.youtube.com/watch?v=Lo0iWh53Pjs,

The Marketing of Madness. Are We All Insane,
https://www.youtube.com/watch?v=uFkivsEy3CI

Psychiatry an Industry of Death
https://www.youtube.com/watch?v=gvdBSSUviys

Diagnostic Statistical Manual. Psychiatry's Deadliest Scam,
https://www.youtube.com/watch?v=MFhm-xhQocM.

There Is No Such Thing as Mental Illness
https://www.youtube.com/watch?v=eOScYBwMyAA

A Theory of Mental Health Part One
https://www.youtube.com/watch?v=J_O24tnqs_U

I would even go further to say that such an offensive section entering into the act bespeaks, on the balance of probabilities and also very arguably, very considerable financial benefits having been conferred to place such an offending section into an act to preserve the market dominance of psychiatrists and pharmaceutical companies as it would have taken a great effort to get that into legislation to cut out suppliers of treatment alternatives from being able to insist on payment from the Department of Health. This is a rather unavoidable and glaring conclusion that it was and remains financially inspired and inserted.

Hence the presence of section 195 must be attended to.

Notwithstanding all that being said, it appears to be the case, it it not, that since section 195 is unlawful it is the case, is it not, that, at law, section 195 has been of no force since 2007, or at the latest 2010, and the fact is that, being of no force, sections 3 and 68 and 105 have, in fact and at law, been unaffected by it and have been binding and in force and operating law since 2007 and hence it remains the case that, there being non compliance with these sections, there has been pervasive breach in the system since 2007/2010 which must be addressed immediately by way of total compliance.

Hence it remains that the failure to supply the appropriate information about treatments, treatment alternatives and treatment effects has been a breach since 2007/2010 which can visit consequences upon those in breach and responsible for and maintaining and gaining from the breach. This glossing over of how the Trade Practices Act impacts section 195 also explains why there has been breach under section 68 in that treatments and hearings have been decided for ease and convenience, contrary to part (d) and treatments, in breach of part (a), have not been of the highest quality with their inexcusable side effects for a placebo grade product, and not professionally acceptable, in breach of part (b), as recourse was perceived as not available and redress perceived as not actionable.

With the provision of the lists of treatment alternatives provided by the current unchallenged authorities in the field in STAAG there is now call for change and true reform which otherwise is not achievable.

We in STAAG go further to say that not only must there be the provision of the information about treatment alternatives being provided to each and every person with a mental illness or mental disorder by their case managers and treating therapists in the form of regular handouts of the lists provided but also there should be implementation of these treatment alternatives that they may be accessible by all clients and there should be lesser reliance on psychotropic medications, which as said, only have a placebo effect “success” rate of 30% to 35% rendering them as pretextual products of no cure (as they readily admit) and no real innate benefit and not of merchantable quality meaning that all sales of such are void and the money at call to be refunded to the Government courtesy of the cartel crime gangs being forced to disgorge their ill gotten gains made by selling what is at the end of the day industrial effluent passed off as mental health medication and fed to or injected into people with a mental illness or mental disorder to dissipate so as to bypass environmental pollution laws, is it not the case I ask under section 17.3 of the UCPR?

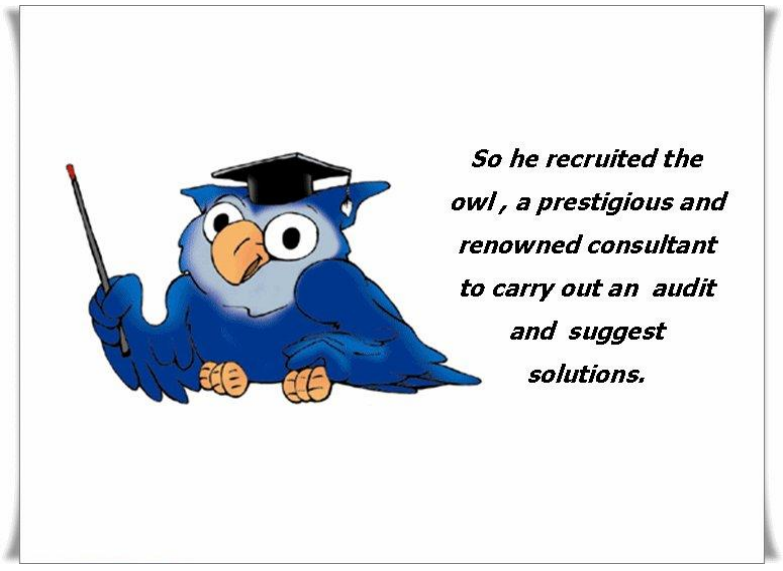
It is proposed that with the lessening of reliance upon psychotropic medications and the phasing out of partisan psychiatrists who have only one very questionable and specious and tendentious pseudo science discipline and the elevation of the case managers to be trained in at least of six to twelve of the treatment alternatives there will be considerable savings to the system and the costs of the treatment alternatives be easily defrayed.

Indeed, in closing, I say that now with the identification of the treatment alternatives, which no one had hitherto attempted, it is a new day and new ball game and there is no reason why implementation to the benefit of all consumers cannot proceed post haste.

The tide is turning as this and the last email and the videos show. We in STAAG intend to remain an ongoing part of that process as without the providing of treatment alternatives there can be no remotely effective reform as long as the monopoly is venerated.

I await your response.

David Murphy, STAAG, Sydney Treatment Alternate Advocacy Group,



From: David G Murphy <lawtherapy@devfinresp.org>
To: office@goward.minister.nsw.gov.au
Cc: david tpg
Bcc: Yvonne Robinson
Subject: Goward Letter no 3: Section 68 MHA Treatment Alternatives and attachments
Date: Mon, 31 Oct 2016 08:00:11 +1100

To the Honourable Minister
Ms Pru Goward.

Please see our attached third letter re Treatment Alternatives in Mental Health. STAAG has now completed independent compilation of lists, perhaps for the first time, of what may comprise suggested, but mandatory, section 68 (e) treatment alternatives for mental health, that there be no longer breach in regard to the provision of such.

It will be up to your department to select say 10 to 15 treatment alternatives for statewide implementation that there be compliance with the Act, which is currently lacking. STAAG leaves the final selection up to your department.

It should be mentioned that, strictly speaking, some of the suggestions are not treatments, per se, but these are the lists.

STAAG and SWAG submit that with the rolling out of the treatment alternatives statewide there will at last be real reform in mental health, which can never occur without their provision, allowing consumers to at last have unfettered choice and fully beneifit from section 68 parts (a), (b), (d) and (e).

STAAG and SWAG would like to be further involved with implementation.

With the provision of a variety of treatment alternatives it will be a new day for all consumers and there will be exciting times ahead and real recovery for many.

David Murphy
STAAG and SWAG
Sydney Treatment Alternatives Advocacy Group and Sydney Wellbeing Advocacy Group
8214 8397
0419 605 365

Microsoft Word Document attachment (Goward Letter 3.docx)
Microsoft Word Document attachment (SkinnerGowardLetter.doc)
Microsoft Word Document attachment (TreatmentAlternatives.doc)
PDF document attachment (Yvonne'sAltTreatments2.pdf)
Microsoft Word Document attachment (LIST OF TREATMENT ALTERNATIVES FOR MENTAL HEALTH ISSUES.docx)
Microsoft Word Document attachment (ALTERNATIVE TREATMENT METHODS FOR MENTAL PATIENTS.docx)

STAAG

31st October 2016

To Ms Pru Goward
Minister for Mental Health

We write to you again as follow up to the letters of 4th August 2015 and 2nd November 2015 in which we voiced our concerns over treatment alternatives or rather the neglect thereof in mental health.

We note the undated response but note that it was written by a psychiatrist whose profession has no real interest in treatment alternatives, alternative to psychotropic medication, and hence, under the Act, he has a conflict of interest. Hence his response is not a representative response as it disregards treatment alternatives and is not a response of one who is truly independent as he would assumedly be pro medication and hence, under the Act, as said, has a conflict of interest. Hence his response is to be set aside as he is not the Director of Treatments Alternatives.

It is our concern that there are made available a variety of treatment alternatives as all that is currently presented is the ubiquitous pharmaceutical medication for mental health which is not suitable in most cases and does not have a high success rate. Where there is success it is more likely due to the passage of time or a change of circumstances that leads to recovery. These medications we believe are not appropriate in all cases and it is mandated under section 68 (e) that people with a mental illness or mental disorder be provided with appropriate information on treatment alternatives and their effects that they may pursue their recovery in the manner which best suits them, being able to choose from an array of treatment alternatives which should be made available to them.

To this end, that there be compliance, STAAG felt it necessary to independently compile a number of lists that comprise suitable treatment alternatives to be provided to people with a mental illness or mental disorder and this task we have now completed to the point where we have five lists.

Without knowing what the treatment alternatives are and having a detailed list it is not possible that people with a mental illness or mental disorder can be provided with treatment alternatives. Now that STAAG has made up the lists such people can at last be provided with the lists of appropriate information that there no longer be pervasive breach in the mental health system and that there may be compliance also with section 68 parts (a) and (b) which, to date in this respect, is lacking and conflicts of interest go unnoticed and undealt with.

We say that such lists of appropriate information as to treatment alternatives has not been hithertofore made available to people with a mental illness or mental disorder and so there has been serious breach in the system since the current Mental Health Act's inception in 2007. This lack of appropriate information has allowed for a

- general attitude amongst Croydon staff that they do not need to comply with section 68 or 85 as if compliance is only something which patients have to do and
- has allowed for a toxic, two faced default culture of non compliance and
- a similarly toxic monopoly for psychotropic medication which can clearly be observed in many cases does not work, say but for the placebo effect, if at all. If the product worked people would be cured as oft happens with general medical pharmaceutical medication.

In response to our previous letter to the Minister we were advised to consult with Being and this we have now done. Upon consideration, Being observed that, in the light of the lists of treatment alternatives, there has been breach in the system in that appropriate information on treatment alternatives is not being made available to people with a mental illness or mental disorder. Being went on further to say that if the appropriate information on the treatment alternatives were to be made available to its people then the Department would have to go further and implement such treatment alternatives such that the treatment alternatives be made available to people in the same way as psychotropic medication. This would, at last, allow people to have a choice and be at last able to benefit from the provision of section 68 (e) that they be supported to pursue their own recovery in the manner they see fit. For example psychotropic

medication where a person has a legal or financial or relationship issue is clearly unsuitable.

We believe that consumers should have the right to refuse psychotropic medication and opt for alternate treatments if their mental illness or disorder is, say, financially based or legally based or relationship based and their remedy lies in those areas. This would be in line with a strict interpretation of section 68 (e), the latter part. At the moment it is known practice in NSW for investors and plaintiffs who are seeking financial recovery, redress and remedy with strong cases and people who advocate improvements and compliance in mental health to be kept on continually renewing long term reprisal CTO's with punishing forced injections so as to avoid compliance with the act when a defendant has no defence and so a mental illness defence is implemented by a defendant to avoid the plaintiff receiving a remedy through the courts. In such cases the forcing of medication on such captive persons may comprise assault in terms of section 85 and be actionable due to disregard of the now known treatment alternatives.

Furthermore, as previously stated, we believe there is no place in the system for case managers or psychiatrists who are only trained in one treatment modality and so have a conflict of interest. Such people should be trained in at least six treatment alternatives and be able to assist their clients in achieving recovery as best suits them with what they are trained in and case managers should be accorded their clients according to what training in what treatment alternatives they have.

Furthermore, importantly, the delivery of appropriate information and the delivery also of the treatment alternatives themselves, as section 68 (e) alternatives to psychotropic medication, would see not only revolutionary career advancement and upskilling opportunities for nurses and case managers, as outlined in my first letter of 4th August 2015, but also see a rise in work and study productivity as those with a mental illness or mental disorder, who have hitherto been afflicted with debilitating side effects that have rendered them incapable of holding down regular work or ongoing study, are, at last, able to

- embrace the latter part of section 68 (e) and
- enter the workforce or into study, being free of the side effects of medication, which in the past have stopped them being able to enjoy a productive enjoyable life as generally in many cases the more effective treatment alternatives have no side effects and comply better with sections (a), (b) and (d) of section 68.

Hence we would like to schedule an appointment with the Minister to voice our concerns and present our lists that, at last, people in mental health may be provided with the appropriate information about treatment alternatives by way of being provided with each of the lists that they may then elect which they would like to pursue in line with section 68 (e) and so be able to pursue their recovery in the manner which suits them and not suffer due to conflicts of interest. This is rendered nigh impossible if people do not know what the treatment alternatives are which would allow them to bypass often ineffective pharmaceutical medication which does not work for many due to the fact that it does not impact and reprogram the subconscious mind where the problem usually is resident in the programming resident therein.

We in STAAG and SWAG would like to set a time line for compliance with section 68 (e) that all people in the state with a mental illness or mental disorder be provided with the information by the end of the next month that there no longer be breach. We would then like to set in train a process for as to when many or most of the treatment alternatives can be provided by the department such that there be compliance with section 68 (e) that people are supported to pursue their own recovery in the manner which best suits them and not have forced upon them psychotropic medication with its unacceptable and avoidable side effects which are often in breach of sections 68 and section 85 of the Mental Health Act.

Case in point

In the light of the foregoing and in light of what I have written concerning section 195, in my second letter to the ministers of 2nd November 2015 to annul its tendentious and unlawful impact, to which no

issue is or has been taken, it is mandatory that care plans comply with sections 85 and 68 parts (a), (b), (d) and (e) of the Mental Health Act.

As I have been truthful since 1999, at the latest, it is well known by Croydon that I am not a person with a mental illness, but for that caused by medication, and this mental wellness has been admitted by three psychiatrists at Croydon under section 17.3 of the Uniform Civil Procedure Rules on 6th January 2015 and confirmed by them as well under the same rule later that month. It is well known by Croydon that:

- I am a person who is owed a large amount of money under a Deed and Guarantor arrangement and hence
- am kept in the system to allay payment of such on the part of a defendant who has no defence and that
- rolling CTO's are instituted twice a year against me to prop up a reputation (that only a gullible fool would believe) that I have a mental illness, but for 'rispermurphyosis', when
- I am owed money under the said Deed and Guarantee and under a so called “civil bet”, a throwing down the gauntlet / calling the bluff, dispute for consideration instrument, entered into between myself and Concord Centre for Mental Health, who took it up on the evening of 14th March 2014, which I have won with the support of the third defendant, Name Withheld, in recent Equity Court proceedings.

It seems, in my case, the primary focus of the allegation of mental illness against me, as chairperson of STAAG and champion of a variety of treatment alternatives, is to assist an ultimately liable party in the courts where the defendant has no defence but to present a mental illness defence that I have a mental illness and so they do not have to pay the monies owing under the Deed and Guarantee. It is not appropriate that constant CTO's be renewed against me as an investor by an Order of the Supreme Court in my matter when I have no mental illness but that alleged against me to assist a defendant who has no defence. (The only submitted material evidence of mental illness in recent Equity Division proceedings is that I sought to take possession of a church building which had been abandoned and forsworn under section 17.3 of the UCPR where the vendor had admitted under the same part that he did not have title. One would have to have a mental illness not to do so with such an opportunity.) Consequently, since the CTO's are tendentious and prearranged, my submissions recently were not read and an appeal refused by the Public Trustee due to a conflict of interest on their part. Hence the whole process is a sham and a massive tendentious abuse of process designed to deny the provision of treatment alternatives and thus my CTO's, for the reasons given, are void and assault has occurred.

Hence to this end, so as to imply that I have a mental illness, a CTO and care plan have again been construed to tendentiously insinuate that I, as a creditor party, have an endemic mental illness when it is also known that I am the ardent founder and chairperson of STAAG, the Sydney Treatment Alternatives Advocacy Group, who, being so, has a strong position that appropriate information about treatment alternatives be made available to people with a mental illness or mental disorder and not be omitted for reasons arising from conflict of interest such as the unilateral promotion of psychotropic medications when, in accord with parts (a) and (b), there are more acceptable and cheaper treatment alternatives.

Recently on 24th August 2016 Croydon seized upon an opportunity to snub me by denying treatment alternatives to contumaciously preserve a conflict of interest in the perfunctory care plan. It had been agreed with psychologist Name Withheld that, for the first time, at least four treatment alternatives would be included in place of psychotropic medication which, in my case, causes actionable mental illness and that for the first time the care plan should comply with the Act and not be unlawful and so be void. In the past the care plans have been vehicles for the the promotion of psychotropic medication and excluded treatment alternatives and hence born of a conflict of interest in that they have not been vehicles for the mandated provision of information about treatment alternatives, nor provide as such, and hence been non compliant with section 68 parts (a), (b), (d) and (e) and have been occasions for breach and have given rise to actionable assault. The Department does not need to be so exposed, now that it is on notice, as there are some who would see winning and making money as the best therapy and a good court remedy to mental illness.

As a no doubt intentional snub to the plaintiff and a contumelious snub to the cause for section 68 treatment alternatives, Croydon chose to not comply with section 68 and refused to include any of the some 50 treatment alternatives, as listed by STAAG, for consideration in care plans and constructed the care plan such that, due a conflict of interest, it only promoted psychotropic medication in breach of section 85, with respect to the plaintiff, who admits, and this document witnesseth as evidence, that he does not have either a mental illness or mental disorder, a fact that has been made known to them since the discovery of his fresh evidence in his Supreme Court matter since 1999, in which year he advised that he had found the said fresh evidence from Supreme Court archives and Ashfield, as it then was, refused to let him leave the service.

Fortuitously, the plaintiff is the chairperson of STAAG and is aware of the incidences of actionable breach in the system and is perhaps thus the primary target of the denigration of Croydon as he has highlighted the conflict of interest in the system where psychiatrists engage in a conflict of interest and onesidedly promote psychotropic placebo grade medication which only works at the placebo success rate of 30% to 35% on the more gullible.

The plaintiff maintains there is no place in the mental health system for those psychiatrists who engage in the ubiquitous conflict of interest where they reject treatment alternatives, as now postulated by STAAG. We now wish to formally submit our lists to the minister as our consultations with members are now complete and we have settled upon five lists of treatment alternatives from which mandatory treatment alternatives can be determined in relation to which appropriate information is by law to be made available to all clients in the state with a mental illness or mental disorder lest there persist actionable breach.

My recent CTO hearing and care plan, in which the treatment alternatives were refused, so as to assert dominance by Croydon over section 68, was a slap in the face to STAAG and to the plaintiff and, being non compliant, the CTO and care plan is void, as are likewise many, and the plaintiff subject to further assault in the system by forced injection of an in breach of section 85 allergenic toxin. Those responsible for such assault should be found out and dismissed for their making a statement that treatment alternatives are not to be included in this care plan in particular when a challenge to them had been made.

The care plan was presented to the plaintiff as the head of STAAG and a litigant in the court to see what I will so when confronted with the fact that Croydon has ruled that there be non compliance with section 68 (e) and to see what I, as chairperson of STAAG will do about the unlawful care plan and kangaroo court CTO hearing where my submissions were not read.

The minister is called upon to make a ministerial statement that care plans by mindful to comply with section 68 and that it is law, for the reasons given in my second letter of 2nd November 2015, that there be included in such care plans a selection of treatment alternatives if the patient so chooses as is her or his right under section 68 (e), latter part. Furthermore it should also be policy that case managers be trained in say six treatment alternatives. Care plans and CTO's should not used as vehicles of conflicts of interest by those who seek who only promote psychotropic medications, which we all know do not cure, when some treatment alternatives do and are to be considered though it may reduce numbers and be a little inconvenient, as contemplated by section 68 (d).

As said, Being has been supportive in observing that there is currently breach in the system as presumably it seems to be the case that treatment alternatives are dismissed by those whose financial interests coincide with an innate conflict of interest when psychiatrists are engaged in that they only propose outmoded medication for financial purposes and have little interest in the welfare or cure of the client as I have found in my case. This, till now, they have been able to do prior to the treatment alternatives being clarified as STAAG has now done. There is arguably no longer any place for those who operate out of the conflict of interest which is innate to the mental health system when self servingly promoting only psychotropic medication as opposed to say digital medication or other treatment alternatives in which they lack non partisan training.

Hence there is currently a situation of great abuse and I am not the only person to whom this is happening due to there being contempt for compliance and turf war intolerance and suppression of treatment alternatives by psychiatrists, as I have first hand experienced. Conflict of interest and partisanship translate to assault when there is the puncturing of the skin with breach of section 85 and such racketeers who engage in such unlawful behaviour due to conflict of interest and for financial reasons are to be dealt with and removed from the system if they will not rehabilitate and be trained. Legal cases doubtless will ensue, as they now can, as many people who have had their time wasted and who have suffered seek injunction, legal remuneration and redress, now that the treatment alternatives have been identified and appropriate information at last available. I, for one, will be agitating that there be cases by victims against those racketeers tolerated in the system and this letter can be their manifesto. Let our slogans be “smart victims get paid” and “winning is the best therapy”.

We in STAAG and SWAG, the Sydney Wellbeing Advocacy Group, call upon the minister to enforce, to the letter, all parts of sections 68, 3 and 105 and remove from the system those with conflicts of interest and institute the appropriate training, as called for in my first letter, that case managers and the like be trained in at least six treatment alternatives. Those who will not abandon partisan conflicts of interest should be cautioned or dismissed from the service and their contracts of employment be at risk or terminated due to breach and behaviour inconsistent with section 68 parts (a), (b), (d) and (e) in that they are advancing self interest and holding provisions of the Act in contempt as I have witnessed over and over.

In the absence of the making available to all clients with a mental illness or mental disorder, abuse prevails in the system and despite all the toing and froing of various interest groups giving lip service to reform no reform is possible without the ascendance of treatment alternatives as proposed by STAAG.

As said without the making available of the appropriate information and the provision of the treatment alternatives there can never be any true reform when mental health only advances only one form of treatment for mental illness or disorder in non compliance of the act being via psychotropic medication placebos and non compliant care plans. The patients, as in my case, are used as fodder to advance self interests and line pockets and keep the numbers up. Providing a placebo at law is no real benefit in a contract or medical service and I put the minister on notice to take the appropriate actions and enforce sections 85 and 68 parts (a), (b), (d) and (e) as to do otherwise is to invite court action for damages for exploited clients to whom no cure is currently offered or made available through the system and only psychiatrists' and certain others', who like the status quo, pockets are filled.

Recent Vindicating Developments.

Recently on just 6th October past I forwarded the attached letter to Westpac Bank, the evident default parent guarantor in my matter. In it I sought to settle the financial calamity that occurred in September 1997 which gave rise, for a large part, to an argument that I must have a mental illness to have walked out on so many credit card debts, a calamitous event which transpired due to the non disclosure in 435/93 by the guarantor that the reason I had been approached in 1990 was to recover my childhood settlement with 9.5% p.a. interest compounding over 30 years when I had not been the one to have breached the Terms of Settlement. These cards are now settled as of 13th October 2016 by recourse to the “outstanding monies” due to me under the Deed of Agreement guarantored, originally by AGC and now by the said parent guarantor. In so doing I have made money and followed due process and been organized and set an example and so taken away any basis of argument that I have a mental illness.

Whereas it may most certainly have been defined as severe mental illness to abandon one's credit card debt in such a most stupendously spectacular fashion that it was regarded as severe mental illness (when there were mitigating circumstances) it certainly casnnot be regarded as mental illness to have now paid off all my old credit cards in the fashion that I have now done with finesse.

Thus far in the Mental Health system I have been seeking honesty and compliance and I have not found either. I am not being told why I am being kept in the system on perpetual back to back cto'a, year after year, and labeled as chronic when it has been my position, with the discovery of the fresh evidence from Supreme Court archives in 1999, that I do not have either a mental illness or mental disorder and because, being a supply competitor, I disagree with the psychiatrists, which disagreement is viewed as mental illness and some sort of non compliance.

I have not found compliance as the known treatment alternatives, as called for by section 68, are not being freely made available and only pharmaceutical medication is supplied as a snub to the Act by those who have a conflict of interest as they are beholden to supply on psychotropic medication which offers only placebo results and which they know does not work.

There is much that can be done in both the above areas. Get rid of the psychiatrists who cannot diagnosed properly or honestly or at all, as my experience proof positively shows in a gargantuan scale, and only supply a placebo grade product for personal gain in opposition to the treatment alternativesa and out of a conflict of interest.

And stop using the mental health system to retain plaintiffs because a defendant has no defence of merit.

Yours Sincerely

David Gregory Murphy
Chairperson Sydney Treatment
Alternatives Advocacy Group and
Plaintiff in matter 2011/327194 formerly 1443/64

Hi David

As per our conversation, here is my list of Treatment Alternatives·

- Meisner Acting School - improvisation expressing emotional truth moment to moment

– Growth Whispering coaching

– Byron Katie - The Work

– Extensive Group Therapy participant and facilitation

– Alexander Technique

– Non-Violent Communication - NVC

– Twelve Step Program Work

– Lightning Process - psychoneuroimmunology

– Neuro Linguistic Programming (i-NLP Practitioner)

– Extensive Tantra practices (Tantric Blossoming/Baba Dez/Andrew Barnes/Deborah Taj Anapol)

– Path of Love workshop and follow up - OSHO

– Living Love (David Deida inspired)

– Somatic Experiencing

– Trauma Release Exercises - TRE

– Vipassana Meditation - multiple 10 day periods

– Yoga

– Mayumarri (Heal for Life)

– Magicians Way

– Bowen

– Emmetts Technique

– Eye Movement Desensitisation & Reprocessing EMDR

– Psychologist

– Physiocise

– Physiotherapy

– Psychodrama & Family Constellations

– Mind Energy healer

– Reiki

– Chiropractic/Osteopathic

– Ortho Bionomy

– Myofacial Release

– The Art of Living - Breathwork

– Other breathwork and rebirthing work

– Cognitive Behavioural Therapy - CBT

– Chinese Herbs

– Acupuncture and deep tissue release

– Meditation

– Experimented with diet and Elimination Diets

– Emotional Freedom Technique - EFT

– Human Awareness Institute workshops

– Remedial/Trigger Point/ Kahuna Massage

– Pelvic Floor and Psoas Release

– Heart Breathing

– Anthroposophical medicine

– Homeopathy

– Pilates

– Rosen Method

– Iridologist

- Confest festival

Warmly

Benn

Hi David

I just wanted to let you know that

I think it is great that you have

set this initiative up.

I am inspired.

Warmly

Benn

To The Honourable Craig Laundy
16th December 2016
Minister for Reid

Re: Section 195 of the Mental Health Act

Thank you for your invitation for me to do a "one pager" to you voicing my concerns about a perceived clash between the 'anti competition' provisions of the *Competition and Consumer Act 2010* (CCA) and section 195, in its restraintive intent over sections 3, 68 and 105, of the Mental Health Act of NSW 2007.

Section 195, it seems, serves to nullify sections 3, 68 and 105 from being law and merely renders them to a guideline status, which has no actionable force of law and often overlooked. A practical effect of this is that, despite the call in section 68 (e) that people with a mental illness or mental disorder be provided with appropriate information about treatment alternatives, alternate to the all pervasive psychotropic medication, and "be supported to pursue their own recovery" they are denied such provision due to the effect of section 195, which effectively impedes the provision of information about alternatives to such psychotropic medication. Since 2007, section 195 has served to stifle the provision of treatment alternatives and it is alleged is anti competitive in that it serves to maintain a rigid monopoly of only psychotropic medication and guarantee the hegemony of psychiatrists who do not advise on the treatment alternatives as they have an inherent conflict of interest due to their well known allegiance to products solely from pharmaceutical companies.

In response to this state of denial of provision of treatment alternatives information to people with a mental illness or mental disorder, Staag (the Sydney Treatment Alternatives Advocacy Group) was formed in 2015 to address the observed trampling of patient rights by section 195 resulting in the stifling of competition between the many treatment alternatives and psychotropic medication. In 2016 Staag, by independent means, put together five lists of treatment alternatives, from which the Mental Health powers that be could select say about 15 to 20, to start to provide the requisite appropriate information on them to all affected people in the state.

Staag has written three letters to the Minister for Mental Health and received three responses. Of note is Staag's outlining of its concern about the muzzling of section 68 and all its strengths, including unfettered provision of the said appropriate information, by section 195. In the second letter of 2nd November 2015, Staag outlined its concerns about section 195, examining its clash with the 'anti competition' provisions of the Competition and Consumer Act. In the response to Staag's second letter of 2nd November 2015, the writer, very notably, did not at all respond at all to what Staag had said and quite reprehensively avoided dealing with the throwing down of the gauntlet challenge raised by Staag to section 195 in the second letter. The writer merely and tritely reiterated the effect of section 195 over section 3, 68 and 105. The Department has been on notice for over a year now and has done absolutely nothing but protect the cartel.

On Sunday December 4th, at our impromptu meeting, you cited the Harper Review and the work done by his team strengthening the pro competition provisions of the Competition and Consumer Act. Staag maintains that section 195 of the MHA is anti competitive and against the pro competition provisions of the Harper Review and in contempt of the Competition and Consumer Act. Consequently Staag submits that due to section 195's muzzling of the rights of people with a mental illness or mental disorder and its intent to directly oppose the free flow of information and the right of suppliers of treatment alternatives to compete against the wares of psychiatrists, section 195 is not law and hence sections 3, 68 and 105 consequently are law, and not simply easily cast aside guidelines, and that this state of affairs has been the case since the proclamation of the Competition and Consumer Act in 2010.

Pursuant to advice in the third letter of response of 1st December 2016 to take the matter up with Adam Phillips, I have advised him of Staag's concerns and brought to his attention our contention that, as section 195 clashes with Federal provisions, it is not law and that, if this be the case, there are ramifications and consequences. Mr Phillips is looking into this. Staag approaches Minister Laundy to also get the ball rolling from his end and refer Staag's concerns on to the relevant authorities in the Federal sphere as the Department's of Mental Health response to my allegations has been evasive, as can be seen in its response to Staag's second letter.

As said, Staag has compiled lists of some 50 to 60 treatment alternatives and according to section 68 (e), consumers have a right to pursue their recovery with access to the proper information on treatment alternatives and they certainly should have a right to information as to treatment alternatives that may assist.

Staag asserts that, with the proclamation of the Competition and Consumer Act, sections 3, 68 and 105 have actually been law since 2010, due to section 195 not being law, and so mental health clients have a right to the appropriate information Staag has assembled and the Minister must embrace the fact that the said three sections are law which is to the benefit of all mental health consumers. An unhealthy and corrupt, criminal even, as defined by Division 1 of Part IV of the Competition and Consumer Act, monopoly in mental health by psychiatrists has led to a major ongoing breach in the mental health system since 2010, at the latest, and a major all pervading conflict of interest by psychiatrists in not providing the appropriate information to consumers which has resulted in the promotion of only one form of

treatment which, at best, is a placebo treatment, if even that, and of no net benefit as clients are not cured, as oft happens in general medicine. In its first letter Staag proposed that all mental health case managers be trained in at least say six of the treatment alternatives and that there be upskilling and career advancement for the hard working case managers. This suggestion too has gone unheeded due to the pervasive allegiance to those who advance just one treatment option as the be all and end all for who knows what manner, presumably financial, of overriding partisan motivation.

I look forward to your assistance in seeing that the partisan and uncalled for section 195 and its dead hand anti competitive effect over sections 3, 68 and 105 be checked and a new era arrive and real reform in mental health finally at last take place. It will be a wonderful revolution and many people will achieve recovery if they have access to the appropriate information Staag has put together and the system then goes even further such that they have access to the treatment alternatives themselves through the Mental Health system.

There is no justification to maintain a monopoly to feather the nests of psychiatrists who only promote products, which being only placebo effective do not at all appear evidence based, having only a some 30% to 35% placebo effectiveness (and in most cases not even that) when there are other more modern alternatives and competition is being repulsed. Indeed deliveries of one such alternative, digital medication, have been made, to break the section 195 blockade, only to be either returned unimplemented, in defiance of section 68 (e) due to the effect of section 195, or never heard of again and requests to settle accounts ignored. Indeed due to section 195 there is even regard for section 68 suppliers as if they have a mental illness and only blind unfounded loyalty to psychiatrists' worthless wares which merely act to preserve their sinecures.

I invite you to examine Staag's second letter to the Minister and draw your own conclusions as to whether section 195 applies a dead hand over sections 3, 68 and 105 to, amongst other concerns such as defiance of sections 68 a, b and d, stifle competition in mental health and so maintain a monopoly, exercise coercion, and ride roughshod over the section 68 rights of mental health consumers to achieve proffered and entitled recovery. Staag also invites you to look at the third letter which likewise was not suitably responded to. Indeed it seems the department does not want to do any work and a challenge to the monopoly of psychotropic medication manufactured by the pharmaceutical companies is, for some reason, doubtless financial, is not being welcomed.

There can be no reform in mental health without the introduction of competition and the provision of appropriate information on treatment alternatives being made available to all suffering consumers in the State of New South Wales.

Staag seeks your assistance in seeing that section 195 is rescinded as Staag maintains that, for the reasons given, it is not law so real unhindered liberating reform can begin. Staag looks forward to a proper response to its three letters and challenge to the feather nesting of the pharmaceutical quarter with their sub placebo grade products, which, it is alleged, are not evidence based and do not provide benefits to any greater degree than a placebo effect.

As said above a reliance on section 195 has led to situations where section 68 (e) ordnance has been ordered by at least one small section 68 (e) supplier, who was obliged under the MHA to supply, and delivered and has been retained and payment for ordnance withheld in reliance upon section 195 and the goods not put into use as provisioned for by section 68 (e).

and

abuses, such as people with court entitlements being retained in the Mental Health system and subjected to injection because a defendant has no defence and seeks to evidence mental illness with the assistance of partisan consenting psychiatrists. Hence, at present, there is arguably widespread abuse in the system due to section 195 and denial of basic rights, even to the extent of what passes as torture due to the painful side effects, in contravention to torture provisions of international treaties to which Australia is a signatory.

I look forward to your response and your assistance in relegating psychotropic medications to being merely an option and not a prerequisite in dealing with mental health issues so as to rectify the injustice caused by the stifling of competition and denial of basic rights by section 195. The situation in mental health, as it stands at the moment, is illegal, flagrant, outrageous and unchecked and leads to abuse. In one case over a 19 year period more than 8 consecutive psychiatrists have proven conclusively and damningly, in the showdown case of an plaintiff investor / treatment alternatives supplier and promoter kept on Community Treatment Orders for six years, where a defendant has no defence, that psychiatrists en masse cannot diagnose, lest anyone should doubt.

PS

I also ask what has become of my initiatives in the area of Developing Financial Responsibility, a system for managing personal accounts so that people need never be in serious debt and before long become investors, and the Relationship Agreement, the common law alternative to marriage where assets are not at risk.

Yours Sincerely
David Murphy
Treatment Alternatives for Mental Health Advocate
Chairperson for Staag,

M16/5899 - 5

Mr David Murphy
Sydney Treatment Alternatives Advocacy Group & Sydney Wellbeing Advocacy Group
Email: lawtherapy@devfinresp.org

Dear Mr Murphy

I refer to your letter to the Minister for Mental Health and Assistant Minister for Health, the Hon Pru Goward MP, regarding the provision of information about treatment alternatives for people with mental illness. The Minister has asked me to respond.

The NSW Government is committed to ensuring mental health consumers have access to safe, effective, and evidence-based multidisciplinary treatment. This may encompass a wide range of strategies and interventions including, but not be limited to, medications prescribed by medical practitioners, psychological or other therapies, psychosocial support, and family and carer support.

The work of the Sydney Treatment Alternatives Advocacy Group and the Sydney Wellbeing Advocacy Group in developing a list of treatment alternatives for people with mental illness is appreciated. However, having considered your proposal, along with advice from the NSW Chief Psychiatrist, I have concluded that establishing a standard list of alternative treatments is not appropriate. This is because a person's treatment, and any appropriate and reasonable alternatives, must be considered on a case-by-case basis with regard to the consumer's clinical status and needs at the time.

I also note that your correspondence to the Minister raises issues regarding compliance with the principles of the *Mental Health Act 2007* (NSW). These principles, as set out in section 68, provide important guidance about the way that mental health care and treatment is provided. They are, however, intended to provide direction in the daily administration of the Act rather than create any legally enforceable rights or entitlements (please see section 195).

Thank you again for bringing your concerns to the attention of the Minister. Should you wish to discuss this matter further, please contact Adam Phillips, Director, Clinical and Regulatory Services, Mental Health Branch

Yours sincerely

Dr Karin Lines
Executive Director, Mental Health Branch

NSW Ministry of Health
ABN 92 697 899 630
73 Miller St North Sydney NSW 2060
Locked Mail Bag 961 North Sydney NSW 2059
Tel. (02) 9391 9000 Fax. (02) 9391 9101
Website. www.health.nsw.gov.au

LIST OF TREATMENT ALTERNATIVES FOR MENTAL HEALTH ISSUES;

ACUPUNCTURE;

To balance the body's energy system. Two Mental health issues that would benefit from same are depression which in Chinese Medicine is mainly a liver issue & Suicidal tendency. There is one acupuncture point Pericardium 6 which when needled can change a person's mental state from negative to positive.

AROMATHERAPY:

There are a number of essential oils that help with balancing the body's energies; mind; emotions & spirit.

NEURO LINGUISTIC PROGRAMMING;

Has a wonderful technique where you take someone back to an initial trauma & then take them to a time & place they were very happy & then replaces the initial trauma with the positive other experience.

THETA HEALING;

Also takes a person back to the original trauma that keeps getting replayed & reprograms the person with positive commands to the subconscious so that a new life experience may be experienced.

HYPNOSIS MEDITATION CD;

Reprograms the subconscious mind with positive affirmations to help create positive changes in a person's life.

REMEDIAL MASSAGE;

Past stress &/trauma gets locked in the cellular tissues. Massage helps to release from the body & people feel relaxed & lighter in the body & mind.

POLARITY BALANCING;

Similar to remedial massage - just a different technique for doing same.

AUSTRALIAN BUSH FLOWER &/ BACH FLOWER ESSENCES;

A subtle, simple & powerful way to shift old energy patterns & transform mental/emotional/physical states in need of transformation, with NO NEGATIVE SIDE EFFECTS ☺ also very inexpensive ☺

VITAMIN & MINERAL THERAPY;

Sometimes not eating a balanced diet – too much processed food/junk food/sugar &/food intolerances or allergies (particularly to wheat & dairy) can affect people's mental state. It can easily be fixed by vitamin/mineral replacement or removing the offending foods from the diet. Ideally it would be fixed by eating a mainly organic whole food diet with a balance of healthy food. But some vitamins &/minerals may need to be added for a time to make up for any big imbalances &/lack of correct amounts of same.

EXERCISE;

For release of endorphins, serotonin & general good health.

YOGA;

For gentle stretching & maintaining subtlety in the body & also has the power to fight stress & improve moods. Mindfulness-based yoga lowers stress & anxiety & helps with bi-polar & depression.

M15/6034

Mr David Murphy

Dear Mr Murphy

Thank you for your correspondence to The Hon Pru Goward MP, Minister for Mental Health, regarding a perceived lack of alternative treatments being offered for people with mental illness and your concerns with compliance with certain sections of the Mental Health Act (the Act). I have been asked to respond on Minister Goward's behalf.

As advised in previous correspondence, the NSW Government is committed to ensuring mental health consumers have access to the best available evidence-based treatment. Pharmaceutical medications are an important component of treatment programs delivered within a multidisciplinary and recovery based approach.

In relation to your concerns about compliance with sections 3, 68 and 105 of the Act, it is important to note that these sections only provide guiding principles and objectives for appropriate mental health care and treatment under the Act. Whilst these principles are supported by the NSW Government, these sections do not place any legal requirements on treating clinicians and are not legally enforceable, as per s195.

As you may be aware, the Act was recently subject to a major public review and significant amendments were made in August 2015. The Act review involved extensive consultation with the community through a publically released Discussion Paper, consideration of public submissions, and the provision of nine community forums across NSW in 2012. In addition, targeted consultation was undertaken with key stakeholder organisations, including peak mental health consumer and carer bodies, the Official Visitors and the NSW Mental Health Commission, to obtain their views on potential amendments to the Act.

The Act review consultations did not elicit any major concerns about treatment options provided to consumers, nor were any significant issues raised by consultation participants in relation to the principles and objectives in the Act being non-enforceable. As a result, no amendments were proposed or made to the Act in relation to these issues.

I am advised that you have been working with the Mental Health and Wellbeing Consumer Advisory Group (BEING) – the independent, state-wide peak organisation for mental health consumers. You may also wish to contact the Official Visitor Program (OVP), an independent body that inspects mental health facilities and reports to the Minister for Mental Health on significant issues in the NSW mental health system, to discuss your concerns. The OVP aims to safeguard standards of treatment and care, and advocates for the rights and dignity of people being treated under the Act, The OVP can be contacted on 1800 208 218 and more information about the Program can be found at: www.ovmh.nsw.gov.au.

Thank you again for bringing this issue to the NSW Government's attention. If you wish to discuss this matter further, please contact Marc Reynolds, A/Associate Director, Health System Management, Mental Health and Drug & Alcohol Office,

Yours sincerely

Dr Karin Lines
A/Executive Director, Mental Health and Drug & Alcohol Programs

NSW Ministry of Health
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The Hon. Pru Goward MP
Minister for Mental Health
Minister for Medical Research
Assistant Minister for Health
Minister for Women
Minister for the Prevention of Domestic Violence and Sexual Assault

M15/4126

Mr David Murphy

Dear Mr Murphy

Thank you for your correspondence concerning Section 68 of the Mental Health Act 2007 (NSW) and the perceived lack of alternative treatments available for people with mental illness. I note that you also wrote to the Hon Jillian Skinner MP, Minister for Health. Please consider this as a response to both letters.

I note with interest the establishment of the Section 68 Treatment Alternatives Advocacy Group (STAAG), and its hope that more emphasis is given in treatment planning regarding alternative treatments.

The NSW Government is committed to ensuring mental health consumers have access to current evidence based multidisciplinary treatment programs, which include psychological, social work and occupational therapies, family and carer involvement and has a strong recovery focus. This does include medications prescribed by medical practitioners. The quality, safety and effectiveness of mental health treatments and interventions are closely monitored, and are reflective of evidence based practice.

I note also that STAAG has developed a list of basic and preferred treatment alternatives, and that the group would like to see agreement reached in relation to the treatment alternatives that exist for mental health consumers.

To progress the work of STAAG, I suggest that you contact the Mental Health and Wellbeing Consumer Advisory Group (BEING) – the independent, state-wide peak organisation for mental health consumers. This organisation works with consumers to achieve and support systemic change. The organisation also conducts research on consumer service needs and best practice for mental health consumer participation and quality mental health services. You may contact BEING via email on info@being.org.au or their website www.being.org.au.

Thank you again for bringing the issue of alternative treatments to the NSW Government's attention. If you wish to discuss this matter further, please contact Karin Lines, Executive Director, Mental Health and Drug and Alcohol Office, NSW Ministry of Health,

Yours sincerely

Pru Goward MP

GPO Box 5341, Sydney NSW 2001
Phone: (61 2) 8574 5907 Fax: (61 2) 8574 5901 Email: office@goward.minister.nsw.gov.au

NSW NURSES & MIDWIVES' ASSOCIATION

NEW SOUTH WALES NURSES AND MIDWIVES' ASSOCIATION
In association with the Australian Nursing and Midwifery Federation

ABN 63 398 164 405

IN REPLY PLEASE QUOTE: BH:MH
Ref:10/1459
21 October 2016

Mr David Murphy
Email: lawtherapy@devfinresp.org

Dear Mr Murphy

The NSW Nurses and Midwives' Association (NSWNMA) is the industrial and professional body that represents over 62,000 nurses and midwives in New South Wales, and works in association with the Australian Nursing and Midwifery Federation (ANMF). The membership of the NSWNMA comprises all those who perform nursing work, assistants in nursing, who are unregulated, enrolled nurses, registered nurses and registered midwives at all levels including management and education.

Thank you for forwarding the correspondence exchange between yourself, as a representative of the Section 68 / Treatment Alternatives Advocacy Group (STAAG), and the Minster for Health, the Hon Jillian Skinner MP, August 2015.

I understand from our phone conversation and your email that STAAG is lobbying for more choice in treatment alternatives to be made available to clients held under the Mental Health Act, specifically more availability of alternative treatments be provided. Your group is also asking that there is state-wide compliance with the implementation of these various treatments.

With reference to your correspondence and reply from the Hon Pru Goward MP, Minister for Mental Health, the government is committed to ensuring mental health consumers have access to evidence based multidisciplinary treatment programs and mental health interventions and treatments are reflective of evidence based practice.

As you are no doubt aware, nurses are governed by strict codes of practice and legislation. Those working in public hospitals must adhere to the NSW Ministry of Health policies.

I would reinforce the Ministers suggestion for STAAG to contact the Mental Health and Wellbeing Consumer Advisory Group (BEING), the state-wide peak organisation for mental health consumers. There may be other peak bodies that can also provide opportunities for lobbying the government on this issue.

Address all correspondence to: General Secretary, 50 O'Dea Avenue Waterloo NSW 2017
P (02) 8595 1234 • 1300 367 962 F (02) 9662 1414 W www.nswnma.asn.au E gensec@nswnma.asn.au

The NSWNMA thanks you for bringing the work of your lobby group to our attention and will monitor any career advancement and up skilling opportunities that may flow from this in the future. We wish you all the best in your future endeavours.

Yours sincerely

BRETT HOLMES
General Secretary
NSW Nurses and Midwives' Association

Letter to Ms Jillian Skinner, the Minister for Health **4th August 2015**
and to Ms Pru Goward, the Minister for Mental Health.

Towards a pluralistic wholistic approach in mental health.
Abandoning convenience, embracing compliance, avoiding culpability and acting within the law.

A Section 68 Framework and Basis for Discussion.

I am writing to you as representative of the recently formed Section 68 / Treatment Alternatives Advocacy Group, (Staag).

The group was formed out of concern that section 68 of the Mental Health Act is not being complied with as much as it could be and should be in that numerous basic treatment alternatives are not being made available to people with a mental illness or mental disorder by the Mental Health Service as called for by section 68 (e) of the Mental Health Act. Therefore the service is in breach.

We call for our discussed treatment alternatives to be made available, alternatives to the overly favoured pharmaceutical medications which, in many cases, do not work and are in breach of section 68 parts (a) and (b) as not professionally acceptable due to unpleasant and avoidable, unjustifiable and often times cruel side effects and ineffectiveness as compared to other available treatment alternatives.

At our initial meeting we drew up a list of basic and preferred treatment alternatives, numbering about fifteen, and seek to advance those that there be greater compliance with the Act in that such treatment alternatives be made available to the same degree as is the case with pharmaceutical medication that there be no bias to the exclusion of other treatments where more suitable and effective are at hand.

When we meet, as we submit should be our next or third step, we will disclose as to what comprises our list of requisite treatment alternatives.

Some of us, myself particularly, would like to assist with implementation of these treatment alternatives that there be compliance and no longer breaches of the act as we observe is happening when the treatment alternatives are not being made widely available as called for under section 68 of the Act.

First we must come to a level of agreement as to what generally are the treatment alternatives and to our knowledge this is an exercise that has never been embarked upon before. If it had their determination would have been arrived at and they would by now be being made available as per the Act, but till now this section of the Act seems to have not met with compliance.

To a degree we would like to see that statewide compliance of the implementation of these various treatment alternatives is being embarked upon to at least the same degree that pharmaceutical medication is made freely available to people with a mental illness or mental disorder, however widely that is defined.

It is anticipated that this will provide savings to the Department of Health as it may be possible to decrease reliance upon dubious, expensive and ofttimes ineffective medications and less reliance upon psychiatrists all with greater degrees of definable success in outcomes.

We seek that there be stricter compliance and cessation of breach as breach leaves the Department of Mental Health open to claims for negligence and actions for redress and damages and sets precedents which could be avoided now that these treatment alternatives are coming to the fore and should be made available lest there be breach.

I look forward to hearing from you with a view to arranging a meeting to discuss mandatory implementation and involvement and hopefully the making available of alternative ordnance and alternative treatments.

We would like to see all therapists trained in the various treatment alternatives so they offer them equally without fear or favour.

Gone should be the days when a therapist in the employ of the service advises on just one discipline to the exclusion of all the other mandatory and often more effective treatment alternatives. Therapists with such

limited experience, training and application who prescribe only one treatment option for convenience, in breach of section 68 part (d), should be dispensed with if they will not undergo additional training in at least half of the treatment alternatives and fail to equally advise in them in unbiased fashion. Those psychiatrists who prescribe only one modality which generally is not designed to work or cure should be terminated and a new range of multi disciplined therapists be employed. Surely it would presumably be the case that such blinkered single disciplined therapists would even be in breach of their employment contracts when section 68 is fully applied and if such is the case their contracts should not be renewed perhaps even terminated forthwith.

Likewise, as has already been noted and of immediate concern, is the fact that all community treatment orders, CTO's, which do not make available and include a variety of to be made available treatment alternatives, besides simply convenient pharmaceutical medication, are void under section 68 part (e) and the injections given rise to a charge of multiple assault upon their victims and criminal charges could result. This is something requiring urgent action.

Case managers in their wellness reports should have a duty to see to it that all the possible applicable treatment alternatives are being deployed if they are not doing so already. They should be trained in the treatment alternatives and see to it that the treatment alternatives are all being made available, and instituted when suitable, to their clients, just as much as any pharmaceutical medication has been till now, and where such pharmaceuticals within a reasonable period of time are not curing they should be replaced with treatment alternatives. In this way the case mangers can perform the role of the section 68 (e) treatment alternative therapist and have their status elevated in the system. Is this not a very good idea to more fully utilize this personnel resource you already have?

It is certainly not appropriate to keep people in the system and on CTO's and medication merely to keep the numbers up or stable and people in employment when the pharmaceuticals do not work and it is the convenient option. The system as it is seems is more geared at the moment to merely be a source of revenue for the pharmaceutical companies who have no financial interest whatsoever in people getting any better and see mental health as a money spinner. This has resulted in the mental health landscape as it is at the moment.

Doubtless these initiatives will be greeted with guarded antipathy and covert hostility by certain vested interests protective of their turf who are making money or find everything at the moment very convenient. They will reveal their hand and they should be marked for termination or demotion if they resist reform, change and modernization as Section 68 calls for as is the legal entitlement of every client.

Other far sighted individuals will see wonderful career opportunities open up for those who care first and foremost for their patients.

David Murphy, STAAG,

Dear David,
Thank you very much for sending me a copy of your letter
you sent to the Minister on behalf of SWAG. You did a fabulous
work and it is a stunning letter and I am so proud of you for your
immense intelligent and high standards. Thank you enormously.
Kindest Regards, Yvonne Robinson, Sydney Wellbeing Advocacy Group

2nd November 2015

Letter to Ms Jillian Skinner, the Minister for Health and to
Ms Pru Goward, the Minister for Mental Health.

Towards a pluralistic holistic approach in mental health.
Abandoning convenience, embracing compliance, avoiding culpability and acting within the law.

A Section 68 Framework and Basis for Discussion.

Part Two: the Key to Reform

I write to you again pursuant to my last letter of 4th August with further elaborations and concerns and the denouement.

In my last letter I wrote concerning the need that there be compliance with section 68 (e) of the Mental Health Act that appropriate information about treatment, treatment alternatives and treatment effects be provided to people with a mental illness or mental disorder as such has not been happening and so it would appear the system is in breach and has been so since the inception of the Act in 2007.

This concern, in 2015, led to the formation of the advocacy group STAAG to address this issue of detected breach. We concluded that to counter the breach it was essential to summarize what the various treatment alternatives were and this led to the construction of two lists by two members who separately constructed lists without conferring with each other. Hence the two lists differ from each other and form a basis for compliance with the Act by the Department of Mental Health that the breach come to an end and the appropriate information be made available in the form of the two lists.

On 14th September 2015 I posted the lists on the internet so that STAAG, for its part, would be seen to be making available the appropriate information. It remains for the Department of Mental Health to see that the appropriate information on the treatment alternatives is being made available to to all those clients with a mental illness or mental disorder and I note since the date of my last letter on 4th August that this is not being done and the system persists in breach.

It has however recently been brought to my attention the paralyzing effect of section 195 upon our work and upon sections 3, 68 and 105.

Section 195 provides that no person may seek a remedy under sections 3, 68 and 105 for any ills that my arise from any perceived non compliance with these sections. Section 195 appears designed to render sections 3, 68 and 105 inert and of no benefit to any consumer and effectively extinguishes any benefit that may be conferred should a consumer seek recourse to justice to ensure satisfaction of their due rights that section 3, 68 and 125 would appear to confer.

The question that becomes apparent from a consideration of section 195 is: who is disadvantaged from this section and the answer appears to be every consumer of the service in that they can, at law, derive no benefit, remedy, gain or redress from sections 3, 68 and 105 due to the existence of section 195. It also appears to bring to naught any benefit from the work of STAAG (Sydney Treatment Alternative Advocacy Group) thus far. Hence the section appears, at first blush, to be discriminatory against people with a mental illness or a mental disorder and hence as being such in breach of other state legislation being the Anti Discrimination Act 1977, part 4A.

The corollary question that also arises is who benefits from this curious section and the answer is fairly

apparent. This section is clearly designed and put into legislation to unashamedly guarantee benefits to the psychiatrists and pharmaceutical companies in that it denies any consumer any legal remedy or redress from the said three sections. This clearly is a partisan sleeper section designed to assure privileged parties a great benefit in that the section is inserted to deny consumers their section 3, 68 and 105 rights. Hence it may, beyond reasonable doubt, be assumed that this section was inserted at the behest of the said psychiatric and pharmaceutical parties to appease and please them and ensure their continuing market dominance and profits by withdrawing rights form those least able to argue.

Of course, in the light of section 68 (e) ii, section 195 appears to be inserted to ensure that suppliers of section 68 (e) treatment alternatives are likewise also discriminated against in that they cannot fully expect, with any certainty, to be paid. Hence perhaps for this reason there has been no significant entry into mental health of treatment alternatives as under section 195 a supplier of treatment alternatives cannot enforce payment while the other two groupings, whose activities are not affected and who do not figure under sections 3, 68 and 105, can enjoy ongoing monopoly profits made available to them by law courtesy of the Department of Health. This appears particularly to be the case in the area of at least two of the treatment alternatives (the two with physical product) which have formed traditional and more recent competition to psychotropic medication against whom the offending section appears to be particularly aimed and this circumvention of the competition figures as some sort of admission as to their competitive efficacy needing to be curbed by stealth at a legislative level. Arguably it would seem that section 195 exists to preserve money flows and it it very likely that such unnatural legislation may even have been financially inspired and defrayed.

Hence it would appear that the insertion of section 195 has been put in place purely and primarily to preserve a monopoly by a cartel as this certainly is what it is doing and it would appear that this section serves no other worthwhile purpose. Now that the lists of treatment alternatives have been composed yet are not being made available it would appear that there is no breach by the Department since 2007/2010 courtesy of this section inserted should someone seek recourse to sections 3, 68 or 105.

However:

Of course, the fact of the matter is that this section 195, which deftly protects a cartel and monopoly from competition, is in itself in breach of the anti competition provisions of the Competition and Consumer Act 2010 (CCA) (previously named the Trade Practices Act 1974 (Cth)) (http://www.australiancompetitionlaw.org/overview.html) and has been since 2010 (see sections on Cartel conduct, Anti-competitive agreements, Exclusionary Provisions (Boycotts), Misuse of Market Power, Exclusive Dealing, Authorisation and Notification). Being a direct affront to the Competition and Consumer Act 2010 (CCA) anti competition provisions it is, at law, rendered of no consequence as I assert that by its very contravention to the anti monopoly provisions it is, itself, an unlawful section which has no legal consequence and cannot be resorted to by those who would seek to say that the Department has not been in breach since 2007/2010 and who would seek to muzzle any competition by way of the long overdue entry of treatment alternatives to the mental health system.

Hence since section 195 is unlawful, being inserted but to make money for psychiatrists and pharmaceutical companies and to ensure their market dominance in mental health, it it is unlawful and null and void as it is anti competitive and discriminatory to boot. It should be deleted as soon as possible as it is not in accord with higher legislation.

Under the Competition and Consumer Act 2010 Division 1 of Part IV cartel activity is defined as a criminal activity and so we may say that section 195 derives from and has its source in criminal thinking and this criminality seeps through the Mental Health Act in that a monopoly is being preserved in the act for financial gain for those well positioned and consumers are being refused their rights. The Act thereby has been rendered a vehicle for very organized criminals to make money by way of a legislated for and supported monopoly at the expense of those who are least able to defend themselves:

the mentally ill who suffer thereby in the way of inexcusable (not the best treatments and not professionally acceptable, contra parts a and b of section 68) side effects and non performing (but for the 30% - 35% placebo effect) medications.

Of course the role of american and european organized crime in the supply of pharmaceutical medications as major influential shareholders and via consorting psychiatrists and many well placed people in the supply chain who infest the system on sinecures is well known and well documented and is publicly and widely available for all to see in the form of the following six well researched videos to be found on Youtube:

Making a Killing,
https://www.youtube.com/watch?v=Lo0iWh53Pjs,

The Marketing of Madness. Are We All Insane,
https://www.youtube.com/watch?v=uFkivsEy3CI

Psychiatry an Industry of Death
https://www.youtube.com/watch?v=gvdBSSUviys

Diagnostic Statistical Manual. Psychiatry's Deadliest Scam,
https://www.youtube.com/watch?v=MFhm-xhQocM.

There Is No Such Thing as Mental Illness
https://www.youtube.com/watch?v=eOScYBwMyAA

A Theory of Mental Health Part One
https://www.youtube.com/watch?v=J_O24tnqs_U

I would even go further to say that such an offensive section entering into the act bespeaks, on the balance of probabilities and also very arguably, very considerable financial benefits having been conferred to place such an offending section into an act to preserve the market dominance of psychiatrists and pharmaceutical companies as it would have taken a great effort to get that into legislation to cut out suppliers of treatment alternatives from being able to insist on payment from the Department of Health. This is a rather unavoidable and glaring conclusion that it was and remains financially inspired and inserted.

Hence the presence of section 195 must be attended to.

Notwithstanding all that being said, it appears to be the case, it it not, that since section 195 is unlawful it is the case, is it not, that, at law, section 195 has been of no force since 2007, or at the latest 2010, and the fact is that, being of no force, sections 3 and 68 and 105 have, in fact and at law, been unaffected by it and have been binding and in force and operating law since 2007 and hence it remains the case that, there being non compliance with these sections, there has been pervasive breach in the system since 2007/2010 which must be addressed immediately by way of total compliance.

Hence it remains that the failure to supply the appropriate information about treatments, treatment alternatives and treatment effects has been a breach since 2007/2010 which can visit consequences upon those in breach and responsible for and maintaining and gaining from the breach. This glossing over of how the Trade Practices Act impacts section 195 also explains why there has been breach under section 68 in that treatments and hearings have been decided for ease and convenience, contrary to part (d) and treatments, in breach of part (a), have not been of the highest quality with their inexcusable side effects for a placebo grade product, and not professionally acceptable, in breach of part (b), as recourse was perceived as not available and redress perceived as not actionable.

With the provision of the lists of treatment alternatives provided by the current unchallenged authorities in the field in STAAG there is now call for change and true reform which otherwise is not achievable.

We in STAAG go further to say that not only must there be the provision of the information about treatment alternatives being provided to each and every person with a mental illness or mental disorder by their case managers and treating therapists in the form of regular handouts of the lists provided but also there should be implementation of these treatment alternatives that they may be accessible by all clients and there should be lesser reliance on psychotropic medications, which as said, only have a placebo effect “success” rate of 30% to 35% rendering them as pretextual products of no cure (as they readily admit) and no real innate benefit and not of merchantable quality meaning that all sales of such are void and the money at call to be refunded to the Government courtesy of the cartel crime gangs being forced to disgorge their ill gotten gains made by selling what is at the end of the day industrial effluent passed off as mental health medication and fed to or injected into people with a mental illness or mental disorder to dissipate so as to bypass environmental pollution laws, is it not the case I ask under section 17.3 of the UCPR?

It is proposed that with the lessening of reliance upon psychotropic medications and the phasing out of partisan psychiatrists who have only one very questionable and specious and tendentious pseudo science discipline and the elevation of the case managers to be trained in at least of six to twelve of the treatment alternatives there will be considerable savings to the system and the costs of the treatment alternatives be easily defrayed.

Indeed, in closing, I say that now with the identification of the treatment alternatives, which no one had hitherto attempted, it is a new day and new ball game and there is no reason why implementation to the benefit of all consumers cannot proceed post haste.

The tide is turning as this and the last email and the videos show. We in STAAG intend to remain an ongoing part of that process as without the providing of treatment alternatives there can be no remotely effective reform as long as the monopoly is venerated.

I await your response.

David Murphy, STAAG, Sydney Treatment Alternate Advocacy Group,

18th June 2018

Hello Anna
Senior Policy Officer
Ministry of Mental Health

Thank you for the watershed meeting on Tuesday at level 16, 52 Martin Place, at the offices of the Mental Health Secretariat.

The purpose of our meeting with you was to obtain a directive that there be compliance with section 68 (e), in particular in regard to the provision of the appropriate information about treatment alternatives in particular, as Staag was formed out of the observation and concern that this was not happening and that such a situation has been the case since the inception of the current act in 2007 and particularly from 2010.

Staag is concerned that the appropriate information about treatment alternatives should be provided statewide to by all means, public and private, that true "open dialogue" be engendered at all levels as consumers voice their choice as to the many fine treatment alternatives that now exist in the process of “open dialogue”. It is the right of each consumer to access and benefit from the better treatment alternatives in order to be able to achieve their own recovery in line with section 68 part (e), particularly given that in mental health a monoculture is not a healthy option.

At the meeting, we reported that there had been overwhelming support nowadays for treatment alternatives to be made available to people with a mental illness or mental disorder by those very people. We mentioned that the act calls for “appropriate information about treatment alternatives be(ing) provided” and observed that this is not being done and that hence there is an actionable breach. It has been asserted in previous correspondence that the cost to comply would be minimal but that Staag gave the benefit of the doubt in that perhaps the list/s had never been assembled till now and that hence we can now move forward with compliance as the lists have now been compiled that compliance may take place.

At the meeting Staag presented what it proposes is that appropriate information, comprising the legislation, the current six listings of treatment alternatives, each independently developed by parties abreast of these matters, and the correspondence, thus far, are all fuel for “open dialogue” conversation between patients and carers and therapists.

We advised that there now exists a precedent for the direction of the distribution of the six treatment alternatives lists by the Mental Health Review Tribunal, in the xxxxxx case at xxxxx in about May 2017, when the Tribunal inspected all six lists and directed that Mr xxxxx be provided with that appropriate information in line with the guidelines in section 68. This directive was complied with at the treatment level, but none of the actual treatment alternatives themselves were made available to him, and he still continues to suffer the adverse and not professionally acceptable, under parts (a) and (b), side effects of continually trialled chemical medication. We urge you to obtain a transcript of the xxxxxx review hearing.

We note that this precedent has not been further replicated to our knowledge in other cases where a person with a mental illness or disorder has come before the Tribunal, as called for by section 68 (e).

You indicated that there had been a lag in the take-up of a holistic approach in that not all the current therapeutic personnel have been schooled in these disciplines and therapies, and we look forward to when they all are, but it is understood that it will take time for the “old guard” to move on.

You mentioned that about a third of facilities are more advanced in their therapeutic capabilities and environment, offering a more extensive range of holistic therapies, but that this is not yet the norm due to the old guard not being conversant with the new modalities in mental health and being of antiquated ways.

Staag wishes to suggest that professional advancement be the portion of those who embrace section 68 in its totality and embrace the new ways and holistic modalities and a good portion of modern-day treatment alternatives, the ones which are being found in the field to work, and be seen to have the patients' best interests at heart rather then just dogmatically resisting change and being of the old school. The old guard should be offered opportunities to move aside and have those who embrace the holistic new ways, the ones which are being found to work, take over all key positions and be encouraged to replicate themselves by way of bringing up upskilled proteges, both in the field and in the hierarchies of management. The dinosaurs have to go extinct because they are bringing the entire system into disrepute and attract and perpetuate actionable breach by their being averse, askance, evasive and dismissive of sections 68 and 85.

We also discussed means whereby there may be the career advancement opportunities made available to case managers, nurses, peer support workers and the like to be upskilled and professionalised, in say six, to perhaps even twelve, of the treatment alternatives. This would allow them to be able to deliver upon them to their clients as alternatives to chemical medication, which is not perhaps professionally acceptable in many cases due to toxicity side effects and inability to actually provide any semblance of a lasting cure.

The nullifying effect of the 'sleeper' section 195 was discussed and we advance that the needless but tendentious section 195 be repealed due to its being anti-competitive, to say the least, in that purveyors of treatment alternatives can be denied payment for their services at court level by the provisions and operation of this section, as has been observed, and that this preserves a monopoly and is anti-competitive and offends the anti-monopoly and anti-competition provisions, as previously discussed but not responded to in writing, of the Competition and Consumer Act at the Commonwealth level by preserving an anti-competitive cartel of hidebound psychiatrists and pharmaceutical companies set on preserving market dominance with products that do not seem to have more that a sedative effect and which do not greatly ameliorate or cure.

Discussion was had as to the retention of chemical medication being entertained due to convenience, and even 'punishment' for disagreement, in that it sedates the clients although it does not cure as can the passage of time and change of circumstances and change of environment.

Discussion was had of applying treatment alternatives such as digital medication, which has been around for forty years but is unknown in mental health circles due to deficiency of training. Digital medication has no side effects and is a product of the 'digital revolution'.

We seek that such a directive for compliance be made to all relevant departments, public and private, that deal with clients within 28 days, at the least, lest there continue to be breach of the Act, given that section 195 is under siege.

There was also talk of there perhaps being a steering committee to effect implementation of any such directive and I for one nominate to sit on that committee which would meet from time to time.

If you require any further clarification or documentation please do not hesitate to ask.

Yours Sincerely

David Murphy
Chairperson, Staag,
Sydney Treatment Alternatives Advocacy Group.

31st August 2017

To the Honourable Tanya Davies
Minister for Mental Health

STAAG UPDATE

Recent Events

In approximately mid 2015 STAAG, the Sydney Treatment Alternatives Advocacy Group, was formed as a creature and derivative of section 68 of the Mental Health Act. STAAG arose out of an initiative of Partners in Recovery and the New Horizons Group and due to the observation that there was actionable non compliance with section 68 in many respects and notably that section 68 (e) was not at all being complied with by the Department of Mental Health from its apex down to the psychiatrists and case managers.

On 4th August 2015 I wrote to the then Minister for Mental Health, Ms Pru Goward, advising of the formation of STAAG. This letter was met with a supportive ministerial. STAAG, noting that the reason for non compliance may be that no one ever put together a list or lists of available treatment alternatives for mental health. Subsequently, on 2nd November 2015, we supplied an initial two lists of proposed treatment alternatives to the department. The minister advised that we should liaise with Being, the peak advisory group for mental health.

This we did and Being concluded that there appeared to have been breach in the system in that there had not been the delivery of the “appropriate information about treatment alternatives” to “people with a mental illness or mental disorder”. Being then went one step further to propose that the department should go on to actually provide a number of the treatment alternatives.

In the letter of 2nd November, STAAG, having noted the nullifying effect of section 195 wrote again voicing our concerns over the unlawful and dampening effect of section 195 and voiced our argument that section 195 was void in that it fell foul of the Commonwealth Competition and Consumer Act (2010), STAAG maintained that section 195 was anti competitive and served to stifle competition and delivery of the treatment alternatives in that suppliers might not be able to enforce payment for provision of ordnance. Furthermore, it seemed apparent that section 195 served to preserve a monopoly of psychotropic medication which, at best has only a placebo result, (30-35%, search 'placebo effect in mental health medication' on Google for more evidence studies than I could list here), on the more gullible and credulous. This issue was recently countered saying that at the moment there has been no judgment or decision by any Court or Tribunal concluding as such. Yet we say the overriding legislation and the argument is still there and the argument is clear. This argument is yet to be tested and STAAG looks forward to it.

On 31st November 2016 STAAG wrote again to the Department with a further three lists, now five in all, requesting as to whether the Department might like to consolidate the five lists down to one list. This request was declined and so at this stage the appropriate information about treatment alternatives, we say, comprises the six initial lists, and growing. STAAG is commissioning well versed individuals who, from their experience or research, have a reasonable idea as to what might comprise a qualified list of treatment alternatives so as to provide a list, without first seeing the other lists. These lists we will add to our growing assortment of lists so that the appropriate information about treatment alternatives comprises, say, about ten to twelve lists. These lists would enable compliance with the act by way of provision to people with a mental illness or mental disorder and their carers. In this way, at last, choice and informed discussion can occur across the state and compliance may occur and be seen to occur.

MHRT Precedent

I write this time, in the 2014 - 2024 *decade* dedicated to mental health reform, to point out there have now

been two watershed developments at the Mental Health Review Tribunal level in that there has been a precedent case where the Tribunal ordered, in response to submissions put by STAAG, that there be provision of the now to hand lists of treatment alternatives to a mental health patient, in line with the 'guidance' given in section 68 (e). This order was made in March at Gladesville Mental Health Review Tribunal at which the Tribunal ordered a patient be provided with the handed up "appropriate information about treatment alternatives" which at that stage comprised the five interim lists as assembled by STAAG. This directive of the Mental Health Review Tribunal, we say, was a milestone and sought after precedent to be followed statewide, lest there be further actionable breach and action by those denied their rights and alternatives.

Compliance now at last possible

As stated, STAAG had observed that compliance has not occurred in the past in that it appeared that no government body had gone to the trouble to compile "appropriate information" lists. Now that the first of these lists have been created, and can be very cheaply and effortlessly provided off the internet, compliance can, at last, occur and, with the directive, is obligatory on the Department. In response to submissions by STAAG, the Tribunal concurred in this regard and ordered accordingly. This letter and the Ministerial of 14th September 2015 also form part of the "appropriate information about treatment alternatives" and should likewise be printed off and disseminated forthwith.

Subsequently, to and in accord with the decision of the MHRT at Canterbury Centre for Mental Health, two members of STAAG witnessed that the patient was compliantly provided with all five lists by his enthused psychiatrist and by his case manager in full compliance with the enshrined Tribunal order. The patient has given the Department consent for a copy of the Order and a copy of the recording / transcript of the proceedings, which are in the possession of the Tribunal, to be supplied to the Minister for Mental Health. Thus the Minister may be fully informed and have to hand the watershed precedent order of the Tribunal in this regard and proceed in accord with the Tribunal Order statewide, lest there be actionable breach.

Further MHRT case

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about treatment alternatives” but the inevitable provision of an ample number of those alternatives in all the coming years and for all time.

In a future letter I shall discuss an available and to hand source of funding that can provide a philanthropic dedication of funds, in the order of an initial $500 million, specifically earmarked for the provision by the Department of the appropriate information about treatment alternatives, and as well the actual provision of an ample number of the treatment alternatives, so that actual second stage provision can immediately commence, lest there be further intentional and actionable breach.

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Yours Sincerely
David Gregory Murphy
Chairperson STAAG
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31st August 2017

To the Honourable Tanya Davies
Minister for Mental Health

STAAG UPDATE

Recent Events

In approximately mid 2015 STAAG, the Sydney Treatment Alternatives Advocacy Group, was formed as a creature and derivative of section 68 of the Mental Health Act. STAAG arose out of an initiative of Partners in Recovery and the New Horizons Group and due to the observation that there was actionable non compliance with section 68 in many respects and notably that section 68 (e) was not at all being complied with by the Department of Mental Health from its apex down to the psychiatrists and case managers.

On 4th August 2015 I wrote to the then Minister for Mental Health, Ms Pru Goward, advising of the formation of STAAG. This letter was met with a supportive ministerial. STAAG, noting that the reason for non compliance may be that no one ever put together a list or lists of available treatment alternatives for mental health. Subsequently, on 2nd November 2015, we supplied an initial two lists of proposed treatment alternatives to the department. The minister advised that we should liaise with Being, the peak advisory group for mental health.

This we did and Being concluded that there appeared to have been breach in the system in that there had not been the delivery of the “appropriate information about treatment alternatives” to “people with a mental illness or mental disorder”. Being then went one step further to propose that the department should go on to actually provide a number of the treatment alternatives.

In the letter of 2nd November, STAAG, having noted the nullifying effect of section 195 wrote again voicing our concerns over the unlawful and dampening effect of section 195 and voiced our argument that section 195 was void in that it fell foul of the Commonwealth Competition and Consumer Act (2010), STAAG maintained that section 195 was anti competitive and served to stifle competition and delivery of the treatment alternatives in that suppliers might not be able to enforce payment for provision of ordnance. Furthermore, it seemed apparent that section 195 served to preserve a monopoly of psychotropic medication which, at best has only a placebo result, (30-35%, search 'placebo effect in mental health medication' on Google for more evidence studies than I could list here), on the more gullible and credulous. This issue was recently countered saying that at the moment there has been no judgment or decision by any Court or Tribunal concluding as such. Yet we say the overriding legislation and the argument is still there and the argument is clear. This argument is yet to be tested and STAAG looks forward to it.

On 31st November 2016 STAAG wrote again to the Department with a further three lists, now five in all, requesting as to whether the Department might like to consolidate the five lists down to one list. This request was declined and so at this stage the appropriate information about treatment alternatives, we say, comprises the six initial lists, and growing. STAAG is commissioning well versed individuals who, from their experience or research, have a reasonable idea as to what might comprise a qualified list of treatment alternatives so as to provide a list, without first seeing the other lists. These lists we will add to our growing assortment of lists so that the appropriate information about treatment alternatives comprises, say, about ten to twelve lists. These lists would enable compliance with the act by way of provision to people with a mental illness or mental disorder and their carers. In this way, at last, choice and informed discussion can occur across the state and compliance may occur and be seen to occur.

MHRT Precedent

I write this time, in the 2014 - 2024 *decade* dedicated to mental health reform, to point out there have now

been two watershed developments at the Mental Health Review Tribunal level in that there has been a precedent case where the Tribunal ordered, in response to submissions put by STAAG, that there be provision of the now to hand lists of treatment alternatives to a mental health patient, in line with the 'guidance' given in section 68 (e). This order was made in March at Gladesville Mental Health Review Tribunal at which the Tribunal ordered a patient be provided with the handed up "appropriate information about treatment alternatives" which at that stage comprised the five interim lists as assembled by STAAG. This directive of the Mental Health Review Tribunal, we say, was a milestone and sought after precedent to be followed statewide, lest there be further actionable breach and action by those denied their rights and alternatives.

Compliance now at last possible

As stated, STAAG had observed that compliance has not occurred in the past in that it appeared that no government body had gone to the trouble to compile "appropriate information" lists. Now that the first of these lists have been created, and can be very cheaply and effortlessly provided off the internet, compliance can, at last, occur and, with the directive, is obligatory on the Department. In response to submissions by STAAG, the Tribunal concurred in this regard and ordered accordingly. This letter and the Ministerial of 14th September 2015 also form part of the "appropriate information about treatment alternatives" and should likewise be printed off and disseminated forthwith.

Subsequently, to and in accord with the decision of the MHRT at Canterbury Centre for Mental Health, two members of STAAG witnessed that the patient was compliantly provided with all five lists by his enthused psychiatrist and by his case manager in full compliance with the enshrined Tribunal order. The patient has given the Department consent for a copy of the Order and a copy of the recording / transcript of the proceedings, which are in the possession of the Tribunal, to be supplied to the Minister for Mental Health. Thus the Minister may be fully informed and have to hand the watershed precedent order of the Tribunal in this regard and proceed in accord with the Tribunal Order statewide, lest there be actionable breach.

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For inclusion in DSM 6: **Various preferred section 68 part (e) treatment alternatives**. Ask your case manager or treating therapist to supply you any or all of these treatments in compliance with your rights for treatment alternatives under section 68 (e) of the Mental Health Act for which they should by now have been trained or be equipped to provide and are able to access.

1. Trackountment Treatment, DFR (Developing Financial Responsibility), Trackounting

1. For those whose mental illness or mental disorder arises from stresses associated with money; money mismanagement disorder, financial incontinence disorder, lack of money disorder, budgeting difficulty disorder, overspending disorder, gambling disorder, lack of financial discipline disorder, no financial system disorder and associated money disorders eventually manifesting as full blown mental illness, dy$functionality, dollarpression ($pression) $chizophr€nia, buypolarity etc. Treatment should assist you to within two years be saving 20% - 70% of everything you earn and so become an investor and have no real money worries (except for people out to get your savings off you as investment loans).

2. RA, Relationship Agreement, treatment

For those whose mental illness or mental disorder arises out of their primary relationship with their partner (or others) where durations and terms have not been defined or committed to in writing. Treatment includes the supervised setting of durations and renewal dates for the relationship, bond posting and defining of all terms for each partner so that the relationship will no longer be a cause of mental illness, distress or disorder. Guaranteed to terminate mentally unhealthy relationships and give more structure to those lacking written structure and definition. Superior to uncommitted talk alone relationshipping where neither will commit in writing and outmoded Marriage Act of 1961 arrangements. A perfect way to start a new relationship with purpose, direction, security and clarity where all is agreed and love is free to flow.

3. Sublimation Therapy - the Digital Revolution's answer to pharmaceutical medication without the side effects.

For those whose past conditioning gives rise to undesirable responses which have become resident in the subconscious mind such as mental illness or mental disorders. A wide variety of mental illnesses and mental disorders are catered for. The treatment involves, with repetition, the reprogramming of the subconscious mind to lay down new behavioural responses in the brain and erase the old behavioural responses without effort, willpower or concentration so the old behaviours are overwritten and new responses encoded in. Clinical research grade Sublimation CD's (medication CD's) with proprietary techniques and subliminal part (i) entitlements / affirmations at a variety of frequencies and speeds are listened to while the conscious mind is engaged in pleasurable tasks and the messages underneath do the electrochemical rewriting of the behavioural pathways in the brain. Responses become noticeable within about 21 - 28 days and become dominant with constant use over ensuing months. Like pharmaceutical medication sublimation (medication) CD's are made available free to mental health clients through complying community mental health centres and hospitals in compliance with section 68 part (e) of the Mental Health Act. Now you have a choice: medication or sublimation.

4. EFT – Emotional Freedom Technique

Similar to sublimation, the anchoring in of new behavioural responses in tandem with tapping or stoking linked with anchor statements. For those who wish to anchor in new behavioural responses and overlay the old.

5. Law Therapy

For those with a mental illness or mental disorder that has become ingrained from the long term or severe tortious impact or criminals' actions or fraud etc of another or others which may be actionable. Mental health consumers are taught to write and rewrite out their response to their oppressor in a letter which may or may not be sent. A variety of powerful processes can be taught for those who want the full healing from impacts by another or others which leads to considerable healing and recovery. A legal form of

therapy where what is called a cause of action is sought and recovery, often financial, or an injunction or an apology is obtained in what for centuries the courts have termed a “legal remedy”. Winning is the best therapy. Smart victims get paid. There is healing in the law. Winners are grinners.

6. Orthomolecular psychiatry, allergy testing, vitamin supplementation and hypoallergenic diets
For those whose mental illness or mental disorder arises from allergic responses to what they eat, their psychotropic medications or environment leading to recurring symptoms of mental illness or disorder. By way of orthomolecular skin analysis or kinesiology the offending constituents of their food, medications or environment are identified and removed from their diet etc so they do not react adversely with symptoms of mental illness or disorder and so may be cured. Of special interest is Dr Chris Reading’s acclaimed hypoallergenic mental illness diet.

7. Scripturation
For those whose mental illness or mental disorder arises due to not having the mental resources in their life to withstand the buffeting of life and overcome emptiness and lack of purpose and so present with mental illness or disorder. Scripturation is the discovery, writing down and memorization of bible verses or verses from any sacred text so as to provide strength, serenity and resilience in life when the verses are called forth from memory to cope with challenging situations.

8. Listeration / Declutteration
For those whose mental illness or mental disorder arises from or is marked by being overwhelmed due to their their total lack of focus, goals, organization, discipline or over cluttered living space. Treatment involves a prolonged course of making and completing supervised lists of things to do for each day and/or decluttering their living space by a process of sorts and sub sorts which can be supervised.

9. Socializingment.
For those whose mental illness or mental disorder arises from their isolation or lack of social contact with others. Treatment involves attendance at social events organized for people with few to no friends to meet others at conversational weekly dinners etc as are run now. By meeting with others new confidence is developed and shyness overcome and friendships formed.

10. Yoga/meditation
For those whose mental illness or mental disorder arises due to unfocused, unrelaxed, undisciplined thinking. Consumers learn the practices of yoga and meditation (not medication) to focus and harmonize their thinking patterns and reduce mental illness or mental disorder.

11. Acupuncture
This intervention was suggested by Ms Jillian Skinner, Minister for Health, as a therapeutic treatment that may assist for people with mental illness or mental disorder.

12. Orgasmic Meditation / Orgasm Therapy / Sex Therapy
For women, whose mental illness or mental disorder arises due to pent up stress, inhibition, repression, false religion etc, orgasmic meditation and orgasm therapy provides, by way of the 15 minute orgasm, a natural no side effect release and source of empowerment when properly done on her own or with skilled partners or practitioners or by way of an orgasmic meditation machine or device within the context of proper orgasmic doctrine, philosophy and support with repetition and follow through.

13. Naturopathic remedies
For people whose mental illness or mental disorder can be treated by proven naturopathic or ayurvedic remedies without side effects to achieve lasting results.

14. The Weight Loss Game
For people whose mental illness or mental disorder stems from their weight problems. Consumers use daily biofeedback, spreadsheets and charts to to judge weight loss or gain and adjust their eating habits and what they consume by seeing what works. Competitions and teams work and consumers can receive remuneration to lose weight.

15. Cognitive Behaviour Therapy – some forms are herein listed. **16. Hypnotherapy, 17 NLP, 18 Bowen Therapy, 19 Gestalt Therapy, 20 Neuroscience.**

Further details and supplies
David Gregory Murphy, Psychotropic Medication Competitor and Digital Medication Advocate.

TREATMENT ALTERNATIVES

A Holistic approach is needed for mind, body, soul.

1. ACUPUNCTURE - relieves pain.
2. AFFIRMATIONS - To say over and over lovely positive self-talk compliments, e.g "I am special too", "The universe loves me", "I am wonderful".
3. ART AND CRAFTS - creating builds confidence.
4. BOOKS - good self-help reading books.
5. CENTRES - "Hearing Voices groups, and Living Skills groups.
6. CLUBS - Laughter Club: "Laughter is the best medicine. Toastmasters Club: express self.
7. EXCERCISE - Walking groups, yoga, pilates, swimming pool , dancing.
8. GARDENING - Community Gardens, pot plants, vase of flowers, Parks Gardening groups.
9. GIFT GIVING - Channelling good. "It's nice to be nice".
10. GUIDED IMAGERY - Helps lift mood and protect against depression.
11. HANDWORK - Knitting: "Wrap With Love Blankets" for charity.
12. HOBBIES AND INTERESTS - Achievements bring contentment.
13. HOME REMEDIES - Therapies re herbs, chamomile tea, aloe vera.
14. MASSAGE THERAPY - alleviates arthritis.
15. MEDITATION - Prayer and Bible readings. Prayer is love and love forgives.
16. MINDFULNESS - stay in the present moment.
17. MUSIC AND SINGING - gives happiness and enjoyment.
18. NATURE AND THE GREAT OUTDOORS - are refreshing.
19. PETS - There are health benefits to having a pet.
20. RELAXATION - Calming, soothing, relaxing.
21. SLEEP AND RESTING - a great pause and interval.
22. SOCIAL - Friends are great for balance and fun, and we need people to chat with.
23. SUPPLEMENTS - Research shows long-term use of medication depletes valuable Nutrients in our bodies.
24. VOLUNTEERING - helping others gladdens our heart.
25. WHOLESOME FOODS – eating more fresh fruit and vegetables. "We are what we eat".