

FULL QUEENSLAND TRIBUNAL RESPONSE

Full Tribunal Response to Mental Health Criteria for Queensland Pages 8-15

ANNE MILES – URN: 2198898

DOB: 04/12/1964

Date of hearing: AMHS:

Do you identify as any of the following? No

Queensland University Hospital – Dr Maletsky and Dr Akshaya

Executive Summary – Response for Tribunal Hearing:

My case boils down to these key points:

- How mental illness is defined including the criteria for psychosis versus mediumship
- Whether real world stresses and threats from organised crime including high level police and hospital corruption in Victoria are real or imagined
- How other experiences and diagnosis would likely explain the appearance of mental illness or psychosis mistakenly
- Whether external factors such as financial decisions and Centrelink use are considered appropriate measures of mental illness
- How capacity, consent, ability to selfcare, threats to self and others, and mental illness are all defined and interpreted – objectively, lawfully or subjectively
- What is considered a lawful process of diagnosis and treatment

My desired outcome:

- Release from non-voluntary orders
- Release from detainment from Queensland University hospital
- A statement to add to my records to prevent being locked up again for the same thing ever again
- Allow me to get my online business and mediumship practice back up without cognitive impairment or hospitalisation

My response (in blue):

- I define myself as having ADHD and PTSD and not psychosis. I had been comfortably medicated over 3 years with Ritalin or Vyvance and felt the best in decades
- I define myself as having Fibromyalgia and have been effectively treated for this with anti-depressant Riboxitane (Edronax) for over 20 years. It is likely

Fibromyalgia and ADHD symptoms are both treated with stimulants individually, or in combination.

- I am a channel medium, experiencing phenomena that is '*explained*' and has historically been exempt from a diagnosis of psychosis. Past assessments from other hospitals and consulting psychiatrists have diagnosed me previously impacted by '*Independent phenomena*', out-ruling psychosis. Research via peer reviewed paper by psychiatrists Grof and Grof discusses this in concrete terms. Sources below.
- I have genuine real-world pressures that seem fanciful, but evidence is available to validate. I have been threatened, and my life at risk by organised crime members likely linked to my ex husband's family. I have experienced past domestic and sexual abuse by my ex-husband, and my youngest child experienced sexual abuse from an unnamed perpetrator but I always suspected a family member on my ex-husband's side including my ex-husband. I reported him to child services approximately 2007-2010. I have been investigating and managing this with authorities for over 25 years, many counts documented between lawyers. Using mediumship I wanted to uncover the truth of this past history of family sex crimes, and reported my findings to police. I have been experiencing immense and warranted fear for my safety since, as I have unwittingly revealed potential corruption with Victoria Police and The Alfred Hospital Melbourne. IBAC (Independent Broad-based Anti-corruption Commission) has escalated my case to assist in offering further validation of this. Various other forms of evidence do exist, and are available with appropriate resources and access.

As an accurate medium I have been working on some crime cases over the last year. There is legal precedence that establishes that mediumship can lawfully be used in police investigations, and is a powerful tool used by high level police and governments. It is a proven technology and not a belief system, nor psychosis. I can measure my accuracy at 90-100%. It is potentially unlawful for police not to investigate my reports given this precedence also. These real-world stresses and threats exist outside any mental health or mediumship abilities.

- I have a right to retain my mediumship skills if I am not a harm to myself or others, even if they might be considered as *hearing voices*, hallucinations (generally in meditation) or similar. These skills should not be in question but whether this phenomena impacts my safety and safety of others.
- The Queensland University hospital has been unduly influenced by The Alfred Hospital diagnosis in Melbourne and I have seen the organised crime member in the hospital dressed as a cleaner going into the staff room causing me to understand the connection and potential for bribery. I have reported The Alfred Hospital to various authorities for misconduct and potential bribery from organised crime including IBAC and the Mental Health Tribunal. Further action will be taken via APRHA (Australian Health Practitioner Regulation Agency).

- Medications enforced by The Alfred and continued by BIPU have created depression symptoms that otherwise would not be there further impacting my diagnosis in this instance. I voluntarily came to Queensland hospital system for medication support but after reading the Alfred Hospital reports sent me to QU hospital. I feel more unwell than ever in the hospital systems without my regular medications for the disorders that have been well managed for over 25 years.
- I did not consent to treatment for psychosis because I deem it improperly diagnosed, but that doesn't automatically mean I don't have capacity to make decisions for myself, nor have capacity to consent with appropriate treatments. I have the means and the mental capacity to keep myself safe outside hospital. In fact I propose the hospital system is putting me at risk due to the process of contacting people in my network and identifying my location.
- My network of contacts are an invalid method of evaluating my mental health status with hearsay likely to incriminate me unduly.
- No alternative methods have been considered or offered even if the evidence the hospital require is still to be provided by IBAC.
- Queensland University hospital have no ability to diagnose, treat or medicate ADHD and Fibroymyalgia, and have removed my right to the medication I actually need creating bias into the types of treatment they believe they have the right to administer as the only options available. My effective treatment is generally considered *stimulants*. Their current treatments are making my mental health worse because they are the opposite of the treatment type I really need and I understand them as *depressants*.
- My decision to access superannuation is within my rights and is a viable short term resource given the impact on me financially caused by nearly 10 weeks of hospitalisation
- My decision to not apply for Centrelink is based on the difficulty to access records required as a sole trader, due to hospitalisation. I have no ability to meet their criteria without it. The Doctors have inadequate understanding of Centrelink's requirements to make any decision on my behalf about this and it is not a lawful criteria of mental illness
- No clear milestones or criteria to my measure mental illness or mental wellness has been provided by Queensland University hospital
- I do not meet the criteria for involuntary orders in Queensland

Supporting discussion:

The Queensland Mental Health Review Tribunal assesses several key legal criteria when deciding whether a patient should be released from non-voluntary orders for hospital detention and medication under the Mental Health Act 2016 (Qld). These

criteria focus on the patient's mental health status, capacity, risk, and the least restrictive means of treatment:

1. **Presence of Mental Illness**

The patient must have a diagnosed mental illness as defined under the Act.

Mental illness is defined as *a condition characterised by a clinically significant disturbance of thought, mood, perception, or memory*. This means the disturbance must be significant enough to affect the person's mental functioning in a clinically recognized way, consistent with internationally accepted medical standards.

Response:

I have PTSD and ADHD. A short-term temporary trigger caused by real world traumatic events and being a psychic medium do not qualify for a diagnosis of psychosis.

Real world pressures and concerns about organised crime, police corruption and The Alfred Hospital corruption can be validated and is under investigation. Evidence at hand to follow.

When I came for help in Queensland I had voluntarily continued on medication insisted upon by The Alfred Hospital in Melbourne and BIPU, in good faith. When transferred to Broadmeadows BIPU Hospital they continued medication unduly influenced by The Alfred Hospital. This medication caused depression as a side-effect and I came voluntarily to have this medication managed. I don't believe it was appropriate to go back over the same process of non-voluntary detention in hospital and medication, when I had just been released and cleared into the community to be managed on voluntary terms already and was voluntarily managing medication.

- (a) ADHD is not defined as a mental illness in Qld but a disorder, except where the conditions become an impairment (which they are not)
- (b) ADHD treatment was ceased in an instant by The Alfred, leaving me without treatment while hospitalised and to date, despite this being the condition I actually need treatment for causing me distress and hindering perceived recovery
- (c) I had previously been defined as having a disability under Victorian Centrelink classification based on cognitive functioning decline later discovered to be gluten toxicity, likely combined with minor ADHD issues. ADHD symptoms since had not had a major impact on my life, but medication did make improvements to make things easier, particularly under stress. This is managed with diet and no longer a concern, combined with Ritalin or Vyvance.
- (d) PTSD was what I came to be treated for originally after a temporary trigger requiring some emotional and psychological safety from real world triggers on advisement from my private psychiatrist Dr Perera. My previous psychiatrist and emergency hospitals typically provided a safe haven to talk with me until settled,

or occasionally treated with Benzoazopine for a once off treatment. A PTSD attack from justifiable stresses should not be mistaken for psychosis.

- (e) A PTSD diagnosis made 25 years ago does not mean a person is permanently considered to have a mental illness under Queensland law. The key factor is the person's *current* mental health status and whether they continue to meet the clinical and legal criteria for mental illness. This psychological trigger response passed within the first 24 hours of detainment in hospital, and I propose it was wrongful hospitalisation beyond that.
- (f) Beliefs: I cannot be defined as having mental illness because of perceived belief of being a medium. We cannot define mental illness based on whether someone holds or refuse to hold particular religious, cultural, philosophical, or political beliefs or opinions
- (g) Life challenges: I cannot be defined as having a mental illness based on external influences and life choices or conditions. This includes a break-through from toxic family and changing friends to build a new life recently rather than define it as *isolating*.
- (h) Legalities:
 - 1. Hearsay is not a lawful process in a court of law to define a ruling and using others' comments about my mental health should be unlawful.
 - 2. Circumstantial evidence should not influence a ruling on my mental health - my real-world challenges should not automatically be defined as mental illness just because they time similarly, including the timing of Vyvance use, which I propose is unrelated to my real-world challenges or my insistence that they are real
 - 3. Correlation is not causation - my real-world challenges should not automatically be defined as mental illness just because they coexist.
 - 4. Subjective assessment without all the facts is unlawful. I am medicated without proof considered by the doctors and influenced by The Alfred, even knowing that they are under investigation by IBAC. Outcome is pending, but no benefit of the doubt has been given or alternative treatments until proven either way. Being treated as guilty until proven innocent is unlawful.
 - 5. Financial capacity nor financial decision making are not criterion for diagnosing or measuring mental illness under the Queensland Mental Health Act 2016

2. **Lack of Capacity to Consent**

The patient does not have the capacity to consent to treatment. Capacity means the patient is unable to understand generally that they have a mental illness, the nature and purpose of the treatment, and the consequences of accepting or refusing treatment.

- Just because I didn't consent to psychosis treatment without appropriate cause, doesn't mean I'm not capable of making decisions for myself.
- Under ordered medication for psychosis there has been no change in my 100% certainty that there are organised crime activities threatening my life and I propose it is therefore an inappropriate medication and diagnosis.

- I've maintained a consistent claim that the medication that I actually need for Fibromyalgia and ADHD has been denied.

3. **Risk Without Involuntary Treatment**

Without involuntary treatment, the patient is likely to experience either:

- Imminent serious harm to themselves or others, or
 - (a) I believe I am in more harm's way with careless doctors investigating into my past and past networks when I was otherwise safe in Queensland
 - (b) The activities that I considered were helping me to be safe such as moving city, removing toxic connections, undertaking martial arts self defence training, building a new life free of toxic people are deemed harm to me - when it is a break *through*, not *down*
 - (c) I'm highly qualified in self-development practices and modalities and have the means to manage my state. I'm highly professional and capable. The Alfred's documentation accuses me of fabricating 24 qualifications but they didn't fact check. All are listed on [LinkedIN](#). I've authored several self-development books.
- Serious mental or physical deterioration
 - (a) My mental health is worse than it ever has been due to removal of Edronax and Ritalin or Vyvance and due to improper hospitalisation and medications causing depression uncharacteristically and locking me up without my sense of purpose or self identity. Other patients are triggering and not my type of people making me feel isolated.
 - (b) Real life challenges are worsened by being locked up and medicated improperly. I have no opportunity to continue rebuilding a new life away from the stresses of the past nor to be certain that the hospital won't breach my safety by disclosing my location.
 - (c) Hospitalisation is the most soul-destroying process, locked up with violent and unwell people with many drug addicts. I am losing all sense of my own personality and capacity to earn having great impact on my finances.

4. **No Less Restrictive Alternative**

The tribunal must be satisfied that there is no less restrictive way for the patient to receive appropriate treatment and care for their mental illness

- (a) I came voluntarily for medication support and was willing to work collaboratively, providing the doctors would give the evidence consideration first – they refused, not me
- (b) Outside this hospital system a private psychiatrist would have more ability to manage all my mental health considerations including ADHD, PTSD and even the impact on Fibromyalgia treatment that is not available here.
- (c) Other resources such as IBAC and AHPRAH are more likely to be of help proving my case either way than any medication

5. **Consideration of Patient's Mental State and History**

The tribunal reviews the patient's current mental state, psychiatric history, social circumstances, response to treatment, and willingness to continue treatment

- (a) Current mental state is not the same as my original presentation which was clouded by improper medications and undue influence from The Alfred and carried over to BIPU
- (b) Psychiatric history reports provided but were not considered until nearly a week after providing them
- (c) Social circumstances – evidence provided, I have the means to rebuild my life in a new city and the right to do so,
- (d) Treatment is proving no change to my certainty of facts surrounding organised crime, and side effects are debilitating
- (e) I have always maintained willingness to continue treatment that is right for me, but wrongfully diagnosed and imposed will be refused without due evidence it is good for me. I have never refused ordered medications except where it has been a mistake in the documents for nurses to administer (of which there have been many).
- (f) I am desirable to seek private psychiatry that is more well rounded for the conditions that I actually have.

6. **Community Safety**

The tribunal prioritizes the safety of the community and the patient. It will only grant release or limited community treatment if the patient is not a risk to themselves or the public

- (a) No one can prove I am a risk to myself, yet claim it. Their idea of being at risk is having a belief that organised crime members are trying to harm me, but evidence is available to prove this. I've given the evidence to prove this is factual. Conversely, no one can provide evidence that I am a risk to myself other than to assume this is fabricated.
- (b) There has not been any claim I am any harm to others

7. **Recommendations from Authorised Psychiatrists**

For stepping down from forensic orders, the tribunal requires an authorised psychiatrist's recommendation confirming the treatment criteria still apply and that the patient needs ongoing treatment under the least restrictive conditions

Whilst the initial concerns I had voluntarily presented for help was about depression and it has now been made clear that was a medication side effect I see no reason to be on orders.

- (a) The state that I presented for help voluntarily in Queensland has passed with the removal of Sodium Valporate now out of my system removing depression symptoms.

- (b) Currently the anti-psychotic Brexpiprazole is causing depression and under review with consulting doctor
- (c) My belief and trust in the facts provided to IBAC is unwavering and my understanding of what is real life fact, what is a mediumship reading (still under investigation or to unfold), what is my own stress or genuine fear, what might be hypervigilance or what is a medication impact all remains very clear to me and has not waivered since first being hospitalised and medicated.

8. **Periodic Reviews and Conditions**

The tribunal conducts regular reviews of treatment authorities and forensic orders, with the power to revoke or confirm orders based on whether the criteria continue to be met and the patient's progress

I welcome the Tribunal's input and follow up.

I welcome the Tribunal offering any role in supporting an enquiry into the operations of The Alfred Hospital in Victoria where applicable.