

MENTAL HEALTH TRIBUNAL RESPONSE - ANNE MILES MRN 8140394

Hearing date: 20th May 2025

Hearing number: HN-2025-08802

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What do I want to tell the Tribunal?

Core Issues:

1. **Corruption:** Diagnosis based on likely corruption at The Alfred Hospital to influence outcomes and to permanently enforce anti-psychotics to stop my mediumship accuracy and to imprison me needlessly. This has also had undue influence on BIPU's diagnosis. Both have resulted in inappropriate care and significant damages
2. **Criteria for Psychosis and Treatment Orders not met:** Conditions are explained by existing diagnosis of ADHD and PTSD and a temporary flare up due to real world stresses. Past doctor recommendations advised to prescribe Benzodiazepine for PTSD flare ups which was not considered as the first treatment
3. **Unlawful:** I believe my diagnosis of psychosis has been unlawful
4. **Worse off on orders:** Being enforced wrongful treatment and medication is creating mental health problems that were not there before. I feel worse off than ever and concerned about deterioration on orders and being detained
5. **Poor management:** Maltreatment has created significant cost to me professionally, psychologically, mentally, financially and even my physical safety
6. **Desired outcome:** I want to have the freedom to continue to take self-responsibility for my overall wellbeing. I am a self-actualised high performer for over ten years with more knowledge of what is consciousness technology versus unresourceful thinking is and what is truth or not

Supporting information:

1.0 Corruption:

1.1 Corruption

- (A) Past diagnosis by The Alfred determined no psychosis yet this time with less hallucinatory conditions the diagnosis jumped to psychosis - making it clear that there was influence over the current doctors
- (B) Potential bribery notes:

- Legal case precedence allows for mediumship to initiate investigation: DKK & ML MONK 1580's case
- Dr Anna Cunningham paid \$8,000 by Robinson family business May 1st 2025
- Head nurse with likely initials K.I.J. Paid \$8,000 May 1st 2025
- (C) Tony Doherty was on site at The Alfred dressed as a cleaner and entered the nurses station - cameras will verify this
- (D) Tony Doherty's two brothers seen on site - one patient and one visitor. Visitor logs will prove this however note name changes likely
- (E) I recognised Tony Doherty's workers on site changing a door strip that appeared to have 1/3 of the rubber that prevents items being slid under the door. This is the room of a patient who I observed to have a knife. I believe it was supplied by a nurse by the name of Nikayla. Security cameras should prove this too
- (F) Police turned away on arrival despite them being aware they needed to come inside to meet me. The file notes say that they refused to come inside when that wasn't the case as they agreed to this before arriving. I was not given opportunity to meet with them, which is a restriction of my rights.

1.3 No facts sought for diagnosis:

- (A) Police corruption issue has exacerbated my fears as I couldn't get police to help me. I reported their potential corruption with the police corruption board. IAB suggested I visit multiple police stations and also report a lesser crime to see if that got better traction also, which it did. Police corruption on this matter seems to be very real and documented. This is not 'fanciful' as the doctors suggest.
- (B) Contact has been made with people with a vested interest in my being diagnosed with psychosis and not trustworthy, and had more weight than my own experiences and opinion. Simone Weston is the best contact to verify. See reference provided
- (C) Access to police has been restricted - I could call on the phone, but not see them in person. Some conversations cannot happen over the phone

Documents provided:

- Police corruption report to IAB - Internal Affairs Board (available when access to desktop computers)
- Hospital complaint for The Alfred
- Follow up email with mediumship reading of potential bribery payments impacting my diagnosis and care at The Alfred for investigation
- Dr. Perera letter referencing non-psychosis evaluations by him and The Alfred

2.0 Criteria for Psychosis not met:

2.1 Criteria for Psychosis

- (A) 'Unexplained' or 'negative' phenomena are considered mental illness or psychosis. All phenomena can be explained, but I have not had the respect to check facts on my situation and have been diagnosed subjectively. Dr Annie said she used a *process of elimination* for diagnosis but has not reviewed any facts or reference checks to eliminate real life stresses

- (B) Paranoia - Justifiable fear is not the same as paranoia. Hospital situation was very unnerving with cause for me to call 000 for weapons on site and taunting by nurses and patients co-ordinated by the head nurse
- (C) Hallucinations - explained by mediumship and are harmless or related to verifiable facts eg. Deceased with a recognisable message
- (D) Delusions - firm belief in something that is not true. Explained by having a firm belief in truth, but also explained by mediumship
- (E) Disorganised - also explained by being non-linear and ADHD

2.2 Criteria for Compulsory Treatment:

- (A) **Do you have a mental illness?** No. I have two disorders - ADHD and PTSD
- (B) Do you need treatment to prevent:
 - (a) A serious deterioration in your mental health or physical health? No - My mental health is deteriorating more on orders and by being detained
 - (b) Serious harm to you or to someone else? No
- (C) Will you be treated now if you [are not]* on a Treatment Order? Yes - I will continue to work with a private psychiatrist for a full review and check my ADHD and PTSD are managed appropriately particularly with concerns about past medication Vyvance
- (D) Is a treatment order the only way to ensure you will get the treatment you need? No - I can access private care. A treatment order is causing more distress and mental harm than not. I've always been highly self actualised and self-responsible and will do a better job at managing any concerns and side effects of medication with a private doctor with flexibility. Past diagnosis was from a spiritually educated psychiatrist who spent months working with me to determine 'Independent Phenomena' not 'Psychosis'.

*Wording in the document is not complete. Assumed text

Documents provided:

- Dr Mahendra Perera's past diagnosis and treatment recommendations
- Client character reference and confirmation of organised crime threats
- Advance Statement of Preferences - below in this document (preferred version)
- Advance Statement of Preferences - hand written form provided by hospital

3.0 Unlawful:

In a court of law the following criteria are the foundations of our legal framework to ensure no one is unjustly treated:

3.1 Issues of law relevant:

- (A) Innocent until proven guilty - mental health process has been the opposite - guilty until proven innocent
- (B) Facts, not heresay - facts have not been considered in my case and heresay from unqualified parties with a vested interest has been given undue weight
- (C) Facts and Data, not subjective opinion - doctors make assumptions based on their own experiences and ideas without checking facts

- (D) Circumstantial evidence - correlation is not causation. Multiple external events don't all automatically mean mental health issues. We can have a 'break through' and it can look the same as a 'break down' if we measure it this way. Real life stresses at a high level of threat and safety concerns is relative to the Investigative Mediumship that I have chosen to do professionally in the last 6 months not to mental illness
- (E) Access to police denied by the Alfred causing me to become a 'nuisance' and hindering proper access, care and support
- (F) Freedom to choose - We should have the right to choose whether our conditions are treated or not, even if we hear voices or other extreme issues if they don't hurt ourselves or others. It should not be imposed.

- Police corruption report receipts

4. Worse off on orders:

- (A) Becoming depressed out of character
- (B) PTSD of being oppressed by those enforcing their undue authority unfairly is highly triggering
- (C) PTSD of being punished for things that are not my fault is being triggered
- (D) My business has been impacted causing me high degrees of stress
- (E) I have had limited access to resources I need to solve real world stresses, heightening my fears and safety concerns
- (F) Feelings of worthlessness and helplessness are appearing uncharacteristically
- (G) Symptoms of ADHD are not being managed properly and heightened by the wrong medications for me
- (H) Side effects are not being managed properly nor fast enough

5. Poor Management:

- (A) Medication sensitivity is an issue for me. Side effects are significant and not collaborative nor resolved fast enough with many days between doctor appointments.
- (B) Inflexibility even to the time of day for medication
- (C) Doctors make errors in their notes causing wrongful drug administration.
- (D) Dr XXXX threatened that if I didn't take the medication doses she imposes that I will 'be locked in hospital for months, and months and months' which is highly triggering and creates an environment where people agree to wrongful medication just to appease.
- (E) All rights including leave time out to get supplies has been removed at BIPU. The doctor assumes because I object to the diagnosis, and claim medication is wrongfully prescribed and with side effects - that I am a flight risk. I find this highly insulting and have never refused agreed medications or broken any rules in hospital or otherwise. Restrictions are impacting my mental health now.
- (F) Assumptions are made about mental functioning based on life stages however they are sometimes 'break through' not 'break down'

- (G) Multiple safety and health concerns at The Alfred - I have made a formal complaint via their feedback process and will pursue with the Mental Health Commission.
- (H) Doctors are not up to date with the difference between psychosis and spiritual emergencies. See Grof and Grof peer reviewed paper.

Documents provided:

- Complaint to The Alfred
- Grof and Grof peer reviewed paper on Spiritual Emergency for symptoms outside mental illness criteria

6. Desired outcome:

6.1 Freedom of self-responsibility

- (A) Private care: I want to co-ordinate my mental health treatment with a private psychiatrist committed to my long term wellbeing in a collaborative way to consider highly sensitive reactions to medications, balancing all disorders and potential conditions, real life situations and safety concerns. I'd like to be released from any orders and released to my own care
- (B) I want to review the diagnosis of psychosis with unbiased parties with all facts considered, as did Dr. Mahendra Perera for my initial diagnosis. He has retired so I will replace him on release. I want to source a psychiatrist who understands consciousness technology.

6.2 Balance of harm

- (A) My life is much worse caused by being trapped in hospital too long, diagnosed incorrectly, ordered for medication with side effects and extending my stay. I'm less fit/well/secure and declining daily. I feel like I'm in prison and it is creating depression I wouldn't have otherwise.
- (B) Have better access to systems and resources I need to resolve financial issues and safety outside the hospital situation

6.3 Clear boundaries and milestones

- (A) Determine what success looks like to leave hospital
- (B) Determine issues that create a diagnosis of psychosis with an opportunity to address them
- (C) Determine my rights to adjust time of day and types of medications to treat any presenting disturbances from my disorders or a potential mental illness
- (D) To have a pathway designed to have freedom to leave the hospital as I choose with or without an escort
- (E) To create a tangible pathway to release with notice so I can arrange appropriate accommodation

Documents provided:

- **Advance Statement of Preferences**
- Summary of Advance Statement of Preferences - below

ADVANCE STATEMENT OF PREFERENCES:

My communication needs:

WHAT HELPS YOU TO COMMUNICATE? Eg. Written information, hearing aids, reading glasses

Technology - Desktop computer, iPad, iPhone and headphones

Zoom software

Glasses - multifocal

Note pads and pen for lists and notes

Written information including drug profiles

My mental health:

DO YOU IDENTIFY AS HAVING MENTAL HEALTH ISSUES, OR A DIAGNOSIS OF MENTAL ILLNESS?

No, I identify as having two disorders: ADHD and PTSD. Sometimes PTSD requires treatment for anxiety with Benzodiazepine, but rarely.

WHAT LIFE CHALLENGES DO YOU EXPERIENCE?

Generally my disorders are well managed by Ritalin or Vyvance to help with mood, motivation and focus.

Edronax (Reboxitane) has been useful in the past for lifting energy, resolving fibromyalgia pain and heaviness in my body and generally lift mood. I was on this for over 15 years prior to ADHD diagnosis.

PTSD is well managed however, occasionally triggered unexpectedly but I have good tools through 24 different human behaviour and self-help certifications.

ADHD is well managed although under extreme conditions I notice some mood shifts.

HOW ELSE MIGHT YOU DESCRIBE YOUR EXPERIENCES?

An understandable reaction to extreme safety conditions without the financial means to protect myself easily. Triggered by PTSD as a temporary meltdown, and with ADHD emotional regulation challenged.

Outside hospital and disorders - High functioning self-actualised and intelligent person who is very capable at managing my own life and mental health. Some financial pressures and family issues have been resolved. Safety from exposing a high level organised crime syndicate in my mediumship work has been a genuine threat needing clear thinking and fast reflexes that medication might impede.

My treatment preferences and why

WHAT TREATMENTS ARE HELPFUL FOR YOU AND WHY WHY ARE THEY HELPFUL FOR YOU

Ritalin - Good for mood and general focus, however it causes too much focus that made me concerned about driving. Daily every 4 hours or as needed.

Vyvance - Great solution all round. I felt well managed and 'normal' for 6 months on 60mg per day AM. Some mood balancing could be a good addition to this.

Edronax - In the past this was the 14th antidepressant I tried and the one with least side effects. Only a dry mouth prevailed but I can live with that. 4mg each night.

WHAT TREATMENTS ARE UNHELPFUL FOR YOU WHY ARE THEY UNHELPFUL FOR YOU

Sleeping tablets - make my body sleep but not my mind and therefore not rested

Anti-psychotics - so far two types have side effects including sleeplessness. Since treatment over 3 weeks each night I've only had 2-4 hours sleep per night. Cause me to become cognitively impaired which is traumatic for me. They are starting to impair the range of my mediumship and accuracy which is impacting my livelihood.

Removing a substance because of concerns about its efficacy without getting back to default and determining what needs to be treated and why.

Using medication to counter effects of other medications increasing reliance on too many unnecessarily.

Being on orders when wrongfully diagnosed, or prematurely diagnosed at the least without facts or due process.

Care and support information

WHAT HELPS YOU TO EXPLAIN WHAT YOU DO AND DON'T WANT?

Notes, information, time to review, collaboration, feeling part of the process, freedom to trial, learn and adjust. Lists.

Knowing the milestones that are being used to judge progress or diagnosis.

Profile of the medications to help manage dose, time of day and symptoms of side effects.

WHAT HELPS YOU TO MAKE DECISIONS?

Research, trial time, facts, options, collaboration, slow pace changes to medications, remove before adding in medications to check default. Technology including desktop computer and internet.

WHAT OTHER SUPPORTS HELP YOU? EG. PSYCHOLOGY OR PEER SUPPORT

My own training in EFT, NLP, Life Coaching - 24 qualifications/certifications

Spiritual clear vision

Private psychiatrist with experience in consciousness technologies or spiritual emergencies

WHAT PRACTICAL SUPPORTS DO YOU NEED?

Healthy body, exercise, no alcohol or substances, protein based diet, lots of fresh water, low gluten diet, sunshine and freedom.

Some Coke No Sugar helps manage ADHD on top of medications if not to excess.

Sleeping headphones and iPhone for Binaural Beats when stressed.

My multi focal glasses

Access to a gym for heavy weight lifting

IF YOU ARE TAKEN TO HOSPITAL, WHAT MIGHT YOU NEED HELP WITH? FOR
EXAMPLE CARING FOR CHILDREN, OTHER FAMILY MEMBERS, KIN OR PETS.

Nil, however business support may be necessary

Signed:

Signed

Anne Miles

Witness